

SOCIAL WORK SCOTLAND RESPONSE FUTURE OF SECURE CARE AND THE SINGLE POINT OF CONTACT (SPOC) FOR VICTIMS

April 2026

Introduction

Social Work Scotland (SWS) is the professional body for social work leaders, working closely with our partners to shape policy and practice, and improve the quality and experience of social services. We share the Scottish Government's commitment to reforming and improving secure care, and over a longer timeframe, significantly reimagining how Scotland supports children and young people who require intensive support and supervision. With that aim in mind, we welcomed this opportunity to comment on proposals. Our response should be read alongside our earlier response to the Children's (Care and Justice) (Scotland) Act ([Call For Views on Children \(Care and Justice\) \(Scotland\) Bill - Social Work Scotland](#)).

The reflections within this response are drawn from consultation with our membership, which comprises senior leaders in local social work, including Chief Social Work Officers, service and team managers from across the country (in both local authorities and third sector), and who are involved in delivery of services to children and adults.

General remarks

Social Work Scotland as an organisation is supportive and appreciative of the move to a more children's rights-based, and trauma informed approach to the care of those children who require to be detained, as well as the consideration of what provisions for this group and those on the edges of secure care needs to look like to meet current and future need. With a workforce whose professional code adheres to the principles of human rights, which are also at the core of the Promise, social work can offer a particular perspective and context in this area which is critical to the delivery of quality services.

Our response reflects this support, while making clear the importance of taking time to consider the available data and what this means for next steps, before solutions are progressed. The timing and sequencing of implementation is also critical, particularly given the level of need and vulnerability in the specific group of children under consideration. Careful attention to implementation is critical to ensure that the policy intent is realised.

Social Work Scotland is fully supportive of the need to reform our secure care provision and work in a more holistic and shared manner to meet the needs of this group of children. As an organisation we have contributed already alongside COSLA, Scottish Government and wider partners to support the recent crisis of capacity in secure care, and endeavour to support work towards a reimagined secure care landscape.

CONSULTATION QUESTIONS

Secure Accommodation Criteria:

The Children (Care and Justice) (Scotland) Act 2024 included a change to the conditions when a children's hearing can authorise a child to be placed in secure accommodation.

When implemented, the conditions for placing a child in secure accommodation will include:

- The child has previously absconded (run away) 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.
- The child is likely to engage in self-harming conduct unless the child is kept in secure accommodation.
- The child is likely to cause physical or psychological harm to another person unless the child is kept in secure accommodation

Q1) Do you think the new criteria for authorising a child's placement in secure accommodation by a children's hearing are sufficient?

Yes

No

Please explain the reasons for your answer.

Social Work Scotland members consider the criteria for placement in secure care is appropriate but note that there must be a firmer emphasis on there being no alternative which would meet the child's needs e.g. a child's health and development may be at risk by their absconding but secure provision should only be considered where that risk is such that the detriment is severe, and it cannot be mitigated by any other means. For this reason, as per the Children's Hearing (Scotland) Act 2011 (Implementation of Secure Accommodation Authorisation) (Scotland) Regulations 2013, it would be imperative for Chief Social Work Officers to retain their role in deciding whether to implement a secure authorisation.

It is also important to emphasise that the proper application of any criteria is dependent upon the availability of timely and appropriate community-based alternatives to secure care, including relevant health services. Otherwise, decisions can be resource led rather than needs led and children may be unnecessarily escalated into restrictive measures.

Q2) Should the criteria for secure care be revised to include children who, while not posing an immediate risk to others, may still require intensive secure, or near secure, support, protection from self-harm, or stability in near-secure residential provision, including on premises currently registered and approved to deliver secure care?

Yes

No

Please explain the reasons for your answer.

While supportive of the development of provision for those children on the 'edges of secure' who require intensive and specific support, protection or treatment, members have mixed views on whether this should be defined as secure care (directly or indirectly, by inference / association with secure care criteria). Many of our members are of the view that the definition of secure care should apply only to those whose needs require them to be formally deprived of their liberty, with terminology agreed to cover those in the proposed 'flex-secure' group. Members are supportive of a more flexible approach but also expressed the view that 'flex-secure' or a similar high intensity approach should not be restricted to provision in the grounds of current or future locked/secure establishments but developed to meet the needs of children and young people. This may be part of secure provision but may also be appropriate in other settings not attached to secure care, e.g., as part of wider residential, NHS provision or community provision. Members are keen that secure criteria remain firm and would be reluctant for any changes to inadvertently relax or widen eligibility. The absence of specialist mental health resource should not be a catalyst for changing the secure care criteria.

Q3) Are there any factors or circumstances you think should be considered in potential future secure care criteria? Please set out your suggestions below.

Examples may include (not exhaustive):

- a) Persistent, severe distress requiring intensive containment.
- b) Repeated placement breakdowns due to complexity of needs.
- c) Serious risk of exploitation.
- d) Harm arising from behaviour that does not fall under self-harm or harm to others.
- e) Situations where intensive support is required for safety.

While members provided a wide range of examples reflecting their experiences both of secure care and of situations where secure care was not available, there were anxieties about extending the definition through illustrative examples of types of behaviour. In particular, there is concern that doing so may encourage certain behaviours to be viewed as inherently requiring secure care, rather than decisions being grounded in professional assessments of the young person's level of risk and need. For example, repeated placement breakdown may arise from a range of factors, some of which may be unrelated to the child's individual circumstances. Decisions must therefore be assessed on whether the young person presents a serious risk of harm to themselves or others such that deprivation of liberty is required, rather than being defined by the category of behaviour involved.

For many years our members have, however, highlighted issues stemming from the division of secure services between health (the NHS) and “care and justice” (local authority and Scottish Government purchased, voluntary sector providers). If additional criteria for “securing” a child (i.e. depriving the individual of their liberty) are being considered, we strongly urge that health-related factors are included. For example, “unable to meet health needs in community”.

It should also be noted that following the Care and Justice (Scotland) Act 2024, young people aged up to 18 years are now remanded to Secure Care instead of prison under very different conditions focused on the frequency and/or seriousness of their offence(s). It may strengthen the principles of the Act and conform with wider children’s legislation if both Children’s Hearings and Courts are required to adhere to consistent conditions for all young people.

Secure accommodation definition

Q4) Do you agree the definitions of relevant children’s care services should be reviewed to include a new category of provision with adaptable levels of restriction which can be increased or decreased as required to contemplate necessary shifts between restriction of liberty to deprivation of liberty within the one setting, in the way envisioned by ‘flex secure’?

Yes

No

Please explain the reasons for your answer and any situations where you think ‘flex secure’ could be used.

Currently Social Work Scotland’s members are acutely aware that when a child no longer meets the strict secure criteria, they need to leave their care provision, even where they remain vulnerable and risks remain. Having a ‘softer’, graduated approach to the move into and out of secure care would enable a more child centered and needs led approach to moving on. However, this should be supported by clear thresholds; an assessment, monitoring and review framework; and oversight by a Chief Social Work Officer to ensure appropriate use.

Secure accommodation definition

Q5) How could a model with adaptable levels of restriction within the one setting help protect and advance children’s rights and ensure deprivation of liberty is always a last resort and for the shortest possible time, as required by Article 37 of the UNCRC and in accordance with Article 5 ECHR?

Please explain the reasons for your answer.

Members suggest that there is a defined period, e.g. a month where secure authorisation can remain in place, but a child is able to have greater freedom to transition back into a less

restrictive environment. Allowing flexibility would support a smoother transition experience for children and may create space for better joint planning with the child and those involved in their care planning, subject to continued multi-agency assessment and oversight by a Chief Social Work Officer.

Models proposed in the 'Reimagining Secure Care' report

The 'Reimagining Secure Care' report suggests creating community-based hubs. These would be local centres offering early help, crisis support, and ongoing care close to where the child lives. They would provide services like mental health support, education, family work, and emergency help, aiming to prevent issues from escalating to the point where secure accommodation is required. Many local authorities have already implemented versions of this approach.

Q6) Do you support the concept of community-based hubs?

Yes

No

Please explain the reasons for your answer.

GIRFEC is the national practice model for Scotland and the concept of multi-agency approaches to planning and care is embedded in the model. The idea of a multi-agency community-based hub fits with that approach. Community based provision, enabling access to multi-disciplinary teams and high-quality support, is critical to realising GIRFEC, and shifting public services to the up-stream, family-focused, preventative model is called for by every major review over the past thirty years.

The 'Reimagining Secure Care' report suggests creating multi-disciplinary teams, which some local authorities and health boards already have. These teams bring together professionals with a range of different skills to give children, young people, and families joined-up support. The model aims to provide coordinated care tailored to each child, to reduce gaps between services and spot risks early so the right help can be given quickly. However, it is critical that any community-based hub is carefully developed and considered, to ensure that children across the country are able to access this kind of support. Care must also be taken to so that hubs do not become a focus for negative attention in the community. It has been suggested that considering the concept in a wider sense may result in a more successful model i.e. utilising existing community hubs, covering all levels of need and wide spectrum of services, but having within that a team who specifically work with children and families in need of more intensive support and interventions. This type of provision would require careful consideration in terms of multi-agency funding and investment. Particularly from the NHS, whose profile, role and staff would be central to any form of community-based hubs.

Provision of mental health support is, as well documented elsewhere, very stretched, and not always available in the breadth and depth Scotland's young people require. In the view of some of our members, the entire model of Child and Adolescent Mental Health Services,

as something distinct and separate from social and educational services (including those orientated to supporting neurodiversity and learning disabilities) is now defunct. In too many cases, in the opinion of our members, children are being placed in (non-NHS) secure provision due to failures to meet health-related needs at an earlier stage. Getting health provision right is therefore critical to the reimagining secure care agenda, and delivery of the Promise more generally. Delivery of the Mental Health and Wellbeing Strategy ([Supporting documents - Mental health and wellbeing strategy - gov.scot](#)), could make a significant difference but in our view, does not go far enough.

The concept of community-based hubs offers a platform for partners to jointly navigate these sometimes complex and disparate arrangements and promote young person-centred, rights-based approaches which meet their needs and keep them and others safe from harm. It also maximises opportunities to promote seamless transitions between services and into adulthood.

Q7) Do you support the wider adoption of the concept of multi-disciplinary teams?

Yes

No

Please explain the reasons for your answer.

Members would be supportive of the wider adoption of multi-disciplinary teams (MDTs) as this aligns with GIRFEC, Scotland's national practice model (see answer to question 6). At its core, GIRFEC is built on coordinated, multi-agency working, shared responsibility, and early intervention. Therefore, MDTs present an opportunity to support these priorities by creating a structure where services work together to provide holistic child-centred support, with the ambition of providing the right support at the right time. Given that MDTs are not an entirely new concept, with examples of local authorities, health boards and the voluntary sector operating variations of this model, we would suggest building on existing practice, strengthening consistency and equity of access.

While members are broadly supportive of the wider adoption of MDTs, this is contingent on sufficient and sustained resourcing, a stable and supported workforce, and clarity of roles, including the identification of a clear lead professional. Members also note ongoing recruitment and retention challenges across public services, alongside the limitations of commissioning arrangements that rely on short-term or non-recurring funding, which undermine continuity, workforce stability and the effective functioning of MDTs.

Mental health provision

To build a system that is Promise-keeping and truly meets the needs of children and young people, we must reduce fragmentation across the services and settings they often experience simultaneously. Our work is therefore focused on creating stronger alignment between secure care and safe, therapeutic mental health provision. By integrating these

approaches, we aim to deliver a coherent, rights-based framework that prioritises safety, wellbeing, and continuity of care.

Children and young people in, or approaching, secure care often present with complex trauma, acute distress, and significant mental health needs. It is essential that these needs are not treated in isolation, or as secondary to containment. The system faces challenges in providing, or accessing, timely and appropriate mental health assessment to inform what necessary ongoing individual, family or environmental and systemic supports or treatments are required to respond to these.

Secure care should provide a stable, safe, supportive environment where children have an opportunity to undergo assessment and receive treatment. Given that children and young people who are cared for in these locked environments don't have ready access to Child and Adolescent Mental Health Services (CAMHS), this raises challenges with gaining support from specialist mental health services.

For those on the edge of secure care, early intervention and flexible support can prevent escalation and reduce the need for restrictive placements. Health Boards, and Integrated Joint Boards where health boards have delegated responsibility for delivery, have a responsibility to commission/provide secondary health care to children and young people in secure care, using the Responsible Commissioners Guidance. Difficulties in the practical application of these arrangements led the Scottish Government Mental Health Directorate to directly commission health boards who are responsible for providing health services in the three secure centres in Greater Glasgow and Clyde (GGC) to develop a specification, care pathway and CAMHS provision in these three centres (Good Shepherd Centre, Kibble and St Mary's Kenmure). This year we have also provided funding to the North of Scotland to establish a CAMHS into Rossie pathway in line with what has been achieved in the West of Scotland.

The Scottish Government funding for CAMHS In-reach to secure care provides assessment and treatment for all severe and/or disabling mental health conditions presented by children whilst they are resident in any of the secure care centres within the West of Scotland. This input will be provided on behalf of all Scottish health boards. This dedicated multidisciplinary team will also work closely with the proposed regional community Forensic CAMHS network to provide oversight of mental health input and care-planning for children from the territorial board areas for whom secure care is being considered or who are leaving secure care.

The 'Reimagining Secure Care' report and government's response emphasises the need for integrated, trauma-informed mental health care to be embedded across the continuum. Our commitment is to ensure that every child is cared for in an environment that can best meet their needs - safe, nurturing, and equipped to address both emotional wellbeing and behavioural risk.

Questions on mental health provision

Q8) What further actions could be taken to integrate secure care and mental health services?

Please explain the reasons for your answer.

Our members consistently cite examples where children who are experiencing mental health crises or extreme trauma cannot access CAMHS or mental health provision and are by default admitted to secure care, to protect themselves or others. This includes young people who are at risk of detention under mental health legislation and those who may not have a formal clinical diagnosis but are equally distressed and at significant risk of harm. Improved provision of health-focused facilities to assist those young people is critical, and aligned with UNCRC Article 39 wherein children who have experienced any form of neglect, exploitation, trauma, abuse or exploitation have a right to recovery.

Members cite examples of the local authority being required to pay for mental health nursing staff to keep children safe either in local facilities or in secure care and express their anxiety at the inappropriateness of placing children who are a danger to themselves in secure care with staff who are not trained in mental health care and support. Provision of mental health support to secure care, while in place, is insufficient and not universally available. In addition, the fact that many children are placed out with their home local authority often means that existing mental health provision cannot continue and new referrals are required, resulting in further delays at a time of acute need.

The needs of those children also often mean that matching issues result in secure providers being unable to offer a placement, given their focus on those young people in conflict with the law and/or diverse and conflicting needs of the group-living environment at the time. Mental health support must be provided before a child enters secure care, and serious consideration given to whether secure care as it is currently, is in fact the right provisions for those young people.

Members also note that insufficient provision of mental health support at earlier stages often results in the young person's situation escalating, and the local authority being required to secure a child for their safety or that of others. Similarly, for many sentenced young people (i.e. those convicted of a criminal offence) levels of unmet mental health needs are significant. Consideration of alternative approaches to the definition, funding and staffing of secure care would be desirable, and an important step in delivering a "reimagined" service.

In addition, members emphasise that effective integration of secure care and health services must be reflected not only in service delivery, but also in placement decision-making. While much of this response focuses on mental health provision, members are clear that there must be exploration of a safe and effective way to support

those children and young people who have substance use related needs, including detoxification where required.

At the point at which secure care is being considered, decision makers require confidence that the secure placement has the capacity and capability to meet the child or young person's assessed needs, including but not limited to mental health and drug and alcohol recovery related needs. Greater clarity and transparency about therapeutic provision within and linked to secure care settings would support needs-led, defensible decision-making and reduce reliance on negotiations between Chief Social Work Officers and Heads of Unit at times of acute pressure. This would also strengthen placement matching and improve the sustainability of placements for children and young people with the most complex presentations.

Q9) How can these systems work together to ensure that children and young people - both within secure settings and those on the edge of admission - receive trauma-informed, holistic support that prioritises wellbeing alongside safety?

Please explain the reasons for your answer.

Achieving trauma-informed, holistic support for young people who are within secure care or on 'the edges' of secure care requires the system to operate as a cohesive team around the child, with shared accountability. This requires coordinated multi-agency planning, seamless transitions and equitable access to intensive/specialist support; therefore, we would suggest that consideration be given to adding this as a priority in the joint action plan on the future of secure care, between Scottish Government and COSLA, anticipated to be published Autumn 2026.

Q10) What improvements in information sharing across services are needed to ensure we fully understand and meet the health and wellbeing needs of children and young people?

Please explain the reasons for your answer.

Current systems hold service-specific information, meaning that what is known about children and young people is often fragmented across health, education, social work (LA/HSCP adults, children and families and justice services), and third sector services. This can result in incomplete or inconsistent understanding of a child's circumstances, risks and needs, particularly at points of transition or crisis. Greater clarity and shared practice agreement on what information should be shared, with whom, and at what stage, would support more timely and proportionate decision-making, while remaining compliant with data protection requirements.

Members also highlight that information is not always readily accessible out with standard business hours, particularly across health and mental health services, which can significantly affect decision-making at evenings and weekends when children may be at

heightened risk. In such situations, professionals may be required to make a decision without access to relevant histories, assessments or care plans.

Improvements are therefore needed in real-time information sharing, including mechanisms that allow key information to follow the child across services and local authority boundaries, reduce reliance on repeated referrals and reassessment, and support continuity of care. This is particularly important for children with complex needs, where a lack of shared information can contribute to escalation, duplication of effort, or inappropriate placements.

Alongside technical solutions, members emphasise the importance of consistent national guidance, workforce confidence, and organisational cultures that support appropriate information sharing in the best interests of children and young people, rather than overly risk-averse or siloed approaches.

Prevention, alternatives, community based support and transitions

Prevention

Our approach to supporting our most vulnerable children must be holistic – focused on early intervention, preventative measures and effective transitions, as set out in our Youth Justice Vision, 2024-26.

In practice, these interventions are often provided by a partnership of universal and targeted, statutory and voluntary sector services. Examples of community support might include a referral to the Scottish Government funded Interventions for Vulnerable Youth (IVY) service based at Kibble. This national service uses a multidisciplinary, tiered approach to provide risk assessment, formulation and management for high risk young people aged up to age 19, who present with complex needs and high risk. The Scottish Government is providing funding of up to £308k to support IVY services in 2025-26.

The Promise has been clear that early help and support is crucial in preventing families from reaching crisis in the first place. That is why the Scottish Government has increased funding for Children's Services Planning Partnerships through the Whole Family Wellbeing Funding from £32m to £38m in 2025-26 and 2026-27. To ensure holistic family support is available to our communities, to help families thrive and prevent crisis.

The Scottish Government has also implemented a comprehensive and multi-faceted approach to tackling youth violence, including knife crime, focusing on prevention and early intervention, through education and community engagement. The Scottish Government has invested more than £6m since 2023 to take forward a range of actions outlined in the Violence Prevention Framework. This includes increasing funding to the Scottish Violence Reduction Unit and Medics Against Violence to allow them to undertake a range of

interventions, working with multiple partners, including Youthlink Scotland’s “No Knives Better Lives.”

Alternatives and community based support

The Scottish Government is clear that secure care must only be used where necessary, and only when all other options have been fully explored and assessed as insufficient to meet the child’s needs or manage risk safely. For children placed on welfare grounds, secure care must be considered a measure of last resort, and only after all other community-based or residential alternatives have been fully explored and assessed as unable to meet the child’s needs or manage risk safely.

Many children who are a risk of being placed in secure care primarily for welfare reasons have complex needs that can, in some cases, be better addressed through intensive, relationship-based community alternatives. Where appropriate alternatives are available, children may be supported in environments that are closer to home, less restrictive, and more conducive to long term wellbeing and stability.

The availability and appropriateness of alternatives to secure care will depend on each child’s individual circumstances and on the legal route applicable to their placement. Not all options will be suitable in every case, and any potential alternative must be assessed against the level of need, risk, and the supports required to keep the child and others safe. Suitability will also depend on the resources, capacity, and specialist services available locally at the time. The Children and Young People’s Centre for Justice published [guidance](#) on alternatives to secure care in March 2025.

In contrast, for children placed in secure care on offence grounds, secure care is generally the only option available under current legislation when the court determines that the level of risk and seriousness of the offence requires such a placement. In these circumstances, there is no lawful community-based or welfare alternative to secure care available.

By continuing to strengthen the availability of alternatives to secure care, Scotland can ensure that children are cared for in environments that best meet their needs, and that secure care is used only where necessary and as a last resort.

Transitions

Secure care in Scotland plays a vital role in supporting a small number of children with the highest level of need and risk. Children can be cared for in secure care up to the age of 18 (or 19, in certain circumstances, when relevant provisions of the Children (Care and Justice) (Scotland) Act 2024 are implemented). When a child is placed in secure care on offence grounds and their sentence extends beyond their 18th birthday, they will normally transition to a Young Offenders Institution ([YOI](#)) to complete the remainder of their

sentence. This transition reflects the legal and custodial framework for young people in Scotland as they move into adulthood.

Regardless of the legal route into secure care or the length of a child's stay, all children must be supported to return to their community safely and effectively. Secure care plays a critical role not only in providing safety, intensive support, and therapeutic intervention during a period of crisis, but also in preparing children for life beyond secure accommodation. Careful, coordinated transition planning - whether back to communities, to aftercare placements, or to a YOI where required - is essential to ensuring continuity of care, stability, and the best possible outcomes for each child and young person.

A key mechanism through which the Scottish Government supports improved transitions is through the Secure Care Pathway and Standards, developed collaboratively with local authorities, secure care providers, health, justice and children with lived experience. The standards set out national expectations for how children should be supported:

- Before entering secure care
- During their time in secure care
- When preparing to leave secure care
- After transition back to the community or onward placement.

The standards emphasise that transition planning must begin at the point of admission, not shortly before discharge, and must be embedded throughout the child's secure care journey.

Key expectations within the standards include:

- Every child has a **clear, child-centred plan** that identifies likely transition routes from the outset.
- Planning for leaving secure care is **multi-agency**, involving local authorities, health, education, housing, justice and third sector partners.
- Children are **actively involved** in decisions about their future and supported to understand what will happen and why.
- Transitions prioritise **continuity of relationships**, including maintaining trusted adults wherever possible.
- There is a strong focus on **step-down planning**, avoiding abrupt moves from highly supportive environments to significantly less resourced settings.

Q11) In your experience, which alternative care and support options are currently most effective in preventing the need for secure care placements, particularly on welfare grounds?

Please explain the reasons for your answer

In social work practice, decisions about secure care should be driven by children's needs rather than the legal route by which they are referred. Behaviours that bring children into secure care, whether externalised or internalised, are often expressions of trauma and should not be categorised by whether they are identified through the children's hearing system or courts.

Members note that care and support must always be suitably individualised to meet the specific needs of children, which can vary over time. Typically, however, effective approaches involve engagement with a key trusted professional(s), intensive family support, evening/weekend support and crisis-response capacity across all services including social work, social care, mental health, drug and alcohol recovery services and psychological services. In terms of education, research confirms that school exclusions can serve as a catalyst for increased risks to or from others in the community and/or at home. All settings, including schools, therefore require capacity and specialist knowledge/skills to help identify and address early concerns and maintain children in their family, school and community.

Further data and analysis on alternative care or support options which most effectively prevent secure care placements would be beneficial.

Q12) Where alternatives to secure care are available, what factors most strongly influence whether they are used in practice? (For example, workforce confidence, secure care placement availability, commissioning arrangements, risk)

Please explain the reasons for your answer.

In practice, factors that influence whether 'alternatives' are used, and how they are used, include the confidence of the social work and wider partnership workforce to support young people in acute distress; the immediate, or at least imminent, availability of adapted support including health and education provision; commissioning constraints; and the preparedness of the system to tolerate and manage risks of harm to a young person or others, including reputational risk. These considerations are central to whether significant risks can be managed defensibly in the community, even where alternative support packages have been put in place. These pressures sit alongside the broader structural limitations described elsewhere in this response, including limited capacity, workforce constraints and the absence of sustainable alternatives to secure care when thresholds are met. Additionally, we would note that many 'alternatives' are often a 'sticking plaster' to a complex situation until a secure placement can be found, rather than a genuine alternative to secure care. We must be careful not to conflate a holding position with an alternative approach to support.

Those bespoke arrangements described as 'alternatives' arise in crisis contexts, often commissioned at short notice to manage immediate risk while waiting for a secure placement. These situations place local authorities in an extremely vulnerable position, holding high levels of risk with limited time for planning, assessment or matching. Such

crisis-led solutions, while sometimes necessary, are not true alternatives to secure care and carry significant implications for children's safety, staff wellbeing, and the consistency of support.

Secure care is still a rare event for most local authorities, and as such, few local authorities can hold specific accommodation just for alternatives to secure. Even where accommodation is available with secure as an option, staffing will be ad hoc.

Q13) What gaps currently exist in the availability of alternatives to secure care across Scotland?

Please explain the reasons for your answer.

While members are clear that there is no true alternative to secure care for children whose needs meet the established criteria and require deprivation of liberty, they nevertheless identify clear gaps in the availability of support for children who are on the cusp of secure care, or who may technically meet the criteria but where admission could potentially be avoided through the timely availability of effective alternatives. These gaps include limited access to intensive out-of-hours crisis support; inconsistent mental health and psychological provision for children with the most complex presentations; a lack of specialist residential options short of secure care; inability to access drug and alcohol recovery services; and insufficient, consistently available step-down capacity to support transitions from secure care into robust community-based packages. Where these forms of support are unavailable or unevenly provided, escalation into secure care is more likely, even in circumstances where admission may otherwise have been avoidable. Given secure care is a restrictive measure, this decision should not be made as a result of lack of suitable provision.

Secure care is a necessary and non-substitutable provision for a small number of children with the highest levels of need, and while alternatives can prevent escalation, limited capacity, workforce constraints and regulatory barriers mean they cannot always replace secure care when secure thresholds are met.

Q14) How can learning from local authority practice approaches to alternatives be shared and scaled across Scotland?

Please explain the reasons for your answer.

As a national membership organisation, Social Work Scotland draws on a wide network of practitioners who routinely share learning and experience through established national forums. Approaches to alternatives to secure care are already well shared, supporting aspired consistency and evidence-informed practice.

However, this must be understood in the context that secure care is used for a very small number of children, and many social workers will never encounter this pathway in their practice. Expectations around the scaling and routine application of learning should

therefore be proportionate, recognising the infrequency of demand and the practical constraints on maintaining flexible provision.

Q15) Is there scope for sharing and pooling of resources to support specialist alternatives to secure care on a multi-authority basis?

Please explain the reasons for your answer.

There is potential value in the sharing and pooling of resources to support specialist provision across multiple local authority areas (e.g. at Health Board level), however the variation in size, capacity and service provision across local authorities makes this challenging in practice. Regional equity is also important so rural/remote local authorities are not further disadvantaged. Any multi-authority approach would need to carefully consider governance, staffing, regulatory responsibility and funding arrangements to ensure resources are used effectively and flexibly, while meeting the needs of children and young people. It would also need to attend to the NHS' central role in funding and supporting (maybe even providing) specialist alternatives, and the extent of third sector provision in certain parts of the country. A model which is premised on partnership between public and third sectors can only work where there is a breadth and depth of third / independent sector to partner with.

Q16) What role should health, education, and justice services play in supporting children with complex needs?

Please explain the reasons for your answer.

In the context of this consultation, the term 'complex needs' is assumed to apply to young people who are on the cusp of or meet the eligibility criteria for secure care. If this is correct, health, education and justice carry out critical roles in contributing towards their assessment and child-centred, rights-based support. We have already noted that school exclusion and low attendance can exacerbate risks of harm, that mental health input in particular is crucial for this typically distressed and dysregulated group and that justice responses ought to be consistent.

We suggest that this question could be further explored as part of the joint action plan work on the future of secure care between COSLA and Scottish Government, the progress of which Social Work Scotland is happy to support.

Q17) How can we measure the effectiveness of community-based supports in meeting the needs of children and young people?

Please explain the reasons for your answer.

Please see answer to Q16 in terms of terminology.

Measures may include reduced escalation to secure; placement stability; reduced harm (self/others); wellbeing and trauma indicators; education engagement; sustained

relationships; longer-term outcomes (including re-offending where relevant); and the voice of the child or young person.

It should be noted that there are existing measures for outcomes for children and while there is no universal approach we suggest that this is explored not specifically in relation to those on edges of secure but in relation to all children and families provision as a part of evaluation of the GIRFEC approach. Children rarely require one service and their lives are not linear.

Although we suggest that evaluation should be consistent nationally, it should translate meaningfully on a local level.

Q18) What support should be in place to ensure successful transitions, including to Young Offenders' Institutions, and reintegration for children and young people leaving secure care into their communities, including as they transition into adulthood and more independent living?

Please explain the reasons for your answer.

Children leaving secure care are entitled to Aftercare and transitions should be used and managed in line with best practice in this area. Planning for transitions should begin at the start of the placement and involve coordinated multi-agency input (e.g. health, other social work teams, voluntary sector, etc.). Support should, depending on age and stage of development, needs and assessment of the child, focus on continuity in education, mental health care, relationships and considerations should be given to where the young person may be moving to once they leave secure care. Where young people are transitioning to a YOI, there are transitions processes which include linking with SPS.

Funding, commissioning and co-ordinating secure care

The way Scotland funds and commissions secure care determines not only financial sustainability but also equity of access, quality of care, and the long-term sustainability of the charities operating in the sector. The current model has strengths in flexibility and responsiveness but has also created challenges in consistency, cost, and national oversight.

Key features of the current secure care provision include:

- Spot-purchasing and local commissioning arrangements by individual local authorities and Scottish Ministers.
- Secure providers require high occupancy thresholds (around 90%) to break even, limiting flexibility when individual children present with exceptionally complex needs, and making centres financially vulnerable to demand fluctuations.

- Lack of central oversight, limited data on who is being placed or not placed, and no national mechanism to monitor demand, progress or outcomes across the system.
- National variation in the use of secure care by placing authorities.
- Recruitment and retention challenges within the secure care workforce.

Given these systemic challenges and building on the government's 'Reimagining Secure Care' response, it is timely to consider more fundamental reforms – up to and including the nationalisation of secure care, new funding models, and more flexible models of care.

Commissioning and co-ordinating secure care placements

Scotland's secure care system does not have a national placement commissioning mechanism or national oversight of placement decisions, the demand for secure care or an individualised assessment of the needs of each child for whom secure care places are being sought and how those might map to current or emergent vacancies in each of the centres. This creates the following challenges:

- Inconsistent placement availability: Local authorities may compete for limited secure care beds without a shared view of national capacity or centre-specific matching and capacity constraints.
- Lack of real-time data: No centralised system to track or coordinate placements.
- Inequity in access: children's needs may not be matched effectively with available resources, especially in urgent or complex cases.

Coordinating secure care placements in Scotland is challenging because of the split responsibilities and limited national oversight:

- Local authorities are responsible for placing children whose placement in secure care has been authorised through the Children's Hearings System, based on welfare and protection needs, children remanded to secure accommodation or sentenced to detention in summary cases by the Courts.
- Scottish Ministers are responsible for placing children who are sentenced on indictment by the courts to a period of detention in secure accommodation.

It is essential that Scotland maintains sufficient and sustainable capacity within secure accommodation. Depending on the route into secure accommodation, there may be no lawful alternative available (for example, in the case children sentenced by a court to detention in secure accommodation). The recent reforms by the Children (Care and Justice)(Scotland) Act 2024, which prohibit the use of Young Offenders' Institutions for under-18s, further increase the demand on the secure care system to ensure that every child that requires a safe, secure environment can access it without delay, especially when there is no lawful alternative.

While community-based supports can and should prevent many children on the edges of secure care from needing a secure placement, there will always be a small number of children whose safety, wellbeing or legal status necessitates secure accommodation. For these children, secure care must be immediately available and their placement in secure must be sustained for as long as required.

Maintaining adequate secure care capacity is therefore not optional – it is a fundamental part of safeguarding children’s rights, meeting legal obligations, and ensuring that Scotland delivers a child-centred response to its most vulnerable children.

There is also no cohesive and holistic overview of the impact, experiences and outcomes for children who are being considered for, are in, or are leaving secure care.

The Promise calls for planning and provision to be based on understanding of need and data – including understanding the effectiveness of community-based supports - and the previous Scottish Parliament’s Justice Committee inquiry [report](#) noted the lack of a centralised monitoring system for the number of places or referrals to secure care. Within current approaches, such monitoring and data provision is impossible.

While published statistics on secure accommodation in Scotland are essential for understanding broader trends, they have limitations in capturing the fluid nature of secure placements and the immediate effects of acute capacity challenges and fluctuations in demand. Addressing these limitations will require a national approach.

The 2022 [consultation](#) on the policy proposals leading to the Children (Care and Justice) Bill sought views on whether a new national approach for considering the placement of children in secure care was needed. 90% of respondents agreed that a new approach was required. Many respondents believed a new national approach for considering the placement of children in secure care to be necessary based upon the consistency that it would offer, along with the associated benefits resulting from centralised monitoring and data practices. However, several respondents did highlight the significance of the localised dimension in any consideration of the proposal, particularly around how local knowledge and expertise, along with understanding of resources, would sit within or alongside a national approach. A number of respondents did feel that further scoping and exploration needed to be carried out before any decision around a national approach was implemented.

National placement mechanism

A national placement mechanism could co-ordinate secure care placement referrals, and provide a more robust oversight and monitoring, similar to, or a mixture of, the following comparative models in the rest of the [UK](#):

Model

a) England’s [Secure Welfare Co-ordination Unit](#)

- Central point of contact for all local authorities looking to place children in secure accommodation on a welfare basis in England and Wales.
- Referrals are made available to all homes where a secure place is available. Each home will then indicate whether they can accept the child.
- No role in placement decisions.
- Ability to collate data/trends which supports data modelling and forecasting capacity requirements.
- Ability to report on complexity of children being referred to ensure appropriate supports are in place – sustaining/supporting placements

b) Northern Ireland’s model

Features

- National function with central oversight of placements and planning.
- Operates a Multi-Agency Panel – including professionals from across health and social care, health boards, education and justice - which makes decisions about admission to secure accommodation, encourages the use of alternatives, determines which specific location best meets the needs of the child and monitors data to support planning.
- Independent advocates are involved which ensures decisions are child-centred and participatory.

As well as providing a more robust oversight and monitoring service, a national placement mechanism could address some long-standing issues relating to data, regional disparities, co-ordination and resource efficiency.

c) The National Social Work Agency

The National Social Work Agency (NSWA) will launch in spring 2026, leading excellence and driving positive change across the social work profession in Scotland.

Including a national secure care placement coordination role within the NSWA’s remit presents a strategic opportunity to improve the effectiveness, fairness and accountability of secure care access across the country.

A phased approach could allow defined elements of the function to be explored and assessed within the NSWA while further engagement and takes place to determine whether statutory powers are required. Additional scoping will be needed to define the remit, identify resource requirements and costs, and shape how the function will operate.

Q19) How can we improve access to secure accommodation placements to ensure that children who cannot legally be placed elsewhere (e.g. those remanded or sentenced by the courts) are always accommodated appropriately?

Please explain the reasons for your answer.

We do not believe the premise of this question is correct. It frames secure care for children who are remanded or sentenced as a “must” and implies that secure care is the only appropriate “accommodation” for these children and young people. Both ideas can, and should, be challenged. Until relatively recently it was assumed that prison was the only appropriate accommodation for certain sentenced children. The law can and does change. In the case of the Children (Care and Justice) (Scotland) Act 2024 changes, part of the reason was awareness that children require much more and indeed, have a right to more, than just “accommodation”. Care, education and healthcare treatment are also central to what Scotland provides under the banner of “secure care”.

Moreover, the way the question is framed accepts and reinforces the idea that secure care is a service for two, distinct groups of children and young people: (a) remanded and sentenced, and (b) care and protection. While we acknowledge that from a legal and technical perspective this is true, our members are strongly of the opinion that viewing secure care from such a starting point is problematic and reductive, inhibiting our collective ability to reform the system. There are not two distinct groups of children and young people requiring secure care. All too often a child sentenced for an offence is a child who has had some degree of unmet need and/or previous involvement with services, including time in secure care on care and protection grounds. The child’s needs must be our starting point, not the decision-making route. Indeed, even the idea of there being just two distinct groups of children and young people is erroneous.

Secure care is also provided to children and young people by the NHS, and in considering improvement and reform Scotland should include this group too, asking “how can we improve all children’s access to secure care, education and treatment placements, where no community options are appropriate?”

In answer to this question, SWS members believe that Scotland must maintain sufficient capacity to meet anticipated need. This is a difficult thing to do, as it is challenging to model what “secure care” capacity is needed a few months ahead, let alone years in advance.

Many variables, only some of which are under the control of public authorities, determine demand for such specialist provision. Scotland would at times likely carry unused capacity, with secure places unfilled, as is the case currently. The financial costs of maintaining such capacity will be considerable, and when viewed on a purely “value-for-money” basis, in terms of overall costs divided by number of children in the service, may seem expensive. But here again the focus must first and foremost be on children’s needs. This is what public authorities agreed to do when committing to the Promise. To put children’s needs before narrow financial or political calculations. To meet children’s needs, public authorities need specialist services to be available when needed (which cannot easily be predicted), and often a choice of such services, to ensure that needs and support can be matched appropriately. We can, in broad but robust terms, estimate the maximum numbers of children likely to require secure accommodation, across the NHS, justice, and care protection. This should provide our benchmark for the capacity we maintain across

Scotland. And if we approach the reform of secure care in a holistic, pan-public sector way, encompassing all situations where children are deprived of their liberty, we will better manage the legitimate value-for-money concerns.

On a final note, we are conscious that maintaining secure care capacity risks encouraging the system to use it. Scotland has over the past twenty years made an explicit and concerted effort to reduce the number of instances in which it deprives children of their liberty, and the Promise calls on Scotland to continue on this path. As attitudes and practice have shifted, we have been able to reduce the number of beds in secure care, and notably in 2025, end the use of prisons for children. SWS members wish to see the trajectory of reducing the use of deprivation of liberty continue, and would therefore support development of a framework, as part of maintaining sufficient national secure capacity, which articulates how Scotland intends to further reduce the number of available “secure” places over the next decade, in favour of community-based alternatives.

Q20) Do you agree there should be nationally-funded facilities whereby there is guaranteed access to fulfil court orders and do you think that would be sufficient to build confidence in decision makers?

Yes

No

Please explain the reasons for your answer.

We do agree that there should be nationally funded facilities, but we strongly disagree that the focus of these should be on guaranteeing access to fulfill court orders. Nationally funded facilities should be made available to all children requiring this kind of specialist support, irrespective of which public authority determined the need for it (e.g. Children’s Hearing, social work, doctor, court). Please see response to Q19 for further detail. However, as part of the joint planning work which should be taken forward by Scottish and local government and the NHS, consideration could be given to the benefits of a defined model of secure care provision, designed to address the specific needs of certain sentenced children.

Q21) Do you agree Scotland should introduce a single national system for co-ordinating secure care placements for children?

Yes

No

- If yes, what functions should that system include?
- Would these differ depending on the route through which a child enters secure care? If so, how?
- If no, what alternative approach would you suggest?
A national coordination function should cover *all* requests for secure placement regardless of the route to secure/legal order

We support the introduction of a national system for coordinating secure care capacity for children. We do not believe it necessarily needs to be “single”, in the sense of a single-agency-based team, and we understand “coordination” to encompass real-time management of Scotland’s capacity to respond to children whose behaviours represent a risk to themselves or others. This should include, but not be limited to, the existing four “care and justice” secure care settings.

For clarity, members do not understand national coordination to mean the transfer of placement decision-making away from local authorities. Decisions about whether secure care is necessary, proportionate and in the best interests of an individual child must remain with local authorities and Chief Social Work Officers, in line with existing statutory duties.

A national co-ordinating function should provide:

- A real-time picture of capacity across the system.
- Data informed projections of demand (drawn from CHS, courts, NHS, social work, etc.).
- Equity of access, helping to allocate support aligned with the child’s need.
- Produce national data on the characteristics, needs and outcomes of children requiring “secure” (i.e. high intensity) support and supervision.
- Frameworks for resolving and / or managing placement disruption or breakdown.

A national coordination function could also hold data on children where secure care (i.e. deprivation of liberty) was considered appropriate, in relation to the child’s level of need, but not pursued. The data could help us better understand, at a national level, why and when secure is used, and in parallel, help us evaluate the effectiveness of community-based packages of intensive support.

In respect to whether functions should differ depending on the route through which a child enters secure care, no. As we have set out in previous answers, any national developments around secure care must be framed primarily from the perspective of children’s needs, and the population requiring secure care should not be delineated on the basis of the route by which a decision was taken to deprive them of their liberty. A national coordination function must be for all children where secure care/deprivation of liberty is being considered.

Our members are clear that whatever national coordinating function may be developed, local responsibilities remain, and individual local authorities retain a central decision-making role.

In summary, we see the development of a national coordinating function as a potentially positive development for Scotland. In our conception, it would formalise the joint-working which is currently underway between Scottish Government and local government and other partners, in managing the (care and justice element of the) secure care sector. It would allow the NHS and other relevant public authorities to be more clearly aligned and involved in the national management of relevant services. It should help Scottish Ministers to separate out their policy making and placement making responsibilities (perhaps with the

latter role moving to Scottish Government-employed social workers in the National Social Work Agency). The national coordinating function would not itself make decisions about placements, but it would provide decision makers with up-to-date information on the extent and nature of “secure care” capacity. Critically, the national function would help reassert the reality that secure care (in all its forms) represents a national, highly specialist provision, accessed by, proportionally, a very small number of children. To ensure best value, and continuous evolution and improvement, such provision needs to be managed strategically at a national level.

Q22) When creating a new national system to coordinate secure care placements for children, which type of model do you think Scotland should look at and take ideas from?

Please explain the reasons for your answer.

All of the models listed in the consultation paper have strengths and weaknesses, and while not all are transferrable to a Scottish context, we should carefully and transparently consider all of them, looking at how they do (or would) work in practice. The priority for SWS members, in determining how to construct a national coordination system, will be on ensuring it drives improvement in the quality and diversity of support for children who require this level of state intervention, and through this focus, helps deliver the reimagined secure care sector.

Pending the transparent, collaborative and systematic appraisal of the options, Social Work Scotland’s only comments are:

- The model used in England will not transfer to the Scottish context, given Scotland’s distinct legal framework, the role of the Children’s Hearing System, and the absence of children in YOIs in Scotland. A Scottish coordination function will need work with placement demands from justice and care and protection routes simultaneously, as one population.
- As the day to day reality of managing secure care shows, it is a collaborative effort, involving (at a minimum) Scottish and local government partners. The national placement mechanism should therefore reflect this reality, straddling Scottish Government, local government, and ideally NHS spheres. It should not be a function of any specific part of Scottish or local government (albeit the staff involved, for practice reasons, may be situated together in a specific organisation).
- Situating the national coordination function in the National Social Work Agency (NSWA) risks reinforcing the perception that secure care is a ‘social work’ service and responsibility. At a time when the importance of shared accountability, particularly with health, education and justice partners, is increasingly recognised, this perception would not be helpful. Situating the function exclusively with the NSWA would effectively mean situating it in Scottish Government, which considering our point immediately above, would be problematic.
- The establishment of the Scottish Government’s National Social Work Agency provides a valuable opportunity to separate out Scottish Ministers policy making and placement making responsibilities (the latter related to remanded and sentenced children). Employing qualified social workers, the NSWA could assume the

management of the placement making and oversight functions from colleagues in the Directorate for Children and Families, leaving those policy colleagues available to be part of the national coordination function team, free from potential conflict of interest.

Q23) Beyond the specific models referenced in this section, please share any other proposals or comments you have in relation to national co-ordination.

There is a strong case for exploring a multi-agency national coordination function, rather than locating responsibility within a single organisation. This would better reflect the shared responsibility across social work, health, education and care providers and avoid reinforcing the perception that secure care sits solely within social work, or with Scottish Government or local government. Such a model could provide collective oversight of complex situations and offer constructive challenge where decisions may be influenced by system pressures.

National co-ordination and secure placement allocation

Northern Ireland operates a Multi-Agency Panel – including professionals from across health and social care, health boards, education and justice - which makes decisions about each child’s admission to secure accommodation.

Q24) If Scotland were to establish a Multi-Agency Panel to make decisions about secure care placements, similar to Northern Ireland’s model, which professionals do you think should be part of that panel? Do you also think that care experience should be represented on the panel?

Please explain the reasons for your answer.

The Northern Irish Multi-Agency Panel is a decision-making function, determining admission to (a single) secure accommodation setting. Within the Scottish legal and service provider context it is difficult to see how something similar can be implemented, at least in the near term.

However, Social Work Scotland is not opposed to the idea in principle. If a Scottish model along these lines was developed, it would need to involve all of the professionals listed above, as well as representation from professionals with a legal background (including children’s rights).

For such a highly sensitive decision making forum, it would not be appropriate for someone to be on the panel for the exclusive reason of “representing” care experience. To follow this logic, every children’s hearing panel should include such a representative. However, in the operation of any such panel the voice of the individual children themselves must be central, supported wherever required by independent advocacy. And the views of those who have experienced secure care should be critical to the design of how any panel might work in Scotland, in terms of its operational approach.

Given current legislative responsibilities that lie specifically with local authority CSWOs, care must be taken to ensure that decision-making panels do not replace the CSWO's role in ensuring that decisions are lawful, necessary, proportionate and rights compliant. Any new national structure must not create gaps or introduce any lack of clarity between local authority legal duties and national decision-making processes. Any system introduced must take care not to introduce a risk of conflicting roles. Any such process must be able to respond timeously to emergency situations and recognise the significant real-world experience of lead professionals at such critical junctures.

Secure care funding reform

Secure care in Scotland is a locally commissioned service, supporting a very small number of children with complex needs. The interaction between demand and supply of secure care has consistently been recognised as a complex and shifting landscape. A spot purchase model currently operates, whereby local authorities and the Scottish Government directly approach the approved and registered secure providers in order to access secure care placements. The four secure providers subscribe to a national framework contract managed by Scotland Excel.

The Scotland Excel contract does not prohibit, provide for, or offer clarity on cross-border placements – which remain bilateral private commercial arrangements between individual providers and the placing authorities from elsewhere in the UK.

Since 2011, the current contract has played a supportive role in standardising expectations and placement processes across Scotland's independent secure care centres, as well as bringing transparency and consistency to placement costs. However, successive strategic reviews, the experience of providers and purchasers, the observations of parliamentary inquiries and The Promise, all raise fundamental questions about whether the existing contractual frameworks continue to meet Scotland's needs.

Challenges identified include:

- Financial instability due to variable occupancy levels posing challenges to the sustainability of the charities operating the centres;
- Spot purchase arrangements mean costs vary from year to year, depending on the number and complexity of placements. Demand-driven arrangements make it difficult to plan capacity;
- Inconsistent access and affordability for placing authorities;
- Difficulties in workforce recruitment, development, retention and investment;
- Complex commissioning arrangements;
- Limited flexibility for innovation by individual providers or to explore and adopt new models of care.

Nationalisation

The Scottish Government has committed to ensuring that secure care is sustainable and equitable. There is growing interest in whether alternative funding approaches – including nationalisation of funding – could better reflect secure care’s role as a national resource.

The 2026 COSLA manifesto calls for the nationalisation of the provision of secure care: “Nationalising the provision of high-quality secure care for children. The current model relying on four independent providers is precarious, and availability of places is unreliable. Creating a national approach should also incorporate the Child and Adolescent Mental Health Services (CAMHS) inpatient and secure mental health provision.”

Nationalising secure care could involve creating a single national service, taking over existing services and staff and buying out current providers. This would shift a lot of responsibility to the national level and would require major public investment. It would also represent fundamental change in identity for the future provision of secure care.

Nationalisation could potentially:

- Provide greater financial stability for secure care providers.
- Support consistent availability of secure care beds across Scotland.
- Enable more strategic planning of capacity, workforce and specialist services.
- Better align funding with the Secure Care Pathway and Standards, including expectations around transitions.
- Improve coordination across health, education, and social work support.

It is important to note that the National Child Inpatient Unit (IPU) and the National Secure Adolescent Inpatient Service, Foxgrove, are both already national services, provided in the NHS and commissioned by National Services Scotland (NSS). The Adolescent IPUs are regionally provided, with flexibility to admit young people from other areas in Scotland.

These are provided under the terms of the Mental Health Act and their principles require care to be provided in the least restrictive environment and where the care required cannot be provided in any other way than an IPU.

At the same time, any move towards nationalisation would require careful consideration of governance, accountability, funding, resources – including how funding models interact with efforts to strengthen alternatives to secure care to ensure it remains a last resort.

This consultation therefore seeks views on how secure care should be funded in the future, including whether changes to the current funding model – up to and including national

funding – could better support children and ensure sustainability of the provision of secure care.

Questions on the nationalisation of secure care

Q25) Do you support the concept of the wholesale nationalisation of secure care provision in Scotland so it is run as a national service in the future?

Yes

No

Please explain the reasons for your answer.

Social Work Scotland would offer a cautious agreement to the concept of moving toward a nationally run model of secure care, where this is understood to be a phased, learning-led reform rather than immediate wholesale nationalisation.

The challenges facing secure care are driven by wider system pressures, particularly workforce capacity, mental health provision and demand volatility, which would require attention under any future model, whether nationally run or otherwise.

A national model of secure care should not infringe on local authorities responsibilities to children and their key role in decision-making, assessment, planning and transitions. A national model should therefore be designed jointly by Scottish and local government. There are clear advantages to stronger national coordination, for example, it could reduce current inequalities in access and decision-making, provide greater financial and operational stability, enable better strategic planning of capacity and support development of specialist provisions within and around secure care. A national service also has the potential to strengthen consistency in standards and support improved multi-agency integration.

However, this position must be balanced by a clear recognition of the risks associated with large-scale structural change, particularly in the context of an already fragile, independently operated secure care (care and justice) sector, which itself sits within a chronically under-resourced children's sector, reliant on a stretched and demoralised workforce. Secure care and the wider children's services system are facing ongoing recruitment and retention challenges, and there is a risk that rapid nationalisation could destabilise services further. A phased approach, piloting aspects of national coordination, evaluating impact, and scaling what works, would be essential. This would allow the system to build readiness, retain the strengths of locally embedded practice and ensure that change is focused on improving children's experiences and outcomes.

Potential funding models

We have outlined several potential options that would require further exploration to assess their viability, cost, resource implications and broader legal, operational and strategic

implications. These are not exhaustive, and the consultation therefore seeks views on any additional models that could offer long-term sustainability.

Option 1: National approach to funding secure care

Under this option, funding responsibility for secure care could transfer from individual local authorities to Scottish Government (or a national body acting on its behalf). Secure care could be funded as a **national service**, with secure placements commissioned or funded centrally. Consideration would need to be given to costs and how this would impact local and national government budgets.

Potential benefits:

- Increased financial stability and sustainability – a national funding model could provide more predictable and stable funding for secure providers, supporting long-term planning, workforce retention and service quality, reducing reliance on fluctuating occupancy levels.
- Equity of access across Scotland – nationalisation could reduce variance between local authorities, ensuring decisions about secure care are driven by need.
- Strategic capacity and workforce planning – central oversight could enable better alignment between demand, capacity, alternatives and workforce development at a national level.
- Clear recognition of secure care as a national resource – national funding would require secure care to be available, regardless of where a child lives, and that no single local authority can plan for this alone.

Potential challenges:

- Potential loss of flexibility and autonomy for secure providers and local authorities.
- Complex governance and accountability – nationalisation would require clear arrangements for decision-making, oversight, and accountability, including the role of local authorities and the Children's Hearings System
- Transition and implementation – moving to a national model would involve significant legal, financial and operational change

Option 2: National commissioning with local placement responsibility

Under this model, secure care could be **commissioned nationally**, but funding would continue to be authorised and managed by local authorities.

Potential benefits:

- Greater consistency in costs, contracts and expectations – national commissioning could reduce variation in fees and contract terms.
- Improved sustainability for providers without fully removing local decision-making.
- Ability to embed national quality requirements through contracts.

Potential challenges:

- While more potentially more stable than the current model, secure providers may still experience financial uncertainty if demand fluctuates significantly.
- Requires strong co-ordination between national commissioners and local children's services

Option 3: Hybrid funding model

Under a hybrid approach, the Scottish Government could provide a proportionate level of block funding to secure care providers (e.g. a certain amount of beds) with local authorities contributing variable costs linked to individual placements.

Guaranteed annual budgets for secure care providers, could be based on planned capacity and delivery expectations. This could mean the Scottish Government commits to fund all of, or a defined minimum number of, secure beds, and local authorities pay the actual costs based on presenting placement demand.

The Scottish Government maintained a commitment to pay for up to 16 beds (4 in each secure centre in Scotland) to maintain capacity and provide a level of financial security to secure providers. This option could effectively build on that commitment.

Potential benefits:

- Improves secure provider stability while maintaining local accountability.
- Reduces cost volatility.
- Supports capacity restoration even during periods of low occupancy.

Potential challenges:

- Dual funding may increase reporting and financial management requirements.
- May not fully address fundamental sustainability and equity issues.
- Limited scope for long-term strategic planning.

Option 4: Retention of current model with targeted reforms

This option would retain local authority-led funding – meaning local authorities retain full responsibility for funding decisions within their current legal responsibilities - but would introduce reforms, such as:

- Standardised national costs with extended contract durations, improved mechanisms for up-rating agreed annual fee increases.
- Agreed provision, either within the negotiated bed rate, or on a free-standing basis, full provision for the agreed capital maintenance or fundamental modernisation of each campus within the overall secure estate.
- Incremental improvements with limited disruption.

- Enhanced national oversight and data transparency.

Potential challenges:

- May not address fundamental sustainability and equity issues.
- Challenges of volatility and workforce instability may persist.
- Limited scope for long-term strategic planning.

Conducting a comprehensive assessment of all possible options - and implementing new, contracting arrangements - will be essential to shaping our medium to long-term approach. That is why we are seeking initial feedback through this consultation to help inform further research and analysis needed to fully understand the legal, financial, and resource implications of potential options.

Q26) In the short-medium term, do you agree Scotland should move away from ‘spot purchasing’ by local authorities or the Scottish Government as the main way secure placements are funded and services are supported to remain sustainable and supported to plan for improvements and modernisation?

Yes

No

Please explain the reasons for your answer.

The current approach is not cost effective, does not have the needs of children at heart and is expensive in terms of staff time. A move away from the current practice of spot-purchasing would be beneficial.

Q27) Which funding model (or combination of models) would best support the sustainability and equitable use of secure care in Scotland, and why?

See section 6.2.2 above which sets out a number of potential options (not exhaustive), including:

- Option 1: National approach to funding secure care
- Option 2: National commissioning with local placement responsibility
- Option 3: Hybrid funding model
- Option 4: Retention of current model with targeted reforms
- Option 5: Other

Please explain the reasons for your answer.

Social Work Scotland members consider that significant additional work and understanding of the options is required before they can make an informed choice, and they are very willing to be part of this process.

Based on the limited initial information they are **not** in favour of:

- National approach to funding i.e. transferring funding from local authority to government or a government appointed body. This would remove decision-making from those who are responsible for most placements and has an inherent risk of bias and prioritisation (of remand or sentenced children).
- Hybrid model – which embeds the current model of secure which we know is no longer fit for purpose.
- Continuing the current model

Further exploration of other options would be welcome.

Q28) How can Scotland make sure that any new approach – whether national, local or mixed – guarantees equity of access for all children?

Please explain the reason for your answer.

A key improvement would be stronger national oversight, transparency, and assurance around decision-making and placement matching, supported by real-time data on demand, capacity and outcomes. This is the basis of our support for a national coordination function. Crucially, equity must also mean that access is determined by assessed need rather than legal route. Children should not experience differential access because they are subject to court proceedings rather than the children’s hearing system. Prioritisation must be grounded in assessment of risk and need and not legal status.

Secure transport

When a child needs to be moved - either to a secure care unit or to appointments while living in secure care (such as a children’s hearing, medical visit, or court appearance) - this often involves using secure transport. Who arranges and pays for this transport depends on the situation:

- Scottish Ministers are responsible for the transport arrangements for children up to the age of 18 who have been convicted by a court for murder or on indictment and sentenced to detention. An agreement is in place with GeoAmey to provide secure transport for those children.
- Local authorities are responsible for transport for all other children placed in secure care. They decide who will provide the transport on a case-by-case basis, considering factors like the child’s needs, the type of journey, risk assessments, and what transport options are available. Transport might be provided by local authority staff, social care staff, private secure transport companies, or, in rare cases, the police.

The current contract with GeoAmey for transporting sentenced children comes to an end in January 2027. Given the challenges which local authorities face around arranging secure transport for all other children, it has been agreed that any future secure transport contract

will include transport needs for *all* children who require secure transport, and not just those who are sentenced and Scottish Ministers' responsibility. Scotland Excel are leading discussions around a future contract, to be in place by January 2027.

The 2022 consultation on the Children (Care and Justice) Bill policy proposals sought views on the provision of secure transport in Scotland. Respondents raised various concerns with the current arrangements. Key to these concerns was the inconsistent availability of secure transport at the point of need. Respondents provided various suggestions and considerations for how provision could be enhanced and improved. Several felt that national standards were needed, with providers monitored and regulated to ensure they meet the needs and respect the rights of children and young people.

In response to the findings of the 2022 consultation, a provision was included in section 25 of the Children (Care and Justice) (Scotland) Act 2024 requiring Scottish Ministers to create and publish minimum standards for the safe and secure transport of children up to age 18, and in some cases young people up to 19. Following commencement of those provisions, the standards must be published and presented to Parliament by 1 September 2026.

The new standards are being developed with key partners, including COSLA, Social Work Scotland, the Children and Young People's Centre for Justice, Police Scotland, Scotland Excel, and representatives from local government. They are based on existing service specifications and aim to strike a balance between setting appropriate standards and not exacerbating known supply issues and, therefore, will be high level.

The following areas are expected to be covered in the draft standards:

- Upholding children's rights
- Ensuring the safety and welfare of the child are a priority
- Appropriately vetted and trained staff
- Safe and appropriate use of vehicles
- Reporting and management of incidents
- Use of restraint, only when necessary and appropriately recorded
- Secure handling of data and information relating to the child
- Monitoring and continuous improvement to ensure quality and rights compliance

When the standards are in place, those providing the transport service must meet the standards. Local authorities and Scottish Ministers, must ensure any services they commission are, therefore, able to meet them. The 2024 Act also places a duty on local authorities and the Scottish Government to report on how the standards are being met by those providing the transport service.

Questions on secure care transport standards

Q29) Based on the areas expected to be covered in the standards, as referred to above, do these fit with your expectations?

Yes

No

If your answer is no, please tell us what you think should be included in the standards. The outlined areas for secure transport standards are suitable and appropriate; however, Social Work Scotland members caution that standards must be implementable. Given local authorities currently spot-purchase secure transport services for children, and that there continue to be issues with distance and availability of services, this would be a difficult landscape in which to demonstrate adherence to standards. Overly prescriptive standards may unintentionally reduce market capacity which is a real risk for local authorities.

Consideration should be given to how rural and remote communities may effectively implement transport standards in the face of challenges relating to their geography – i.e. distance, staffing resource in the area (in terms of accompanying children), logistics of reaching the area (including travel via aircrafts and ferries).

Single Point of Contact for victims

Provisions under the new section 179D of the Children’s Hearings (Scotland) Act 2011 as inserted by Section 9 of the Children (Care and Justice) (Scotland) Act 2024 require Scottish Ministers to establish through regulations a national support service for individuals who are entitled to request information about the action taken by the Principal Reporter and the children’s hearing in relation to a child who has committed an offence against them or otherwise acted or behaved in a physically violent, sexually violent or sexually coercive, or dangerous, threatening or abusive way and that has harmed the person.

This consultation seeks views on establishing a Single Point of Contact (SPOC) service to provide information and support to people harmed where a child’s case is dealt with in the Children’s Hearings System. At present, victims or people harmed by the behaviour of children dealt with in the hearings system may receive information from a range of bodies – for example, local authorities, Police Scotland, social work, victim support organisations. Consistent with wider reforms across the care and justice system in Scotland, there is increasing recognition of the need to:

- Strengthen trauma-informed engagement with victims;
- Provide clear, accessible and timely information;
- Ensure victims understand processes and decisions; and
- Support victims to exercise their rights safely and appropriately.

The Scottish Government has commissioned Victim Support Scotland (VSS) to work with partners to produce a delivery model for the SPOC service for victims in the Children’s Hearings System and in relation to cases that are dealt with through the wider Whole

System Approach. This work has included developing processes for victims to access information, advice, and support when a child under 12 has caused harm or committed an offence. The aim has been to establish a platform for interagency communication and data-sharing protocols to ensure victims are aware of their rights and the support available.

Proposed core functions

Dedicated point of contact

The SPOC service is intended to provide victims with a dedicated contact point that ensures they feel supported, heard, and safe. It aims to treat the harm they experienced seriously and fairly, while also recognising the needs of the child who caused the harm. Victims should have access to tailored support across justice, health, recovery, and community services, along with clear, easy-to-understand information about what will happen in their case and possible outcomes.

Integration of services

To make this service work, the SPOC would need to link with a wide range of partners. Justice agencies, such as the Police, Crown Office and Procurator Fiscal Service, the Scottish Courts and Tribunals Service, the Scottish Children's Reporter Administration, and Social Work would share information and guide victims to the SPOC. It would also involve working with other victim support organisations, including specialist services for rape, domestic abuse, and restorative justice. For recovery, key supports would include counselling and mental health services, delivered in partnership with other agencies. Health services, such as the NHS and specialist care, would also play a role in directing victims to counselling and mental health support. Finally, to reach young people effectively, the SPOC would work with youth workers and community organisations to provide tailored support and help connect victims with education providers and housing services.

Tailored support

The SPOC service is designed to improve the experience of victims harmed by children in the Children's Hearings System by making sure their rights are respected and their needs are met. With tailored support and access to authorised information, victims can feel confident their case is taken seriously and handled properly.

Child victims and their families will get clear guidance about what happens next, helping build trust and reduce uncertainty. By tackling stigma and providing consistent, trauma informed care, the SPOC will help victims feel understood and supported. This approach will also strengthen community connections, creating a culture of safety and recovery that benefits victims, families, and society.

The 'Reimagining Secure Care' report and the Scottish Government's response both emphasise restorative, relational, rights-based approaches. Although the primary focus is the child in secure care, these reforms intersect directly with the experience of victims navigating the children's hearings system.

The introduction of a SPOC aligns directly with other proposals in this consultation:

- If secure care is nationalised, national support structures – including victim support – could be aligned for consistency.
- A new national placement mechanism could have responsibility for taking account of how decisions it makes may impact victims. A SPOC could ensure victims understand how risks are being managed.
- Community based supports and alternative models, such as "flex secure", rely on confidence in safety and robust communication; victims need clarity about how decisions affecting them are made.
- Strengthened mental health provision and trauma-informed practice should apply to both children who harm and those who have been harmed.

Q30) How should the SPOC service interact with other possible support routes for victims and what kind of specialist training do you think staff need to work effectively in this service?

Please explain the reasons for your answer.

Social Work Scotland has had some contact with Victim Support Scotland who have been developing proposals for the SPOC. Managing the needs of victims is critical for a sound holistic system but is complicated due to the equal importance of children's rights and UNCRC, and data protection. As such, skilled practitioners are required who both understand those complexities but can also support victims and their families to find resolution even where limited information can be shared.

The spirit of the SPOC is to provide a streamlined service to people and therefore it would make sense that this complements existing support routes rather than duplicate services provided by police, health or community organisations.

Staff working within the SPOC should have knowledge and awareness of the impacts of trauma, confidence in communicating complex care and justice processes, child and adult protection training and cultural awareness. They should understand children and families and youth justice systems so they can explain processes in accessible ways. Training should include understanding between victim needs and the development needs of children who have caused harm, to ensure the SPOC service can support people in a way that is sensitive, informed and balanced.

Q31) How should the SPOC service interact with other organisations within the sector and what features should it include to make it accessible, age-appropriate and trauma-informed?

Please explain the reasons for your answer.

The SPOC service should be connected with all agencies involved in supporting victims including police, social work and SCRA. This ensures victims receive consistent information, coordinated support and quick referrals to the services they need without having to repeat their story or navigate multiple systems.

To be accessible and trauma informed, the SPOC should provide multiple avenues of contact (phone, email, text etc), resources in accessible formats, and support that is sensitive to age, cultural background and individual needs.

Q32) Do you agree that the support services that may be provided should extend to signposting victims and their families to counselling and other support and advice services?

Yes

No

Please explain the reasons for your answer.

To provide a consistent and trauma-informed experience for people, the SPOC should play a role in signposting victims to other support services. This ensures that victims are aware of the full range of supports available and can access them promptly.

Q33) Do you agree that the SPOC service should be resourced to commission and to offer those services to victims?

Yes

No

Please explain the reasons for your answer.

Where appropriate, yes. The SPOC should be able to arrange or fund access to appropriate services where this helps victims get timely and consistent support. Any such arrangements should work alongside existing local services, enhancing rather than undermining them, with clear responsibilities to ensure coordination and accountability. This may be an appreciated approach in rural/remote areas.

Q34) If a SPOC delivery model encompassed trained staff, with some aspects potentially delivered by volunteers, what do you think would be the benefits of this approach and do you have any views on the priority training and qualifications of SPOC personnel providing support services?

Please explain the reasons for your answer.

This requires careful consideration. The challenges in today's society and the complexity of the children's legislative landscape means that relying on volunteers for aspects of a SPOC model carries significant risks. We are already seeing challenges with volunteer-based roles within the Children's Hearing System, where volunteers require training and support to operate safely and confidently. A SPOC model should learn from existing, related examples (such as introduction of Appropriate Adults service) and recognise that substantial training, supervision and infrastructure would be required to ensure that volunteers can fulfil a sensitive and specialist role.

Q35) In order to provide support and explanation to victims whose cases are not disposed of by a Children's Reporter or children's hearing decision, do you agree that the SPOC service should be able to access information from others, including the chief constable of the Police Service of Scotland and local authorities, where cases are dealt with by diversionary measures like Early and Effective Intervention?

Yes

No

Please explain the reasons for your answer.

The parameters of something like this must be explored and considered before Social Work Scotland would be able to take a view. Data protection legislation would not currently allow the sharing of information by a local authority with victims even via SPOC on a child who may have harmed another.

Whether our members could ultimately support change to enable this would require very careful further consideration and details.

Assessing impact

We propose to carry out impact assessments alongside the development of any new policies or legislation which would be required to implement the changes proposed in this consultation.

These include a Data Protection Impact Assessment, Child Rights and Wellbeing Impact Assessment, Equality Impact Assessment (related to the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation). We would be interested in your views on these areas to help us in developing these and any other necessary assessments.

Questions on Assessing Impact

Q36) What, if any, do you see as the data protection related issues that you feel could arise from the proposals set out in this consultation?

Data protection issues arise mainly in relation to any data sharing linked to the victim SPOC given restrictions on what information about children can be safely shared.

Q37) What, if any, do you see as the children's rights and wellbeing issues that you feel could arise from the proposals set out in this consultation?

Some of the risks of this proposal include a potential broadened use of deprivation of liberty; young people being inappropriately placed in secure care because timely mental health provision is unavailable (as is currently the case at times); longer stays related to system-wide issues; and continued differentiation based on legal route as opposed to needs of children.

Q38) What, if any, do you see as the main equality related issues that you feel could arise from the proposals set out in this consultation?

Any prioritisation of certain children for secure care raises Rights issues. Children should be recognised as children and access to services should be based on assessment of need and risk, irrespective of legal route.

In addition, as is currently the case young people in secure care can present with a variety of needs, including communication needs, neurodivergence, mental health needs, and experience of trauma. The system around children who might require secure care must respond to these diverse and complex needs in a timely manner.

Secure care census data from 2021 highlights clear over-representation of children from areas of socio-economic deprivation within the secure care population, this is reflected again in the 2025 secure census, of which Social Work Scotland have had an early briefing. There must be a deeper understanding of poverty and the impact of poverty on the life experiences and chances of Scotland's young people.

The 2024-2025 secure care statistics also raise attention to a higher number of male young people in secure care (77%). This is a shift from previous years where in 2022-2023, the gender split was 60% male and 40% female young people. It would be helpful to understand whether boys are being disproportionately placed into secure care, and whether gendered expectations, responses to behaviour, or gaps in community support for boys may be contributing to this overrepresentation. Equally, the reduction in the number of girls in secure care prompts concern about whether the system is now failing to identify or respond adequately to the risks and needs of girls, particularly given what is known about hidden harm, exploitation and trauma. From an equalities perspective, both require careful analysis. Overrepresentation of boys may indicate structural bias in decision-making or in the types of behaviour deemed to 'justify' secure care, while the underrepresentation of girls may point to unmet need, lack of appropriate alternatives, or barriers to accessing specialist support. Understanding who is not being admitted, as well as who is, is essential to ensuring secure care decisions are equitable.

Any other comments

While this consultation aims to address all relevant issues, if you feel there are other points you wish to make, please use the space below to share any additional comments, views, or concerns.

Q39) Please share any other views you have about this consultation, or any other issues you feel it raises

As noted through responses, and acknowledged in the consultation itself, the importance of transparent national data and how it is used to support the improvement of services and experiences for young people is vital to the success of a future secure care sector. It is hoped that understanding better the needs of young people, their experiences and their outcomes, will help shape the right services and resources, with shared responsibility and may reduce barriers relating to funding structures. It is our collective responsibility to get things right for our children.

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