Children and Young People's Centre for Justice

Changing faces and heightened ACEs: results from the 2025 secure care census

Ross Gibson
August 2026

Collaborating for rights-respecting justice
cycj.org.uk | cycj@strath.ac.uk

Children and Young People's Centre for Justice

www.cycj.org.uk

This report aims to act in accordance with CYCJ's inclusion statement, adopting language that is in keeping with the diversity of children within secure care. More reading on the diversity of children in conflict with the law, and how best to support them, can be found within our practice guide.

This report contains previously unpublished data from the 2018 and 2019 censuses. Data in this report have been rounded to the nearest whole number for ease of reading. As a consequence some graphs contain figures that total slightly more or less than 100%.

Appreciation and thanks are extended to colleagues from CYCJ who offered comments and suggestions in the production of this report, and to partners from across the sector who contributed to the external peer review process.

Generative Artificial Intelligence software has not been used at any stage of this research.

Children and Young People's Centre for Justice

www.cycj.org.uk

Contents

List of figures

Executive Summary

This report presents provides a contemporary profile of every child accommodated within Scotland's secure care estate on the day of the 2025 census. Building on earlier censuses undertaken in 2018 and 2019 – and benefiting from previously unpublished data from those studies – this report examines changes in the characteristics, experiences and needs of children entering secure care during a period marked by significant legislative reform, economic instability and wider societal change.

The findings demonstrate that while the overall number of children accommodated within secure care has reduced, the complexity of need amongst this population remains exceptionally high and, in several areas, has intensified. The profile of children entering secure care has changed considerably. Compared to previous cohorts, children are now older, with over half (53%) being aged 16 or 17. Over three-quarters (77%) are boys, representing a significant shift from 2018 and 2019. A growing number of children are from diverse ethnic backgrounds, and most often reside within the family home prior to entering secure care. More children are now accommodated as a consequence of justice-related legislation following the implementation of the Children (Care and Justice) (Scotland) Act 2024 which ended the use of Young Offenders Institutions for children. Cross border placements did not feature at all on the day of the 2025 census; a significant reduction from 2018 and 2019 when 37% of children were from outwith Scotland.

The report highlights the insidious relationship between deprivation, poverty and children's exposure to myriad adversities and social harms. Most children accommodated within secure care come from Scotland's most deprived communities, with over half (53%) residing in the 20% most deprived neighbourhoods prior to admission. Amongst those where information was available, almost two-thirds (61%) experienced relative poverty, whilst poverty was strongly associated with heightened exposure to Adverse Childhood Experiences (ACEs). Nearly three-quarters (74%) of children had experienced four or more ACEs, mirroring the findings of the 2019 census. In 2025 over one-third (36%) of children were exposed to between seven and 10 ACEs during childhood.

Beyond traditional ACE measures, the census demonstrates that children in secure care experience a broad constellation of interconnected challenges. High proportions had experienced substance misuse, weapon possession and absconding alongside extensive histories of school exclusion, disrupted education, placement instability, violence to parents, homelessness, violence and involvement with the justice system. Mental health concerns remain widespread, including high rates of self-harm, suicidal ideation and diagnosed mental ill-health.

The findings reinforce previous evidence those entering secure care are amongst Scotland's most vulnerable children, with needs extending well beyond offending behaviour alone. Rather than representing isolated difficulties, the experiences documented throughout the census illustrate cumulative disadvantage, characterised by overlapping trauma, socioeconomic inequality and disrupted opportunities to develop, realise their potential and for their rights to be respected.

Collectively, these findings have significant implications for policy, practice and service delivery. They reinforce the need for secure care to remain fundamentally trauma-informed, rights-based and multidisciplinary, whilst highlighting the importance of earlier intervention,

greater investment in family support and anti-poverty measures, improved mental health provision, and stronger collaboration across children's services. As Scotland continues to implement substantial legislative reform and considers the future design of secure care, these findings provide an important evidence base to inform policy development, workforce planning and the delivery of services capable of responding to the increasingly complex needs of children who face, make or take the highest levels of risk.

Introduction

Secure care in Scotland provides locked residential care to children, inclusive of education, health, psychology, day to day care and various other interventions. Children are accommodated within this setting following the decision of court or a Children's Hearing. In both cases, this cohort of children have experienced a wide range of adversities and challenges with studies being undertaken in 2018 and 2019 that highlight the extent of these issues and leading to a number of publications (see Gibson, 2020, 2021, 2022; Whitelaw & Gibson, 2023). Since then, a number of developments have altered the size, shape and nature of secure care provision in Scotland. Seismic changes have taken place amongst wider society, including significant political fissures and economic volatility, all of which impact upon the care that is delivered within Scottish secure children's houses.

Changes to secure estate

Substantial changes have taken place within Scotland's secure estate, most noticeably the closure of Edinburgh's secure children's house in 2023 meaning that only four providers deliver this most restrictive form of residential care. Whilst Rossie can now accommodate up to 24 children at any one time, this has reduced the overall capacity to 78 children compared to the previous 84. A range of challenges have been experienced by those delivering secure care, resulting in the overall capacity across Scotland being further reduced at various stages. From late 2024 onwards restrictions within one of Scotland's secure providers were in place, lowering the number children who could be accommodated there. Further to that, several settings experienced significant pressures on staffing, resources and service provision, resulting in some secure children's houses operating at levels lower than capacity for extended periods of time.

Simultaneously, there have been a range of legislative developments that have impacted upon the way in which secure care is delivered. Perhaps chief amongst these has been the passing of the UNCRC Incorporation Act in 2024 that brought with it additional responsibilities to the way in which Scotland responds to the needs of children, requiring a greater focus on the rights of children accommodated within secure care. In an attempt to adhere to Article 1 of the UNCRC – that all those under the age of 18 are deemed to be a child – Scottish parliamentarians took the decision to end the use of Young Offenders Institutions (YOIs) for children, resulting in all those being detained by court being placed within the secure estate rather than within HMPYOI Polmont or any other custodial setting.

This step was achieved through the Children (Care and Justice) (Scotland) Act 2024; a wide-ranging instrument which – when fully implemented – will make seismic changes to the way in which children are supported by the state. Significantly, this refers to situations where children require care and protection, as well as when the child has come into conflict with the law. Reflecting the findings of Whitelaw and Gibson (2023) in Scotland, and Hart and La Valle (2021) in England, this step acknowledges that the profile of children placed within the custodial estate and those accommodated within secure care are indistinguishable from one another. Experiencing similar needs and vulnerabilities, exposed to similar risks and having faced similar adversities, the two cohorts are one and the same in many respects. Scotland's recognition of this thus allows for parity of service provision and a greater intensity of support for those children who require the protection and supervision of the secure arena. The move to end the use of YOIs achieves one ambition of *the promise* (Scotland's Independent Care

Review) which called for such practices to end. In the years to come, further ambitions of that review may be achieved through the Children (Care, Care Experience and Services Planning) (Scotland) Act 2026 which completed its journey through the Scottish Parliament in May of this year.

In a further response to the conclusions of *the promise*, in 2022 the Scottish Government commissioned CYCJ to undertake the Reimagining Secure Care project which sought to garner the views and experiences of children, young people and their families who had current or prior experience of residing in this setting. Having also engaged with secure care practitioners and policy leaders from across several relevant fields, the primary report proposed a number of options to redesign how Scotland responds to children who face, make or take the highest levels of risk. With the Scottish Government responding to this in 2025, and a consultation undertaken in early 2026, it may be sometime before we see the realisation of the 'flexible secure', 'community hubs' or 'multi-disciplinary teams' that the report proposed, albeit there are already examples of the latter approach in various pockets around the country. Whilst Reimagining Secure Care did not merely propose a redesigned secure estate – but rather considered a range of ways in which the needs of this cohort of children can be met – its conclusions may well influence the way in which the four secure care providers design and deliver care over the coming years, and the suite of services that are available for support those experiencing the highest levels of risk.

In the years since the first census was undertaken the Secure Care Pathways and Standards were launched and now play a role in the planning, delivery and inspection of care before, during and after a child's journey into secure care. The Care Inspectorate (2023) has highlighted the progress that has been made in meeting these standards, albeit that they and Nolan et al. (2023) note the challenges in doing so.

Changes to Scotland

On top of this shifting legislative and policy landscape, the immediate and subsequent impact of the Covid-19 pandemic that grossly impacted upon the welfare and wellbeing of Scotland's children and their families – not to mention the secure care workforce – must be taken into consideration. The virus and society's response to it have had significant repercussions for the development of a cohort of children who lost out on natural opportunities to socialise, learn and develop (Singh et al., 2021; Zuniga-Montanez et al., 2025). In some instances, this may have had a prolonged impact upon their emotional and social development, and their maturity with these effects being particularly acute amongst children with pre-existing psychological or psychiatric conditions (Parlatini et al., 2024), as was the case for many children in this study. In turn, this may increase the likelihood of them coming into conflict with the law or exposure to risk from others (Kirk et al., 2025). Children now spend greater amounts of time online than was the case in 2018 and 2019, and spending longer watching media content via streaming services (Salway et al., 2023). Whilst such trends were evident prior to the global pandemic this has increased and sustained since 2020 at which point children faced limited opportunities to engage in natural interactions and relied upon digital means to engage in education, to communicate with friends, and to play. Regardless of queries over causation or correlation, the era of mass lockdowns and restrictions has undoubtedly had an impact on the development of children across the UK, including those who are currently accommodated within the secure arena.

Compared to the pre-Covid period there has been a moderate increase in acts of violence, albeit this is at far lower levels than was the case in the early years of this century. Amongst recent acts of violence almost one-third (31%) was attributed to children under the age of 16 leading to sharpened media and political attention to this issue. In 2023 the Scottish Government launched the Violence Prevention Framework for Scotland which seeks to realise safer societies, communities, relationships and people.

It is also crucial to put into greater perspective the broader factors that have impacted upon this cohort, their family and their peers. Children approaching their 18th birthday today were born in the wake of the 2008 financial crash that brought with it an era of austerity that has provided a depressing backdrop to a child's life in Scotland ever since. In place since 2010, the UK government's policy of sharply and severely reducing expenditure has resulted in substantial cuts to public services (Fransham et al., 2023) accompanied by neoliberal domestic and fiscal policies that have placed disproportionately burdensome demands upon those facing the most difficult economic circumstances (Catalano et al., 2025; Clifford, 2021). Coupled with this have been reductions in the level of state support offered to those facing various hardships and difficulties, with the UK offering amongst the lowest level of state support amongst comparative nations (Dorling, 2023; Finch et al., 2023). Despite this, the introduction of the Scottish Child Payment has shown substantial positive effects on child poverty and material circumstances, whilst the recent end to the 'two-child' benefit cap has the potential to remove tens of thousands of children out of poverty across Scotland.

Repeated real-term reductions to local authority finances have contributed to significant scaling back of provision including the erosion of governmental projects such as Best Start Centres (in Scotland) and Sure Start (in England), despite the broad range of benefits these have been shown to provide (Carneiro et al., 2025; Finch et al., 2023; Hayre et al., 2025). Youth club and recreational opportunities have decreased substantially, depriving children of opportunities to interact with peers in a safe, supportive and structure manner. Mindful of the beneficial impact that such provision can have upon crime reduction and in addressing wider vulnerabilities amongst children (Villa, 2024), the demise of hundreds of youth clubs across Britain since 2010 (YMCA, 2025; Youth Scotland, 2025) serves as a harmful feature of the ongoing era of austerity. Similarly widespread vacancies across the social work workforce exist (Scottish Social Services Council, 2024), hindering local authorities' ability to implement a range of policies. Staffing within secure care has likewise been under pressure (Care Inspectorate, 2023). The children referred to within this report have experienced the collateral damage of long-lasting economic ruptures that have not only directly impacted upon them, but led to a workforce that is understaffed, under resourced and under pressure.

This has been compounded by broader socio-economic and political factors. The decision to leave the European Union – and the manner in which this was delivered – has contributed to increase in the cost of trading with our neighbours, resulting in the price of food increasing in recent years (Power et al., 2023). The use of foodbanks has increased by 51% in the past five years, with food insecurity most acutely impacting upon the youngest sections of society who face greater challenges in attaining well paid employment (Evans et al., 2024; McPherson, 2020). Rising gas and electricity prices - caused by Russia's invasion of Ukraine, and American/Israeli/Saudi attacks upon Iran - have led to families facing the choice between eating and heating, whilst power companies continue to achieve record profits (Gardner & Gray, 2024). Further wars in the Middle East, the instability it causes, and the subsequent impact upon oil prices has exacerbated volatile markets and increased the price of both domestic and commercial fuel and contributing towards further increases in

inflation. These developments collectively adversely impact upon the cost of meeting basic needs such as heating, travel and sustenance. These have contributed to the OECD predicting lethargic economic growth and further periods of financial insecurity in the years ahead; by late 2026 food prices are expected to have increased by 50% when compared to summer 2021 figures. Furthermore, economic pressure and falling trade have contributed to wage stagnation and job insecurity (Dorling, 2019, 2023). Housing insecurity in Scotland is particularly severe with 1.5 million people deprived of their right to a stable and secure home, and with several local authorities declaring a housing emergency (Gibson & Morrison, 2024).

Acting in concert, these factors – and many others – result in the UK being amongst the most unequal societies on earth, contributing to a deterioration in the nation's health, particularly amongst those families facing the most financial hardship (Dorling, 2024; Meadows et al., 2024). Scholars such as Marmot et al. (2020) and Pickett et al. (2024) continue to highlight the detrimental impact that inequality has upon the life experiences of children and young people, including bringing them deeper into conflict with the law and contributing to poor mental health. Socioeconomic disparities continue to have acutely harmful impacts upon the health of the Scottish nation, contributing to chronic level of suicides and mental ill-health, particular amongst young Scottish men (Catalano et al., 2025) who are at higher risk of 'deaths of despair' – including an overdose, suicide or substance related death – than anywhere else in the UK (Thompson, 2026). Life expectancy has only just increased to pre-pandemic level whilst healthy life expectancy continues to fall, particularly in the most deprived communities of the UK (McCartney & Walsh, 2025; National Records of Scotland, 2026).

Not only is Scotland a grossly unequal nation, but rates of relative poverty remain stubbornly high. Despite legislative drivers that aim to greatly reduce child poverty, around 25% of children live in relative poverty (Congreve et al., 2024), rising to around one in three in some parts of the country. Moreover, substantial numbers of children live in 'deep or very deep poverty' – meaning their household income is significantly lower than the poverty line and thus face acute difficulties to meet their basic needs – with this cohort increasing over the preceding two decades (Cebula, 2025). Lamentably, the Jospeh Rowntree Foundation predict that living conditions are unlikely to improve for the remainder of the current Westminster parliament. Any consideration of children entering secure accommodation – and indeed those who encounter heightened exposure to adversity, risk and need within the community - must take this backdrop into consideration.

In summary, secure care for Scotland's children has faced a number of challenges over the preceding five or so years, with potential for further legislative and policy changes in the near future. More broadly, the socioeconomic landscape is a bleak one, with myriad challenges to overcome. It is within this context that a further examination of the profile of those within secure care was requested by Scottish Government and supported by the secure care providers, seeking to understand whether societal or legislative changes have had any impact upon the profile of those children entering secure provision.

The report therefore seeks to explore the circumstances of those children accommodated within secure care today through undertaking a census of those resident there, before going on to consider the following questions:

- Which risks, needs and vulnerabilities do children within secure care face?

- Have any changes in the profile of children entering secure care occurred over the course of 2018 to 2025?
- Do these findings have any ramifications for the delivery of care to children who pose, or are exposed to, the highest level of risk?

Methodology

Following ethical approval by the Social Work and Social Policy Departmental Ethics Committee within the University of Strathclyde, recruitment of secure care providers took place, with all four services agreeing to take part.

As in previous iterations of the census, this study involved the completion of an online census gathering information on what was known about each child within the secure estate on a particular day in 2025. As in previous years, the precise date is not being disclosed in order to respect the privacy of those children resident on that day.

Data was captured via Qualtrics software that allows for sophisticated surveys, questionnaires and other forms of data collection. Data gathering consisted of representatives appointed within each of the secure care providers answering a series of questions pertaining to the life experiences of those children in their care on the day of the census. This did not require the children in question to take part in an interview or other activity, but rather relates to information already known to the secure care staff within administrative data recorded within casefiles such as reports and similar documents, or within the knowledge of those supporting the child.

In addition to data related to demographics, questions asked within the census primarily consisted of a range of closed questions as to whether the child had experienced a particular issue or event within the 12 months prior to admission, or at any point since birth, thus eliciting a 'yes,' 'no' or 'don't know' answer. The data therefore provides an insight into children's lives over two different time frames. Further questions permitted an open text response, which were then coded (where necessary) and analysed by the author. This data was then transferred to SPSS version 31 where analysis was undertaken.

The process yielded data relating to 51 children in total, representing all those who were accommodated within secure care on that day.

Demographics

Size of cohort

The size of the secure population is of particular interest with 51 children being present within secure care on the day of the census. Whilst the prior to studies (undertaken in 2018 and 2019) reported on a secure population of 87 and 78 respectively, the smaller cohort in 2025 is reflective of a number of factors.

The timing of the census has played a role in this finding, coming at a period when capacity within secure care was reduced in light of staff recruitment and retention challenges. Consequently, whilst a cohort of 51 children represent a fairly sizeable reduction compared to 2018 and 2019 (see Gibson, 2020, 2021), it does represent the entire secure care population on that day, and is reflective of the trend in secure care use at that time which

features fairly significant levels of available capacity. At the time of writing the population within secure care remains at a fairly similar level[1], with capacity to accommodate a good deal more children than has been the case throughout autumn and winter of the 2025/26.

Moreover, the 2025 cohort of 51 – all from Scotland – is a very similar size to the Scottish contingent in previous years. On both occasions over one-third of children were placed on a cross border basis, meaning that in 2018 some 55 children were under the care of a Scottish local authority, and in 2019 it was 49. Similarly, this figure is broadly comparable with the annual average population reported in recent Scottish Government publications (Scottish Government, 2024, 2025, 2026b). In this context, a Scottish population of 51 appears to be in line with the general trends, despite the reduced overall capacity at the time of the 2025 census.

However, the earlier censuses showed that secure care providers were running at close to maximum capacity and indeed were using emergency placements in 2018. This limited capacity at that time may allude to a cohort of children within the community for whom a placement into secure care was sought, but who – due to demands on these placements – were unable to be accommodated. It is also important to note that the 2025 census was undertaken many months after the end of use of YOIs and so reflects the one and only space within which children remanded, sentenced or accommodated through the Children's Hearing System are located. As such – and taking these two points into consideration - it is fair to say that the use of secure through the Children's Hearing System has fallen somewhat over recent years. Incoming changes to the upper age of referral into the Children's Hearing System and greater variety of routes into secure care as a consequence of the Children (Care and Justice) (Scotland) Act are likely to make further changes to the secure care population in the years ahead, at which point further analysis will be required.

Placing nation

In both prior iterations 37% of children within secure care had been placed there by a local authority in England or Wales; the latter responsible for a very small proportion of these cross border placements in 2019. In the 2025 census there were no children from outwith Scotland with all 51 children being placed there by a Scottish criminal court, through the decision of a Children's Hearing, or under other emergency powers. This represents a significant finding of this study.

The absence of children from outwith Scotland reflects recent trends of falling cross border secure placements, as recent government data and reports highlight. An average of six children from outwith Scotland were resident in secure care during the year 2024/25 (during which the census was undertaken) compared to a high of 35 in 2018 and 33 in 2022(Scottish Government, 2026b). This drop in cross border placements could be associated with the expanded use of Deprivation of Liberty Orders in England and Wales. These court issued orders enable a child to be placed in locked - but not secure – provision, often within unregulated children's homes which have garnered significant concern (Roe, 2022; Roe & Ryan, 2023; Roe et al., 2022). Applications to, and use of, such placements have increased hugely over recent years, rising from around 100 in 2017 to 1,440 in 2025. This proliferation may have contributed to the decline in cross border secure placements.

[1] A more up to date picture can be gained through the Secure Accommodation Network website which is updated on a daily basis.

The absence of children from outwith Scotland could also be a reflection of the prioritisation given by secure care providers to referrals from Scottish local authorities, with cross border placements only taking place when there is excess capacity, and reduced demand from within the country. This approach has been supported by the Scottish Government who have put dedicated funding processes in place to ensure that up to 16 places are reserved on their behalf and solely to be used for children who are under the care of a Scottish local authority, or detained by Scottish courts. This measure seeks to provide continued financial support to the provider - thus reducing reliance on cross border placements that can ease operating costs - whilst ensuring that sufficient capacity is available at all times.

Gender

The vast majority of children (77%) were male, with just a fifth (22%) being female. Transgender children accounted for 2% of the secure care population. These findings are similar to those reported by the Scottish Government through annual statistical publications, where over the course of the year 2024/25 some 73% of admissions into secure care were boys and 77% of those on the day of their annual report were male (Scottish Government, 2026b).

Over the course of the three censuses there has been a marked change in the gender make-up of the secure population, as illustrated in figure 1.

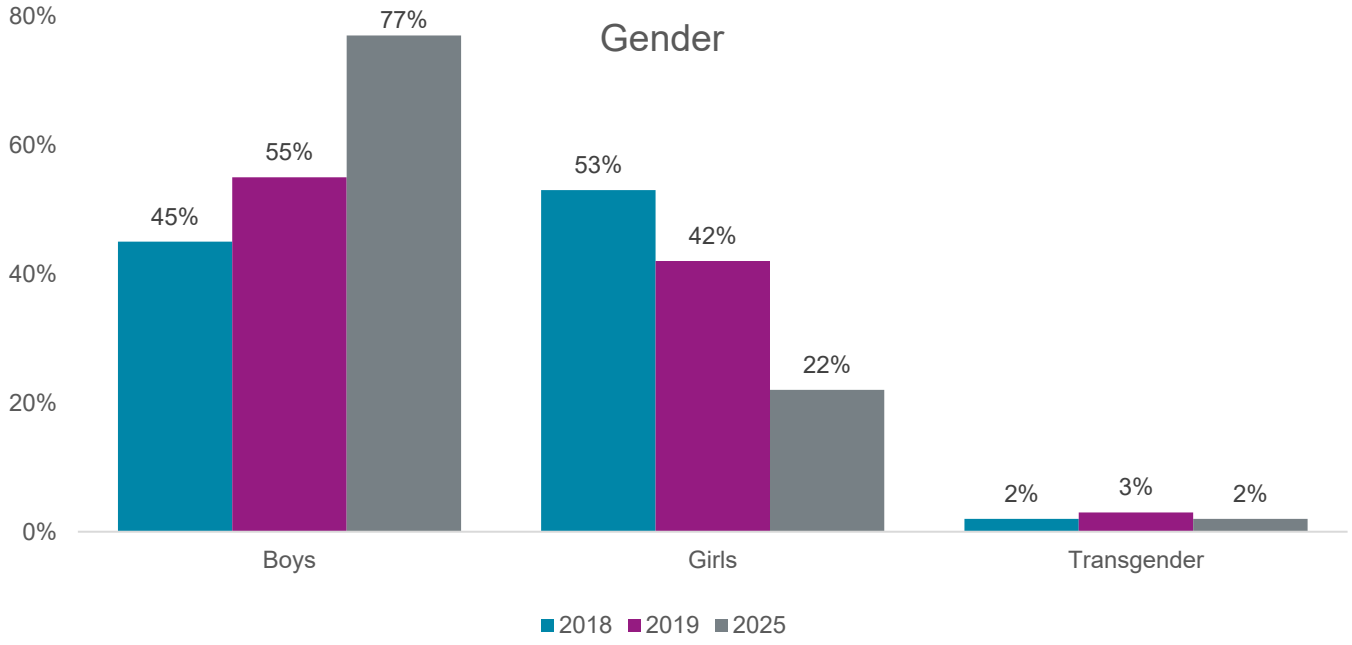

Figure 1

Since 2018 the proportion of boys within the secure estate on the day of the census had increased from 45% to 77%; an increase of 32 percentage points over that period equating to a 71% increase. Over that same period the proportion of girls within secure care on the day of the census has dropped from 53% in 2018 to just 22% in 2025; a 31 percentage

points decrease representing a 58% decrease. These fluctuations in secure care demographics can also be found within Scottish Government data, where between 2022/23 to 2024/25 the proportion of male children resident there on the day of their annual reporting rose from 49% to 73% over that period, with the proportion of girls falling consequentially (Scottish Government, 2026b). The size of the transgender population has remained stable at 2-3% throughout. Scottish Government data does not measure gender, instead recording the sex of the child therefore it is not possible to make a comparison to other sources of data.

Age

Much like gender, there has been a significant change in the age profile of children entering the secure arena. Far fewer younger children are being placed there, with only 22% of children being aged 14 or less on the day of the census. This compares to 35% in 2018 and 31% in 2019, as shown in figure 2 below. In order to make comparisons more meaningful, children subject to cross border placements have been excluded from this analysis.

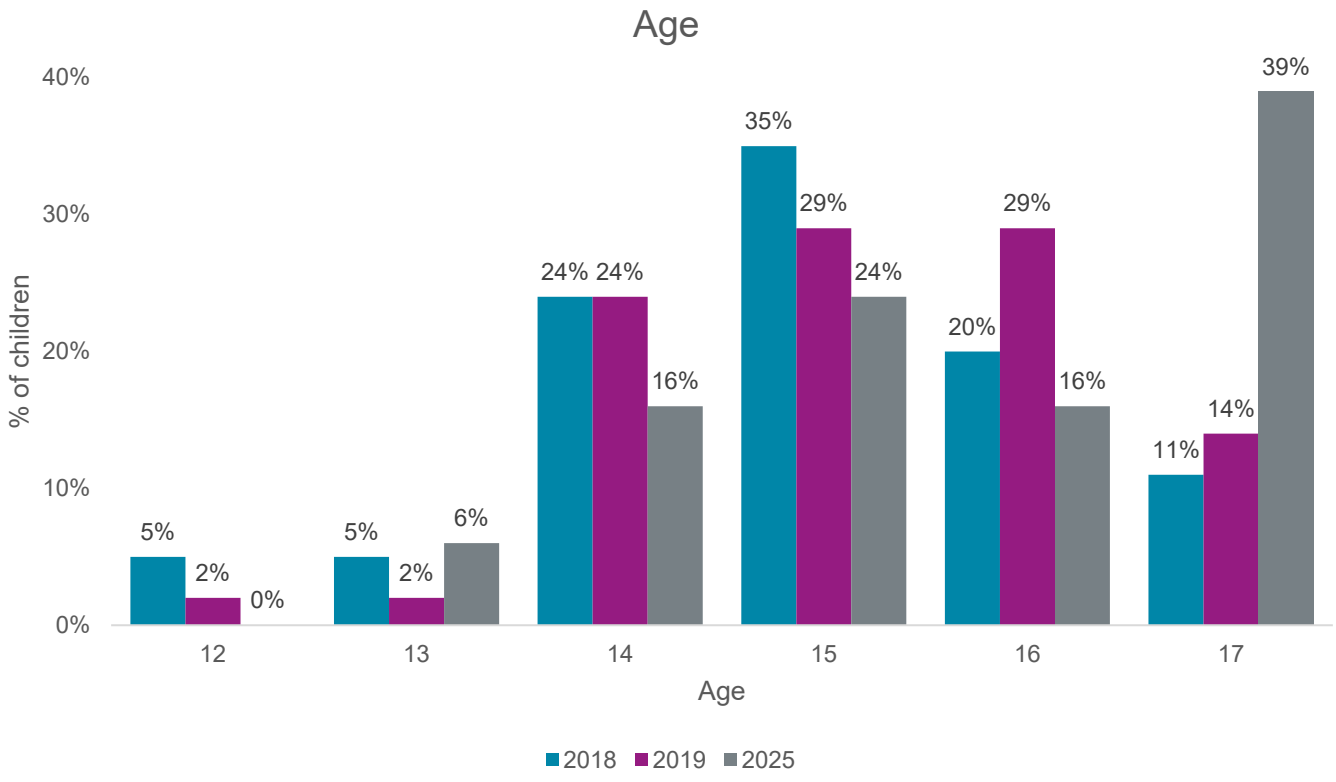

Figure 2

The proportion of children who are aged 15, 16 or 17 equates to 79% of the secure population in 2025, compared to around two-thirds of children in 2018 and 2019. The biggest shift can be seen in the 17 year old population which has grown from 11% and 14% of Scottish children during the first two censuses to 39% in 2025. This represents the single largest age-group across the entire three years, and an almost threefold increase between

2019 to 2025. These findings resemble those from the Scottish Government's own data which shows that and 23%, 19% and 38% of children on the day of their data capture (31 July 2025) being aged 15, 16 or 17 years old respectively, thus totalling 80% (Scottish Government, 2026b) and thus stresses the growing cohort of older children.

Legislation

In an addition to the range of data captured during the census, the 2025 iteration required respondents to stipulate which legislation was responsible for placing the child in their care. This had been requested by a number of parties due to the legislative changes brought in by the Children (Care and Justice) (Scotland) Act and the pressures that had been faced in meeting the demand for secure provision at various points in 2024 and 2025. Figure 3 highlights the responses received.

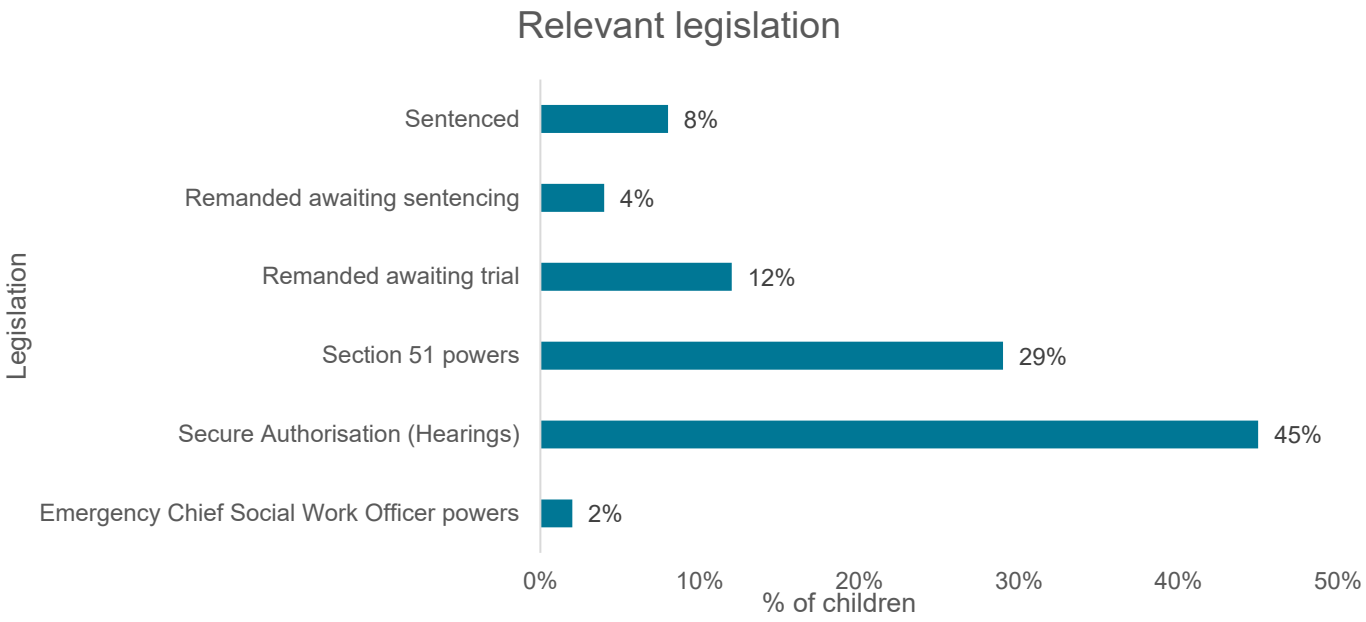

Figure 3

Less than half (45%) of children within secure care were directly there due to the decision of a Children's Hearing, representing a sizeable decrease compared to Scottish Government data from preceding years. A further 2% of children were subject to an emergency placement following the decision of a Chief Social Work Officer, meaning that a Children's Hearing is required to consider this matter within 72 hours at which point the child may – or may not – be made subject to an Interim Compulsory Supervision Order with Secure Authorisation.

2025 findings show that almost one quarter of children were placed there directly due to the decision of a court. With 8% of children being there due to them sentenced to a period of detention, 4% remanded awaiting sentencing and a further 12% remanded awaiting trial, a total of 24% of residents were placed within secure care through various elements of the criminal justice system. However the significant number of children placed there as a

consequence of Section 51(1)(a)(ii) powers further speaks to the influence of court in the lives of those within secure care. Found within the 1995 Criminal Procedure (Scotland) Act, this piece of legislation enables court to empower local authorities to determine where a child may reside whilst awaiting trial, including – if the child meets the secure care criteria – within Scotland's secure provision, and with powers to place the child within a community setting if deemed appropriate. The use of Section 51 therefore presents an opportunity to minimise the deprivation of liberty where that is deemed appropriate, and is often used when limited capacity within secure care is available and Sheriffs and Judges seek alternative means to supervise an accused child. With 29% of children being subject to this order, it further highlights the impact that court proceedings have upon the secure estate in 2025. Taking these circumstances together – sentenced, remanded, and Section 51 powers – a total of 53% of children were accommodated within secure care as a consequence of their involvement in the justice system.

A similar picture can be found amongst Scottish Government data for 2024/25. When accessing additional tables appendant to the full report, figures regarding legislative basis for admissions over that year can be drawn out that reveal a lower combined figure of 41% of children due to justice related issues. This 41% includes children sentenced (8%) and those placed in secure through Section 51 powers (33%). Whilst lower than was found in this census, it represents a very large increase on previous years where these two legislative routes accounted for just 12% of admissions in 2022/23 and 5% in 2023/24 (Scottish Government, 2024, 2025, 2026b). Collectively, findings from this census and administrative data further evidences the impact of recent legislative changes which has increased the demand for secure care provision from the criminal justice system.

Ethnicity

As was the case in earlier iterations of the census, the vast majority of the children accommodated within secure care were categorised as White British (80%), with smaller populations found amongst the Asian/Asian British group (10%). Mixed/multiple ethnicity, and Black/African/Caribbean/Black British each accounted for 4% of children. The remaining 2% of children were of other White backgrounds.

Figure 4 illustrates the change amongst those children under the care of Scottish local authorities who were accommodated within secure care on the day of the three censuses. It excludes children placed on cross border basis in order to make a like for like comparison, and therefore removes the significant proportion of children accommodated on a cross border basis who were of minoritised ethnic heritage (see Gibson, 2020, 2021, 2022). Now in 2025 we can see that there are a growing proportion of children under the care of Scottish local authorities who are of diverse cultural and ethnic heritage, as highlighted in the following graph.

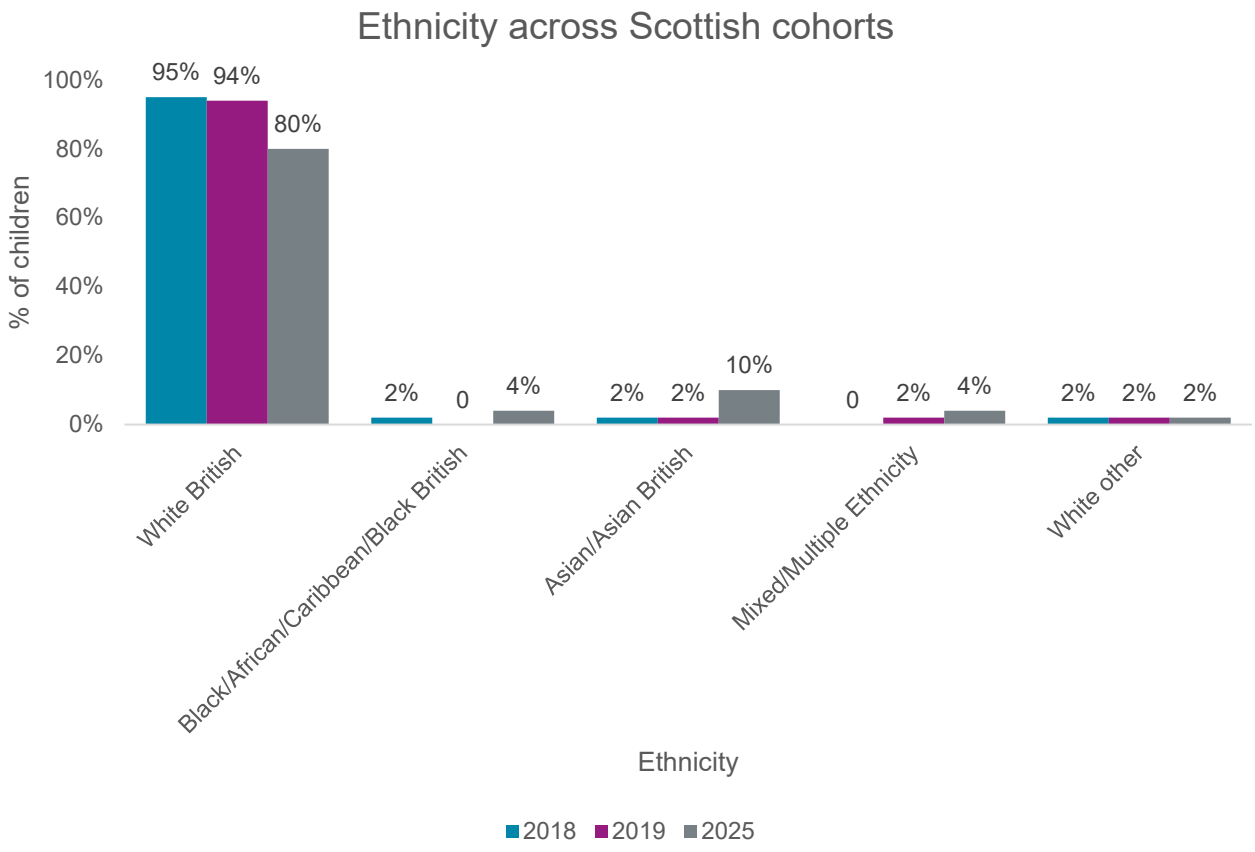

Figure 4

The proportion of children who were categorised as White British has fallen from 95% in 2018 to 80% in 2025, whilst children of Asian/Asian British background has risen from 2% in previous years to 10% in 2025; a five-fold increase, albeit the total number of children in question is relatively low. Small, but relatively significant, increases can also be found in the number of children from Black, and Mixed/Multiple ethnicities.

Previous accommodation

All three census have captured the child's placement immediately prior to entering the secure estate, illustrated here in figure 5.

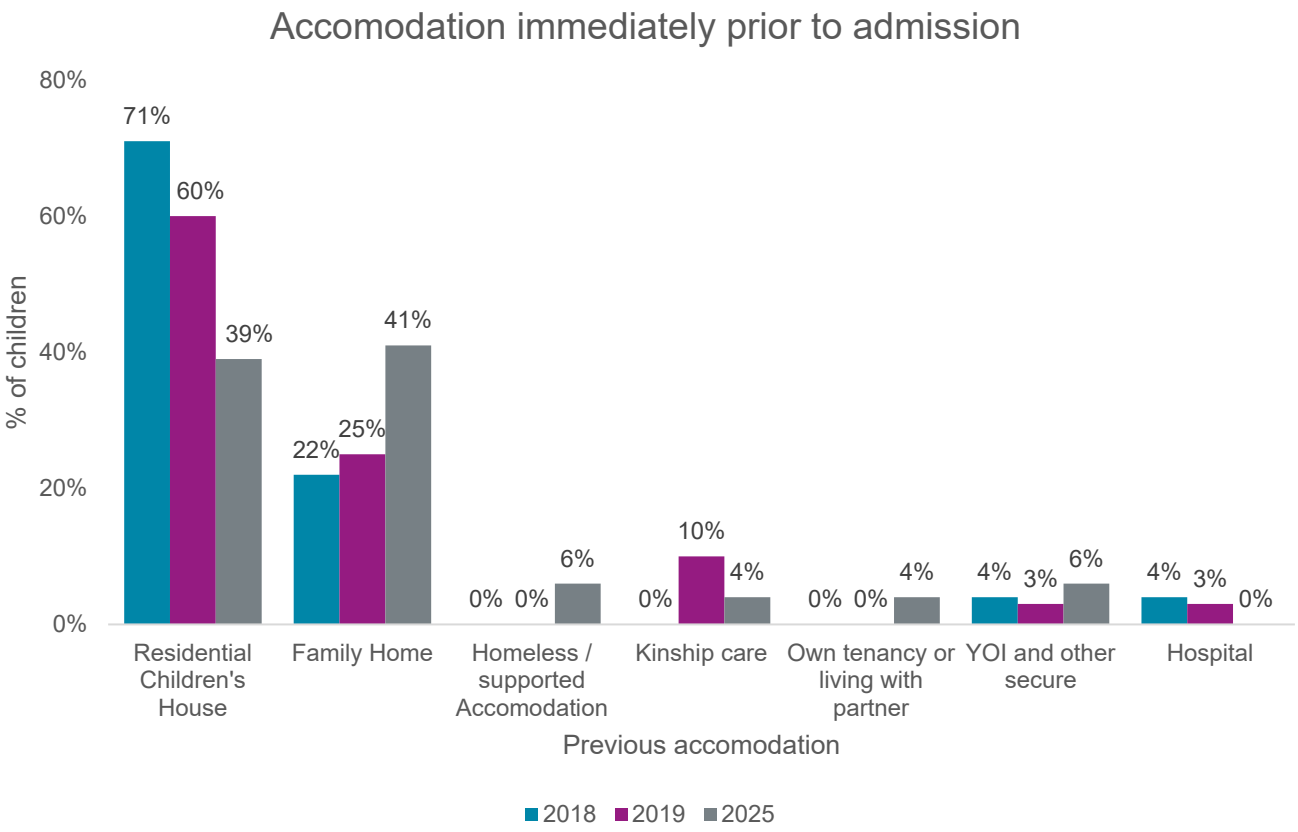

Figure 5

A marked shift has taken place during the course of the three censuses. The proportion of children who are entering secure care from the family home has almost doubled, jumping from 22% of children in 2018 to 41% in 2025. Likewise, the proportion of children who had resided within a residential children's houses immediately before entering secure care has dropped by just under a half, falling from 71% in 2018 to 39% in 2025. This represents a 32 percentage point drop, equating to a 45% reduction over that period. Over and above this, some 10% of children in 2018 and 4% in 2025 has resided within kinship care immediately prior to entering secure care.

Other forms of accommodation have remained low over the course of the three censuses, but it is of note that children who were homeless or living in supported accommodation (6%) featured within the 2025 census. Children with their own tenancy or living with a partner (4%) were likewise recorded. These are the first time over the course of this project that these were noted within data.

Early contact with formal systems

First contact with social work

Further information about the lives of children who enter the secure estate can be gathered when considering the age at which the child first came into contact with social work. Whilst this question was not asked during the 2018 census, a comparison can be made between

those responses gathered in 2019 and 2025, shown in figure 6. Once again data pertaining to children from outwith Scotland has been excluded in order to allow direct comparison.

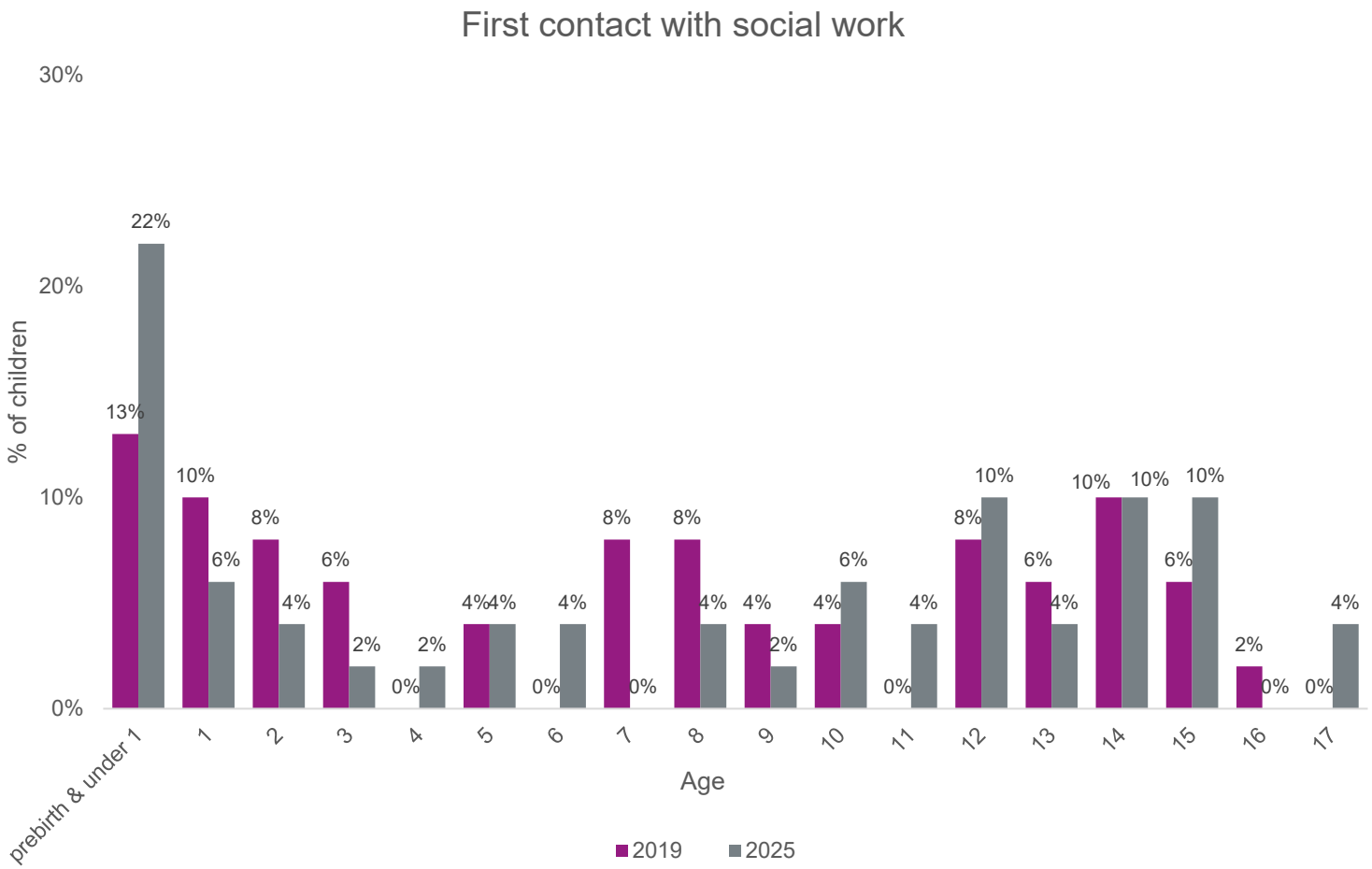

Figure 6

Of note is the significant proportion of children whose first involvement with social work came in the earliest years. In 2019 some 42% of children had contact with social work aged 6 or younger, including 17% who were under the age of 1 or prior to their birth. Amongst the 2025 cohort 44% of children had experienced their first contact with social work by this time, and in over a fifth of occasions (22%) this had occurred prior to birth or before reaching their first birthday.

The data also points to the proportion of children for whom their first contact with a social work practitioner came in their teenage years; in 2019 this accounted for almost one quarter (24%) of children, whilst in 2025 this figure was slightly higher at 28%. This delayed initial contact with social work – particularly for the oldest of these children – may reflect the

biological and psychological changes that occur upon entering this stage of life and which contributes to risky or harmful behaviours. Although the sample size here is smaller than in other analyses of the three cohorts (due to this question only being introduced in 2019) the minimal change in profile with regards to first contact with social work since the introduction of the Children (Care and Justice) Act is of interest. The finding here that the 2025 cohort's first contact with social work agencies has not significantly changed compared to the 2019 census (pre-Care and Justice Act) lends further weight to that argument.

First charge by police

Next, in figure 7 data is presented that highlights the age at which children within secure care first accrued a charge from police. It does not capture incidents that did not lead to police involvement, and so there may be occasions where behaviours that brings the child into conflict with the law has gone undetected. Likewise, it does not account for occasions when police were involved in the life of the child but without a charge being brought against them.

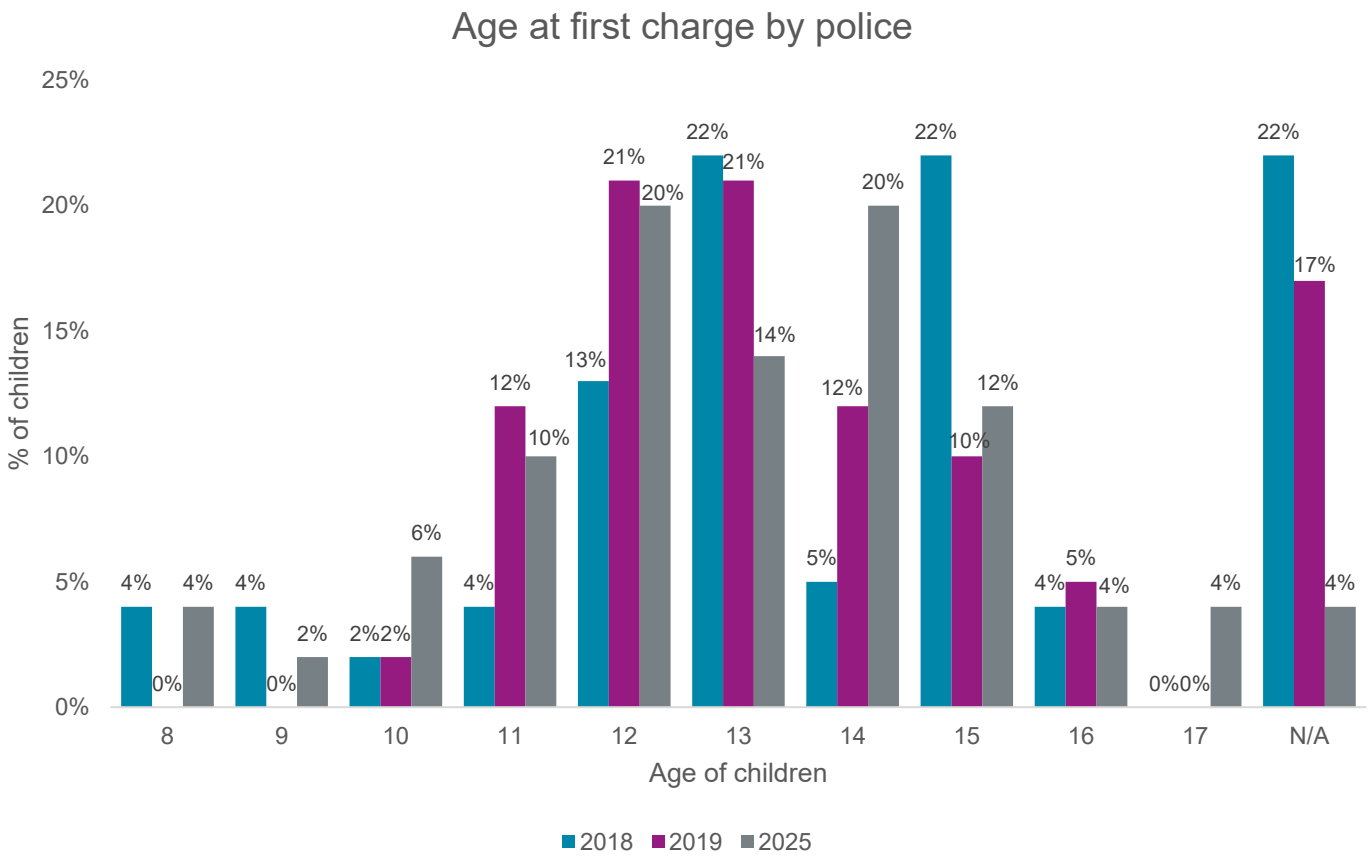

Figure 7

Of note is the sizeable proportion of children who had never been charged by police. In 2018 almost one quarter (22%) of children had not done so; in 2019 this figure was 17%. By 2025 – and following the legislative changes outlined previously – that figure was far lower at just 4%. The use of secure care as the only venue to remand or detain a child through court may

well have contributed to this shift. It may also speak to the reduced use of secure care on 'welfare' grounds through the Children's Hearing System, with alternative provision such as remaining at home with intensive supports being utilised more often for those children who – in earlier years – could have been accommodated within secure care.

Further differences are found in the proportion of children whose first criminal charge was accrued at the earliest stages of childhood. In 2018 and 2019 some 14% and 6% of children had encountered this before they reached the age of 12[2]; this has increased to 22% in this newest iteration of the census.

Socioeconomic factors

Community deprivation

Earlier censuses have pointed to the significant representation of children from the most deprived communities within the secure estate. This finding has been confirmed again in 2025 as illustrated in figure 8.

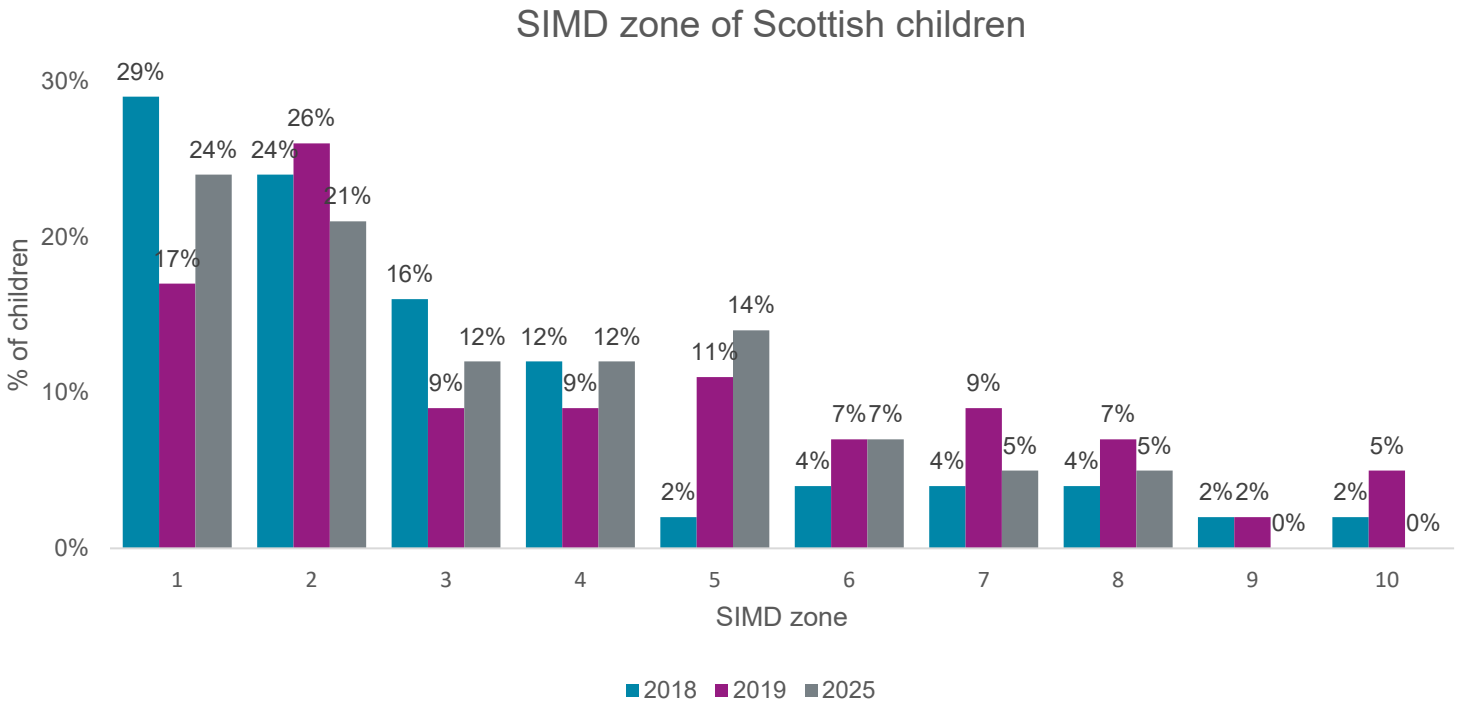

Figure 8

There has been an increase in the proportion of children entering secure care from the most deprived areas of Scotland. Whilst in 2018 and 2019 SIMD zones 1 and 2 accounted for a total of 45% and 43% respectively, over half (53%) of the 2025 cohort were from these areas. Likewise 69% and 61% of the 2018 and 2019 cohorts consisted of children from

[2] The age of criminal responsibility in Scotland was eight up until the commencement of the Age of Criminal Responsibility (Scotland) Act 2019, in December 2021. This resulted in the age of criminal responsibility being increased to 12.

SIMD zones 1-4; in 2025 this figure had risen to 81%. Compared to the 2018 cohort, there were more children from the most affluent areas of the country within secure care on the day of the 2025 census. In 2018 no children from SIMD zones 9 or 10 were present, in 2019 the figure was 7%, whilst in 2025 this figure was slightly lower at 4%.

Poverty

The 2018 and 2019 censuses evidenced the sizeable proportion of the secure population whose family experienced relative poverty. In previous years the proportion of responses that indicated uncertainty over whether this was the case or not (by responding 'don't know' rather than 'yes' or 'no') ranged from 6% in 2018 to 27% in 2019, whereas in 2025 a response of 'don't know' was given for almost half (45%) of children.

Having excluding responses of 'don't know' figure 9 highlights the proportion of children across the three timeframes living in relative poverty.

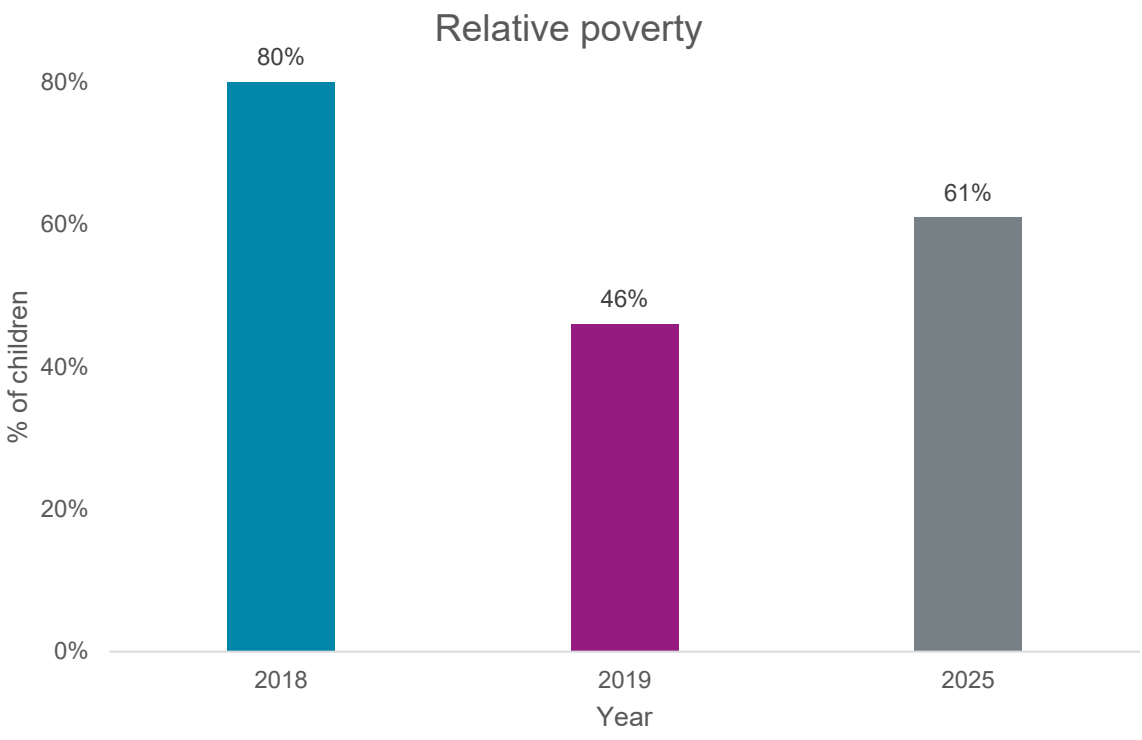

Figure 9

Responses highlight that 61% of children were known to live in relative poverty; a 15 percentage point increase from 2019, but smaller than the 80% found in 2018.

Life experiences of children in secure care

Adverse Childhood Experiences

Studies of ACEs have shown a correlation between exposure to the 10 recognised ACEs and subsequent concerns over a wide variety of issues. These have been summarised

elsewhere (see Gibson, 2020; Vaswani, 2018a; Walsh, 2020). More recent literature points to the dose-effect relationship between exposure to ACEs and undesirable outcomes including violence and risk of harm to others; being the subject of child protection interventions; poor health and economic circumstances; being subjected to inter-relationship violence; addiction; behavioural and education difficulties; and exploitation (Amos et al., 2023; Bellis et al., 2025; Darley, 2025; Graf et al., 2021; Gray & Jump, 2026; Gray et al., 2023; Guarnaccia et al., 2022; Hales et al., 2023; Hughes et al., 2025; Mercera, 2025; Mongan et al., 2025; Walsh et al., 2025). ACEs that occur in earliest childhood have also been linked to a range of health, neurological and developmental impediments (Riccardi & Hale, 2025; Webster, 2022), and have been linked to emotional dysregulation, attachment disorder and severe maltreatment amongst care experienced children (Oldridge et al., 2026).

With that in mind each census has sought to explore the scale exposure to ACEs amongst the secure population, and perhaps the most striking of the findings from the 2018 and 2019 censuses was the heightened rates of ACEs amongst these cohorts. This has been replicated within the 2025 study as illustrated in figure 10**.** Again, to make like for like comparisons more straightforward, data relating to children who were the subject of cross border placements in 2018 and 2019 have been omitted on this occasion. Comparisons to children from England and Wales within Scottish secure care have been made elsewhere by Gibson (2022) which provides relevant data that explores the prevalence of ACEs and other issues amongst this cohort. Whitelaw and Gibson (2023) similarly make comparisons between the secure care population and young people held within YOI.

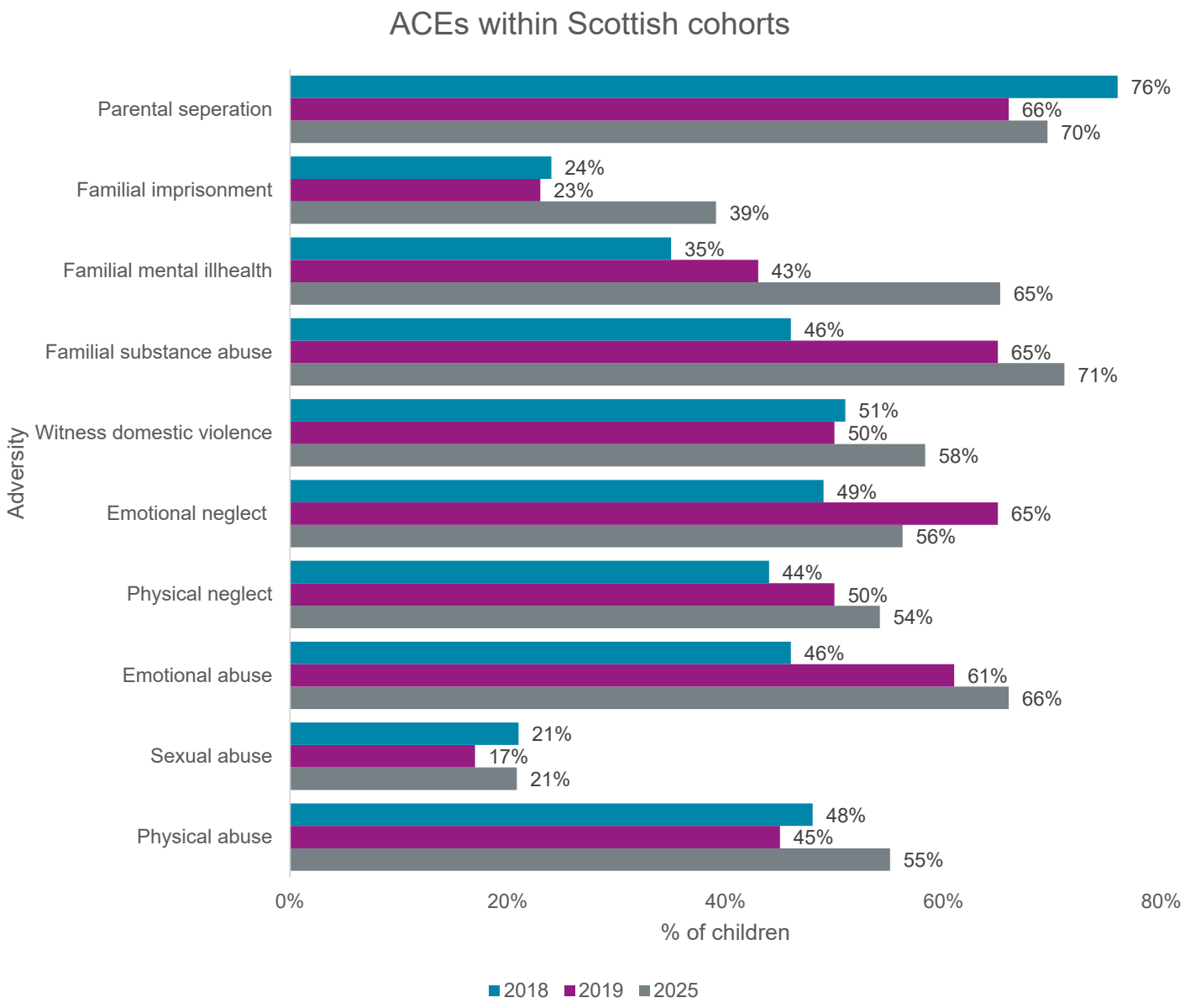

Figure 10

These data demonstrate that in seven of the 10 ACEs, the 2025 cohort faced a greater level of exposure than their earlier counterparts. Familial imprisonment rose from 24% in 2018 and 23% in 2019 to 39% in 2025. Familial mental ill-health likewise rose from 35% and 43% in 2018 and 2019 to almost two-thirds (65%) in 2025. Familial substance abuse increased from 46% in 2018 to 65% in 2019 and once again to 71% in 2025. The 2025 census found that 58% of children had witnessed domestic violence compared to 51% and 50% in earlier iterations. Rates of physical neglect were also higher in the 2025 census (54%), rising from 44% and 50% in the earlier studies, whilst emotional abuse increased by 20 percentage points between 2018 and 2025. Finally, rates of physical abuse were also found to have increased over that period, from 48% in 2018 to 55% in 2025.

In addition to an increase in these seven issues, 21% of children had been exposed to sexual abuse; an increase from 2019 and the same level as had been found a year earlier. The only ACEs that were less prevalent in 2025 were parental separation, falling from 76% in 2018 to 70% in 2025, and emotional neglect that fell from 65% in 2019 to 56% in 2025.

Given the methodology of drawing on existing administrative data, case records and practitioner knowledge these figures are likely to be an under representation of the true figure with these issues – and others – often not coming to light until adulthood, if at all. On the other hand, it is conceivable that practitioners and agencies are more alert to the impact of these issues today than had been the case in earlier iterations, and so any increase in prevalence may be a reflection of greater identification by those supporting the child and their families.

Comparisons to the general population of Scotland are challenging given the different approaches adopted within this study, and that adopted within national studies. The 2019 edition of the Scottish Government's Health Survey provides data relating to rates of exposure amongst the Scottish population, highlighting that almost half (47%) of adults had experienced emotional abuse as a child, 28% had experienced physical abuse, 24% had grown up in a house where domestic violence occurred, and that almost one quarter (23%) had experienced parental separation. Other issues were less common, ranging from 3-19% (Scottish Government, 2020). However absence of data regarding emotional neglect and physical hinders opportunities to make a comparison of that circumstance. Elsewhere, recent data published by the UK government drawing from the Crime Survey for England and Wales conflates emotional and physical neglect, and fails to capture exposure to several of the 10 traditional ACEs. Nevertheless, the report is able to demonstrate that 23% of respondents to their study had encountered emotional abuse, whilst 17% had been subjected to physical abuse during their childhood. Some 9% had been sexually abused, with a figure of 8% for the broader, headline issue of neglect (Office for National Statistics, 2025).

Regardless of these methodological challenges and gaps in data, it is reasonable to point to substantially heightened rates of ACE exposure amongst the secure care population in comparison to that found within the general population.

Aggregated exposure to ACEs

In previous reports a prominent finding was the proportion of children who had experienced four or more ACEs. In 2018 some 64% of children placed by a Scottish local authority had done so, whilst in 2019 this had increased to 74%. Once again in 2025, just under three-quarters of children (74%) were found to have been exposed to four of more ACEs as shown here in figure 11.

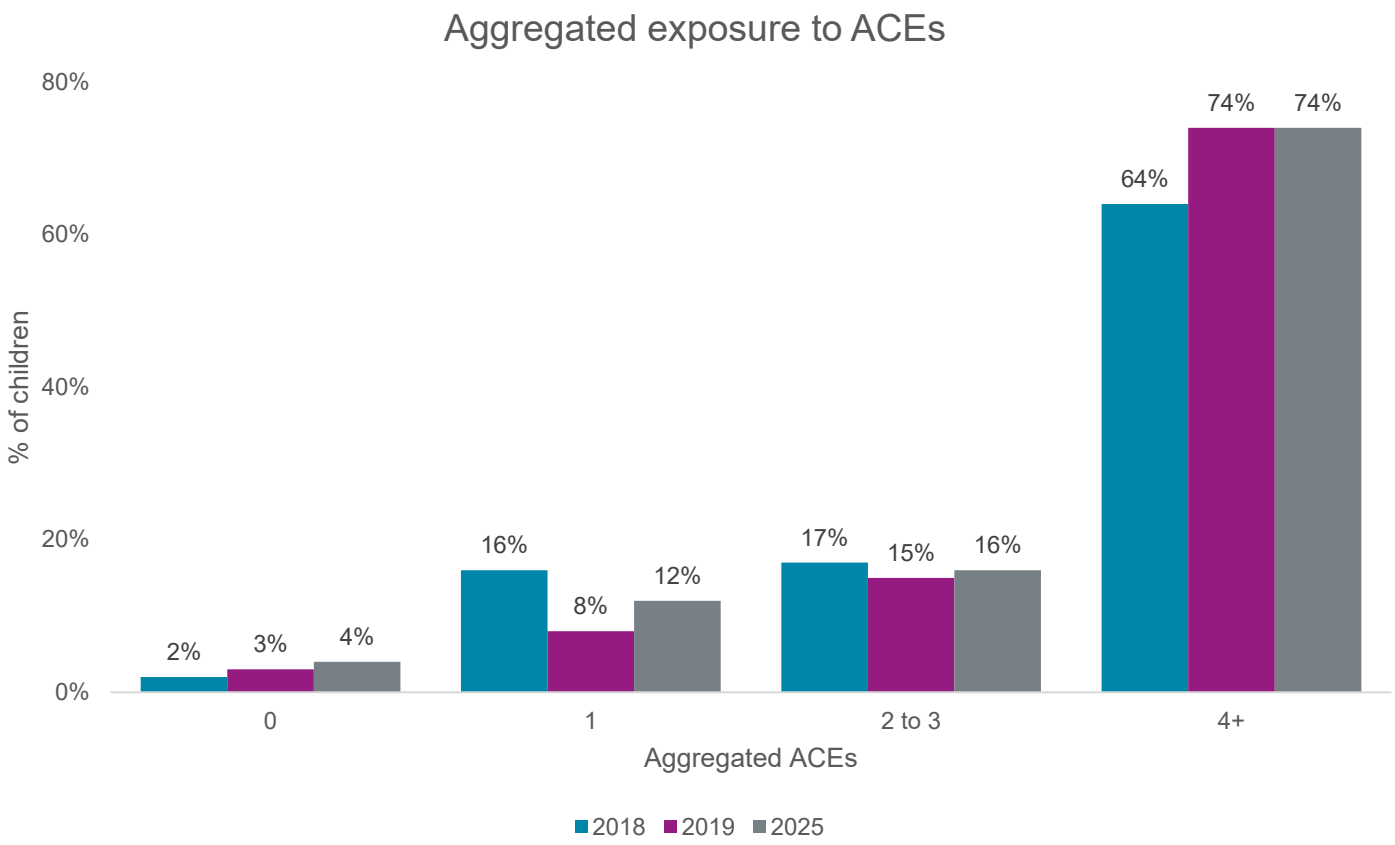

Figure 11

The levels of exposure found in 2025 – and in prior years – is vastly greater than amongst the general population. For example, only 15% of the Scottish population are believed to have faced four or more ACEs (Scottish Government, 2023). This is of particular importance given the established correlation between elevated scales of ACEs and subsequent adverse outcomes noted previously, and which pose further challenges to the child as they make their transition into adulthood. The scale and depth of exposure to these harms can be further illustrated by considering the proportion of children who have faced between seven and 10 ACEs. Some 36% of children within the 2025 cohort had been exposed to this level, bringing with it increased risk of encountering adverse outcomes.

Relationship between poverty, deprivation and ACEs

In figure 12 a comparison is made between the aggregated exposure to ACEs amongst those children living in relative poverty, and those who were deemed not to be.

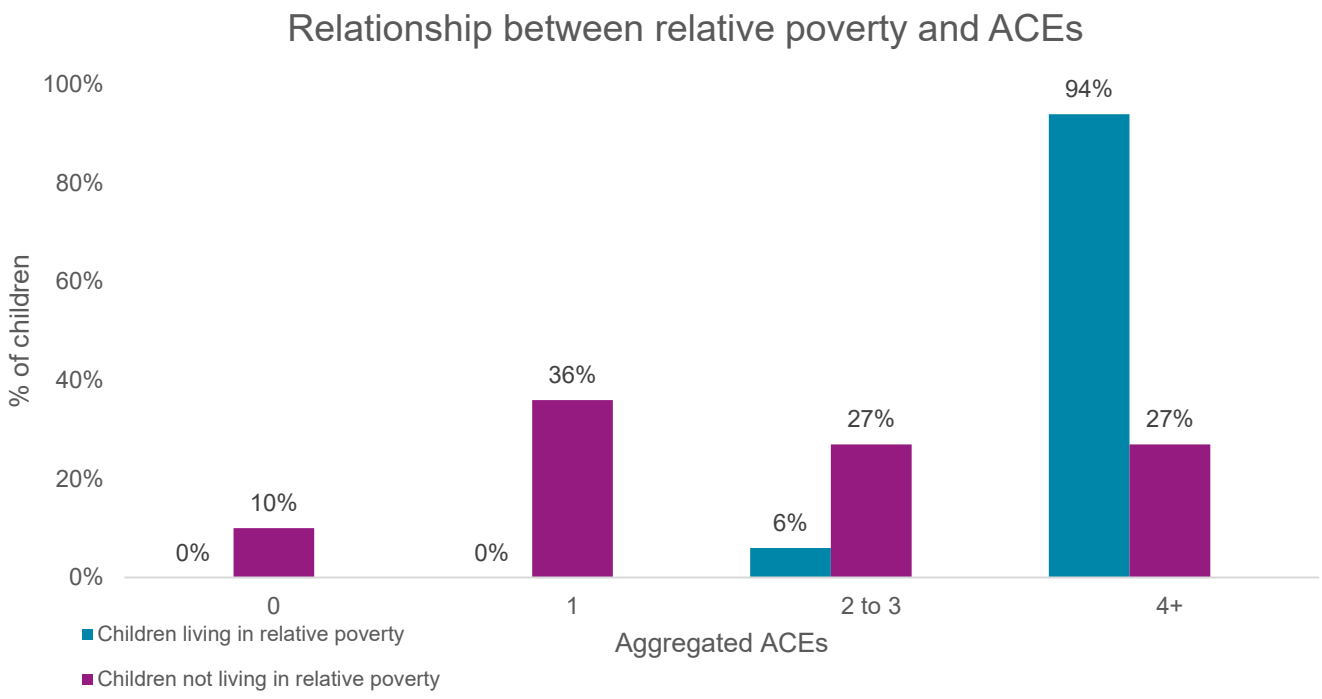

Figure 12

Sapouna (2026) has recently highlighted the role that community deprivation plays in exposure to ACEs, with children in Scotland living within the most deprived communities three times more like to experience three or more ACEs than those in the most affluent. Similarly Oldridge et al. (2026) provide data that evidences this relationship amongst care experienced infants, contributing to various adverse outcomes. This study adds to this argument, with 94% of children living in relative poverty facing four or more ACEs. For those children whose family or home environment was not deemed to be in relative poverty, this figure was 27%.

Multiple risks and adversities

Mindful of scholarly critique of the ACEs model, within which many argue that the approach is too narrow to reflect the entire compendium of issues that impact upon the lifespan (Warner et al., 2023), data has been captured during each previous iteration of the census examining the wider range of circumstances, risks, adversities and behaviours that impact upon the lives of the children in question. Aggregated data from 2018 and 2019 were previously reported by Whitelaw and Gibson (2023); this report separates these cohorts for the first time. Elsewhere, Gibson (2022) gives an account of these factors solely within the cross border population. This report now makes a comparison of the level of exposure to these issues across the three timeframes, and purely amongst those children under the care of a Scottish local authority.

Violence and offending

Figure 13 illustrates the rates of exposure to the first tranche of adversities; violence and offending history.

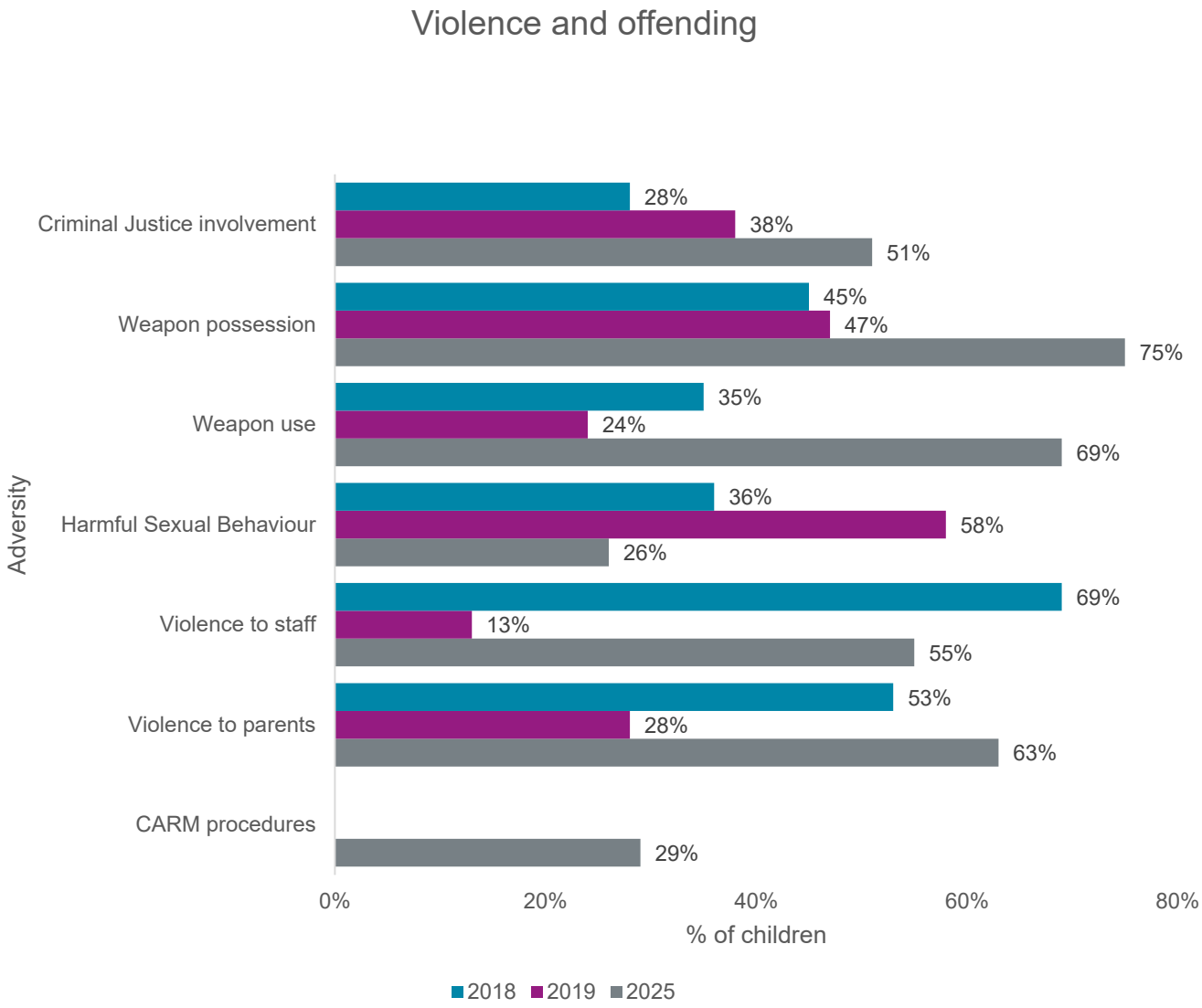

Figure 13

There has been a marked increase in the history of violent acts and of contact with the justice system within this census. In four of the six metrics that had previously been measured (therefore excluding use of Care and Risk Management (CARM) procedures) the 2025 cohort had experienced higher rates than their 2018 and 2019 contemporaries. This parallels findings from across Scotland where a recent increase in significant episodes of violence by children and young people has been observed, countering the trend from 2004 that had seen such issues fall (Fraser & Gillon, 2024). The 2025 secure cohort experienced higher rates of Criminal Justice involvement, weapon possession, weapon use, and violence to parents. Despite 75% of children having been in possession of a weapon, and 69% using the weapon, CARM protocols were only involved for less than three in 10 children (29%).

In addition to the recent upward trend in acts of violence, findings presented here may be a reflection of the gender makeup, with girls far less likely to have acted in a violent manner compared to their male peers. Likewise the end of placing children within YOI also meant that children convicted of a violent offence – or remanded for the same – are now exclusively held within secure care, thus affecting the 'welfare' / 'justice' mix.

Amongst the range of violent acts considered within this group of life experiences, violence to parents (63%) and violence to staff (55%) were found at very high levels. The majority of boys had acted in these manners. Over one quarter of children (26%) had engaged in acts of harmful sexual behaviour; the lowest recording over the three censuses. Of this 26%, some 85% were boys suggesting a gendered aspect to this issue. No major relationships were found in exposure to sexual exploitations; sexual abuse; or concerns over sexual health amongst those children who had themselves displayed harmful sexual behaviour.

Health and wellbeing

In figure 14 issues relating to children's health and wellbeing are explored, demonstrating the wide range of mental health, physical health and associated challenges that are encountered by those children who enter the secure estate in Scotland.

The health of children within secure care should be viewed within the context of falling health outcomes in the UK, and in particular Scotland where lowering life expectancies and length of healthy life has fallen most sharply within the most deprived parts of the country. Figure 14 shows that in comparison to the 2018 and 2019 cohort, children from 2025 appeared to enjoy better health overall, although encountering a wide range of concerns.

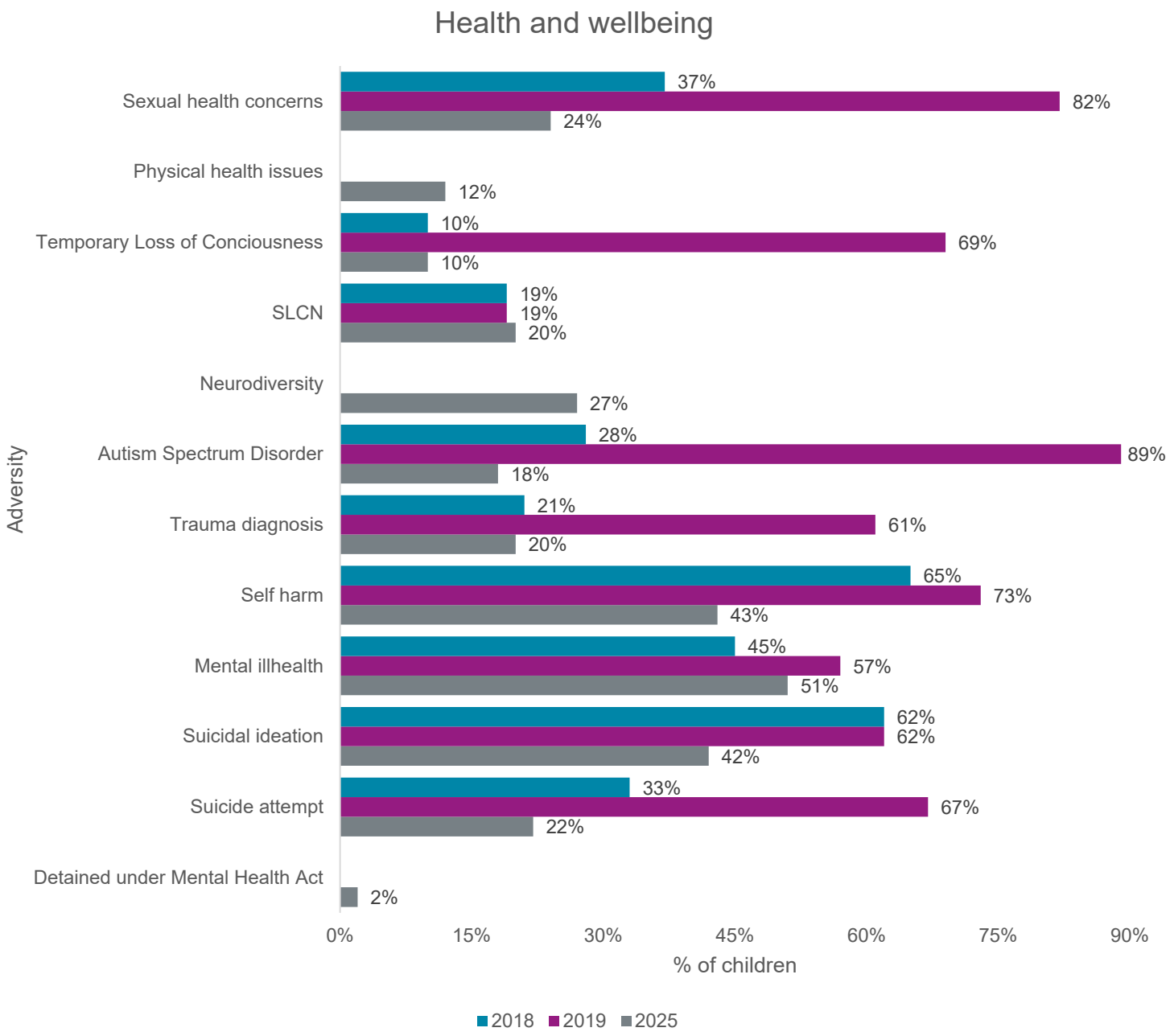

Figure 14

Nevertheless, the mental health and safety of children accommodated within secure care is of grave concern. Four in ten (43%) of children had engaged in acts of self-harm and over half (51%) experience mental health problems. Some 42% of children had thoughts of completing the act of suicide, with over a fifth (22%) attempting to do so. As with all data relating to this issue these findings are likely to be an under reporting, particularly for the boys in this study who may be less inclined to disclose episodes of distress (McGillivray et al., 2022; Sheikh et al., 2025).

Neurodiversity has been shown to be a fairly common feature amongst this cohort with 27% of children reported to experience this. As this data was not captured in 2018 or 2019 it is not possible to say with any certainty whether this represents a change from previous years.

Strikingly, the proportion of children within secure care who have been diagnosed with Autistic Spectrum Disorder has fallen from 89% in 2019 to 18% in 2025. This decrease particularly stands out given the comments of Wilson (2026), who suggests that the number of autistic people entering locked environments such as prisons and secure children's houses has increased over time.

One in five (20%) of children in this study experienced Speech, Language and Communication Needs (SLCN), hindering their ability to communicate, comprehend information and respond to social situations. Conceivably, this may play a role in the circumstances that led to them entering the secure arena, with SCLN particularly prevalence within the most restrictive elements of the justice system (Fitzsimons & Clark, 2021).

Education

Next, in figure 15 a range of issues relating to a child's education are measured.

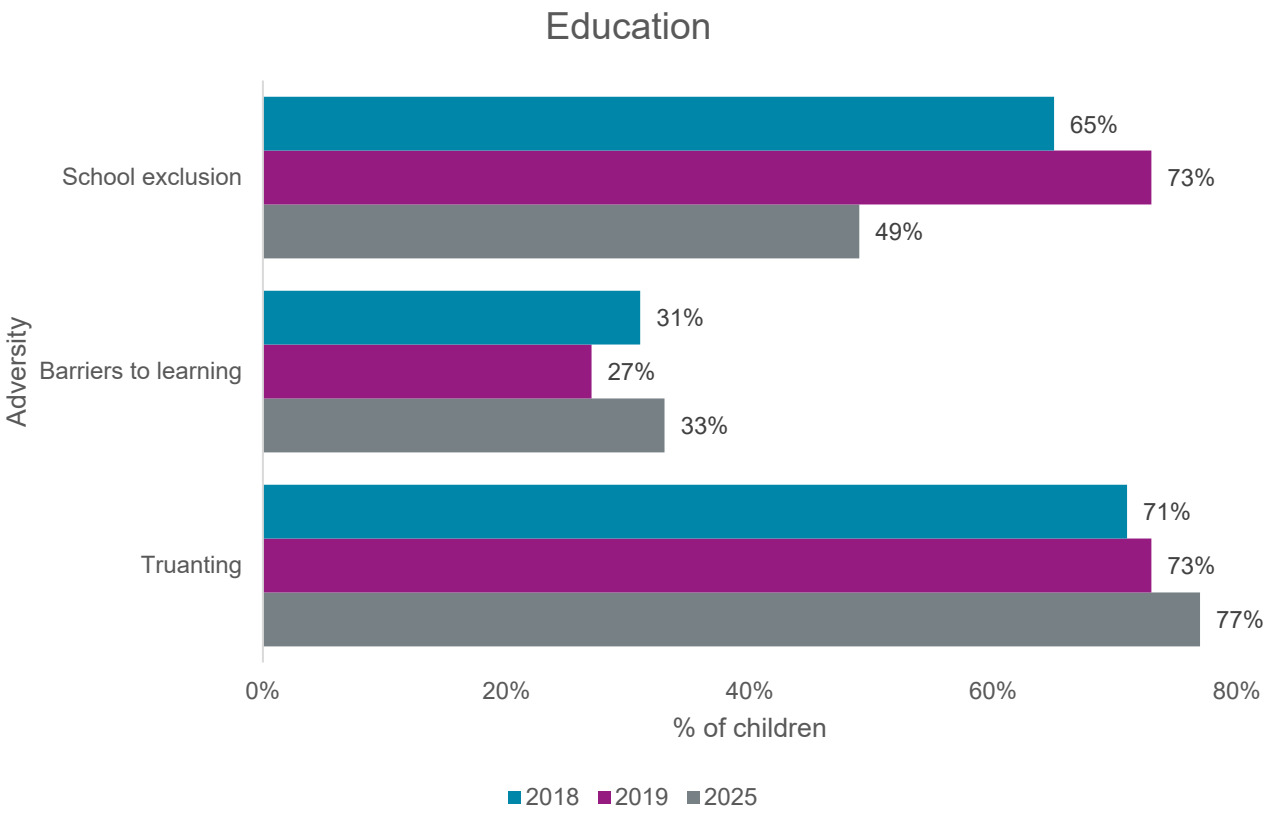

Figure 15

With the exception of school exclusion, these adversities were faced more often within the 2025 cohort than their earlier peers, and collectively the scale of challenges faced by children within school are vast. Amongst the 2025 cohort alone almost half (49%) had been

excluded from school, one in three (33%) faced a barrier to learning, and over three quarters (77%) had truanted from school.

Not only does this level of exclusion and unauthorised absences impact upon the child's learning, but represent a missed opportunity to address the effects of the wide range of adversities outlined within this report. School – particularly positive relationships with teachers and peers – can play a role in ameliorating the impact of neglect, abuse and other deleterious experiences (Asmussen et al., 2020; Bellis et al., 2025) including improved mental wellbeing (Coughlan et al., 2024). Regrettably this cohort are less able to benefit from these supports and interventions due to their disjointed and interrupted relationship with school.

Housing insecurity

Issues related to the child's housing security are explored in figure 16**,** with the 2025 cohort experiencing several concerns relating to their housing and accommodation. Whilst somewhat lower rates of incidence compared to other years, the 2025 cohort has faced a wide range of issues relating to their housing and accommodation.

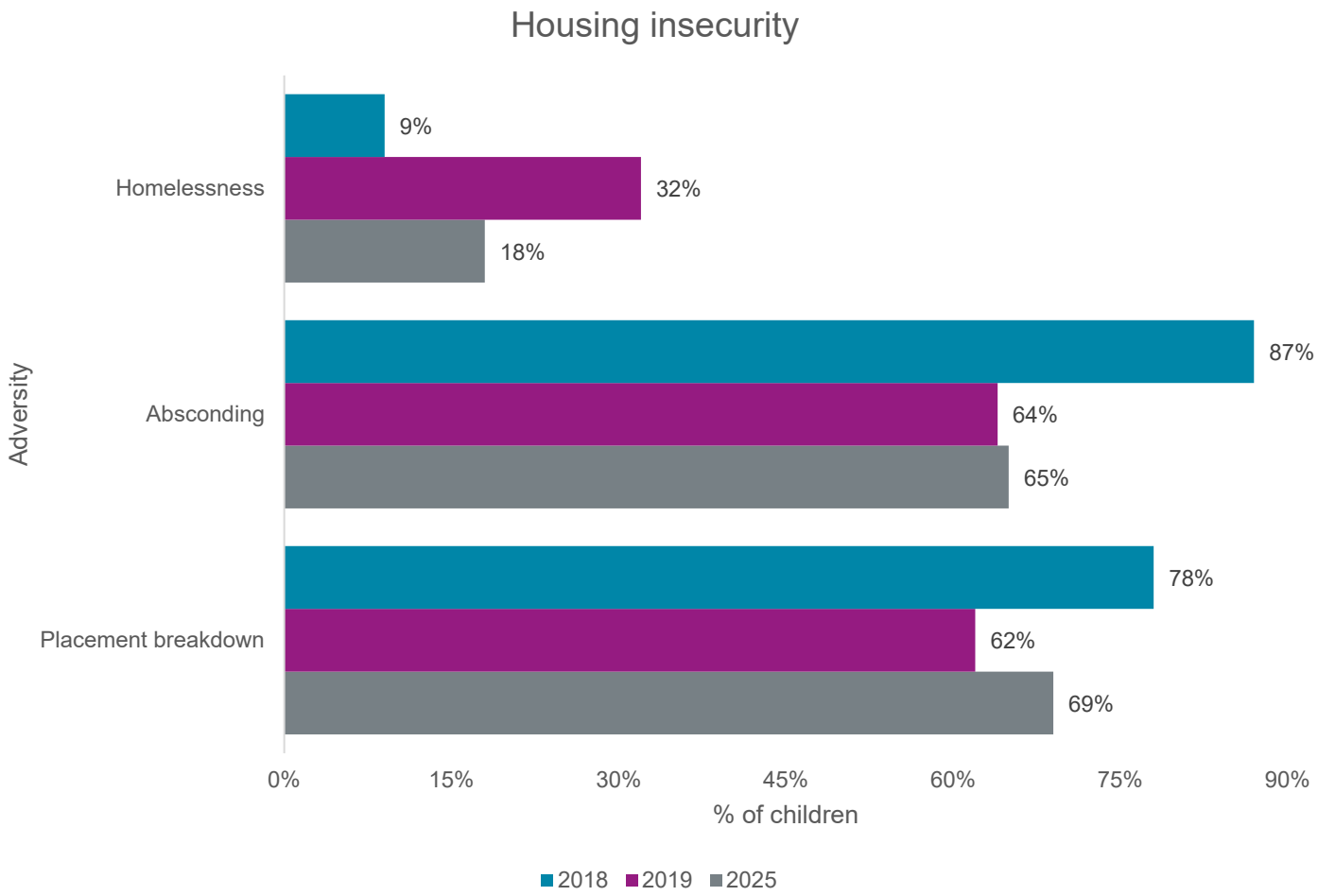

Figure 16

Across the three censuses absconding has been a common feature of the children placed within secure care, ranging from 87% in 2018 to 64% in 2019 and 65% in 2025. This is perhaps to be expected given the secure care criteria in place[3] which can be met if a child "has previously absconded and is likely to abscond again and, if the child were to abscond, it is likely that the child's physical, mental or moral welfare would be at risk". Irrespective, the finding that almost two-thirds of children had absconded gives cause for concern, particularly when married to the wider range of vulnerabilities and concerns outlined elsewhere in this report. The combination of a child's whereabout not being known alongside a history of sexual exploitation, suicidal ideation or other forms of victimisation clearly increases the risks that the child may face. This cohort's exposure to abuse and neglect, their involvement in the justice system, and their substance misuse are each some of the factors that lead to children being more likely to abscond (Zhang & Chen, 2026).

Placement breakdown is also a common feature of these children's lives, occurring in almost seven in ten (69%) occasions, whilst a history of homelessness was found in almost a fifth (18%) of children's lives. Being deprived of stable accommodation contributes to financial, psychological and physical health problems for children and their families (Hock et al., 2023; O'Brien et al., 2026), in addition to pushing increasing the likelihood of mental health concerns (Schwartz et al., 2025). For children whose placement within a children's house breaks down the risk of mental ill-health is believed to double (Varnish et al., 2025). Housing insecurity and placement breakdown likewise impact upon educational attainment, removing them from existing supports and protective factors from teachers (Hock et al., 2023; Whitelaw, 2024). Likewise unstable accommodation prevents children from sustaining relationships with friends and family that may well have been a supportive or protective factor in their life (O'Brien et al., 2026) and which could mitigate the risks and vulnerabilities that have been highlighted within this report. These factors may well contribute to children who have encountered housing insecurity being at increased risk of substance abuse (Ebling et al., 2026).

Substance use

Consistently high rates of substance use have been found across all three censuses, as illustrated in figure 17.

[3] The secure care criteria will change upon the enactment of Section 7 of the Children (Care and Justice) Act 2024 in 2027, which will amend Section 83 of the Children's Hearings (Scotland) Act 2011. This will require a child to meet the following test before they can be placed within secure accommodation by a Children's Hearing:

> The child has previously absconded and is likely to abscond again unless the child is kept in secure accommodation, and if the child were to abscond, it is likely that the child's health, safety or development would be at risk;
>
> and / or
>
> That the child is likely to engage in self-harming conduct, unless the child is kept in secure accommodation;
>
> and / or
>
> That the child is likely to cause physical or psychological harm to another person unless the child is kept in secure accommodation.

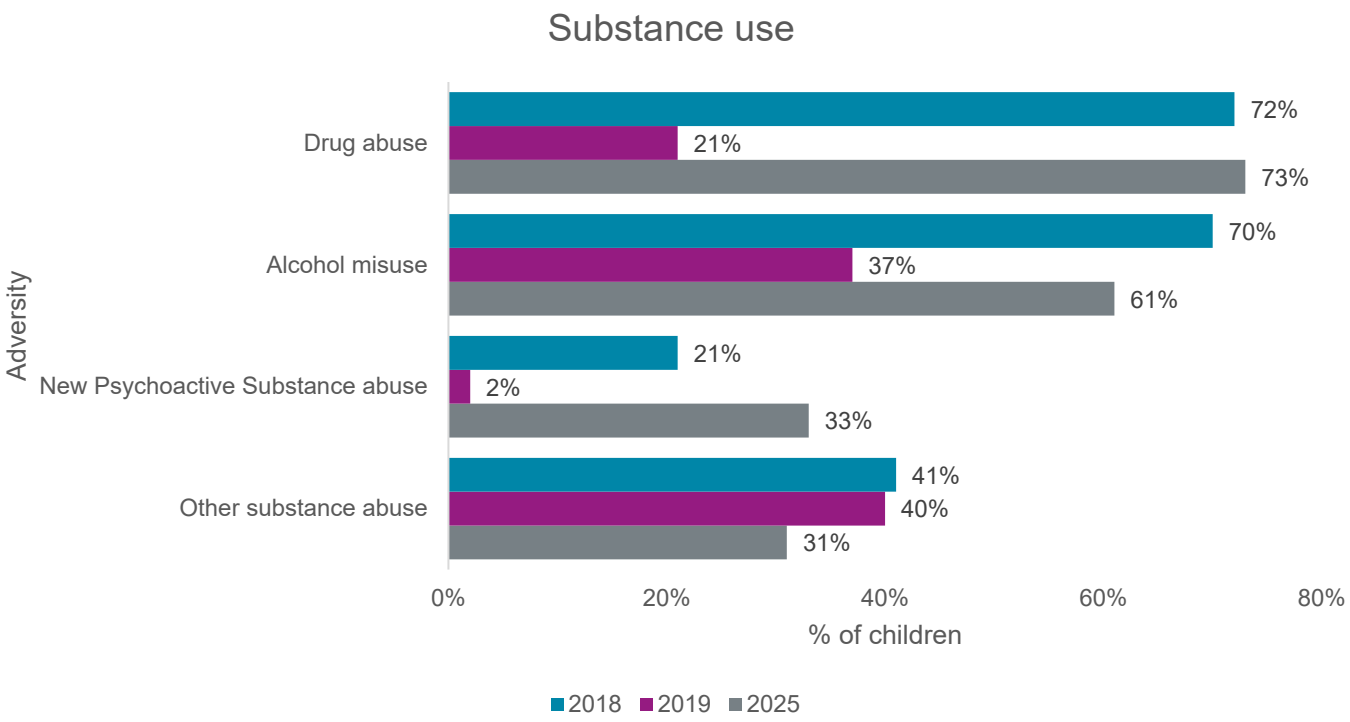

Figure 17

In 2025 almost three quarters of children had abused drugs (73%), whilst the figure for alcohol misuse was 61%. One third (33%) of children had used new psychoactive substances (often known as 'legal highs'), whilst other forms of substances – such as household chemicals, naturally occurring hallucinogenics, or other industrial inhalants - had been abused by 31% of children. Collectively, rates of substance use are far greater than was found amongst Scottish adolescents in a recent report drawing on the Growing Up In Scotland dataset (Knudsen et al., 2025).

Closer analysis of the relationship between these issues point to a cohort of children who engage in polysubstance use. For example, of those children who misused alcohol 94% also abused drugs, 53% used new psychoactive substances, and 54% abused other substances. In short, amongst children who misused alcohol it was substantially more common than not for them to also abuse one or more other forms of substances.

These findings raise concerns over the subsequent outcomes for those children in question. Substance use – and in particular polysubstance use - has been shown to contribute towards psychological difficulties, physical health problems, mental ill-health, acts of violence and risk taking (Steinfeld & Torregrossa, 2023; Tian, 2025). The overlap between those who engaged in alcohol abuse or drug abuse, and who had a history of violent acts was substantial. For example, of those children who had used a weapon against another person 71% had misused alcohol and a further 71% had abused drugs. A similar scale of relationship was found when considering weapon possession. These factors are not directly causal of course, and the use of a weapon by these children may have been unrelated to alcohol or drug abuse. However, given the strong relationship between substance abuse and acts of significant violence recorded in official data it is noteworthy and would likely feature within any consideration of risk of harm posed by the child's conduct.

Relationships

A variety of adversities relating to children's relationships with others, or adverse circumstances were identified as outlined in figure 18.

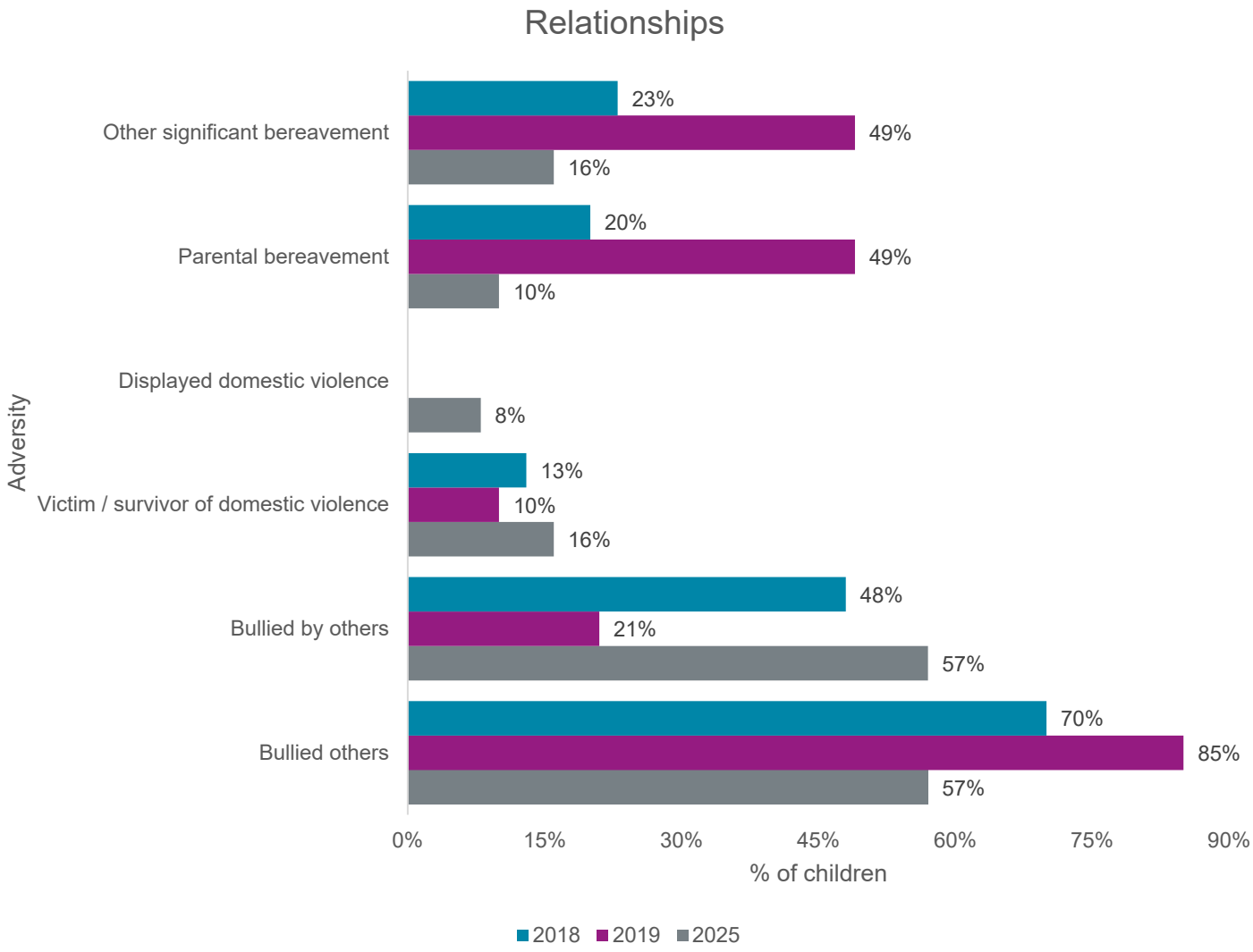

Figure 18

Whilst lower than in previous years, 10% of children amongst the 2025 had lost a parent/carer, with 16% having experienced the death of someone who was significant in their life. These figures represent a large reduction compared to the 2018 and 2019 cohorts, yet still greater than amongst the general population where it is estimated that between 4-7% of children experience parental bereavement (Paul & Vaswani, 2020). Bereavement can contribute a range of adversities such as coming into conflict with the law, mental ill-health, self-harm, suicide, problems at school, and difficulties in securing employment (Howell et al., 2026; Paul et al., 2024; Vaswani, 2018b; Vaswani et al., 2016).

With 16% of children having been a victim/survivor of domestic violence displayed by a current or former partner[4], secure care represents a space where a higher proportion of victim / survivors can be found than amongst the general population, drawing on Police Scotland's domestic abuse statistics 2023/24. Of particular interest in the gendered aspect of this; of the 2025 cohort all but one of the victim/survivors of domestic violence were boys (87%). Across the combined 2018 and 2019 cohort of children placed by a Scottish local authority, boys accounted for 50% of all children who had been subjected to domestic violence. This is perhaps contrary to the perception of this adversity which may have considered this an issue that is predominately experienced by girls. However, this is disputed within some literature (Fox et al., 2014). Notably, amongst 'high-risk', vulnerable populations boys have reported similar levels of inter-relationship abuse and violence (Reidy et al., 2017).

Some 8% of children were found to have acted in an abusive manner towards a current or former partner. All of those who acted in this manner were boys, of which 75% had also witnessed domestic violence and 50% had themselves been a victim/survivor of domestic violence. The number of children in question were particularly small within these analyses, so a greater degree of caution is required in considering their merit and weight. Nonetheless, existing literature points to the relationships between exposure to domestic violence as a child, subsequent inter-relationship violence (as both target or source of the violence) (Weir et al., 2025).

Bullying behaviour by, or towards, the child were each present in 57% of responses. The relationship between these two issues is of particular interest; of those who had been bullied some 69% had also displayed bullying behaviour towards others. Of those who bullied others, some 71% had previously been bullied. The scale of both bullying, and being bullied, is of concern given the correlation between these issues and subsequent negative outcomes including poor mental wellbeing, coming into conflict with the law, and relationships with others (Blangis et al., 2026; Ganesan et al., 2021). Vaswani (2019) has also pointed to the connection between the two issues and exposure to ACEs, social exclusion and violence.

Child safety

Whilst the preceding data all speak to the range of concerns that could place a child in a perilous position, the following graph measures the responses made by the various systems that seek to protect children, in addition to other factors that place a child at risk.

[4] This data relates to abusive behaviour towards the child by someone the child is currently, or previously, in a relationship with. Episodes where the child had witnessed domestic violence between parents is captured within the ACEs content elsewhere in this report.

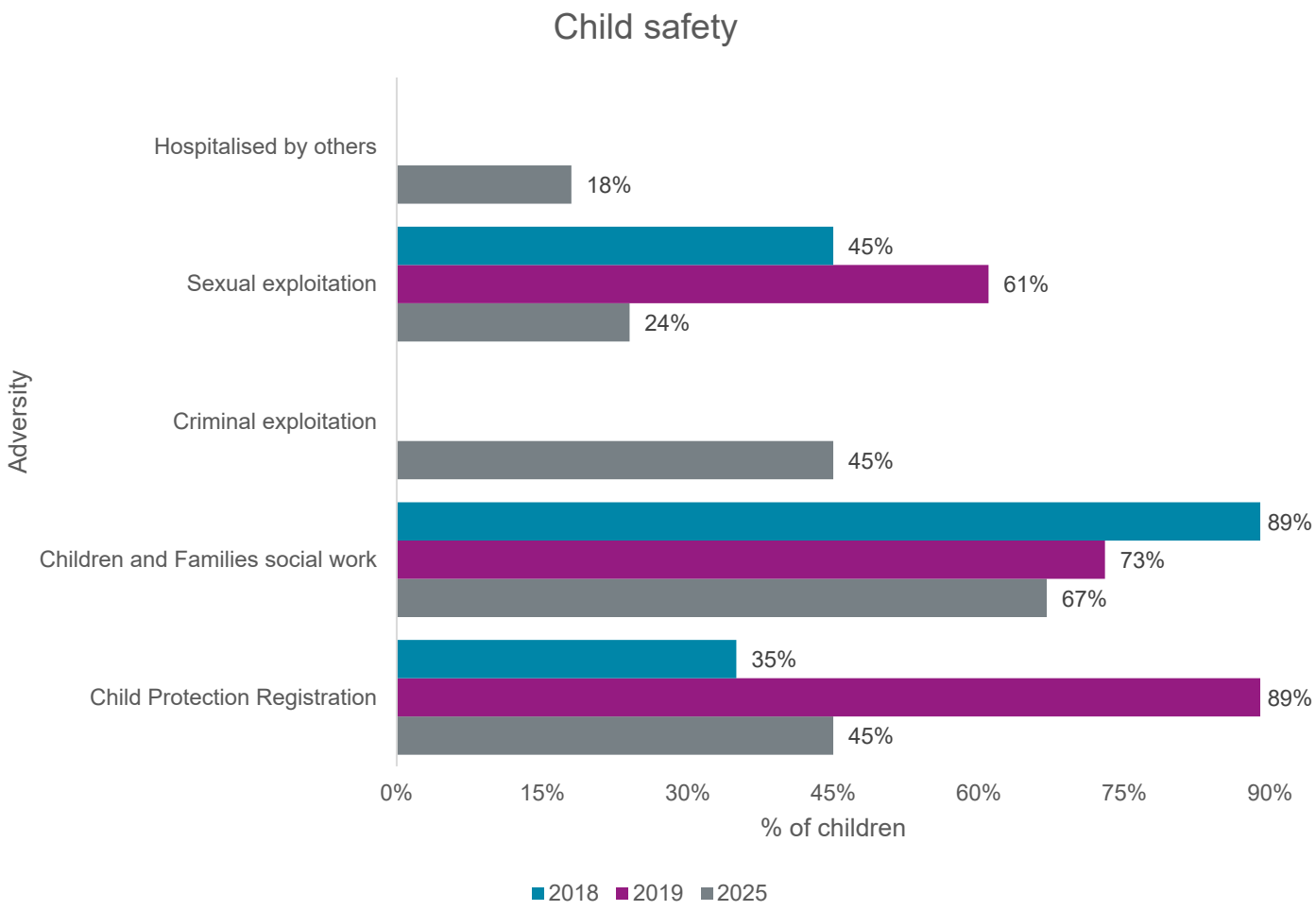

Figure 19

Overall, the 2025 cohort had less contact with social work services than in previous years, echoing their later contact with social work practitioners highlighted elsewhere in this report. Only two thirds (67%) of children had been supported by a children and families social worker, and less than half (45%) had ever been placed on the child protection register. The reduced rate of contact with children and families social work may also relate to this cohort's greater level of involvement with justice social workers, with over half (51%) having done so.

Two items were added to the range of data captured in the 2025 census. First, this report reveals that almost on in five (18%) of children had needed to enter hospital due to the actions of others (for example due to assault or significant abuse), further underlining the wide range of vulnerabilities and harms that the secure care population have often faced. Secondly, responses show that that almost half of children (45%) had been subjected to Criminal Exploitation of Children (CEC, previously and alternatively known as Child Criminal Exploitation (CCE)). The prevalence of this issue reflects the growing awareness of criminal exploitation amongst society and the social work workforce, yet the ongoing challenges in addressing this form of abuse. Recent national reviews have made these points, arguing that responses fail to recognise the victimhood of those who are manipulated into criminal acts, all too often responding through criminal mechanisms (Jay, 2024), preceding the publication

of Action for Children and CYCJ's Framework for Practice toolkit. This is timely, given the wide ranging deleterious impact of CEC including – but not limited to – disrupted education; diminished safety; strained relationships; poorer physical, mental, and sexual health, and increased exposure to violence (Dixon, 2023). For those 45% of children who had experienced CEC these effects were evident.

Almost one quarter (24%) of children had been subjected to Child Sexual Exploitation (CSE), a large decrease from 2018 and 2019. The gender makeup of the secure estate in 2025 may account for this, featuring a smaller proportion of girls than had been in the case in earlier years. Some 55% of girls had experienced CSE, compared to 14% of boys, and thus the smaller number of girls may have contributes to this sizeable reduction in aggregated rates of exposure in 2025.

Discussion

McAra and McVie (2025, p. 356 italics in original) highlight the wide range of inequalities faced by children who come into conflict with the law, namely; *"structural inequalities* caused by growing up in poverty and deprivation; *system inequalities* created by early system intervention from agencies of social control; and *ACE-based inequalities* as a result of experiencing adversity or trauma at the hands of adults". Whilst there was a fairly small number of children in this study who did not have a significant history of criminal behaviour, data presented within this report suggests that the sentiment expressed by McAra and McVie equally – or at least, also - applies to those who enter the secure estate by virtue of their vulnerability and need for protection.

The 2025 cohort can be categorised as one that face substantial structural inequalities, with poverty and community deprivation commonplace and acute. Over six in 10 children within secure care experience relative poverty, over half of children are from the 20% most deprived communities in Scotland and 81% live in SIMD zones 1-4. This is of grave concern for several reasons. Not only does living in poverty result in children being more likely to encounter mental health difficulties (Fitzsimons et al., 2017; Yang et al., 2023), but when these two social ills are combined can result in poorer outcomes later in life and at greater levels than their peers who grew up in poverty, but did not develop such problems (Evans-Lacko et al., 2024). This can include poorer financial and educational outcomes (Thompson et al., 2023), reduced general wellbeing (Pickett et al., 2025) and difficulties in delivering care to their own children (Treanor & Troncoso, 2023). Children in poverty are also at greater likelihood of encountering ACEs (Farooq et al., 2024; Lacey et al., 2022; Pickett et al., 2022), face health inequalities (Pickett et al., 2022), and experience housing insecurity (Hayre & Pollock, 2022), amongst other undesirable outcomes. These perhaps contribute to the higher rates of mortality amongst babies, children and young adults living in poverty (Odd et al., 2022; Rod et al., 2020; Taylor-Robinson et al., 2019). Recent literature also points to children living in such communities increased exposure to – and involvement in – antisocial behaviour, risk taking, interpersonal conflict and violence (G. K. Hales et al., 2025; Khan & Tang, 2023; Liao et al., 2023). The children accommodated within secure care have therefore had fewer resources available to them and faced multiple layers of community disorganisation such as insecure housing, elevated crime, poorer health, lower income levels, and greater barriers to education and employment.

The impact of growing up in poverty should also be considered through the prism of Covid-19. Periodic periods of school closures and restrictions on entering school meant that those

within secure care have experienced extremely disrupted education, over and above their existing familial challenges and barriers to learning. During school closures children and their families had to rely on the availability of online learning which required stable internet connections and suitable devices, both of which may have been lacking within homes facing relative poverty. Indeed, children from the 20% poorest homes engaged in online education far less often and for shorter periods of time compared to their peers from the most affluent homes (Andrew et al., 2020). It is therefore reasonable to assert that children currently within secure care will have faced ever greater challenges within education than their peers, impacting not only their academic attainment – and subsequent opportunities to secure employment as an adult - but also their social development and mental health.

Moreover, whilst many scholars argue that poverty alone is not the driving factor behind children coming into conflict with the law, or being exposed to harm (McAra & McVie, 2016; Webster & Kingston, 2014), competing positions within academic circles argue that the relationship is more causal than was once thought (see McAra & McVie, 2025; Skinner et al., 2026). Similarly, the relationship between living in an area that experiences multiple deprivation and disadvantage, and a range of adverse outcomes is well established. Collectively, these factors hinder a child's opportunity to achieve their potential and – in a small number of cases – can play a role in a child experiencing high risk circumstances that lead to them being deprived of their liberty. With recent research that shows that provision of increased household income can lead to a fall in child protection concerns (Hood et al., 2026), and thus reduce workload amongst social work agencies who face significant concerns over staff burnout, these findings therefore serve as another reminder of the importance of anti-poverty practice as a means of preventing harm to children; an aspect of practice that has lamentably garnered less attention in recent decades (Parton, 2024; Skinner & Bywaters, 2024; Taylor et al., 2024).

In light of this clear correlation between the community deprivation and admission into secure care, practitioners and policy makers must look beyond matters within the family home or the child's distressed and risk-laden behaviours. Consideration should be given to the material environmental circumstances that children and their families reside within; their exposure to crime, community disharmony, limited recreational opportunities and so on. Practitioners may also wish to reflect on the dearth of community resources for children, thus precipitating their trajectory towards unstructured leisure time that can bring them into conflict with the law, or exposed to extrafamilial harm. As participants in one recent piece of research pointed out, simple activities such as swimming and playing with friends are often unaffordable or unsafe (Catalano et al., 2025) and thus the right to play – under Article 31 of the UNCRC – is often not realised.

The findings reinforce the need to consider poverty as both a child welfare and justice issue, not merely an economic one. The relationship between economic disadvantage and poor living conditions for this group of children is unquestionable, and the primary means to address this must be to redistribute the resources Scotland has at its disposal to ensure that the vast chasm between children from some parts of the country to others is closed. Collectively, Scotland's leaders must truly get it right for every child by ensuring that their economic circumstances are not allowed to be such that their human rights are disrespected. In this regard the Joseph Rowntreee Foundation has recently called for 'radical action' by Scotland's new parliament; only be doing so the country move closer to preventing some of the vulnerabilities and harms outlined within the report.

The substantial number for whom it was not known whether the child's family experienced relative poverty is of note. This suggests that the economic and material circumstances of this cohort are often overlooked within case discussion, admission paperwork and the suite of assessments that are undertaken for those children within the secure arena by practitioners in community settings. This brings to mind the work of Morris et al. (2018, p. 370), who describe poverty in children's life as "the wallpaper of practice: too big to tackle and too familiar to notice". Their work highlights the uncritical lens that is oftentimes applied to this phenomenon; rarely mentioned within formal work and often failing to identify the wider impact that this may have, thus resulting on a focus on individual risk over the societal factors that are at play. As Morris and colleagues note, it may be the case that practitioners deemed such considerations to be outwith their typical role of assessment of risk, allied with a fear of stigmatising families by even discussing the issue.

Such positions would be entirely at variance to the conclusions within *the promise*; the central, final report of the Independent Care Review (2020) which not only called on Scotland to proactively collect data regarding poverty amongst children it seeks to care for, but stressed that the impact of poverty must not be disconnected from the lives of children in need. The absence of information to say that these children were – or were not – from a family experiencing relative poverty suggests that this issue has indeed been overlooked. Subsequent dialogue with secure care practitioners who completed the census revealed that they occasionally felt unable to make a definite decision due to the child living in a residential children's home immediately prior to entering secure, rather than the family home. This perhaps lend weight to the argument that familial poverty is overlooked within social work assessments. This must be addressed in order to better understand children's lives.

Further congruence with McAra and McVie's framework can be found when charting children within secure care's regular early contact with formal services such as social work, with 22% doing so before their first birthday, and 44% before the age of seven. Early contact with social work agencies alludes to the harmful home situation outlined elsewhere in this report. Research from across the UK charts the relationship between early contact with social work, and parental challenges including maternal mental ill-health, addiction, housing insecurity and domestic violence (Griffiths et al., 2021; Hock et al., 2023; Powell et al., 2024). This finding also prompts consideration of missed opportunities over the course of the several years – indeed, over a decade in some instances – that social work agencies have had some form of relationship with these children. With hindsight, legitimate questions could be posed as to whether a different approach at an earlier stage of the child's life could have avoided them being deprived of their liberty during adolescence. Early onset of criminal behaviour has likewise been detected. Before the reaching the age of 12 some 22% of children had been charged by police, 56% had done so before they turned 14, and 96% of all children had been charged at least once. Collectively this brings the children closer to the stigmatising and labelling effects of the state; the deleterious impact that this has upon children's welfare has been highlighted through the work of Murray (2009) and McAra and McVie (2007, 2010, 2023). They collectively articulate the detrimental effect that early contact with the formal justice system can have through shaping an identify of 'offender' that acts as a barrier to inclusion, increases stigmatisation and propels the child into the deepest ends of the justice system. The children in this study are at particular risk of this, and whilst Johns (2024) and Wigzell et al. (2024) collectively caution against application of desistance theory to children – citing the complex nature of childhood amongst many factors that make it inappropriate – the pathways into significant crime and detention within prison as an adult often begin during childhood and adolescence (Gålnander et al., 2025; Wigzell et al., 2024).

Whilst far from causal, it is note that childhood contact with justice systems has been identified in 79% of adults who commit the largest volume of crime in England and Wales (Ministry of Justice, 2019). These findings further underline the importance of preventative services that create environments where episodes of neglect, abuse and harm are less common, and where diversionary activities are available to those children who may otherwise come into conflict with the law.

Finally, the third of McAra and McVie's typologies – ACE-based inequalities – is evidently prevalent amongst the children within secure care, with 74% experiencing four or more ACEs and almost half of those (36% of the entire cohort) facing between seven and 10. The scale of this exposure will not be surprising to those working in this field on a daily basis but provides fresh evidence of the crisis of childhood that some children in Scotland face. Put bluntly, there is a cadre of children throughout Scotland who have been – and continue to be – exposed to significant levels of abuse, neglect and adversity that propels them towards harmful outcomes that shortens their lives, hinders their opportunities to flourish, causes harm to those around them, and prevents their rights from truly being respected. Collectively, these inequalities have contributed to a cohort of children who face challenges across multiple aspects of their life, namely; violence and offending; health and wellbeing; education; housing insecurity; substance use; relationships; and child safety.

The final of these considerations – child safety – is of particular relevance as Scotland considers its response to children who encounter dangers within and outwith the family home. In additional to the substantial rates of child protection concerns noted, this report has noted the broad range of risks to the child found outwith the family home. The prevalence of CSE, CEC, hospitalisation, and other concerns lends greater weight to the need to adopt a contextual safeguarding approach to supporting children experiencing risk within the community. Proposed as a means of enhancing child protection practices that fail to fully consider the range of risks and harms that are located within the community and institutions, contextual safeguarding provides a structure through which risks found with these systems are identified and addressed (see Firmin, 2017; Firmin & Lloyd, 2023; Murphy, 2021; Wroe et al., 2025). Whilst this census did not specifically enquire into its use it is known that adoption of contextual safeguarding has been limited thus far in Scotland, particularly in comparison with local authorities in England, amongst only a handful of their Scottish counterparts (McGregor & Miller, 2026). Yet the congruence between the contextual safeguarding approach, Scotland's GRIFEC policy and its Kilbrandon principles are evident (Firmin et al., 2026; Miller et al., 2025). This synergy - in addition to the scale of community driven harms highlighted here - provides further impetus to enhance the uptake and use of this approach for those children who face, make or take the highest levels of risk. A move towards broader adoption of contextual safeguarding is both apposite and overdue.

Literature has often pointed to the benefit of relationships in overcoming adversities; as such the scale of relationship difficulties highlighted warrants consideration of the resources and interventions provided within the secure arena, and within the community. As was highlighted during previous reports, the availability of counselling relating to bereavement – for example – may not necessarily be something that secure care providers have within the suite of services they normally offer, however the demand and need have certainly been identified. Being bullied – and bullying others – has similarly been recognised amongst this cohort, with these two experiences showing a close relationship to one another. Likewise the sizable proportion of girls who have encountered domestic/ intimate partner violence may

lead to consideration of the training, expertise and skills of those working within the secure arena.

In a similar light the data presented points to acute substance use amongst this cohort, and perhaps an assumption can be made that this has played a role in the circumstances that precipitated their admission into the secure estate. Given the relationship between substance use and a range of adverse outcomes highlighted previously, the need for secure care providers and their partners in the community to respond to this concern is obvious. However this issue is one that affects Scottish society at large, cutting across all age groups and social classes, and resulting in Scotland having one of worst health records in Europe in this regard. A range of measures to respond to adolescent substance use have been proposed in a recent publication by Drugs Research Network for Scotland; these include the scaling up of community resources and youth work projects. Continued financial pressures upon local authorities and health services may make this challenging, with local authorities recently highlighting the barriers they face in delivering interventions due to lack of staffing and limited resources at present (Gibson, 2025).

The scale of substance use across the wider population has been linked to increased housing insecurity, with a bidirectional relationship often noted (Parkes et al., 2022). Whether due to substance use or any of the other factors that could result in unstable housing – such as poverty, mental ill-health or domestic abuse - the large scale housing insecurity found amongst this cohort means that there are substantial numbers of children entering secure care for whom the basic human right of a secure and stable home has been withheld from them, with wide ranging ramifications for their development. In light of the passing of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, it may be that Scotland is failing to respect Article 27 of the UNCRC which relates to safe, secure and satisfactory housing. This issue is clearly broader than just the secure care population, and as such addressing the ongoing housing crisis in Scotland ought to be high on the agenda of the new Scottish parliament.

Further concerns have been noted within this report over the fragmented and disrupted education experienced by children prior to entering the secure estate, including significant rates of school exclusion. The impact of this upon a child's behaviour in the community has been well established, with McAra and McVie (2022, 2025) among many scholars who have explicitly charted the pathway that many children follow when excluded, ultimately leading to increased exposure to criminal behaviour due to a lack of structure, educational attainment and employment opportunities. Those services and practitioners responding to the needs of this group of children ought to remain vigilant to the need to maximise inclusion within school as far as possible, as well as creating alternative educational opportunities that bring with it opportunities to socialise in order to divert children towards more positive outcomes. Such approaches have proven successful elsewhere (Ji, 2026; Metcalfe et al., 2024; Singh et al., 2025), particularly when parents have been incorporated into the overall package of support (Pronk et al., 2020; Pronk et al., 2023). Like many other areas of concern noted in this report, this is not unique to the secure care cohort; rates of unemployment and educational difficulties have risen considerable since the COVID pandemic with close to one million 16-24 year olds across the UK not being in any form of education, employment or training. The odds of experiencing this increases when issues such as mental ill-health, disability, poor educational attainment, involvement in antisocial behaviour or experience of care have featured in the lives of children and young people (Crowley et al., 2023). This, of course, applies to most of the children in this study. Supporting children from secure care back into

one of these pathways is not only challenging due to the various adversities noted within the report, but due to the large-scale disengagement amongst their peers.

Disengagement from education has been linked to both a range of health concerns and to neurodiversity (John et al., 2022); each have been observed in this study. Whilst the 2025 census points to a cohort for whom these concerns were not as prevalent as was the case in 2018 and 2019 – thus posing the question as to whether the new profile of children entering the secure area has influenced this change – secure care continues to accommodate children with complex health needs. Results show far greater levels of concern than is found amongst the general population, including over half the children (51%) facing mental health issues, and over four in ten (42%) having thoughts of ending their life. Moreover, some 22% of children had attempted to do so. The significant number of neurodiverse children in this study necessitates a skilled workforce that can adapt their practice to the needs of this group. Collectively, these findings reinforce the need to deliver multifaceted, multidisciplinary support when caring for children experiencing the most acute levels of risk (Gibson & Whitelaw, 2024). Secure care providers and their partners within the community may wish to reflect on the skills and training of those operating in the secure residential space, considering the merits of a multidisciplinary workforce that reflects the spectrum of health and wellbeing features experienced by children in secure care. More broadly, the findings of this study further highlight the acute concerns that are held over the mental wellbeing and health of children in Scotland, and in particular those children who experience the severe circumstances. Globally and across the UK rates of mental ill-health amongst children and young people have gradually increased over a prolonged period (Blanchflower et al., 2024), whilst in Scotland 35% of 16-24 year olds were assessed as experiencing 'very high' levels of mental ill-health in one study, whilst for 11-16 years old this figure was 17%. Somewhat unusually amongst the 2025 cohort, only 20% of children faced SLCN. This is far lower than was to be expected given findings elsewhere (Holland et al., 2023; Sowerbutts et al., 2021). Whilst over one quarter (27%) of children experienced neurodiversity a Scottish Parliamentary report suggests that between 10 – 16% of people across Scotland are neurodiverse, representing a significant overrepresentation within the secure population. Yet research from England shows that over half of children in their secure estate experience some form of neurodiversity (H. Hales et al., 2025) and the substantial proportion of children within the English justice system who have one or more form of neurodevelopmental disorder. The reduced prevalence amongst the 2025 cohort may reflect the challenges in securing a diagnosis of conditions of this nature, with children facing an average median waiting time of 76 weeks, although this can be far longer in some parts of the country. The length of waiting lists across the country, and the time that children have to spend on the waiting list, have increased substantially since 2020. It may well be the case that the lower than expected rates of neurodiversity, SLCN and ASD diagnoses are a result of the lack of access to health services, rather than a true reflection of the children in question. Regardless of the cause, the established rates of neurodiversity – of all forms - present as a training need for those supporting this cohort of children. Teachers, police officers, social workers and secure care staff each require to adapt their practice in order to respond to the particular and bespoke needs of those who are neurodiverse.

Elevated acts of violence found in 2025 may relate to the heightened exposure to ACEs amongst this cohort. Gray and Jump (2026) and Gray et al. (2023) collectively illustrate the correlation between ACEs and violence, pointing to increased frequency, and more acute levels of harm by children who encounter the greatest levels of ACEs. However, Irwin-Rogers et al. (2025) and Billingham and Irwin-Rogers (2022) stress the influence of

structural factors in the commission of violent acts; living in socioeconomic precarity further increases the likelihood of involvement in violent acts (Villadsen et al., 2025). The presence of heightened rates of ACEs, widespread poverty and community deprivation, and acts of violence amongst the secure care population provides evidence of this latter argument. It is therefore more accurate to argue that this cohort has been subjected to several co-occurring factors that collectively contribute to increased rates of violence and offending, rather than pointing to one single factor. Whilst this methodological approach does not articulate the nature, frequency and significance of these episodes, their scale is of note. The former may account for the high number of children who entered residential care prior to subsequently moving into secure care, whilst the latter may have contributed to the child's ultimate placement within the locked residential care. This also serves as a reminder to the nature of work undertaken by staff within Scotland's secure estate, where children oftentimes require the safety and relational containment that comes from being held safely (Sadie et al., 2023). As Scotland considers the future configuration of secure care it is worthwhile reflecting on the demands of working in this space as well as the needs of the children it supports. This report also highlights the limited use of CARM procedures by those local authorities responsible for the care and support of the child. Given the scale of violence displayed by the 2025 cohort it is concerning that CARM procedures were utilised in just 31% of occasions, with child protection measures also going unused. These lower than expected figures may relate to the larger number of children entering secure care by virtue of their involvement the justice system, with 29% of children having been subject to CARM procedures. However, a closer analysis shows that 46% of children had never been subject to either child protection registration or CARM protocols. Given the longstanding relationships between the child and the local authority in so many instances, it poses the question of why neither child protection nor CARM were deemed appropriate frameworks to support the child within despite the broad range of concerns they face. The nature of this census does not lend itself to further, deeper exploration of this and it may be that there are perfectly legitimate reasons for this decision to be reached. Recent national data also points to an inconsistent approach to the CARM framework, with limited adoption and use of this process within several local authorities across the country (Scottish Government, 2026a). This finding is worthy of further examination to consider how best to consistently embed CARM within practice on a national basis.

This report not only demonstrates the vast scale of polyadversities amongst the 2025 cohort, but evidences the shifting profile of children accommodated there over recent years. Broadly, the 2025 cohort can be said to experience a greater range and level of concerns in the above noted domains compared to their 2018 and 2019 contemporaries, each of which could conceivably contribute to the child facing, making or taking elevated risks. Whether this reflects greater awareness of these issues amongst the practitioners undertaking the census, or is symptomatic of deteriorating conditions experienced by children in Scotland is a questions worthy of further consideration, but nonetheless are of grave concern. One reason for such is the similarities in the wider vulnerabilities highlighted within this census – and its predecessors – to the life experiences of those who enter the justice system as an adult. Kent et al. (2026), for example, highlight the polyadversities of women who enter the deepest ends of the justice system. Being care experienced, facing a range of abusive acts and neglectful relationships, and a combination of drug misuse and mental ill-health are common features amongst both cohorts. Crucially, whilst exposure to these circumstances is not a predictor of subsequent criminality and contact with justice systems, nor a guarantee that children within secure care will go on to experience outcomes that their parents and corporate parents hope to avoid, it does underscore the necessity and importance of

preventative social welfare provision. Adoption of, or rather a refocus on, a public health approach to violence is therefore of significant importance; a point that has been made at length elsewhere (see Fraser et al., 2026; Irwin-Rogers et al., 2025).

Further shifts in the profile of those entering secure care have been identified; the first relates to legislative basis for their placement. Far more children are now doing so due to criminal justice matters than was the case in earlier years, reflecting the impact of the Children (Care and Justice) (Scotland) Act. This may explain the increased levels of violence associated with the 2025 cohort, despite the similar backgrounds of those children cared on 'welfare' or 'justice' grounds (Whitelaw & Gibson, 2023). A second shift has been identified in the child's placement immediately prior to admission into secure care. Broadly, children are now less likely to have been admitted into secure care from residential care, with 41% of children residing within their birth family home, and a further 4% within kinship care. This total of 45% exceeds the 39% of children who had been living within residential care prior to moving to their current accommodation. The fall in proportion of children who had been living within residential care (71% in 2018, 60% in 2019 and 39% in 2025) may reflect the changing legislative framework governing admission into secure care. More precisely, it may be the case that those children within secure care who had previously been living at home could be linked to the change in legislation that uses secure care for all periods of remands or of detention by court. Conceivably, this cohort of children could have had limited or no contact with social work services and with fewer concerns over their immediate safety and wellbeing. In such circumstances it is understandable why there was no need to provide alternative out of home accommodation. Moreover, it may well have been the case that any child awaiting trial or sentencing was best supported by remaining within the family home, irrespective of any charge that had been laid against them. The fall in proportion of children from these form of placements could also be a reflection of changing practices by local authorities that sees residential care being utilised less often than was the case in 2018 and 2019, including a 21% decrease in use of residential schools and a 10% drop in local authority accomodation since 2015 (Scottish Government, 2026c). Challenges in identifying suitable residential care for children who have faced such levels of polyadversities may also have contributed to this, with local authorities highlighting the limited availability and capacity of appropriate provision (Gibson, 2025). These pressures recently resulted in a joint statement by all 32 of Scotland's Chief Social Workers in which they articulated the impact that lack of suitable accomodation was having upon children of all ages.

This report has highlighted further significant shifts in the demographic profile of those within Scottish secure care, with boys being placed there more often than girls. This is of particular importance given the distinct needs of girls recently highlighted by (Kyriakopoulou, 2026). This report also highlights the increased age of children accommodated within secure care with 16 and 17 year old children accounting for over half of the 2025 cohort. Whilst children of this age have always been present within the secure estate, this development perhaps provides secure providers with the impetus to review the suite of educational and vocational supports available, mindful that some children may benefit from a different approach than their younger peers. The absence of children from outwith Scotland represents a significant finding given the substantial number present in 2018 and 2019. This demonstrates the impact of funding from the Scottish Government to ensure sufficient capacity remains available for Scottish-based children, whilst enabling operational costs to be recovered. Continued financial pressures upon secure care and the ongoing challenges faced by English local authorities in delivering appropriate residential care could lead to this pattern changing in due course. A gradual increase in children of colour has also been detected,

with children of Asian/Asian British background now constituting 10% of the secure population. Whilst this five-fold increase in proportion since 2018 represents a large expansion, it is in line with the proportion of children in Scotland who are of Asian heritage. The small increases seen in the number of children of Black, or Mixed/Multiple ethnicities is also in line with data from Scotland's most recent census. Those who are classified as White British have fallen from 95% in 2018 to 80% in 2025, slightly lower than the national figure of 83% recorded in the UK governmental census. Collectively, these changes in demographics represent a not insignificant transformation over the course of this research. In addition to continued ethnic diversity amongst Scotland's children, imminent changes to Scotland's Hearing System by increasing the upper age of referral could further increase the age of those cared for within this locked residential provision, bringing with it practical considerations of how best to deliver secure care to a larger cohort of older children. It is against this backdrop that Scottish parliamentarians will soon consider the future of secure care – or rather how it cares for children who encounter acute risk - including the possibility of community hubs, multi-disciplinary teams and 'flexible' secure provision recommended by the recent Reimaging Secure Care project. It is hoped that the data presented here will inform the configuration and staffing of these resources. Additional considerations include the possible nationalisation of secure care and determining how best to achieve the conclusion of *the promise* which stated that deprivation of liberty must only occur "when other options have been fully explored and for the shortest time possible and in small, secure, safe, trauma informed environments that uphold the totality of their rights" (Independent Care Review, 2020, p. 91). As The Promise Scotland has recently stated, Scottish parliamentarians now have the opportunity and duty to fulfil *the promise* by 2030. To do so requires transformation of the secure estate and community alternatives to deprivation of liberty. This necessitates funding, resources and a commitment to changing the way in which Scotland responds to those children who face the most acute needs and risks. However, these changes must reflect the evolutions that have occurred amongst this population; much has changed since the publication of *the promise* in 2020.

Recommendations

Drawing on the discussion above, a number of recommendations can be made that could further develop the support that is offered to children before, during and after their time within secure care. These recommendations are also of benefit as Scotland considers the future configuration of services following the Reimagining Secure Care project. The recommendations are as follows:

- Anti-poverty practice should feature within all aspects of social work practice, with greater curiosity and exploration of exposure to poverty within all assessments of children's circumstances
- Early intervention and preventative measures should continue to play a key role in how Scotland supports children
- Contextual safeguarding should be adopted across the country given the wide range of harms experienced outwith the family home by this cohort, and by their peers within the community
- For those children who enter secure care interventions and supports that address issues such as bereavement, bullying, domestic violence, exploitation and drug use must be available in addition to existing approaches
- Significant mental health concerns amongst this cohort means that psychiatric and psychological provision must be prioritised

- The educational needs of an older cohort may require a range of vocational opportunities that increase pathways into training and employment
- The skillset required to work within secure care is vast and cannot not be stressed too much; investment in the secure care workforce is essential in order to best support the children in question
- Given the broader range of risks, needs and vulnerabilities amongst this cohort, provision of a multidisciplinary team around the child holds many benefits
- CARM must be better adopted and utilised across Scotland in order to provide comprehensive, holistic assessments of those children whose behaviour poses a risk of harm to others
- A public health approach to service delivery remains essential given the range of polyadverities highlighted within this report
- Those involved in considering how Scotland can best respond to children who experience acute risk should bear in mind the changing profile of those entering this space; more older children, more boys, and a more ethnicity diverse cohort than was previously the case has been identified within this study
- Further exploration is required in order to understand the pathways into secure care, with particular focus on the fallen number of children who resided within residential children's houses immediately prior to admission.

Limitations

A number of limitations must be acknowledged when considering the merits of this publication. Reidy et al. (2021) argue that the use of binary 'yes / no' recording of ACEs fails to reflect the true impact of these issues, such as the frequency of their occurrence, their duration, and their relative consequences. As such, they limit the nuanced responses that seek to prevent these from occurring or from mitigating their impact. This critique is well founded and therefore requires those interpreting the data presented within this report to bear this in mind. The model adopted here does not distinguish been a child who experienced one act of physical abuse on one occasion by a parent that they no longer have any contact with from a scenario where abuse occurred persistently over the course of 10 years, for example. Studies such as this which adopt population level data cannot provide the meaning and significance that other methodologies can offer.

Further limitations arise through the absence of the voice of children accommodated within secured care. For a number of reasons – none more so than the desire not to cause additional distress nor to unnecessarily interfere in a child's life – the presented data stems purely from administrative data collated by staff members across Scotland's secure estate. This lack of attention to the voice of children within secure care requires to be addressed through future research, which may well ask the child to provide insight and to share their perspective of which factors impacted upon their life prior to them entering secure care, and what social harms played a role in their pathway into this setting.

Finally, this research does little to enhance our understanding of the outcomes for those children who transition out of secure estate. Whilst literature highlights the scale of repeat admission into secure care (Gibson, 2022; Wood et al., 2024), there is a need to undertake studies that demonstrate the educational, social, behavioural and health outcomes for this cohort of children. Data, research and literature that evidence the beneficial impact that

secure care can make is needed in order to best inform Scotland's response to children who face, make or take the highest levels of risk.

Conclusion

This report sought to answer three questions, namely;

- Which risks, needs and vulnerabilities do children within secure care face?
- Have any changes in the profile of children entering secure care occurred over the course of 2018 to 2025?
- Do these findings have any ramifications for the delivery of care to children who pose, or are exposed to, the highest level of risk?

Firstly, it has highlighted that vast scale of polyadversities amongst the 2025 cohort. Not only are heighted prevalence of ACEs identified, but widespread issues of personal and social harms are noted which are examined in detail in the passages above. This has enabled parallels to be drawn to the categories of inequalities faced by children in conflict with the law outlined by McAra and McVie (2025) specifically, structural inequalities; system inequalities; and ACE-based inequalities.

Secondly, a significant shift in the profile of children entering secure care has been identified. The 'changing faces' represent an older cohort featuring far fewer girls. Legislative changes have resulted in more children being accommodated within secure through justice legislation compared to the Children's Hearing System, whilst cross border placements did not feature amongst the 2025 cohort. This report has suggested that these shifts in the secure population may contribute to some of the wider changes in the nature of risks, needs and vulnerabilities of the children accommodated there. However it is also worthwhile remembering that the provision to accommodate 16 and 17 year old children through justice legislation has always been available, and this development merely expands scope for the placement of older children when necessary.

Finally, this report has offered suggestions as to the future of secure care provision given the 'changing faces and heightened ACEs' amongst this cohort. This includes - but is not limited to - consideration of counselling services, educational support, mental health provision, substance abuse supports and contextual safeguarding approaches. Each of these are of importance as Scotland considers how best to respond to CYCJ's 'Reimagining Secure Care' reports.

More broadly, the content of this report ought to cause significant concern to all those who aspire for a Scotland where every child is safe and enjoys a good quality of life. Lamentably this aspiration is far from realised for those children who enter secure care. As was stressed in the previous census reports, the focus of policy makers must be to create communities, policies and provision that not only respond to the presenting needs highlighted by this report, but prevent these from manifesting. Scotland must draw on evidence, lived experience and practice wisdom to tackle the root causes of children facing circumstances that precipitate admission into secure care. More than that, Featherstone et al. (2021, p. 154) argue that we must identify and address the "causes of causes" behind child welfare concerns; candid introspection and reflection is required, and questions require to be answered as to how to achieve the conclusions of *the promise* and to best care for this most vulnerable of adolescents. To do so, Scotland must critique prevailing policy drivers and

question whether they perpetuate the environments that lead to shameful levels of child abuse, neglect and maltreatment identified here and elsewhere. Likewise, those in a position to do so must ask whether Scotland's legislative framework and social welfare system precipitate episodes of harm to, or by, its children? Do cultural, social, economic and political forces lead to 'social harm' (Canning & Tombs, 2021; Pemberton, 2015) for those living here, amplifying and accelerating those circumstances that result in children being deprived of their liberty? Should the answer to these questions be in the affirmative – as they surely are to a greater or lesser extent – then what is to be done?

As clichéd as it may sound, responding to the needs of children within secure care – and indeed, those within the community who are exposed to, or pose, significant levels of risk – requires a multi-disciplinary approach. This requires well-funded and comprehensive, multi cooperation spanning across systemic boundaries that seeks to minimise the underlying vulnerabilities and concerns that precipitate exposure to harm, whilst providing support to reduce the risks posed to, or by, the child outlined within this report. Underpinning this endeavour must be an uncompromising mission to eliminate the levels of poverty that have saturated Scotland's communities, and the contributed to an erosion of the resources and capacities that are essential for children to thrive. This is not a new proposal of course, and such sentiments have been expressed for centuries by social theorists, political actors and community leaders. Yet this ambition has proven beyond Scottish society's grasp to date due to the compartmentalised nature of social provision, the perpetual erosion of resources and the monumental scale of the task at hand. However failure to deliver this critical, large scale, societal change will perpetuate children being deprived of their liberty, being exposed to myriad harms and leaving others to be harmed through acts of violence. Radical steps are therefore both essential and overdue. With Scotland's deadline to 'keep *the promise*' by 2030 no longer in the distant horizon - but rather within touching distance - the imperative to do so is greater than ever.

References

Amos, R. L. M., Cresswell, K., Hughes, K., & Bellis, M. A. (2023). ACEtimation—The Combined Effect of Adverse Childhood Experiences on Violence, Health-Harming Behaviors, and Mental Ill-Health: Findings across England and Wales. *International journal of environmental research and public health*, *20*(17), 6633. https://www.mdpi.com/1660-4601/20/17/6633

Andrew, A., Cattan, S., Costa Dias, M., Farquharson, C., Kraftman, L., Krutikova, S., Phimister, A., & Sevilla, A. (2020). Inequalities in Children's Experiences of Home Learning during the COVID-19 Lockdown in England. *Fiscal Studies*, *41*(3), 653-683. https://doi.org/10.1111/1475-5890.12240

Asmussen, K., Fischer, F., Drayton, E., & McBride, T. (2020). *Adverse childhood experiences: What we know, what we don't know, and what should happen next*. Early Intervention Foundation Retrieved from https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next

Bellis, M. A., Hughes, K., Ford, K., Butler, N., Wilson, C., & Quigg, Z. (2025). Relative and combined contributions of adverse childhood experiences and self-reported child poverty to health and economic outcomes in adults – a retrospective study in a UK region. *BMC Public Health*, *25*(1), 3501. https://doi.org/10.1186/s12889-025-23938-z

Billingham, L., & Irwin-Rogers, K. (2022). *Against Youth Violence: A Social Harm Perspective*. Bristol University Press. https://library.oapen.org/handle/20.500.12657/100647

Blanchflower, D. G., Bryson, A., & Bell, D. N. (2024). *The Declining Mental Health of the Young in the UK*. https://www.nber.org/papers/w32879

Blangis, F., Arseneault, L., Danese, A., Latham, R. M., Moffitt, T. E., Sprinckmoller, S., Wang, Y., Xie, J. K., & Fisher, H. L. (2026). Flourishing in Early Adulthood Among Victimized Children: A Longitudinal Cohort Study. *Journal of Adolescent Health*. https://doi.org/10.1016/j.jadohealth.2026.02.010

Canning, V., & Tombs, S. (2021). *From social harm to zemiology: A critical introduction*. Routledge.

Care Inspectorate. (2023). *Secure care pathway review*. Dundee: Care Inspectorate Retrieved from https://www.careinspectorate.com/images/documents/Secure_care_pathway_review_2023.pdf

Carneiro, P., Cattan, S., Conti, G., Crawford, C., Farquharson, C., & Ridpath, N. (2025). *The short-and medium-term effects of Sure Start on children's outcomes*. (1801032246). London: Institute for Fiscal Studies

Catalano, A., Congreve, E., Jack, D., McHardy, F., & Smith, K. (2025). *Inequality Landscape*. Glasgow Retrieved from https://scothealthequity.org/wp-content/uploads/2025/09/2025-Inequality-Landscape.pdf

Cebula, C. (2025). *Children being left behind: deep poverty among families in Scotland*. York: Joseph Rowntree Foundation Retrieved from https://www.jrf.org.uk/child-poverty/children-being-left-behind-deep-poverty-among-families-in-scotland

Clifford, D. (2021). Disparities by deprivation: The geographical impact of unprecedented changes in local authority financing on the voluntary sector in England. *Environment and Planning A: Economy and Space*, *53*(8), 2050-2067. https://doi.org/10.1177/0308518x211034869

Congreve, E., Connolly, K., Harrison, J., Kumar, A., McGregor, P. G., & Mitchell, M. (2024). The impact of using an income supplement to meet child poverty targets: evidence from Scotland. *Journal of Social Policy*, *53*(4), 933-949. https://doi.org/10.1017/S0047279422000927

Coughlan, E. C., Heyland, L. K., Sheaves, A., Parlee, M., Wiley, C., Page, D., & Hill, T. G. (2024). Characteristics of mental health literacy measurement in youth: a scoping review of school-based surveys. *Discover Mental Health*, *4*(1), 24. https://doi.org/10.1007/s44192-024-00079-0

Crowley, J., Addario, G., Khriakova, E., & Breedvelt, J. (2023). *Risk factors for being NEET among young people*. London: National Centre for Social Research Retrieved from https://youthfuturesfoundation.org/wp-content/uploads/2023/12/OVERLA2.pdf

Darley, D. (2025). *Reflections of care-experienced young people on child criminal exploitation (CCE)* University of Sheffield]. Sheffield. https://etheses.whiterose.ac.uk/id/eprint/37899/1/DD%20Thesis%20FINAL%20approved-%20for%20Repository.pdf

Dixon, N. (2023). *Understanding Child Criminal Exploitation in Scotland*. Glasgow: Children and Young People's Centre for Justice Retrieved from https://www.cycj.org.uk/wp-content/uploads/2023/05/Understanding-Child-Criminal-Exploitation-in-Scotland.pdf

Dorling, D. (2019). *Inequality and the 1%*. Verso.

Dorling, D. (2023). *Shattered nation: Inequality and the geography of a failing state*. Verso Books.

Dorling, D. (2024). *Seven Children: Inequality and Britain's next generation*. Hurst Publishers.

Ebling, T., de Silva, G. S. R., & Azagba, S. (2026). Housing instability types and adverse behavioral health among U.S. high school students. *Social Psychiatry and Psychiatric Epidemiology*. https://doi.org/10.1007/s00127-026-03099-z

Evans-Lacko, S., Font-Galbert, P., & Knapp, M. (2024). The double disadvantage faced by adolescents from low socioeconomic backgrounds with mental health problems affects earnings up to mid-life. *Social Science & Medicine*, *362*, 117385. https://doi.org/10.1016/j.socscimed.2024.117385

Evans, J., Cross, K. A., & Collard, S. B. (2024). *Scottish household finances: an overview of financial wellbeing in Scotland: Findings from the 9th Financial Fairness Tracker Survey*. Bristol: abrdn Financial Fairness Trust

Farooq, B., Allen, K., Russell, A. E., Howe, L. D., & Mars, B. (2024). The association between poverty and longitudinal patterns of adverse childhood experiences across childhood and adolescence: Findings from a prospective population-based cohort study in the UK. *Child Abuse & Neglect*, *156*, 107014. https://doi.org/10.1016/j.chiabu.2024.107014

Featherstone, B., Gupta, A., & Morris, K. (2021). Post-pandemic: moving on from 'child protection'. *Critical and Radical Social Work*, *9*(2), 151-165. https://doi.org/10.1332/204986021x16177977296051

Finch, D., Wilson, H., & Bibby, J. (2023). *Leave no one behind: The state of health and health inequalities in Scotland*. Edinburgh: Health Foundation

Firmin, C. (2017). Contextual safeguarding: an overview of the operational, strategic and conceptual framework.

Firmin, C., & Lloyd, J. (2023). *Contextual safeguarding: the next chapter*. Policy Press.

Firmin, C., Peace, D., & Wroe, L. (2026). Why 'Common-Sense' is Complicated: Unearthing the Cultural Facilitators of Contextual Safeguarding Structures. *Journal of Social Work*, *0*(0), 14680173251409263. https://doi.org/10.1177/14680173251409263

Fitzsimons, D., & Clark, A. (2021). Pausing Mid-Sentence: An Ecological Model Approach to Language Disorder and Lived Experience of Young Male Offenders. *International journal of environmental research and public health*, *18*(3), 1225.

Fitzsimons, E., Goodman, A., Kelly, E., & Smith, J. P. (2017). Poverty dynamics and parental mental health: Determinants of childhood mental health in the UK. *Social Science & Medicine*, *175*, 43-51. https://doi.org/10.1016/j.socscimed.2016.12.040

Fox, C. L., Corr, M.-L., Gadd, D., & Butler, I. (2014). Young teenagers' experiences of domestic abuse. *Journal of Youth Studies*, *17*(4), 510-526. https://doi.org/10.1080/13676261.2013.780125

Fransham, M., Herbertson, M., Pop, M., Bandeira Morais, M., & Lee, N. (2023). Level best? The levelling up agenda and UK regional inequality. *Regional Studies*, *57*(11), 2339-2352. https://doi.org/10.1080/00343404.2022.2159356

Fraser, A., Billingham, L., Gillon, F., Irwin-Rogers, K., McVie, S., & Newburn, T. (2026). *The Public Health Approach to Violence Reduction: Stories, Movements, and Hope*. Oxford University Press. https://doi.org/10.1093/oso/9780198945468.001.0001

Fraser, A., & Gillon, F. (2024). The Glasgow miracle? Storytelling, violence reduction and public policy. *Theoretical Criminology*, *28*(3), 328-345.

Gålnander, R., Pettersson, T., & Carlsson, C. (2025). Limiting Beliefs and Desistance from Gang Crime. *The British Journal of Criminology*. https://doi.org/10.1093/bjc/azaf103

Ganesan, K., Shakoor, S., Wertz, J., Agnew-Blais, J., Bowes, L., Jaffee, S. R., Matthews, T., & Arseneault, L. (2021). Bullying behaviours and other conduct problems: longitudinal investigation of their independent associations with risk factors and later outcomes. *Social Psychiatry and Psychiatric Epidemiology*, *56*(11), 2041-2052. https://doi.org/10.1007/s00127-021-02062-4

Gardner, J., & Gray, M. (2024). The UK's energy crises: A study of market and institutional precarity. *King's Law Journal*, 1-26. https://doi.org/10.1080/09615768.2024.2381623

Gibson, R. (2020). *ACEs, Places and Status: Results from the 2018 Scottish Secure Care Census*. Glasgow: Centre for Youth and Criminal Justice Retrieved from https://www.cycj.org.uk/wp-content/uploads/2020/07/ACEs-Places-and-Status.pdf

Gibson, R. (2021). *ACEs, Distance and Sources of Resilience*. Glasgow: Children and Young People's Centre for Justice Retrieved from https://strathprints.strath.ac.uk/76788/

Gibson, R. (2022). *What do we know about children from England and Wales in secure care in Scotland?* London: Nuffield Family Justice Observatory Retrieved from https://www.nuffieldfjo.org.uk/resource/what-do-we-know-about-children-from-england-and-wales-in-secure-care-in-scotland

Gibson, R. (2025). *Advancing the Whole System Approch: local authority survey 2024*. Glasgow: Children and Young People's Centre for Justice Retrieved from https://www.cycj.org.uk/wp-content/uploads/2025/01/WSA-survey-report-Dec-2024.pdf

Gibson, R., & Morrison, P. (2024). *Addressing Housing Insecurity*. Glasgow: Children and Young People's Centre for Justice Retrieved from https://www.cycj.org.uk/wp-content/uploads/2024/02/Info-Sheet-112-Ross-Pamela-2.pdf

Gibson, R., & Whitelaw, R. (2024). *Reimagining Secure Care: Literature Review*. Glasgow: Children and Young People's Centre for Justice Retrieved from https://www.cycj.org.uk/wp-content/uploads/2024/10/Reimagining-Secure-Care-2-Lit-Review.pdf

Graf, G. H.-J., Chihuri, S., Blow, M., & Li, G. (2021). Adverse Childhood Experiences and Justice System Contact: A Systematic Review. *Pediatrics*, *147*(1). https://doi.org/10.1542/peds.2020-021030

Gray, P., & Jump, D. (2026). Rethinking Violence: Justice-Involved Young People, Psychological Trauma and New Pathways for Intervention. *The Howard Journal of Crime and Justice*. https://doi.org/10.1111/hojo.70031

Gray, P., Jump, D., & Smithson, H. (2023). *Adverse childhood experiences and serious youth violence*. Policy Press.

Griffiths, L., Johnson, R., Broadhurst, K., & John, A. (2021). *Born into care: One thousand mothers in care proceedings in Wales*. Retrieved from https://www.nuffieldfjo.org.uk/wp-content/uploads/2021/05/nfjo_1000_mothers_focus_on_mental-health_20200224_FINAL.pdf

Guarnaccia, C., De Vita, E., Sortino, L., & Giannone, F. (2022). Links between adverse childhood experiences, psychopathological symptoms and recidivism risk in juvenile delinquents. *European journal of criminology*, *19*(5), 1040-1059. https://doi.org/10.1177/1477370820941408

Hales, G., Debowska, A., Rowe, R., Boduszek, D., & Levita, L. (2023). Comparison of Person-Centered and Cumulative Risk Approaches in Explaining the Relationship Between Adverse Childhood Experiences and Behavioral and Emotional Problems. *Journal of Interpersonal Violence*, *38*(13-14), 8065-8087. https://doi.org/10.1177/08862605231153877

Hales, G. K., Debowska, A., Rowe, R., Boduszek, D., & Levita, L. (2025). Bidirectional relationships between childhood adversities and psychosocial outcomes: A cross-lagged panel study from childhood to adolescence. *Development and Psychopathology*, *37*(4), 1919-1929. https://doi.org/10.1017/S0954579424001470

Hales, H., Jewell, M., Bartlett, A., & Adshead, G. (2025). Preventing Detention: Ethical and Legal Disputes Between Professionals in the Detention of Young People Who Present a Risk to Others. *Medical Research Archives*, *13*(7). https://doi.org/10.18103/mra.v13i7.6675

Hart, D., & La Valle, I. (2021). *Secure children's homes: placing welfare and justice children together*. London: Department for Education Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/983619/Secure_children_s_homes_placement_review_report.pdf

Hayre, J., Pearce, H., Khera, R., Lunn, A. D., & Ford, J. A. (2025). Health impacts of the Sure Start programme on disadvantaged children in the UK: a systematic review. *BMJ Open*, *15*(2), e089983. https://doi.org/10.1136/bmjopen-2024-089983

Hayre, J., & Pollock, A. M. (2022). Children in poverty: Time for action to address rising inequalities in the United Kingdom. *Poverty & Public Policy*, *14*(4), 423-436. https://doi.org/10.1002/pop4.353

Hock, E., Blank, L., Fairbrother, H., Clowes, M., Cuevas, D. C., Cuevas, D., Booth, A., & Goyder, E. (2023). Exploring the impact of housing insecurity on the health and well-being of children and young people: a systematic review. *Public Health Research*, *11*(13), 1-71. https://doi.org/10.3310/TWWL4501

Holland, C., Hutchinson, P., & Peacock, D. (2023). The importance of screening for speech, language and communication needs (SLCN) in police custody. *The Howard Journal of Crime and Justice*. https://doi.org/10.1111/hojo.12514

Hood, R., Berriman, L., Clements, K., Ghelani, D., Godoy Jalil, T., Stacey, H., Torres Cortés, F., Trend, L., Valdebenito Contreras, N., & Wang, C. (2026). *Linking household benefits, financial precarity and child welfare*. London: Nuffield Foundation Retrieved from https://policyinpractice.co.uk/wp-content/uploads/2026/04/Financial-precarity-and-child-welfare-provision-full-report-April-2026.pdf

Howell, K. H., Thomsen, K. N., Velandia, E. A., Dwyer, N. P., & Dwortz, W. R. (2026). The moderating role of emotion regulation on the association between complicated grief and psychosocial difficulties in bereaved youth. *Death Studies*, 1-12. https://doi.org/10.1080/07481187.2026.2638320

Hughes, K., Bellis, M. A., Ford, K., A Sharp, C., Hopkins, J., Hill, R., & Cresswell, K. (2025). Adverse childhood and school experiences: a retrospective cross-sectional study examining their associations with health-related behaviours and mental health. *BMC Public Health*, *25*(1), 672. https://doi.org/10.1186/s12889-025-21788-3

Independent Care Review. (2020). *The Promise*. Edinburgh: Independent Care Review Retrieved from https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf

Irwin-Rogers, K., Billingham, L., Fraser, A., Gillon, F., McVie, S., & Newburn, T. (2025). Preventing Violence: The Past, Present and Future of the Public Health Approach. In *Preventing Violence*. Policy Press. https://oro.open.ac.uk/105344/1/105344VOR.pdf

Jay, A. (2024). *Shattered life, stolen futures*. London: Action for Children Retrieved from https://media.actionforchildren.org.uk/documents/Shattered_Lives_Stolen_Futures_Report_-_Full_Report.pdf

Ji, W. (2026). Educational achievement and relational support among justice-involved youth in secure care: age group differences in South Korea. *Children and Youth Services Review*, *185*, 108987. https://doi.org/10.1016/j.childyouth.2026.108987

John, A., Friedmann, Y., DelPozo-Banos, M., Frizzati, A., Ford, T., & Thapar, A. (2022). Association of school absence and exclusion with recorded neurodevelopmental disorders, mental disorders, or self-harm: a nationwide, retrospective, electronic cohort study of children and young people in Wales, UK. *The Lancet Psychiatry*, *9*(1), 23-34. https://doi.org/10.1016/S2215-0366(21)00367-9

Johns, D. (2024). Desistance and Children: Critical Reflections from Theory, Research and Practice. In A. Wigzell, C. Paterson-Young, & T. Bateman (Eds.), *Child time, adult time, fugitivity and desistance* (pp. 57-72). Policy Press. https://doi.org/10.51952/9781447369127.ch003

Kent, H., Burns, A., & Jones, D. (2026). Complex lives: Enduring vulnerability associated with care-experience for women in the criminal justice system. *Criminology & Criminal Justice*, *0*(0), 17488958261443401. https://doi.org/10.1177/17488958261443401

Khan, M. B. U., & Tang, Y. (2023). Influence of Childhood Adversity on Students' Delinquent Activities: Interplay with Neighborhood Context and Delinquent Peer Association. *New Directions for Child and Adolescent Development*, *2023*(1), 6677530. https://doi.org/10.1155/2023/6677530

Kirk, T., Brown, A., & Wishart, H. (2025). COVID-19, Children's Rights and the Minimum Age of Criminal Responsibility. *Child and Family Law Quarterly*. https://sure.sunderland.ac.uk/id/eprint/18778/

Knudsen, L., Holman, E., Bradshaw, P., Wilson, H., Minty, S., Biggs, H., Baird, K., Deakin, E., & Newton, S. (2025). *Life at age 17: initial findings from the Growing Up in Scotland study (Sweep 11)*. Scottish Government Retrieved from https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2025/10/life-age-17-initial-findings-growing-up-scotland-study-sweep-11/documents/life-age-17-initial-findings-growing-up-scotland-study-sweep-11/life-age-17-initial-findings-growing-up-scotland-study-sweep-11/govscot%3Adocument/life-age-17-initial-findings-growing-up-scotland-study-sweep-11.pdf

Kyriakopoulou, E. (2026). *Care and Control: A Gendered Analysis of Tensions in Secure Care for Girls*. Glasgow: Children and Young People's Centre for Justice Retrieved from https://www.cycj.org.uk/wp-content/uploads/2026/07/Care-and-Control-A-Gendered-Analysis-of-Tensions-in-Secure-Care-for-Girls.pdf

Lacey, R. E., Howe, L. D., Kelly-Irving, M., Bartley, M., & Kelly, Y. (2022). The Clustering of Adverse Childhood Experiences in the Avon Longitudinal Study of Parents and Children: Are Gender and Poverty Important? *Journal of Interpersonal Violence*, *37*(5-6), 2218-2241. https://doi.org/10.1177/0886260520935096

Liao, Y.-A., Larose, M.-P., & Barker, E. D. (2023). Latent Transitions of Census-level Deprivation and Network Analysis of Conduct Problem Behaviours. *Research on Child and Adolescent Psychopathology*, *51*(11), 1595-1610. https://doi.org/10.1007/s10802-023-01081-w

Marmot, M., Allen, J., Boyce, T., Goldblatt, P., & Morrison, J. (2020). *Health equity in England: the Marmot Review 10 years on*. London: Institute of Health Equity Retrieved from https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf

McAra, L., & McVie, S. (2007). Youth justice? The impact of system contact on patterns of desistance from offending. *European journal of criminology*, *4*(3), 315-345.

McAra, L., & McVie, S. (2010). Youth crime and justice: Key messages from the Edinburgh Study of Youth Transitions and Crime. *Criminology & Criminal Justice*, *10*(2), 179-209. https://doi.org/10.1177/1748895809360971

McAra, L., & McVie, S. (2016). Understanding youth violence: The mediating effects of gender, poverty and vulnerability. *Journal of criminal justice*, *45*, 71-77. https://doi.org/10.1016/j.jcrimjus.2016.02.011

McAra, L., & McVie, S. (2022). *Causes and Impact of Offending and Criminal Justice Pathways: Follow-up of the Edinburgh Study Cohort at Age 35*. Edinburgh: University of Edinburgh Retrieved from https://www.law.ed.ac.uk/sites/default/files/2022-03/ESYTC%20Report%20%28March%202022%29%20-%20Acc.pdf

McAra, L., & McVie, S. (2023). Raising the minimum age of criminal responsibility: lessons from the Scottish experience. *Current Issues in Criminal Justice*, 1-22. https://doi.org/https://www.tandfonline.com/action/showCitFormats?doi=10.1080/10345329.2023.2272362

McAra, L., & McVie, S. (2025). The impact of childhood inequalities on serious offending in adolescence: Insights from the Edinburgh Study of Youth Transitions and Crime. In S. Farrall & S. McVie (Eds.), *Handbook on Crime and Inequality* (pp. 350-375). Edward Elgar Publishing.

McCartney, G., & Walsh, D. (2025). Understanding changes to life expectancy and inequalities in the UK, Germany, and other high-income countries. *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz*, *68*(10), 1178-1184. https://doi.org/10.1007/s00103-025-04126-1

McGillivray, L., Rheinberger, D., Wang, J., Burnett, A., & Torok, M. (2022). Non-disclosing youth: a cross sectional study to understand why young people do not disclose suicidal thoughts to their mental health professional. *BMC Psychiatry*, *22*(1), 3. https://doi.org/10.1186/s12888-021-03636-x

McGregor, K., & Miller, J. (2026). *Beyond the Home: A Rapid Review of Contextual Safeguarding*. https://myresearchspace.uws.ac.uk/ws/portalfiles/portal/74623035/2026_04_23_McGregor_Miller_Safeguarding.pdf

McPherson, C. (2020). *Young people, food insecurity and Covid-19: A qualitative study in Edinburgh and London*. Edinburgh: The Institute of Social Policy, Housing and Equalities Research Retrieved from https://i-sphere.site.hw.ac.uk/wp-content/uploads/sites/15/2021/11/YOUNGP3-1.pdf

Meadows, J., Montano, M., Alfar, A. J. K., Başkan, Ö. Y., De Brún, C., Hill, J., McClatchey, R., Kallfa, N., & Fernandes, G. S. (2024). The impact of the cost-of-living crisis on population health in the UK: rapid evidence review. *BMC Public Health*, *24*(1), 561. https://doi.org/10.1186/s12889-024-17940-0

Mercera, G. E. (2025). *Challenging childhoods: childhood adversity and its path to sexual exploitation* Maastricht University]. Maastricht. https://cris.maastrichtuniversity.nl/ws/portalfiles/portal/240303978/c8602-embargo.pdf

Metcalfe, L., Little Dr, C., Clancey Dr, G., & Evans Dr, D. (2024). The Changing Nature of Education in Youth Justice Centres in New South Wales (Australia). *Journal of Prison Education Research*, *8*(1), 5. https://doi.org/10.25771/2st1-rn87

Miller, J., McGregor, K., Carruthers, K., & Richardson, B. (2025). *Co-Producing Contextual Safeguarding in South Lanarkshire*. University of the West of Scotland Retrieved from https://myresearchspace.uws.ac.uk/ws/portalfiles/portal/74838922/2025_10_28_Miller_et_al_Safeguarding_final.pdf

Ministry of Justice. (2019). *Prolific Offenders. Criminal Pathway: Prison Events & Offender Needs*. London: Ministry of Justice Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/802131/prolific-offenders-experimental-statistics-may-2019.pdf

Mongan, D., Millar, S. R., Brennan, M. M., Doyle, A., Galvin, B., & McCarthy, N. (2025). Associations and mediating factors between adverse childhood experiences and substance use behaviours in early adulthood: A population-based longitudinal study. *Addictive Behaviors*, *161*, 108194. https://doi.org/10.1016/j.addbeh.2024.108194

Morris, K., Mason, W., Bywaters, P., Featherstone, B., Daniel, B., Brady, G., Bunting, L., Hooper, J., Mirza, N., Scourfield, J., & Webb, C. (2018). Social work, poverty, and child welfare interventions. *Child & Family Social Work*, *23*(3), 364-372. https://doi.org/10.1111/cfs.12423

Murphy, C. (2021). *Contextual Safeguarding: A framework for responding to the extra-familial abuse of children*. Glasgow: Children and Young People's Centre for Justice Retrieved from https://www.cycj.org.uk/wp-content/uploads/2021/01/Info-Sheet-93.pdf

Murray, C. (2009). Typologies of Young Resisters and Desisters. *Youth Justice*, *9*(2), 115-129. https://doi.org/10.1177/1473225409105491

National Records of Scotland. (2026). *Healthy Life Expectancy, 2022-2024*. Edinburgh: National Records of Scotland Retrieved from https://www.nrscotland.gov.uk/publications/healthy-life-expectancy-2022-2024/

Nolan, D., Whitelaw, R., & Gibson, R. (2023). *Secure Care Pathway and Standards Scotland: The journey of implementation*. Glasgow: Children and Young People's Centre for Justice Retrieved from https://www.cycj.org.uk/wp-content/uploads/2023/04/Standards-Journey-of-Implementation-April-2023-1.pdf

O'Brien, J., Coombes, E., Burn, A.-M., Fairbrother, H., Holding, E., Woodrow, N., & Rodgers, S. E. (2026). Stratifying areas at risk of housing insecurity among families with children: a multidimensional index for the improvement of policy interventions in England. *BMC Public Health*, *26*(1), 1092. https://doi.org/10.1186/s12889-025-25888-y

Odd, D., Stoianova, S., Williams, T., Odd, D., Kurinczuk, J. J., Wolfe, I., & Luyt, K. (2022). What is the relationship between deprivation, modifiable factors and childhood deaths: a cohort study using the English National Child MortalityDatabase. *BMJ Open*, *12*(12), e066214. https://doi.org/10.1136/bmjopen-2022-066214

Office for National Statistics. (2025). *Abuse during childhood in England and Wales: March 2024*. ONS Centre for Crime and Justice Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/abuseduringchildhoodinenglandandwales/march2024#adverse-childhood-experiences

Oldridge, J., Crawford, K., Venturini, E., Minnis, H., & Rizeq, J. (2026). A longitudinal study examining emotional, behavioural and attachment disorder symptoms of care-experienced young children: the role of early adversity and age at entry to care. *European child & adolescent psychiatry*. https://doi.org/10.1007/s00787-026-03014-6

Parkes, T., Carver, H., Matheson, C., Browne, T., & Pauly, B. (2022). 'It's like a safety haven': considerations for the implementation of managed alcohol programs in Scotland. *Drugs: Education, Prevention and Policy*, *29*(5), 477-489. https://doi.org/10.1080/09687637.2021.1945536

Parlatini, V., Frangou, L., Zhang, S., Epstein, S., Morris, A., Grant, C., Zalewski, L., Jewell, A., Velupillai, S., Simonoff, E., & Downs, J. (2024). Emotional and behavioral outcomes among youths with mental disorders during the first Covid lockdown and school closures in England: a large clinical population study using health care record integrated surveys. *Social Psychiatry and Psychiatric Epidemiology*, *59*(1), 175-186. https://doi.org/10.1007/s00127-023-02517-w

Parton, N. (2024). The Changing and Challenging Nature of Child and Family Social Work and Its Research. In E. Fernandez, P. Welbourne, B. Lee, & J. L. C. Ma (Eds.), *The Routledge Handbook of Child and Family Social Work Research* (pp. 70-84). Routledge.

Paul, S., del Carpio, L., Rodríguez, P., & Herrán, A. d. l. (2024). Death in the Scottish curriculum: Denying or confronting? *Death Studies*, *48*(8), 820-835. https://doi.org/10.1080/07481187.2023.2283450

Paul, S., & Vaswani, N. (2020). The prevalence of childhood bereavement in Scotland and its relationship with disadvantage: the significance of a public health approach to death, dying and bereavement. *Palliat Care Soc Pract*, *14*, 2632352420975043. https://doi.org/10.1177/2632352420975043

Pemberton, S. A. (2015). *Harmful societies: Understanding social harm*. Policy Press.

Pickett, K., Gauhar, A., & Wilkinson, R. (2024). *The Spirit Level at 15: The Enduring Impact of Inequality*.

Pickett, K. E., Vafai, Y., Mathai, M., & Small, N. (2022). The social determinants of child health and inequalities in child health. *Paediatrics and Child Health*, *32*(3), 88-94. https://doi.org/10.1016/j.paed.2021.12.003

Pickett, W., King, N., Elgar, F. J., & Michaelson, V. E. (2025). Relative socio-economic position and meaning and purpose in life in adolescents: An intangible cost of social inequalities. *SSM - Population Health*, *30*, 101776. https://doi.org/10.1016/j.ssmph.2025.101776

Powell, M., Pilkington, R., Varney, B., Havard, A., Lynch, J., Dobbins, T., Oei, J. L., Ahmed, T., & Falster, K. (2024). The burden of prenatal and early life maternal substance use among children at risk of maltreatment: A systematic review. *Drug and Alcohol Review*, *43*(4), 823-847. https://doi.org/https://doi.org/10.1111/dar.13835

Power, M., Doherty, B., Pybus, K. J., & Pickett, K. E. (2023). How COVID-19 has exposed inequalities in the UK food system: The case of UK food and poverty. *Emerald Open Research*, *1*(10).

Pronk, S., Kuiper, C., Smit, D., Stams, G. J., Popma, A., Mulder, E., & Berg, v. d., Germie. (2020). A meta-analysis on the outcomes of adolescents at risk for school drop-out attending nonresidential alternative educational facilities. *Preventing School Failure: Alternative Education for Children and Youth*, *64*(2), 162-171. https://doi.org/10.1080/1045988X.2019.1710099

Pronk, S., van den Berg, G., Mulder, E. A., Kuiper, C., Stams, G. J. J. M., & Popma, A. (2023). The development of adolescents in a non-residential alternative educational facility, including the prevention of secure residential placement. *Children and Youth Services Review*, *145*, 106809. https://doi.org/10.1016/j.childyouth.2023.106809

Reidy, D. E., Early, M. S., & Holland, K. M. (2017). Boys are victims too? Sexual dating violence and injury among high-risk youth. *Preventive Medicine*, *101*, 28-33. https://doi.org/10.1016/j.ypmed.2017.05.018

Reidy, D. E., Niolon, P. H., Estefan, L. F., Kearns, M. C., D'Inverno, A. S., Marker, C. D., & Merrick, M. T. (2021). Measurement of Adverse Childhood Experiences: It Matters. *American Journal of Preventive Medicine*, *61*(6), 821-830. https://doi.org/10.1016/j.amepre.2021.05.043

Riccardi, J. S., & Hale, M. (2025). Adverse childhood experiences and brain injury in younger children: Findings from the 2021–2022 National Survey of Children's Health. *Brain Injury*, *39*(2), 126-135. https://doi.org/10.1080/02699052.2024.2411292

Robertson, L., & McHardy, F. (2021). *The Poverty Related Attainment Gap: A review of the evidence*. Glasgow: Poverty Alliance Retrieved from https://www.povertyalliance.org/wp-content/uploads/2021/02/The-Poverty-related-Attainment-Gap-A-Review-of-the-Evidence-2.pdf

Rod, N. H., Bengtsson, J., Budtz-Jørgensen, E., Clipet-Jensen, C., Taylor-Robinson, D., Andersen, A.-M. N., Dich, N., & Rieckmann, A. (2020). Trajectories of childhood adversity and mortality in early adulthood: a population-based cohort study. *The Lancet*, *396*(10249), 489-497. https://doi.org/10.1016/S0140-6736(20)30621-8

Roe, A. (2022). *What do we know about children deprived of their liberty? An evidence review*. London: Nuffield Family Justice Observatory Retrieved from https://www.nuffieldfjo.org.uk/resource/children-and-young-people-deprived-of-their-liberty-england-and-wales

Roe, A., & Ryan, M. (2023). *Children deprived of their liberty: An analysis of the first two months of applications to the national deprivation of liberty court*. London: Nuffield Family Justice Observatory Retrieved from https://www.nuffieldfjo.org.uk/wp-content/uploads/2023/02/nfjo_report_yp_deprivation_of_liberty-1.pdf

Roe, A., Ryan, M., & Powell, A. (2022). *Deprivation of liberty: A review of published judgments*. London: Nuffield Family Justice Observatory Retrieved from https://www.nuffieldfjo.org.uk/wp-content/uploads/2022/03/nfjo_report_dol-case-review_20220318_final.pdf

Sadie, C., Steckley, L., McGinnis, S., & Sales, J. (2023). *Working with violence in children: a developmental and relational perspective*. Cambridge University Press.

Salway, R., Walker, R., Sansum, K., House, D., Emm-Collison, L., Reid, T., Breheny, K., Williams, J. G., de Vocht, F., Hollingworth, W., Foster, C., & Jago, R. (2023). Screen-viewing behaviours of children before and after the 2020–21 COVID-19 lockdowns in the UK: a mixed methods study. *BMC Public Health*, *23*(1), 116. https://doi.org/10.1186/s12889-023-14976-6

Sapouna, M. (2026). Adverse Childhood Experiences and Bullying: Findings from the Growing Up in Scotland Cohort. *Journal of Interpersonal Violence*, *41*(5-6), 1403-1428. https://doi.org/10.1177/08862605251321002

Schwartz, G. L., Harriman, N. W., Ramphal, B., & Slopen, N. (2025). Eviction, inability to pay rent, and youth mental health: a fixed effects study. *American Journal of Epidemiology*, *194*(12), 3501-3509. https://doi.org/10.1093/aje/kwaf212

Scottish Government. (2020). *The Scottish Health Survey*. Edinburgh Retrieved from https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2020/09/scottish-health-survey-2019-volume-1-main-report/documents/scottish-health-survey-2019-edition-volume-1-main-report/scottish-health-survey-2019-edition-volume-1-main-report/govscot%3Adocument/scottish-health-survey-2019-edition-volume-1-main-report.pdf

Scottish Government. (2023). *Scottish Crime and Justice Survey 2021/22: Main Findings*. Edinburgh: Scottish Government Retrieved from https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2023/11/scottish-crime-justice-survey-2021-22-main-findings/documents/scottish-crime-justice-survey-2021-22-main-findings/scottish-crime-justice-survey-2021-22-main-findings/govscot%3Adocument/scottish-crime-justice-survey-2021-22-main-findings.pdf

Scottish Government. (2024). *Children's Social Work Statistics 2022-23 - Secure Care* Edinburgh: Scottish Government Retrieved from https://www.gov.scot/publications/childrens-social-work-statistics-2022-23-secure-care/documents/

Scottish Government. (2025). *Children's Social Work Statistics: Secure Care 2023-24*. Edinburgh: Scottish Government Retrieved from https://www.gov.scot/publications/childrens-social-work-statistics-secure-care-2023-24/documents/

Scottish Government. (2026a). *Children's Social Work Statistics: Child Protection - 2024-25*. Edinburgh Retrieved from https://www.gov.scot/publications/childrens-social-work-statistics-child-protection-2024-25/documents/

Scottish Government. (2026b). *Children's Social Work Statistics 2024-25 - Secure Care* 2026 Retrieved from https://www.gov.scot/publications/childrens-social-work-statistics-secure-care-2024-2025/documents/

Scottish Government. (2026c). *Children's Social Work Statistics 2024-25 – Looked After Children* Edinburgh: Scottish Government Retrieved from https://www.gov.scot/publications/childrens-social-work-statistics-looked-after-children-2024-25/documents/

Scottish Social Services Council. (2024). *Social worker filled posts and vacancies six-monthly survey: Analysis of the data collected as at 4 December 2023*. Dundee: Scottish Social Services Council

Sheikh, A., Payne-Cook, C., Lisk, S., Carter, B., & Brown, J. S. L. (2025). Why do young men not seek help for affective mental health issues? A systematic review of perceived barriers and facilitators among adolescent boys and young men. *European child & adolescent psychiatry*, *34*(2), 565-583. https://doi.org/10.1007/s00787-024-02520-9

Singh, A., Shah, N., Mbeledogu, C., & Garstang, J. (2021). Child wellbeing in the United Kingdom following the COVID-19 lockdowns. *Paediatrics and Child Health*, *31*(12), 445-448. https://doi.org/10.1016/j.paed.2021.09.004

Singh, D., Maclure, R., & Reis, G. (2025). Transformative education for youth in Canada's justice system: earning credits and gaining hope. *Justice, Opportunities, and Rehabilitation*, *64*(3), 197-219. https://doi.org/10.1080/2997965X.2025.2467713

Skinner, G., & Bywaters, P. (2024). Poverty, Inequality and Child Maltreatment: What Does Research Tell Us? In *The Routledge Handbook of Child and Family Social Work Research* (pp. 251-272). Routledge.

Skinner, G. C. M., Hodges, N., & Kennedy, E. (2026). A systematic review of the relationship between poverty and child abuse and neglect: Evidence from individual and family level studies. *Children and Youth Services Review*, *182*, 108753. https://doi.org/10.1016/j.childyouth.2026.108753

Sowerbutts, A., Eaton-Rosen, E., Bryan, K., & Beeke, S. (2021). Supporting young offenders to communicate in the youth justice system: A scoping review. *Speech, Language and Hearing*, *24*(2), 87-104.

Steinfeld, M. R., & Torregrossa, M. M. (2023). Consequences of adolescent drug use. *Translational Psychiatry*, *13*(1), 313. https://doi.org/10.1038/s41398-023-02590-4

Taylor-Robinson, D., Lai, E. T. C., Wickham, S., Rose, T., Norman, P., Bambra, C., Whitehead, M., & Barr, B. (2019). Assessing the impact of rising child poverty on the unprecedented rise in infant mortality in

England, 2000–2017: time trend analysis. *BMJ Open*, *9*(10), e029424. https://doi.org/10.1136/bmjopen-2019-029424

Taylor, J., Dickens, J., Garstang, J., Cook, L., Hallett, N., & Molloy, E. (2024). Tackling the 'normalisation of neglect': Messages from child protection reviews in England. *Child Abuse Review*, *33*(1), e2841. https://doi.org/10.1002/car.2841

Thompson, E. J., Richards, M., Ploubidis, G. B., Fonagy, P., & Patalay, P. (2023). Changes in the adult consequences of adolescent mental ill-health: findings from the 1958 and 1970 British birth cohorts. *Psychological Medicine*, *53*(3), 1074-1083. https://doi.org/10.1017/S0033291721002506

Thompson, S. (2026). *Poverty among young adult men in Scotland*. Glasgow: Scottish Health Equity Research Unit Retrieved from https://scothealthequity.org/wp-content/uploads/2026/02/SHERU-report-poverty-among-young-adult-men.pdf

Tian, Y. (2025). Adolescent Addictive Behaviors and Subjective Well-Being: The Mediating Role of Mental Health Problems. *Psychology Research and Behavior Management*, *18*(0), 1871-1882. https://doi.org/10.2147/PRBM.S536362

Treanor, M., & Troncoso, P. (2023). The Indivisibility of Parental and Child Mental Health and Why Poverty Matters. *Journal of Adolescent Health*, *73*(3), 470-477. https://doi.org/10.1016/j.jadohealth.2023.04.012

Varnish, C., Phillips, A. R., Tallam Laxman, S., Maxwell, N., Halligan, S. L., & Button, K. S. (2025). The relationship between placement instability and mental health among care-experienced children and young people: UK systematic review and meta-analysis. *The British Journal of Psychiatry*, 1-10. https://doi.org/10.1192/bjp.2025.10375

Vaswani, N. (2018a). Adverse Childhood Experiences in Children at High Risk of Harm to Others: A Gendered Perspective. https://cycj.org.uk/wp-content/uploads/2018/08/Adverse-Childhood-Experiences-in-high-risk_CYCJ-_Final-Version-proofed.pdf

Vaswani, N. (2018b). Beyond loss of liberty: how loss, bereavement and grief can affect young men's prison journeys. In S. Read, S. Santatzoglou, & A. Wrigley (Eds.), *Loss, Dying and Bereavement in the Criminal Justice System*. Routledge.

Vaswani, N. (2019). *Bullying behaviours: adverse experiences for all involved?* Glasgow: Centre for Youth & Criminal Justice Retrieved from https://cycj.org.uk/wp-content/uploads/2019/06/Bullying-adverse-experiences.pdf

Vaswani, N., Paul, S., & Papadodimitraki, Y. (2016). Our Lives with Others: An evaluation of trauma, bereavement and loss developments at HMYOI Polmont. In: Strathclyde: Centre for Youth and Criminal Justice.

Villa, C. (2024). *The effects of youth clubs on education and crime*. London: Institute for Fiscal Studies Retrieved from https://ifs.org.uk/sites/default/files/2025-06/WP202451-The-effects-of-youth-clubs-on-education-and-crime.pdf

Villadsen, A., Libuy, N., & Fitzsimons, E. (2025). *Adverse and positive childhood experiences and their associations with children's involvement in violence: analyses of data from the Millennium Cohort Study*. London Retrieved from https://static1.squarespace.com/static/5b7ea2794cde7a79e7c00582/t/67e9b899529c546e837039bd/1743370395884/FinalReport_ACEsPCEs_MCS.pdf

Walsh, C., Bunting, L., Davidson, G., Mulholland, C., McCartan, C., Doherty, N., & Shevlin, M. (2025). Prevalence and impact of adverse childhood experiences and extrafamilial violence: a representative survey of adults in Northern Ireland. *BMJ Public Health*, *3*(2), e003360. https://doi.org/10.1136/bmjph-2025-003360

Walsh, G. M. (2020). The arrival of the ACEs movement in Scotland: Policy entrepreneurship and critical activist responses. *Scottish Affairs*, *29*(4), 456-474. https://doi.org/10.3366/scot.2020.0337

Warner, T. D., Leban, L., Pester, D. A., & Walker, J. T. (2023). Contextualizing Adverse Childhood Experiences: The Intersections of Individual and Community Adversity. *Journal of Youth and Adolescence*, *52*(3), 570-584. https://doi.org/10.1007/s10964-022-01713-2

Webster, C., & Kingston, S. (2014). *Anti-Poverty Strategies for the UK: Poverty and Crime Review*. Leeds: Joseph Rowntree Foundation Retrieved from http://eprints.lancs.ac.uk/71188/1/JRF_Final_Poverty_and_Crime_Review_May_2014.pdf

Webster, E. M. (2022). The Impact of Adverse Childhood Experiences on Health and Development in Young Children. *Global Pediatric Health*, *9*, 2333794X221078708. https://doi.org/10.1177/2333794x221078708

Weir, R., Adisa, O., Blom, N., Hadjimatheou, K., Lamarre, F., Carlisle, S., & Barrow-Grint, K. (2025). Adolescent Domestic Abuse and Its Consequences: A Rapid Systematic Review. *Journal of Family Violence*. https://doi.org/10.1007/s10896-025-00813-4

Whitelaw, R. (2024). Educational trajectories for residential care experienced young people are complex. A lived experience perspective from a PhD study in Scotland. *Journal of Children's Services*, *19*(3), 142-157. https://doi.org/10.1108/jcs-04-2023-0024

Whitelaw, R., & Gibson, R. (2023). *Preparing to Keep The Promise: A Comparative Study of Secure Care and Young Offender Institutions in Scotland*. Glasgow: Children and Young People's Centre for Justice Retrieved from https://www.cycj.org.uk/wp-content/uploads/2023/03/Preparing-to-Keep-The-Promise-Comparitive-Study.pdf

Wigzell, A., Paterson-Young, C., Bateman, T., Wigzell, A., Paterson-Young, C., & Bateman, T. (2024). Desistance and children: setting the scene. In *Desistance and Children: Critical Reflections from Theory, Research and Practice* (pp. 1-34). Policy Press. https://doi.org/10.51952/9781447369127.ch001

Wilson, C. (2026). Adjusting the volume: the paradoxical experience of secure care for autistic young people. *Scottish Journal of Residential Child Care*, *25*(1). https://doi.org/10.17868/strath.00096113

Wood, S., Williams, A., Warner, N., Hodges, H. R., Cummings, A., & Forrester, D. (2024). Outcomes for high-risk young people referred to secure children's homes for welfare reasons: a population record linkage study in England. *Journal of Children's Services*. https://doi.org/10.1108/JCS-04-2023-0018

Wroe, L. E., Owens, R., Lloyd, J., & Firmin, C. (2025). From 'risky choices' to 'risky contexts'? The state of play of UK child welfare responses to adolescent 'extra-familial harm'. National and international implications. *The British Journal of Social Work*, *55*(7), 3414-3434. https://doi.org/10.1093/bjsw/bcaf148

Yang, M., Carson, C., Creswell, C., & Violato, M. (2023). Child mental health and income gradient from early childhood to adolescence: Evidence from the UK. *SSM - Population Health*, *24*, 101534. https://doi.org/10.1016/j.ssmph.2023.101534

YMCA. (2025). *Beyond the Brink? The state of funding for youth services*. YMCA Retrieved from https://ymca.org.uk/wp-content/uploads/2025/01/ymca-youth-services-beyond-the-brink.pdf

Youth Scotland. (2025). *Acting on Funding*. Youth Scotland Retrieved from https://www.youthscotland.org.uk/wp-content/uploads/2025/06/Acting-on-Funding-WEB.pdf

Zhang, Y., & Chen, J. (2026). Who They Are and Why They Run: A Scoping Review to Understand Running Away in Child Welfare System. *Trauma, Violence, & Abuse*, *0*(0), 15248380261429515. https://doi.org/10.1177/15248380261429515

Zuniga-Montanez, C., Davies, C., Ligoxygakis, L., Kašćelan, D., & Gonzalez-Gomez, N. (2025). Annual Research Review: How did COVID-19 affect young children's language environment and language development? A scoping review. *Journal of Child Psychology and Psychiatry*, *66*(4), 569-587. https://doi.org/10.1111/jcpp.14102

Children and Young People's Centre for Justice

Collaborating for rights-respecting justice

cycj.org.uk | cycj@strath.ac.uk