

Feeling Safe

Key points

1. A stable, nurturing, and safe environment in childhood provides the basis from which children and young people can develop, build resilience, learn how to form healthy and fulfilling relationships and social networks, and achieve their potential in adulthood.
2. Adverse Childhood Experiences (ACEs) appear to be linked to important outcomes in areas such as health and social care, criminal justice, and policing. Children who experience stressful childhoods are more likely to adopt health-harming behaviours during their adolescence, which can lead to mental ill health and diseases such as cancer, heart disease, and diabetes later in life.
3. There were 916 children in care in Suffolk on the 31st March 2022. This compares with 854 children in care locally in 2018. Since 2018, the rate of children in care in Suffolk has steadily increased, and the latest rate (for 2020/21) of 62 per 10,000 children aged under 18 is the highest it has been since 2018.
4. There were 916 children in care in Suffolk on the 31st March 2022. This compares with 854 children in care locally in 2018. Since 2018, the number of children in care in Suffolk steadily increased, although the latest locally provided figure (n=916) is lower than the previous year (n=947). Although increasing, the rate of children in care in Suffolk remains significantly lower (statistically) than the England average of 67 per 10,000 (2020/21).¹¹
5. Within Suffolk the rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years has been falling since 2010/11. In 2020/21, the rate of hospital admissions was statistically significantly higher than the national average, having been consistently statistically lower in all previous years.
6. Rates of hospital admissions for self-harm are relatively high in Suffolk. In 2020/21 Suffolk had the second highest rate of admissions per 100,000 children aged 10-24 years in the East of England and the highest rate in those aged 15-19 years. Over the last three years Suffolk has had rates of hospital admissions statistically significantly above the national average.
7. Bullying affects children and young people's emotional wellbeing. Children and young people in Suffolk that had not reported being bullied (since September 2020) had a higher wellbeing score than those that had been bullied: 44.3 compared to 38.0.
8. Local data for 2021 shows that the rate of first-time entrants aged 10-17 years to the youth justice system per 100,000 population in Suffolk was 164 (n=114), higher than the England average of 146 per 100,000.
9. An association between the time spent by children and young people looking at a screen - screen time – and the parent-children relationship was identified in a report by Healthwatch Suffolk. Those children and young people who reported higher levels of screen time were not only less likely to say that their parents were important for support with their mental health, but also less likely to approach them for support.

Why is feeling safe important in Suffolk?

A stable, nurturing, and safe environment in childhood provides the basis from which children and young people can develop, build resilience, learn how to form healthy and fulfilling relationships and social networks, and achieve their potential in adulthood. It comes not only from the family and home environment in which they live, but also from interactions with wider society, such as through the world of education, relationships with friends, and other communities to which they belong.

Feeling safe and secure in their surroundings allows a child to explore without fear, and to learn through discovery; it builds and strengthens their self confidence and self esteem, and provides the skills and knowledge required to live a fulfilling adulthood. However, feeling safe is not just about physical safety, but also the mental and emotional safety of children and young people. It is about an environment around the child that allows them to grow, develop and express themselves with confidence and assurance.

A stable home life with safe and secure attachment to parents/caregivers early in life is a child's first experience of safety can help form a safe environment for children and young people to thrive. But across daily life there are many occasions where children and young people need to feel safe if they are to maximise the opportunities available to them. For example, they need to feel safe at school if they are to learn; they need to feel safe when they travel, they need to feel safe when they are at leisure, and they need to have an understanding of the challenges they may encounter that threaten their safety and how to manage them in order to keep themselves safe.

When all or some of the aspects of life that provide a sense of safety for a child are missing there is a risk of harm to the child, whether that is harm to them directly or whether they engage in harmful or risky behaviours that affect the quality of their life and their life experiences.

This chapter of the State of Children in Suffolk focuses on what makes children and young people in Suffolk feel safe, the consequences when they are not or do not feel safe, and the resources and services available to help them navigate to a safe life space.

Impact of COVID-19 on data

The impact of the COVID-19 pandemic in the UK have been felt and experienced by young and old alike, and will affect people's lives both in the short, medium and long term. One of the many consequences of the pandemic has been its impact on data collection. Across many areas, such as the economy, education, health and wellbeing, the pandemic has affected what data has been collected and what has been published. Even when published, not all data has been comparable with pre-COVID-19 data.

In this report, data from the Office for Health Improvement and Disparities (OHID) Fingertips tool has been used to illustrate consistent trends over time, but where more up to date local information is available, this has also been noted within the text.

What is the local picture?

What makes children and young people feel safe in Suffolk?

Family and home life

The family unit is the first environment a child is aware of and dependent on for their safety. Whether comprised of biological parents, or other care givers, this environment teaches children and young people about structure and boundaries, as well as developing relationships with the immediate and wider family members. A healthy and safe family environment provides the foundation on which individuals move through their lives, taking the learning and development into wider society and relationships.

However, there are family circumstances which arise that lead to children feeling unsafe. Not all these circumstances are overtly 'bad' or directly threaten the safety of the child, but which nevertheless can cause a child to feel anxious, upset and distress. Likewise, not all children will view or react to the same set of circumstances in the same way.

A change or breakdown of the family unit is one circumstance that can significantly impact a child's wellbeing and general feelings of safety. In the UK, around 1 in 4 children under 15 no longer lives with both biological parents, cohabitation is increasing, and children are leaving their parental homes far later.¹ In 2020, there were 2.9 million lone parent families in the UK, which is 14.7% of all families.² Children of separated parents are at increased risk of:³

- growing up in households with lower incomes and poorer housing
- experiencing behavioural problems
- performing less well in school and gaining fewer educational qualifications
- leaving school and home when young
- becoming sexually active, pregnant or a parent at an early age
- reporting more symptoms of depression
- reporting higher levels of smoking, drinking and drug use during adolescence and adulthood

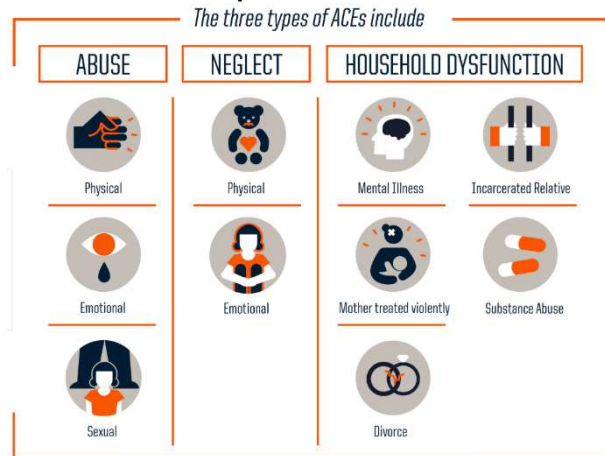
For more information about some of the issues discussed above, please see the ['Population and Families'](#) and ['Community'](#) chapters of the State of Children in Suffolk.

Support for parents who may be experiencing challenges during the early years of their child's life (0-5 years of age) is available locally from the Health Visiting Service.⁴ The Health Visiting Service promotes parent-child attachment and offers support, advice, and guidance to help parents raise 'a happy and healthy child' via a wide variety of services and offers. For example, 'ChatHealth' is a service that enables parents or carers to confidentially ask for help from the Health Visiting Service via text message. Child Health Clinics are offered across the county where Health and Children's Centre staff provide support for concerns around sleeping, managing a crying baby, growth and development, and immunisations. More information about how the Health Visiting Service can help parents in Suffolk is available via the [Health Visiting Service website](#).

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are harmful behaviours or events experienced by children that can lead to health-damaging behaviours as well as poor health and social outcomes in adulthood (Figure 1). It is generally agreed that as the number of ACEs experienced by a child increases so does the risk of poor outcomes, although the strength of association between ACEs and specific outcomes varies.⁵

Figure 1 Examples of Adverse Childhood Experiences⁶



Several studies⁵ about ACEs have attempted to estimate the number of children and young people living through specific adverse experiences. By considering the prevalence estimates from these studies it is possible to estimate the number of children and young people in Suffolk likely to be experiencing them. Table 1 applies the lowest and highest prevalence estimates of children and young people experiencing a particular ACE to Suffolk’s 0-18 year-old population, giving an estimated range that may be living with or through that experience in the county.

Table 1: Estimated number of children in Suffolk experiencing specific ACEs, mid-2020^{7, 8}

Specific Adverse Childhood Experience	Estimated range	Number of 0-18 year olds in Suffolk	
		Lowest	Highest
Parental separation or divorce	18%-25%	28,880	40,110
Emotional, psychological, or verbal abuse	17%-23%	27,280	36,910
Childhood physical abuse	14%-17%	22,460	27,280
Exposure to domestic violence	12%-17%	19,260	27,280
Household mental illness	11%-18%	17,650	28,880
Household alcohol abuse	9%-14%	14,440	22,460
Household drug abuse	4%-6%	6,420	9,630
Childhood sexual abuse	3%-10%	4,810	16,050
Household member incarcerated	3%-5%	4,810	8,020

*‘Outcomes showing the strongest relations with multiple ACEs (violence, mental illness and problematic substance abuse) can represent ACEs for the next generation (exposure to parental domestic violence, mental illness and substance use) and thus are indicative of the intergenerational effects that can lock families into cycles of adversity, deprivation, and ill health’.*⁹

ACEs appear to be linked to important outcomes in areas such as health and social care, criminal justice, and policing. Children who experience stressful childhoods are more likely to adopt health-harming behaviours⁷ during their adolescence, which can lead to mental ill health and diseases such as cancer, heart disease, and diabetes later in life. Studies⁵ are also beginning to find links between multiple ACEs and harm to life prospects, such as education, employment and poverty, although further research is required. Research has shown that ACEs are an indicator that young people may become involved in gangs and county lines (drug dealing), with family violence and abuse are identified as specific risk factors.¹⁰

Despite these links between ACEs and negative outcomes, not everyone exposed to ACEs will go on to experience negative consequences. Protective factors against ACEs include: having supportive parents who read and talk to their children; having healthy relationships with parents, family members and friends; learning good communication skills.

Children in care

In some instances, changing family dynamics can result in a child being taken into care.

Children in care (also known as looked after children) describes children and young people who are cared for in a foster home or in a residential home, such as a children’s home. Children and young people in care are often among the most socially excluded children in need in England.

There were 916 children in care in Suffolk on the 31st March 2022. This compares with 854 children in care locally in 2018. Since 2018, the number of children in care in Suffolk steadily increased, although the latest locally provided figure (n=916) is lower than the previous year (n=947).

The rate for 2020/21 shown in Figure 2 below, of 62 per 10,000 children aged under 18, was the highest it had been since 2018. Although increasing, the rate in Suffolk remains significantly lower (statistically) than the England average of 67 per 10,000.¹¹

Figure 2 Children in care in Suffolk, 2011 to 2021



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)¹¹

A national online survey of care leavers by Ofsted¹² found that:

- many care leavers reported that they felt ‘alone’ or ‘isolated’ after leaving care
- around two thirds said they had no say in where they lived when they left care and only a fifth in what type of accommodation they lived in
- some felt unsafe because they were living on their own, or in an area regarded as high in criminal activity
- 1 in 10 said they never felt safe when they first left care, with being worried about money being the most common reason for feeling unsafe, and
- many did not know where to find support for their mental and emotional wellbeing.

As a result of this survey, three recommendations were identified: care leavers to be told about available support; help for care leavers to stay in touch with key people; and working with care

leavers to ensure they have the skills they need before the leave care (such as how to manage money, how to shop, how to cook).¹² Locally, Ofsted carried out a focused visit to Suffolk County Council’s leaving care service in January 2022, finding that [‘care leavers are successfully helped to transition to independence and reach their full potential’](#). The [Ofsted report also noted](#) the trusting relationships built between practitioners and care leavers, and the efforts made to reach out to those who are difficult to engage.

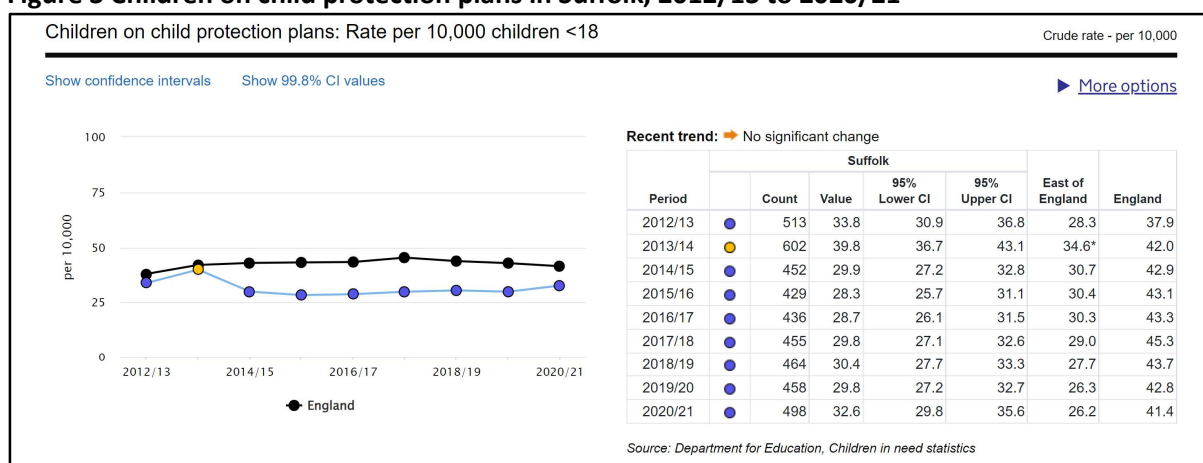
Children on child protection plans

A child protection plan is a local authority produced document that outlines how a child can be kept safe, and what support the child and wider family will need. Children that are subject to a child protection plan usually have a primary need relating to abuse – whether physical, sexual or emotional – or neglect.

The number of children on child protection plans in Suffolk has remained relatively static over the last nine years based on data published on [Fingertips by OHID](#) (Figure 3), with there being 498 children on child protection plans in 2020/21. Locally provided data for 2021/22 shows a reduction in this number, to 446 as at 31st March 2022.

The 2020/21 number corresponds to a rate of 32.6 per 10,000 children aged under 18 years (figure 3); this is lower than the national average (41.4 per 10,000) but higher than the East of England average (26.2 per 10,000). Suffolk’s rate is the fifth highest in the East of England (out of 11 counties/unitary authorities).¹¹

Figure 3 Children on child protection plans in Suffolk, 2012/13 to 2020/21



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)¹¹

[Policies, procedures and guidance](#) published by Suffolk Safeguarding Partnership – comprising Suffolk County Council, Suffolk Police, and Suffolk Healthcare services - regarding the safeguarding of children and young people in the county include those relating to:

- Children in Need
- Child Safety
- Child Abuse
- Domestic Abuse and Violence
- Gangs, Criminal Exploitation and County Lines
- Homelessness
- Neglect

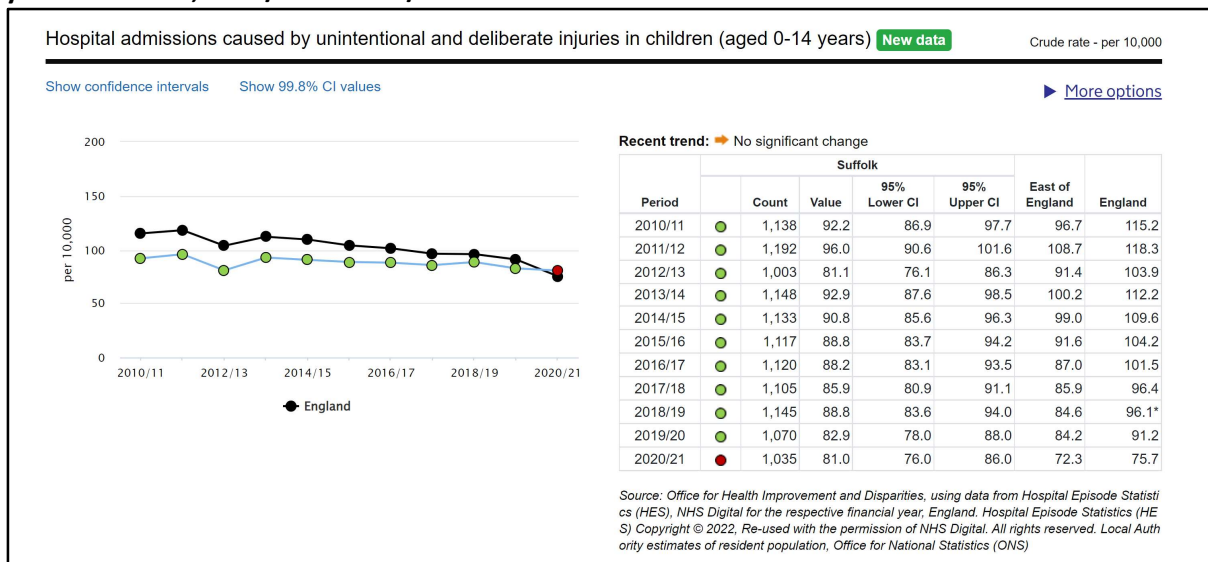
- Safer Sleep
- Self-Harm
- Substance Abuse

Accidents and injuries to children and young people

Injuries are a leading cause of hospitalisation for children and young people. They can be a source of long term health issues as well as representing a major cause of premature mortality.

Within Suffolk the rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years has been falling since 2010/11, although there have been more than 1,000 admissions per year since that time (Figure 4). In 2020/21, the rate of hospital admissions was statistically significantly higher than the national average, having been consistently statistically lower in all previous years (Figure 4).¹¹

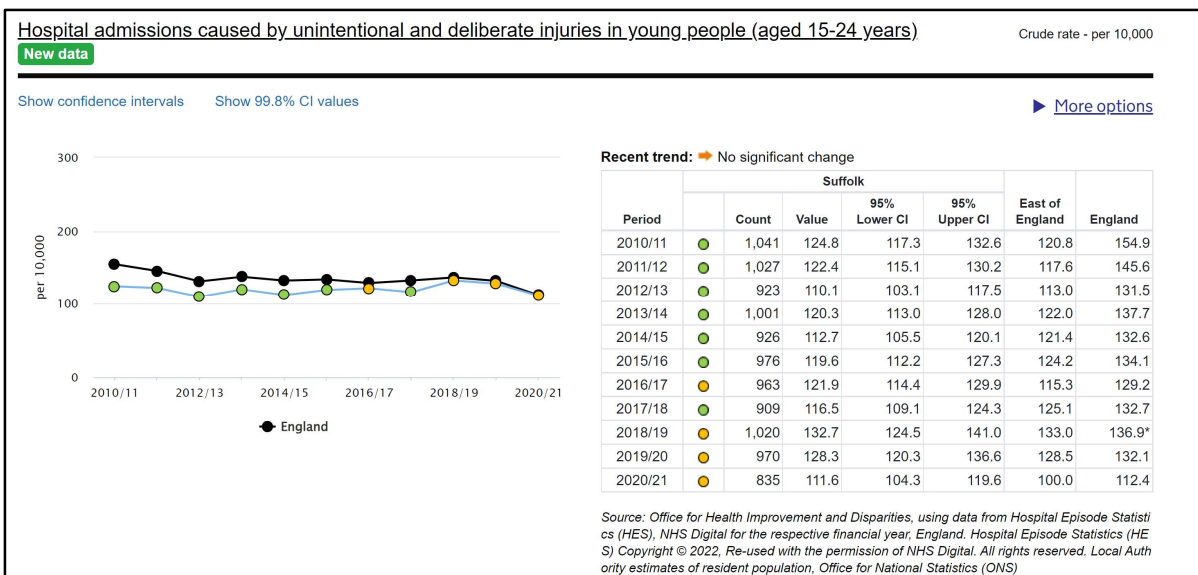
Figure 4 Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years in Suffolk, 2010/11 to 2020/21



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)¹¹

The same trend is seen in young people aged 15-24 years; Suffolk's rate has been statistically significantly lower than the national average for a number of years, but more recently rates have converged to be similar to the national average (Figure 5).¹¹

Figure 5 Hospital admissions caused by unintentional and deliberate injuries in children aged 15-24 years in Suffolk, 2010/11 to 2020/21



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)¹¹

Within the East of England, Suffolk has the 4th (0-14 year olds) and 5th (15-24 year olds) highest rates of hospital admissions caused by unintentional and deliberate injuries in young people (out of 11 counties and unitary authorities).¹¹

In November 2018 Suffolk County Council, the Suffolk Safeguarding Children Board, and the three Clinical Commissioning Groups covering the county published a preventing unintentional injury of children in the home strategy (2018-23). The strategy aims 'to reduce unintentional injuries in children and young people aged up to 15 years old, in the home environment, to minimise inequalities and create safer environments for children'.¹³

As part of the strategy a campaign was launched - 'Is Your Home a Child Friendly Zone?' - offering advice to parents about fire safety, safer sleeping, and safety around pets. The campaign highlighted common household injuries - such as falls, choking, scalds from tap water/kettles, and poisoning from medicines or cleaning products – and how parents can help prevent injuries in the home.¹⁴

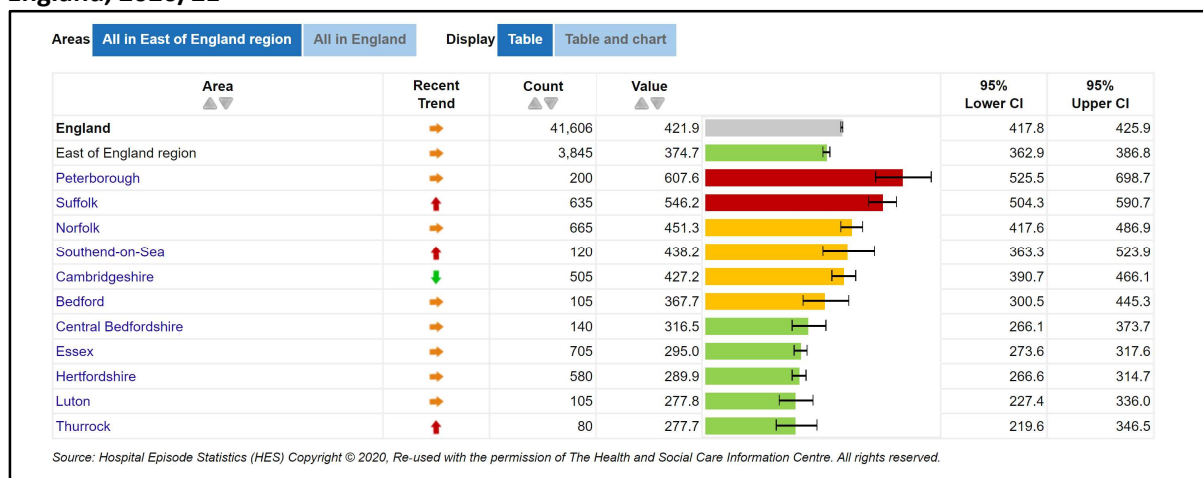
For additional information relating to accidents (including road accidents) and injuries in children and young people, see the '[Physical Health](#)' chapter of the State of Children in Suffolk.

Child Safeguarding Practice Reviews (previously known as Serious Case Reviews) happen when abuse or neglect of a child is known about or suspected. A Case Review Panel supports the Suffolk Safeguarding Partnership to investigate the circumstances and develop learning from cases of known or suspected abuse or neglect, perhaps where the child died, was seriously harmed, or where there is concern relating to the way organisations have worked together to safeguard the child.¹⁵ The [Suffolk Safeguarding Partnership website](#) has details of learning from specific cases; the circumstances of the case are detailed alongside clear and defined learning points arising from the review.

Self-harm and suicide

Rates of hospital admissions for self-harm are relatively high in Suffolk. In 2020/21 Suffolk had the second highest rate of admissions per 100,000 children aged 10-24 years in the East of England (Figure 6), and the highest rate in those aged 15-19 years. Over the last three years Suffolk has had rates of hospital admissions statistically significantly above the national average.¹¹

Figure 6 Hospital admissions as a result of self-harm, counties and unitary authorities in the East of England, 2020/21



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)¹¹

Numbers of deaths of children and young people in Suffolk by suicide are very low, and it has not been possible to identify any clear trends. Nationally, suicide rates have been falling in 15-24 year olds, although a rise in 2018 may be the result of reporting changes by coroners.¹⁶

For additional information relating to self-harm and suicide, see the [‘Physical Health’](#) chapter of the State of Children in Suffolk.

Bullying

Bullying - defined by The Children’s Society as ‘...unwanted teasing, putting people down or intimidating behaviour...[or] deliberately leaving someone out or isolating them’¹⁷ - that happens in childhood can increase the risk of poor health, social, and educational outcomes in childhood and adolescence.¹⁸ The effects of bullying can also be felt and experienced into adulthood.

Bullying can happen in different ways, for example, physical/in person bullying, or cyber-bullying via text messages, social media or gaming, and impacts either the physical and/or emotional wellbeing of the victim.¹⁹

Studies^{18, 19} have noted that being perceived as being ‘different’ is often a motivator for bullying, perhaps on the grounds of ‘race, religion, gender, sexual orientation, special educational needs or disabilities, or because a child is adopted, in care or has caring responsibilities’.¹⁹

Healthwatch Suffolk’s report into children and young people’s mental health and emotional wellbeing found that 18% (n=673) of respondents to their survey had been bullied (since September 2020), and 10% reported being bullied online in the last two months (n=395).²⁰

The report also found that some groups were more vulnerable to bullying:

- female students and those who preferred to describe their gender in another way were more likely than male students to say that they had been bullied at school or college.
- LGBT*Q+ (Lesbian, Gay, Bi-Sexual, Transgender and Queer or Questioning) students were almost twice as likely to experience bullying, at school and online.
- Arab students, Polish students, and Indian students were the most likely to say that they had been bullied online/at school or college.

- Students with vulnerabilities were more likely to have been bullied in school or online than those without vulnerabilities²⁰

Bullying affects children and young people's emotional wellbeing. Children and young people in Suffolk that had not reported being bullied (since September 2020) had a higher wellbeing score than those that had been bullied: 44.3 compared to 38.0.¹⁸ Nationally, more than one in five (22%) children aged 10-15 years that had experienced online bullying reported that they were affected a lot emotionally by it; almost half (47%) said they had been a little bit affected. Taken together, these figures indicated that almost seven in ten children (68%) that experienced online bullying were emotionally affected by it to some degree.²¹

A national report from the Office for National Statistics estimates that in the year to March 2020 (pre COVID-19 pandemic) almost one in five children and young people aged 10-15 years had been bullied online.²⁰ Although there was no significant difference between the proportion of males and females that had experienced online bullying (17% and 20% respectively), statistical differences did exist for some other groups. These included a significantly higher proportion of children and young people with a long term illness or disability experiencing online bullying (26%), and a significantly lower proportion of Asian or Asian British children (6%).²¹

The act of bullying can make a child or young person feel unsafe. How reporting their experiences of bullying are handled also contributes to their sense of feeling safe. Over two thirds (68%) of children and young people reported that their school dealt with bullying very or quite well, although a quarter (25%) stated that their school did not deal with bullying very well or not at all well.²¹

Crime

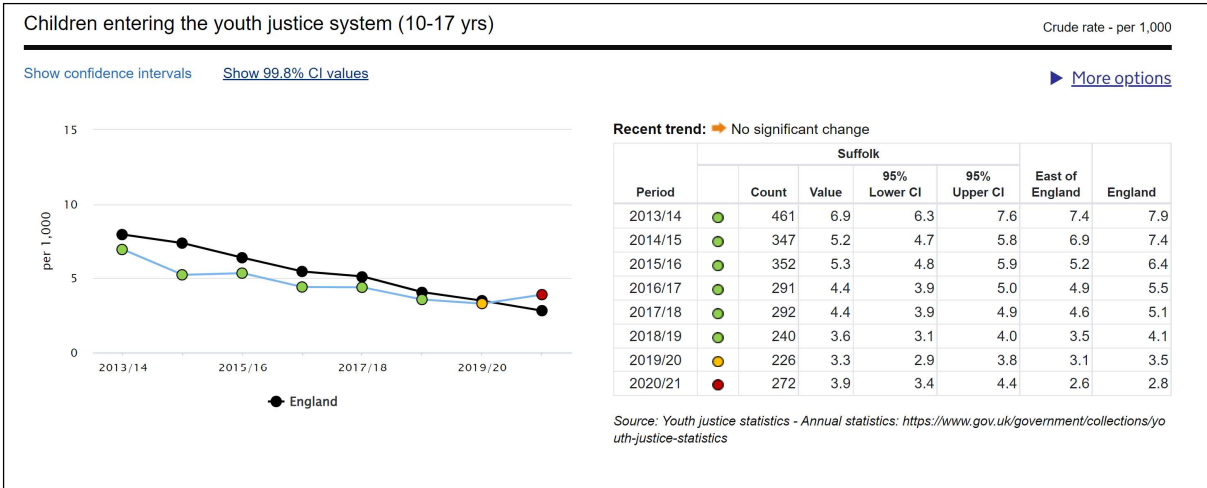
A 2018 study by the Office for National Statistics found that on every year between 2011-12 to 2015-16, 'girls were significantly less likely than boys to report feeling safe while walking alone in their neighbourhood after dark'.²² The most recent year of data in the report (2015-16) recorded that just over half of girls (52.4%) felt very or fairly safe after dark compared to two thirds of boys (66.1%).

Youth violence - violence either against or committed by a child or adolescent - can impact on individuals, families, communities, and society. Adverse childhood experiences, access and availability of youth support/mental health service, and socioeconomic deprivation are associated with an increased risk of committing or being affected by youth violence.²²

Youth violence is a public health concern because the health and social outcomes of young people are worsened by increased exposure to violence, with both short and long term implications. Long term impacts can include increased risk of substance misuse, obesity, and illnesses such as cancer and heart disease.²³

Data from [OHID published in the Fingertips tool](#) shows that the number of children aged 10-17 years in the youth justice system in Suffolk fell by 41% between 2013/14 and 2020/21, from 461 children to 272¹¹ (Figure 7).

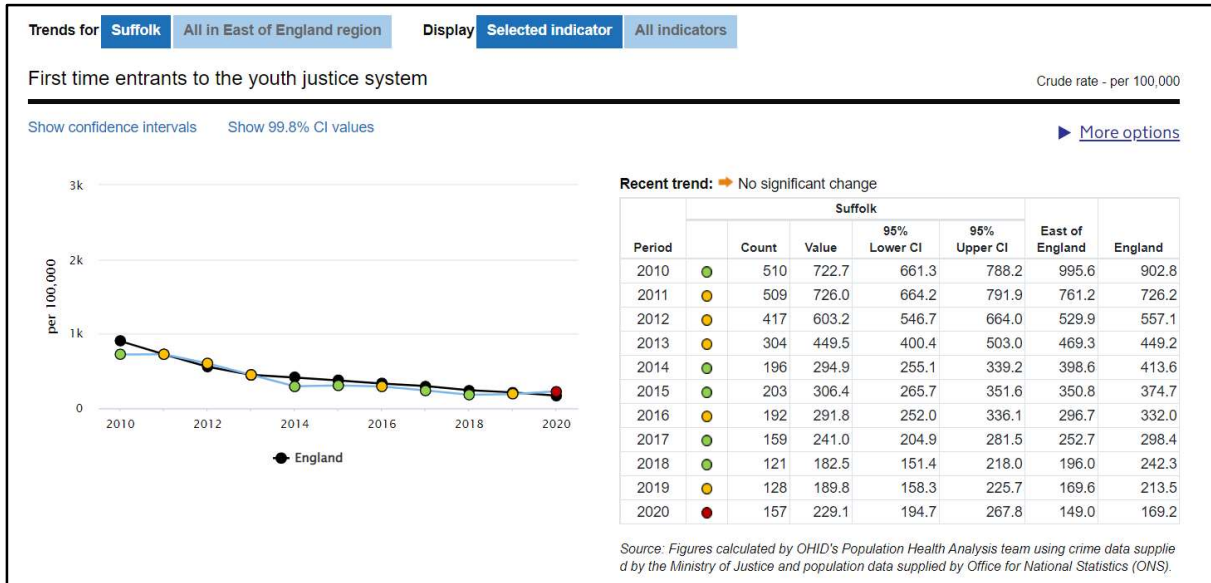
Figure 7 Children aged 10-17 years entering the youth justice system, 2013/14 to 2020/21



The latest rate of 3.9 children per 1,000 population in the youth justice system is statistically significantly higher than the national average (2.8 per 1,000).

There has been an increase in the rate (and numbers) of children in Suffolk that are first time entrants to the youth justice system in the most recent year of data available on Fingertips (2020) compared to the previous year (2019) Figure 8). In this data, the rate for Suffolk in 2020 was statistically higher than the national average (229.1 per 100,000 compared to 169.2).

Figure 8 First time entrants to the youth justice system, Suffolk, 2010 to 2020



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)¹¹

Local data for 2021 shows that the rate of first-time entrants aged 10-17 years to the youth justice system per 100,000 population in Suffolk was 164 (n=114), higher than the England average of 146 per 100,000.

Criminal exploitation

Criminal Exploitation involves the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation.²⁴ It is a lesser-known type of Modern Slavery and Human Trafficking.

In 2021, 12,727 potential victims of modern slavery were referred to the UK Home Office. This was a 20% increase on figures for 2020 (n=10,601). Over three quarters of these potential victims were male (77%, n= 9790) and just under a quarter were female (23%, n=2923).²⁵

More than 2 in 4 potential victims claimed exploitation as children (43%, n=5468) and were most often referred to the Home Office for criminal exploitation; labour exploitation was the most reported referral for adult potential victims.²⁵

Figures for Suffolk Constabulary show that of 102 potential victims referred to the Constabulary, more than two thirds were children aged 17 or under at the age of exploitation (69%, n=70).²⁵

Child criminal exploitation is the manipulation, coercion and control of children and young people to commit crimes usually for the benefit of other abusive adults or peers.²² This includes County Lines, where city drug gangs increase their operations into smaller towns by using children and young people to sell their drugs for them.²⁶

In Suffolk data and evidence are supporting the eight priorities of a county wide work programme to tackle Criminal Exploitation:

- Leadership
- Prevention and Education
- Intervention and Exit
- Innovation and Learning
- Community Response
- Enforcement
- Safeguarding Adolescence
- Transitional Safeguarding²⁴

Nationally, The Children's Society estimates that 46,000 children in England are thought to be involved in gangs, with many missing school, healthy friendships and other experiences that other children and young people have. The Society reports that via therapy sessions as part of its Disrupting Exploitation Programme²⁷ 75% of young people worked with reported feeling safer as a result.²⁸ The programme aims to not only make children safer, but also provide them with a better understanding of exploitation and improve their relationships with their family and friends.

Online safety

There is evidence from research undertaken by The Children's Society for their 2017 'The Good Childhood Report' that social media can have a beneficial impact on satisfaction with friendships. However, there was also an acknowledgement of the potential negative consequences of excessive social media use, such as cyberbullying, and the fear of missing out.²⁹ In this way, online forums, chat rooms, and message groups have the potential to be both safe and unsafe environments for children and young people.

A 2019/20 report published by Healthwatch Suffolk noted that a third (34%) of young people aged 11-19 years used social media for between two to three hours each day, although nearly half (48%) of all young people aged 15 used social media for more than four hours a day.³⁰ The report also stated that almost one in eight (12%) respondents to the Healthwatch survey reported being bullied online within the last two months; in a later Healthwatch report this figure was 10%.²⁰ These figures

should be interpreted with caution as they are based on responses from a relatively small number of children (n=11,950)

The ability of social media to present both healthy/safe and unhealthy/unsafe communities to young people is illustrated by the words used by respondents to the Healthwatch survey to describe how social media made them feel. Common words used to positively describe social media usage included: connected, intrigued, good, creative, community, escape, friends, occupied, sociable and positive. Conversely, some of the common negative words used to describe social media were: bullied, lonely, fake, overwhelmed, insecure, drained, jealous, horrible, detached, and fear of missing out (FOMO).

Almost 3 in 5 respondents to the Healthwatch survey (57%) said social media only had a positive impact on them and their lives. They used their accounts to promote their own achievements, to follow accounts about hobbies or other creative activities they were interested in and stated that being able to connect with friends or like-minded peers was important to them.

For 7% of respondents, social media had an exclusively negative impact on them. These experiences often revolved around comparisons, particularly in relation to body image, with other people on social media that impacted on their self-esteem. In some cases, this led to changes in behaviour, for example how much food was consumed, or triggering self-harm behaviours as well as leading to feelings of depression. Some respondents had experienced bullying or abuse.

An association between the time spent by children and young people looking at a screen - screen time – and the parent-children relationship was identified in the report by Healthwatch. Those children and young people who reported higher levels of screen time were not only less likely to say that their parents were important for support with their mental health, but also less likely to approach them for support.

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