

Respondent Information Form

Consultation on the Future of Secure Care

Please note: this form must be completed and returned with your response.

Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If you ask for your response not to be published, we will still take account of your views in our analysis but we will not publish your response, quote anything that you have said or list your name. We will regard your response as confidential, and we will treat it accordingly.

To find out how we handle your personal data, please see our [privacy policy](#) at the bottom of the page. By submitting your response to Scottish Government you agree to our privacy policy.

1. What is your name?

Lisa Weylandt

2. What is your email address?

Your email address will never be published. Your email address will be used if you give permission below to be contacted again in future about this consultation.

publicaffairs@includem.co.uk

3. Are you responding as an individual or an organisation?

Individual

Organisation

4. What is your organisation?

If responding on behalf of an organisation, please enter the organisation's name here.

includem

5. The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name
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Information for organisations only:

The option 'Publish response only (without name)' refers only to your name, not your organisation's name. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

6. Do you consent to Scottish Government contacting you again in relation to this consultation exercise?

- Yes
- No

7. I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

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- I consent

About includem:

Includem are a Scottish charity that work with the whole family to help them transform their lives. We support children, young people and families to make positive life choices and progress towards the type of future they want to live.

Our staff have extensive experience delivering intensive, relationship-based support to children and young people, and their families, to prevent escalation to secure care. We primarily work with children and families referred to us by statutory partners, including Local Authority Social Work, justice services, health and education.

As an organisation, we have decades of experience delivering effective alternatives to deprivation of liberty, including as delivery partners for Intensive Support and Monitoring Services (ISMS), as well as through our work supporting children and young people following secure care. Our approach is grounded in a flexible, whole family model that is tailored to individual need and context, including experiences of poverty, trauma and inequality.

Our staff also routinely support children and young people transitioning into and out of secure care. Through this work, we see firsthand the significant challenges associated with transitions, particularly the lack of continuity, planning and sustained, relationship-based support. This is an area we believe requires urgent and sustained attention.

We welcome the opportunity to respond to this consultation and our response is reflects the experiences of children, young people, and families we work with. Fundamentally, we support the intention to improve consistency, coordination, and support across the system. However, across many of the issues raised in this consultation, we believe the key challenge is not only the structure of the system but whether the system is properly resourced to provide early intervention, relationship-based support, whole family support, and effective transitions and throughcare.

Secure care should remain a last resort. Reform must focus on whether the wider system is providing children and families with the right support, at the right time, and at the right level. Too often, support is either unavailable, delayed or insufficiently intensive, allowing needs to escalate. Ensuring timely, accessible and appropriately intensive support—alongside sustained support on leaving secure care—is critical to both prevention and long-term outcomes.

Across this consultation, includem's key position is that the system must be needs-led and rights-based, rather than resource-led, and must prioritise relationships, families, early intervention, and transitions.

Questionnaire

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.

Question 1

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

Includem **do not believe** that the criteria for authorising a child's placement in secure accommodation by a children's hearing should be changed.

Our view is that the primary issue does not lie with the criteria for secure care, but with the wider system of support surrounding it. We continue to see situations where children are placed in secure care not because it is the most appropriate setting, but because suitable alternatives are unavailable, inaccessible, or insufficiently intensive at the point they are needed. This includes children with complex mental health needs, those in crisis, and those whose placements have broken down due to a lack of sustained, relationship-based support. In these circumstances, secure care risks being used as a response to system gaps rather than as a measure of last resort.

We also see instances where decisions to authorise secure care are heavily influenced by a child or young person's behaviour, without sufficient consideration of the wider context in which that behaviour occurs. In our experience, many of the children we support are living in environments where there is entrenched criminality, or where they are subject to criminal exploitation by family members or

others. In these situations, behaviour is often a response to coercion, trauma, or survival, rather than an indicator of risk that sits solely with the child.

There is a need for greater recognition of these contextual and systemic factors within decision-making. Without this, there is a risk that children are effectively being deprived of their liberty due to circumstances beyond their control, which may not only fail to address the root causes of harm but also risk compounding trauma and negatively impacting long-term outcomes.

It is therefore critical that reform focuses not on widening the criteria for secure care, but on ensuring that the right support is available to children and families at the right time and at the right level of intensity. This includes investment in intensive community-based support, specialist residential provision, responsive mental health services, and whole family support. Without this, there is a continued risk that needs will escalate unnecessarily, resulting in avoidable admissions to secure care.

The use of secure care represents a significant restriction on a child's liberty, and decisions must be firmly grounded in children's rights principles. The United Nations Convention on the Rights of the Child, particularly Article 37, is clear that deprivation of liberty must be used only as a last resort and for the shortest appropriate period of time. Scotland is not yet consistently meeting this standard. The priority must therefore be to strengthen early intervention and alternatives to secure care, rather than altering the legal criteria.

Secure accommodation criteria

Question 2

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

Includem does not support widening the criteria for secure care to include children who do not meet the existing criteria but may require intensive support, protection from self-harm, or stability in a residential setting.

While we recognise that some children and young people have very high levels of need and require intensive support and safe environments, secure care **should remain a measure of last resort** and should not be used to address gaps in mental health services, specialist residential provision, or community-based support.

This is consistent with Article 37 of UNCRC¹, which states that deprivation of liberty must be used only as a measure of last resort and for the shortest appropriate period of time. This principle is also reflected in Scotland’s Secure Care Pathways and Standards² which emphasise that children should only experience deprivation of liberty where absolutely necessary and that the system should focus on early intervention and family support to prevent escalation.

There is a significant risk that widening the criteria in this way would result in more children experiencing deprivation of liberty for welfare reasons rather than because it is necessary to prevent serious harm to themselves or others. Children who require protection from self-harm, mental health support, or stability should receive support through appropriate mental health services, therapeutic residential provision, intensive community support, and whole family support, rather than through secure or near-secure deprivation of liberty.

There is also a risk that expanding the criteria to include “near secure” or flexible secure arrangements could lead to restrictions on children’s liberty being applied in settings that are not designed, regulated, or scrutinised in the same way as secure care. **This raises significant children’s rights concerns, particularly in relation to deprivation of liberty, safeguards, oversight, review processes, and access to independent advocacy.**

¹ [Convention on the Rights of the Child text | UNICEF](#)

² [Secure care: pathway and standards - gov.scot](#)

The underlying issue is often not that the criteria for secure care is too narrow, but that the wider system does not have the sufficient intensive alternatives, mental health provisions, or residential options for children with complex needs.

We believe that the focus should be on:

- Increasing intensive community-based alternatives to secure care
- Improving access to mental health services and specialist therapeutic provisions
- Developing small, therapeutic residential options for children who need stability and support
- Providing whole family support and early intervention
- Improving transitions and throughcare
- Ensuring that secure care remains a last resort

Secure accommodation criteria

Question 3

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.

Includem believes that rather than expanding the criteria for secure care, greater emphasis should be placed on the factors and safeguards that should be considered before a child is placed in secure care.

Secure care involves a significant restriction on a child's liberty and decisions should always be made in line with children's rights, the principle of least restriction, and the understanding that secure care must be a measure of last resort.

Secure accommodation definition

Question 4

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.

Includem recognises the intention behind proposals for adaptable levels of restriction or “flex secure” provision, particularly in relation to reducing placement moves and allowing children to remain in a familiar environment where levels of restriction can increase or decrease depending on their needs and risks. Stability of relationships and placements can be very important for children and young people, and reducing unnecessary placement moves is a positive aim.

However, we have significant concerns about the potential children’s rights implications of any model that allows for shifts between restriction of liberty and deprivation of liberty within the same setting.

Deprivation of liberty is a serious intervention and should only take place within settings that are specifically designed, regulated, and scrutinised for that purpose, with clear legal authority, safeguards, review processes, and access to independent advocacy.

There is a risk that flexible secure models could lead to deprivation of liberty being applied in settings that are not subject to the same level of regulation, inspection, oversight, and legal scrutiny as secure care. This could result in children experiencing restrictions on their liberty without the same safeguards and protections that currently exist within secure care.

There is also a risk that flexible secure arrangements could be used as a response to system pressures, placement breakdowns, or lack of secure care availability, rather than because it is the most appropriate option for the child. This raises concerns about the system becoming resource-driven rather than needs-led.

If a flexible secure or adaptable restriction model is to be developed, it is essential that:

- There is a clear legal framework governing when deprivation of liberty can be used

- The same safeguards and review processes apply as in secure care
- Children and young people have access to independent advocacy
- There is clear external oversight, inspection and accountability mechanisms
- The model is rights-based and consistent with the UNCRC
- The use of deprivation of liberty remains a last resort
- Flexible secure is not used because of a lack of community alternatives
- The focus remains on reducing the need for deprivation of liberty overall

It is also important that the development of flexible secure provision does not reduce investment in alternatives to secure care, intensive community support, mental health services, and whole family support, as these are often the supports that can prevent children and young people from requiring restrictive environments in the first place.

We recognise the potential benefits of greater flexibility and placement stability, but there are significant children's rights and safeguards issues that would need to be addressed before such a model could be supported.

Secure accommodation definition

Question 5

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.

We are cautious about the introduction of “flex secure” as a new model.

A model with adaptable levels of restriction within one setting could potentially support children’s rights if it is designed and implemented in a way that prioritises the least restrictive approach, reduces unnecessary placement moves, and supports children to move more quickly out of deprivation of their liberty and into less restrictive environments.

One potential benefit of such a model is that it could allow children to remain in a familiar environment with established relationships while levels of restrictions are reduced, rather than requiring a move to a different placement. Placement moves can be disruptive which may lead to a breakdown of relationships, education disruption, and instability. A model that allows children to move from secure conditions to less restrictive conditions within the same setting could support stability, continuity of relationships, and smoother transitions out of secure care.

However, for such a model to protect and advance children’s rights and ensure that deprivation of liberty is always a last resort and for the shortest possible time, we believe that a number of safeguards would be essential:

- A need for clear legal framework governing when restriction of liberty and deprivation of liberty can be used.
- Clear thresholds for moving between different levels of restriction.
- Any use of deprivation of liberty must be subject to the same legal authorisation, safeguards, and review processes as secure care.

The model should function as a step-down approach that actively reduces the time children spend in deprivation of liberty.

Critical to this approach is ensuring children have access to independent advocacy and are involved in decisions about their care and levels of restrictions they face. Their views must always be heard and given the appropriate weight.

There must also be a strong external oversight with inspection arrangements in place to ensure that deprivation of liberty is not being used inappropriately or for longer than necessary. Data should be collected and monitored on how often deprivation of liberty is used, for how long, and for what reasons.

It is also important to ensure that such a model is not used as a response to a lack of secure care placements or alternatives, and that decisions remain needs-led and rights-based rather than resource-led.

If implemented with robust safeguards, clear legal frameworks, independent advocacy, and a firm focus on reducing time spent in deprivation of liberty, an adaptable restriction model could support children's rights by reducing placement moves, maintaining continuity of relationships, and enabling more gradual and supported transitions out of secure care. However, the overriding objective must always be to reduce the number of children experiencing deprivation of liberty and to ensure that any such deprivation is necessary, proportionate, subject to regular review, and used for the shortest possible time.

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.

Question 6

Do you support the concept of community-based hubs?

Yes

No

Please explain the reasons for your answer.

Includem supports the development of community-based hubs which can provide early help, crisis support, and ongoing community support close and are in line with the principles of Whole Family Support³ - ensuring that families receive the right help, at the right time, and in their own communities.

However, it is important to recognise that many local authorities and third sector organisations already provide services that operate in similar ways to the proposed community hubs.

Across Scotland there are numerous examples of intensive community support, whole family support, crisis support, and community-based services which aim to prevent family breakdowns, reduce escalations, and prevents children from

³ [Holistic whole family support: routemap and national principles - gov.scot](https://www.gov.scot/publications/whole-family-support/routemap-and-national-principles/pages/11.aspx)

entering secure care or custody. These approaches are not new, and already, there exists significant knowledge and experience about what works.

In our view, the key issue is **not developing new models but investing in and scaling up the services and approaches that already exist and which are working well**. There needs to be sustained investment in early intervention, intensive family support, mental health support, and community-based services that can respond quickly when families are in crisis.

Sustainable funding is critical to the success of any community-based hub model. Short-term or insecure funding can have a significant impact on services' ability to build and maintain relationships with children, young people and families.

Relationship-based practice relies on consistency, trust, and long-term engagement, and this is difficult to achieve when services are funded on short-term cycles or where services are frequently starting and stopping. Insecure funding can undermine trust with families and communities and can lead to disruption in support at the times when families need it the most.

Community-based services and whole family support also plays an important role in addressing the wider issues that often contribute to children entering secure care, including poverty, housing instability, mental health needs, school exclusion, and family stress. Investment in community-based hubs and whole family support therefore has the potential to not only reduce the number of children requiring secure care, but also improve family relationships, reduce crisis situations, and address some of the impacts of child poverty on families and communities.

If community-based hubs are developed further, it will be important that they:

- Build on existing services and local knowledge rather than replacing services
- Include strong whole family support approaches
- Provide early intervention as well as crisis support
- Include mental health support and education support
- Work closely with third sector organisations and community services
- Are sustainably funded over the long term
- Are focused on building relationships and trust within communities
- Aim to reduce the number of children requiring secure care

Ultimately, investment in community-based support, whole family support, and early intervention is likely to have a greater impact on reducing the need for secure care than changes to secure care provision itself. We believe the focus should be on strengthening the wider system around children, young people and families, rather than focusing solely on secure care.

Models proposed in the ‘Reimagining Secure Care’ report

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.

Question 7

Yes

No

Please explain the reasons for your answer.

Includem supports the wider adoption of multi-disciplinary team approaches, particularly when these bring together education, social work, mental health services, speech and language therapy, youth justice, and third sector services to provide coordinated support to children, young people, and families.

Multi-disciplinary approaches can help ensure that children, young people and families receive a more holistic and coordinated support, rather than having to engage separately with multiple services⁴. This can improve communication between services, reduce duplication, and help ensure that children’s needs are understood and addressed earlier.

It is particularly important that multi-disciplinary teams include access to services that are often missed when children and young people first begin to present with difficulties (such as speech and language therapy, mental health support, neurodevelopmental assessment, and educational support). Early identification and intervention in these areas can make a significant difference to children’s trajectories and may help prevent escalation into crisis, care, or justice involvement.

Multi-disciplinary teams are not a new concept, and in a number of local authority areas they already work very well with strong partnerships, clear roles and responsibilities, and sufficient resourcing. The key issue is often not whether multi-disciplinary teams exist, but how well they are resourced, how responsibility and accountability are managed, and how supported children, young people, and families feel by the process.

Consistent funding and adequate resourcing are essential to ensure that multi-disciplinary teams are sustainable and effective. Insecure or short-term funding can lead to high staff turnover, service instability, and difficulty maintaining

⁴ [Getting it right for every child \(GIRFEC\) - gov.scot](https://www.gov.scot/Topics/childrenandyoungpeople/girfec)

relationships with children, young people and families. Sustainable funding also supports the retention of highly qualified staff who are able to build trusting, relationship-based support with children, young people and families, which is often a critical factor in achieving positive outcomes.

The Promise⁵ highlights the importance of a well-supported workforce, and this should be central to the planning and delivery of multi-disciplinary team models.

Multi-disciplinary working is most effective where staff have manageable caseloads, access to supervision and training, and the time and capacity to build relationships with children and families rather than focusing solely on processes and meetings.

⁵ [The-Promise.pdf](#)

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 Glasgow and Greater 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

Question 8

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

Please explain the reasons for your answer.

There is a significant need for a much stronger integration between secure care and mental health services.

For many children and young people who enter secure care, they have experienced trauma, have significant mental health, neurodevelopmental and speech and language needs⁶. There are well-established gaps in mental health provision before, during, and after secure care, and these gaps can contribute to children entering secure care in the first place or remaining there longer than necessary.

Prior to entering secure care, we know that there are many children who experience long waiting lists for mental health services, with high thresholds for support, and difficulty accessing consistent therapeutic support with many children often reaching crisis point before they are able to access appropriate services.

During secure care placements, access to mental health supports can be inconsistent, with challenges in accessing specialist services or continuity of care where children are placed outwith their home local authority area. Children placed far from home may lose contact with existing mental health services and may have to restart assessments and waiting lists in their new areas, disrupting their continuity of care and support.

After leaving secure care, there is often a significant reduction in support with poor continuity between secure care services, community mental health services, and adult mental health services. Transitions between services are often poorly coordinated, and young people often can experience a "cliff edge" where support reduces significantly when they leave secure care or turn 18. This lack of continuity of care can contribute to placement breakdown, poor mental health outcomes, homelessness, and further involvement in the justice system.

⁶ [Secure Care in Scotland: Young People's Voices](#)

Improving integration between secure care and mental health services should therefore focus on the whole journey before, during, and after secure care, rather than only focusing on services within secure care settings.

Further actions that could support better integration include:

- Faster access to mental health assessment and support for children at risk of secure care
- Joint planning and shared responsibility between health, social work, education, and secure care services
- Mental health professionals embedded within secure care settings
- Clear pathways between secure care, mental health inpatient provision, and community mental health services
- Continuity of mental health support when children move local authority areas or placements
- Stronger transition planning between secure care, community services, and adult mental health services
- Greater investment in early intervention mental health support and community-based services
- Access to speech and language therapy and neurodevelopmental assessment at an earlier stage
- Whole family mental health support where appropriate

More broadly, there needs to be recognition that secure care cannot and should not be expected to meet complex mental health needs on its own. There must be shared responsibility across health, social work, education, and justice services to ensure that children receive the right mental health support in the right setting and at the right time.

Question 9

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.

Ensuring that children and young people receive trauma-informed, holistic support both within secure care and on the edge of admission requires strong multi-agency working, early intervention, whole family support, and shared responsibility across services.

Support for children and young people should not begin when they enter secure care but when concerns first begin to emerge. Many children and young people who enter secure care have experienced trauma, poverty, family stress, school exclusion,

unmet mental health needs, speech and language difficulties, and neurodevelopmental needs. A trauma-informed and holistic approach therefore requires involvement from education, social work, mental health services, speech and language therapy, youth justice services, and third sector organisations providing family and community-based support.

For children and young people on the edge of secure care, there should be intensive, coordinated support in the community, including intensive family support, mental health support, education support, and crisis support. Early intervention and intensive community-based support can often prevent escalation, reducing the need for secure care. Community-based hubs, multi-disciplinary teams, and whole family support services can play an important role in supporting children, young people and families at a much earlier stage.

A strong continuity of support is also essential when children move into and out of secure care. Transitions remain one of the weakest parts of the current system, and children and young people often leave secure care and return to communities without the same level of support. Trauma-informed practice requires consistency, stability, and trusted relationships, which means support should continue after secure care through throughcare and transition support.

More broadly, systems need to work together in a way that is needs-led and wellbeing-focused rather than solely risk-focused. While safety is important, decisions should not be based solely on managing risk but on understanding the underlying needs of the child and their family and providing support that addresses those needs.

To ensure systems work together effectively, the following are important:

- Multi-disciplinary working and shared planning
- Early intervention and intensive support for children on the edge of secure care
- Access to mental health services, speech and language therapy, and neurodevelopmental support
- Whole family support and family interventions
- Strong transitions and throughcare support
- Relationship-based practice and continuity of workers
- Shared responsibility across services rather than services working in silos
- Sustainable funding for community and third sector services

Question 10

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.

Improvements in information sharing across services are essential to ensure that children and young people receive coordinated, consistent, and holistic support. Children and young people who are on the edge of secure care or in secure care may be involved with multiple services, including education, social work, mental health services, youth justice services, and third sector organisations. However, information sharing between services is often inconsistent, and services can operate in silos, which can lead to delays in support, repeated assessments, and children, young people and families having to repeat their experiences multiple times.

One key issue is the continuity of information when children and young people move placements or between local authority areas.

When children move, information about their mental health needs, education, speech and language needs, neurodevelopmental needs, and family circumstances is not always shared effectively, which can result in children and young people being reassessed, placed on new waiting lists, or losing access to services.

This leads to a disruption of continuity of care and can delay support at critical times. Improved information sharing should aim to ensure continuity of care and support across services and across geographical areas. Information about a child's needs, assessments, and support plans should follow the child/ young person so that services do not have to start again each time they move placements or areas.

We believe that information sharing should be child-centred, proportionate, and transparent. Children, young people and families should understand what information is being shared, why it is being shared, and how it will help them receive better support. Information sharing should support relationship-based practice and trust between families and services, rather than feeling like information is being shared without their knowledge or involvement.

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.

Questions on prevention, alternatives, community based support and transitions

Question 11

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 our experience, the most effective alternatives to secure care placements, particularly on welfare grounds, are intensive community-based, whole family support, which includes practical support that addresses the underlying issues affecting children, young people and families.

We know that children and young people who enter secure care on welfare grounds are not there because secure care is the most appropriate setting for them, but because the right support was not available early enough, or because family situations have reached crisis point without sufficient support.

Early intervention and intensive support at the point where families begin to struggle can often prevent escalation to the point where secure care is considered.

Intensive community-based support and whole family support are particularly effective alternatives to secure care. Working with the whole family, rather than focusing solely on the child or young person, can help address the underlying issues contributing to risk or instability, including family relationships, housing issues, poverty, school attendance, mental health, and stress within the family. Supporting

families to stay together safely and sustainably is often a better outcome than removing a child into a secure setting.

Mental health support is also a critical alternative to secure care. Many children and young people on the edge of secure care have experienced trauma with unmet mental health needs. Earlier access to mental health support, therapeutic support, and crisis support could therefore prevent many situations from escalating to the point where secure care is considered.

Practical and financial support can also make a significant difference in preventing family breakdown and crisis situations. Issues such as housing, overcrowding, poverty, and financial stress can place significant pressure on families and contribute to situations escalating. In some cases, relatively small amounts of practical or financial support, such as support with housing, equipment, transport, or respite, could prevent situations escalating to the point where a secure placement is considered. The cost of secure care is extremely high, and in some cases similar investment in family support, housing, or intensive community support could prevent the need for secure care altogether.

Includem's model provides consistent, high-frequency support to children, young people and their families, delivered in the community and adapted to the level of need. This includes direct one-to-one and whole family support, available at times that reflect the realities of family life—including evenings, weekends and periods of crisis—underpinned by a 24/7 helpline and year-round provision.

Central to this approach is the development of trusted, sustained relationships, ensuring that children and families experience continuity of support before, during and after periods of heightened risk. Our staff are able to respond to changing circumstances, providing both practical and emotional support, while working alongside wider services to improve coordination, keeping the child or young person at the centre of decision-making.

More broadly, the most effective alternatives to secure care tend to include:

- Intensive community-based support
- Whole family support
- Mental health and therapeutic support
- Speech and language therapy and neurodevelopmental support
- Crisis support and respite
- Support with housing and poverty-related issues
- Education support and school engagement
- Relationship-based support provided over time
- Multi-disciplinary support around the child and family

Question 12

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.

Where alternatives to secure care are available, a range of factors influence whether they are used in practice. The availability of alternatives alone does not guarantee that they will be used.

Workforce confidence and risk culture are significant factors. Decisions about secure care are often made in high-risk situations, and professionals may feel more confident recommending secure care where it is seen as the safest option, particularly if they are not confident that community alternatives can safely support the child or young person. Workforce confidence is therefore closely linked to the availability of intensive support services, manageable caseloads, and strong multi-agency support around the child and family.

Commissioning and funding arrangements also have a significant influence. In some areas, it may be easier or quicker to access a secure care placement than to put together an intensive community-based package of support, particularly where community services are commissioned separately or where funding for alternatives is limited or short-term. This can result in decisions being influenced by what is available and funded rather than what is most appropriate for the child or young person.

Evidence from our report on the use of Movement Restriction Conditions (MRCs) across Scotland⁷ demonstrates that even where alternatives exist, their use varies significantly between local authority areas. This variation suggests that the use of alternatives is influenced not only by availability but by local practice, workforce confidence, commissioning arrangements, and local decision-making cultures.

Through our support, we have seen examples where MRCs have been used alongside intensive support and residential care as an alternative to secure care. For example, we are currently supporting a young person who is subject to an MRC with electronic monitoring while residing in a residential setting as an alternative to a secure placement. This approach is being closely monitored and supported by multi-agency partners. This example emphasises that alternatives such as MRCs are most effective when they are part of a wider package of support, including residential support, family support, education, and relationship-based support, rather than being used as a standalone intervention.

⁷ https://issuu.com/includem2000/docs/mrc_report_2024_180424

Another important factor is whether intensive support is available to support alternatives in practice. Alternatives such as MRCs or community-based placements are most effective where they **are** accompanied by intensive support (including family support, mental health support, education support, and relationship-based support). Without this support, alternatives may be viewed as too risky or unsustainable.

Timing is also an important factor. Decisions about secure care are often made in crisis situations, and alternatives may not be used if intensive support cannot be put in place quickly enough. Earlier intervention and planning for children and young people on the edge of secure care could increase the use of alternatives.

In summary, the factors that most strongly influence whether alternatives to secure care are used include:

- Workforce confidence and risk culture
- Availability of intensive community support
- Commissioning and funding arrangements
- Availability of secure care placements
- Local practice and decision-making culture
- Ability to put support in place quickly
- Multi-agency confidence in alternatives
- Early planning and intervention rather than crisis decision making

Increasing the use of alternatives to secure care is not only about developing alternatives, but about ensuring that they are properly resourced, that staff have confidence in them, and that the system supports needs-led rather than resource-led decision making. Our national *Response Service*, developed in recognition of the gaps in intensive community-based support, ensures a dedicated team is available across Scotland to support children, young people and families through bespoke individualised support packages in

Question 13

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

Please explain the reasons for your answer.

There are a number of gaps in the availability of alternatives to secure care across Scotland. While there are examples of effective alternatives in some areas, provision is inconsistent across the country and access to alternatives often depends on local resources, commissioning arrangements, and availability of services.

One of the main gaps we are aware of is the availability of intensive community-based support for children, young people and families who are on the edge of secure care. Intensive support that works with the whole family, provides support in the

home and community, and responds quickly in times of crisis which can often prevent escalation and reduce the need for secure care. However, this type of support is not consistently available across Scotland.

There are also significant gaps in mental health provision for children and young people, particularly in relation to crisis support, therapeutic support, and specialist provision for children with complex mental health needs. Long waiting lists, high thresholds for support, and lack of crisis support can contribute to situations escalating to the point where secure care is considered.

Includem is already taking steps to strengthen community-based alternatives to secure care through the development of our *Response* service. This service is designed to provide rapid, intensive, relationship-based support to children and young people wherever they are in Scotland, with the ability to embed workers within local communities and respond flexibly to need, including at points of crisis.

This model reflects the type of provision required to safely support children in the community at the level of intensity often associated with secure care, including high-frequency, one-to-one and whole family support, delivered at times that work for families and sustained for as long as needed.

However, our experience of developing and delivering this model also highlights a key systemic challenge. While there is clear demand from local authorities for this type of flexible, intensive support, the ability to provide consistent, nationwide coverage is constrained by short-term and fragmented funding arrangements. This limits our capacity to have staff embedded across all areas of Scotland and to respond as quickly and consistently as is often required.

Another gap is the availability of suitable residential placements that are not secure, but which can provide intensive support and stability for children and young people who cannot remain at home and do not require secure care. There is a need for small, therapeutic residential provisions that can provide stability and intensive support without restricting liberty.

There is also a gap in crisis support and short-term respite options for families and placements. In some situations, a short period of intensive support or respite could prevent a placement breakdown or crisis that leads to secure care being considered.

Support for children and young people who are subject to Movement Restriction Conditions (MRCs) also varies across Scotland. MRCs are most effective when accompanied by intensive support, but we know that this support is not consistently available across all areas in Scotland.

Transitions and throughcare support are also a significant gap. Many children and young people leaving secure care or residential placements do not receive consistent ongoing support, which increases the risk of placement breakdown, homelessness, or further involvement in the justice system.

There are also gaps in access to speech and language therapy, neurodevelopmental assessment, and educational support, particularly at an early stage. Many children and young people who enter secure care have unmet speech and language needs or neurodevelopmental needs that have not been identified or supported earlier.

More broadly, there are gaps in services that support families experiencing poverty, housing instability, and financial stress. Practical support with housing, financial support, and whole family support can sometimes prevent situations escalating to the point where secure care is considered.

In summary, key gaps in alternatives to secure care include:

- Intensive community-based and whole family support
- Mental health and therapeutic support, including crisis support
- Small therapeutic residential provision as an alternative to secure care
- Crisis support and respite for families and placements
- Consistent support alongside Movement Restriction Conditions
- Transitions and throughcare support
- Speech and language therapy and neurodevelopmental support
- Housing and practical support for families
- Consistent provision across all local authority areas

Overall, addressing these gaps is likely to reduce the number of children and young people requiring secure care more effectively than expanding secure care provision itself. Investment in early intervention, whole family support, mental health services, and intensive community support is essential if secure care is to remain a last resort.

Question 14

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

Please explain the reasons for your answer.

There is already a significant amount of good practice across Scotland in relation to alternatives to secure care, including intensive community support, whole family support, multi-disciplinary approaches, Movement Restriction Conditions (MRCs) supported by intensive support, and community-based services. Our work providing intensive support to children and young people as part of the Intensive Support and Monitoring Services (ISMS) is still relevant today as it clearly shows the value of intensive support in reducing offending, improving family relationships and keeping children and young people in their communities⁸

Learning, however, could be shared more effectively through national practice networks, communities of practice, and opportunities for local authorities and third sector organisations to share models, evidence, and learning about what works. National events, practice forums, and shared guidance could help ensure that learning from successful local approaches is shared more consistently.

We know that sharing learning alone will not be enough to scale effective approaches. The main barrier to scaling alternatives to secure care is often funding, workforce capacity, and commissioning arrangements. Many local areas have developed effective alternatives through short-term funding or pilot projects, but these approaches are not always sustained or expanded due to funding uncertainty.

If effective alternatives are to be scaled across Scotland, there needs to be:

- Sustainable, long-term funding for alternatives to secure care
- National support for scaling effective models
- Workforce training and development
- Clear national guidance on alternatives to secure care
- Support for multi-agency working and whole family approaches
- Involvement of third sector organisations in delivering alternatives
- Evaluation and evidence gathering on effective practice

It is crucial that scaling approaches does not result in overly standardised models which do not reflect local needs. Local authorities and communities should be able to develop services that reflect local needs and resources, while still sharing learning and principles across Scotland.

⁸ [Evaluation of Includem's ISS](#)

Question 15

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.

Pooling resources could help ensure that specialist alternatives are available when needed, rather than local authorities relying on secure care due to a lack of appropriate alternatives. This could also help ensure more consistent access to specialist provision across Scotland and reduce variation between local authority areas.

There are, however, important considerations in relation to multi-authority provision. It is important to ensure that governance, accountability, and decision-making responsibilities are clear, and that children, young people and families still receive coordinated local support alongside any specialist provision. Multi-authority provision should not result in children and young people being placed far from their families and communities unless absolutely necessary, as maintaining family relationships and local connections is often important for successful outcomes.

The pooling of resources should therefore be used to develop specialist support and alternatives that complement local services, rather than replacing local early intervention and community-based support. Local services, whole family support, and community-based support remain essential and should not be reduced as a result of regional or national provision.

Third sector organisations can also play an important role in delivering specialist alternatives and should be included in any multi-authority or regional approaches.

Question 16

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

Please explain the reasons for your answer.

Health, education and justice services must take a shared, proactive responsibility for meeting the needs of children and young people with complex needs, with a clear focus on early intervention and preventing escalation to crisis.

Too often, children and young people are placed in secure care not because it is the most appropriate setting, but because the right support has not been available at the right time.

- Health services should lead in providing timely access to specialist mental health and neurodevelopmental support, ensuring that no child or young person is placed in secure care due to gaps in provision.

- Education services play a critical role in early identification and sustained support, particularly for children and young people experiencing additional support needs, exclusion or disengagement.
- Justice services must adopt a trauma-informed, child-centred approach and act only as a last resort, avoiding the criminalisation of unmet need.

Across all these systems, there must be a stronger integration with shared accountability to ensure children and young people are supported in the least restrictive, most appropriate environments, with secure care never used as a substitute for failures elsewhere in the system.

Question 17

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.

To measure the effectiveness of community-based supports, it is important to move beyond narrow, service-led outputs and instead focus on whether children and young people's needs are being meaningfully met in ways that improve their day-to-day lives and reduce the need for secure care. This should include a combination of quantitative and qualitative measures. Outcomes such as improved mental health and wellbeing, sustained engagement with education, reduced involvement in crisis or justice systems, and increased stability in home or care environments are key indicators.

Crucially, effectiveness should be evidenced by a reduction in the number of children and young people reaching the threshold for secure care, ensuring that secure care is used only where it is truly necessary and appropriate.

These measures must be complemented by the views and experiences of children, young people and their families, including whether they feel listened to, supported, and able to access help at the right time—reflecting the commitments set out in the promise⁹ to place relationships, voice and rights at the centre of support.

Effectiveness should also be measured over time, recognising that progress is not always linear and that short-term interventions may not capture long-term impact. A strong evaluation approach should consider accessibility and equity, ensuring that support reaches those who need it most.

Ultimately, community-based supports should be judged by their ability to provide the right help, at the right time, in the least restrictive way, in line with The Promise, and to safely reduce reliance on secure care and other crisis-driven interventions.

⁹ [The-Promise.pdf](#)

Question 18

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.

Transitions into and out of secure care represent a significant systemic weakness and, in many cases, actively undermine the progress children and young people have made.

At present, too many children and young people leave secure care and return to environments that do not offer equivalent structure, stability or support, creating a high risk of re-escalation and, in some cases, re-entry to secure care or involvement in the justice system, including transition to Young Offenders Institutions. This is compounded by a lack of continuity, insufficient planning, and the absence of a consistent “throughcare” model. Support is often fragmented, short-term, and overly reliant on individual staff goodwill rather than embedded as a core part of the system. To ensure successful transitions and reintegration, support must be continuous, relationship-based, and begin well before a child or young person enters or leaves secure care. In the past, our *Secure Care Through Care and After Care Intensive Support Programme*¹⁰ successfully supported young people remain in the community following a period in secure care, reduce their offending behaviour, and improve their inclusion in the community. Programmes of intensive support like this must be funded in a sustainable way to ensure transitions are well managed for all children and young people entering and leaving secure care.

Services should be jointly responsible for planning and delivering support both pre- and post-placement, ensuring that children experience consistency in the relationships around them. The abrupt ending of support at age 18 is particularly damaging, creating a “cliff-edge” where trusted relationships are lost overnight, often causing distress and re-traumatisation for young people and their families. As highlighted in includem’s practice, one colleague described a situation where a worker who had built a strong, trusting relationship with a young person was prevented from maintaining contact once the young person turned 18, despite clear mutual benefit—resulting in distress for both the young person and their family. These endings can replicate earlier experiences of abandonment and undo therapeutic progress. Transitions into adulthood and more independent living must therefore be gradual, flexible, and responsive to individual need, rather than determined by age thresholds.

There must also be a far stronger focus on meaningful transition planning. The Secure Care Pathways and Standards¹¹ makes clear that transitions are a multi-

¹⁰ [Relapse Prevention](#)

¹¹ [Secure care: pathway and standards - gov.scot](#)

agency responsibility and that support should continue after secure care through throughcare and aftercare support. Too often, key decisions are made quickly and without adequate preparation, leaving young people unprepared for the realities of returning to their communities or moving into new settings. One colleague reflected on a case where a young person’s move out of secure care was agreed at a hearing with minimal notice, with little opportunity to build relationships with new support providers or prepare the family—resulting in immediate instability and a heightened risk of placement breakdown.

“Step-down” arrangements frequently fail to reflect real-life environments, particularly where placements are far from home, limiting opportunities to build sustainable routines and connections. Effective transitions should prioritise local, community-based support that mirrors the environments children and young people will move into, helping them to build stability and confidence.

Family involvement is another critical but underdeveloped aspect of successful transitions. Families are often under-supported and insufficiently included, despite being central to a young person’s long-term stability. Barriers such as high staff turnover, poor communication, and the closed nature of secure environments can make it difficult for families to stay informed and engaged. Support must therefore include proactive, consistent engagement with families, equipping them to play a meaningful role in their child’s transition and reintegration.

Independent advocacy should also be a core component of effective transitions. Children and young people must have access to consistent, trusted advocacy support before, during and after their time in secure care to ensure their views are heard and their rights upheld at every stage of decision-making. This is particularly important during transitions, where decisions can be made quickly and power imbalances are most acute. Advocacy can support children and young people to understand their options, challenge decisions where necessary, and maintain a sense of agency and control during periods of significant change.

Ultimately, transitions should not be viewed as a single point in time, but as an ongoing process requiring sustained, coordinated support. A robust approach to throughcare—grounded in stable relationships, early and effective planning, meaningful involvement of families, access to independent advocacy, and genuine multi-agency collaboration—is essential to ensure that children and young people leaving secure care are supported to reintegrate safely into their communities and move into adulthood with stability, dignity, and the best possible chance of positive outcomes.

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.

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	Features
a) England's Secure Welfare Co-ordination Unit	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

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.

Questions on national co-ordination of secure care placements

Question 19

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.

Access to secure accommodation placements can be improved through better planning, national coordination, and clearer pathways into secure care where it is legally required.

Improving access should focus on system coordination rather than simply relying on increasing the number of beds. This should include a national placement coordination system, better forecasting of demand, and improved communication between local authorities, courts, secure care providers, and national government. Planning for potential secure care placements must begin earlier, rather than only at the point of crisis or by court decision.

It is important to recognise that pressure on secure care placements is partly driven by a lack of appropriate alternatives. Some children and young people currently placed in secure care could be better supported in intensive community-based services, specialist residential provision, or mental health services. Improving access to secure care placements must therefore sit alongside investment in alternatives to secure care, otherwise secure care will continue to be used to fill gaps elsewhere in the system.

Another important factor is transitions and discharge planning. Placements can become blocked where there is no suitable accommodation, support, or care package available for a child or young person leaving secure care. Improving access to secure care therefore also requires improved planning for transitions out of

secure care, including housing, community support, and continuing care arrangements, to ensure that placements are available for children and young people who need them.

Finally, all children and young people in secure care, including those remanded or sentenced by the courts, should have access to independent advocacy to ensure their rights are upheld and their views are heard in decisions about their care, placement, and future.

Question 20

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.

Includem neither agrees nor disagrees with this proposal and we have highlighted our reasons for this below.

A nationally coordinated and funded approach could help ensure more consistent access to placements across Scotland and reduce situations where decisions are influenced by availability rather than the needs and rights of the child and young person.

In our opinion, nationally funded provision alone would not be sufficient to build confidence in decision-makers. Confidence in the system will also depend on the availability of appropriate alternatives to secure care, improved assessment and decision-making processes, and stronger support for children and young people in the community. At present, there are still too many situations where secure care is used because there are no suitable alternatives available, rather than because it is the most appropriate placement.

Confidence in decision making would also be improved by:

- Greater availability of intensive community-based alternatives to secure care
- Improved mental health provision and specialist placements for children and young people with complex needs
- Better planning and coordination around placements
- Stronger transitions and throughcare support to reduce re-admission to secure care and improve outcomes for children and young people.
- Access to independent advocacy to ensure children's rights and views are represented

It is important that any move towards nationally funded facilities does not lead to an expansion in the use of secure care. Secure care must remain a last resort, used only where necessary and for the shortest time possible, in line with children's rights and relevant legislation and guidance.

Question 21

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

Yes

No

Includem neither completely agrees nor completely disagrees with this proposal and we have highlighted our reasons for this below.

Includem agrees that there can be benefits to a single national system for coordinating secure care placements for children and young people, particularly in improving consistency, transparency, and planning across Scotland. A national coordination system could help ensure that placement decisions are based on the needs and rights of the child rather than local capacity or funding pressures and could reduce delays in accessing placements where secure care is required.

A national system would also improve communication and planning between local authorities, secure care providers, courts, and other agencies, and support better forecasting of demand for secure care placements. This may help reduce situations where children and young people are placed in inappropriate settings because a secure placement cannot be found quickly enough.

However, a national coordination system on its own will not address the underlying pressures on secure care. The challenges currently facing the system are not only about coordination of beds, but about the wider system around secure care, including the availability of alternatives, mental health provision, community-based support, and transitions out of secure care.

There is also a risk that a highly centralised system could become overly placement-focused rather than child-focused if the primary purpose becomes managing bed availability rather than identifying the most appropriate support for each child and young person. Any national coordination system must therefore be rights-based, child-centred, and focused on ensuring secure care remains a last resort.

If a national coordination system is introduced, it should:

- Be rights-based and child-centred
- Ensure secure care remains a last resort
- Sit alongside investment in alternatives to secure care
- Support early planning and decision making, not just crisis placements
- Include clear pathways for transitions out of secure care
- Ensure children have access to independent advocacy
- Involve local authorities and partners in decision making rather than removing local knowledge and relationships
- Ultimately, improving outcomes for children will depend not only on how secure placements are coordinated, but on whether the wider system provides the right support before, during, and after secure care. A national coordination system may improve consistency and access to placements, but it must form part of wider system reform rather than being seen as a solution on its own.

Core functions should include data collection to ensure continuous improvement and evidence-based learning, better understanding of the needs of children and young people who enter and leave secure care, and better allocation of resources according to local need.

- Would these differ depending on the route through which a child enters secure care? If so, how?

It is includem's view that the care, support, and therapeutic approach provided to children and young people in secure care should not differ significantly depending on the route through which a child enters secure care. The needs of children and young people in secure care are often similar regardless of whether they enter through the Children's Hearings System, on remand, or following sentencing. Many have experienced trauma, instability, disrupted education, poor mental health, and family breakdown, and require relationship-based, therapeutic, and trauma-informed support.

Support in secure care should therefore be needs-led rather than system-led, and all children and young people should have the access to education, mental health support, family contact, independent advocacy, and planning for transitions out of secure care.

There are some aspects of planning and support which may need to differ depending on the legal route into secure care, particularly in relation to sentence length, release dates, transition planning, and reintegration into the community. For example, children and young people who are remanded or sentenced may require more structured planning around release dates, housing, education, employment, and youth justice support on return to the community.

The most important factor is that all children and young people in secure care, regardless of how they enter, receive consistent, relationship-based support during their placement and sustained throughcare support when leaving secure care, as transitions remain one of the weakest parts of the current system.

Question 22

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.

Includem believes that when developing a national system to coordinate secure care placements, Scotland should look to models that are child-centred, rights-based, and welfare-focused, rather than justice or custody-led systems. Scotland has historically taken a welfare-based approach to children in conflict with the law through the Children's Hearings System, and any national coordination model should build on this approach rather than move towards a more justice-led or custodial model.

Scotland should look at systems that:

- Emphasise secure care as a last resort
- Use small, therapeutic, relationship-based environments
- Prioritise education, mental health support, and family relationships
- Have strong throughcare and reintegration support
- Focus on reducing re-admission and improving long-term outcomes
- Coordinate placements nationally while still involving local services and relationships

It would be particularly important to avoid models that are primarily focused on managing beds, court orders, or risk, as this risks creating a system that is placement-led rather than child-led. The purpose of a national coordination system should not simply be to allocate beds, but to ensure that children receive the most appropriate support and placement based on their needs.

Scotland should look at elements of welfare-based secure care systems in other European countries, particularly those that use small-scale secure care settings with a strong therapeutic focus and integrated education and mental health support. Rather than adopting another country's model wholesale, Scotland should develop a model that builds on the strengths of its existing secure care and Children's Hearings systems, while addressing the current challenges around access to placements, transitions, and alternatives to secure care.

Any national model should be closely linked to community-based alternatives, mental health services, and throughcare support, as secure care cannot be considered in isolation from the wider system that supports children and young people before and after secure care.

Ultimately, the national coordination model must be designed around the question of what children and young people need to be safe, supported, and able to move on positively from secure care, rather than around system capacity or court processes.

Question 23

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

Please explain the reasons for your answer.

As outlined in our previous answer, the national coordination model should be designed around the question of what children and young people need to be safe, supported, and which allow them to be able to move on positively from secure care, rather than around system capacity or court processes.

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.

Question 24

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.

If Scotland were to establish a Multi-Agency Panel to make decisions about secure care placements, it is essential that the panel reflects the wide range of needs that children and young people in or at risk of secure care often have.

Decisions about secure care should not be based solely on risk or offending behaviour, but on the child or young person’s needs, circumstances, and what support would best keep them and others safe. The panel should therefore include professionals from across care, health, education, and community support services, rather than being primarily justice-led.

Professionals who should be represented on the panel should include:

- Social work / local authority children’s services
- Mental health professionals (e.g. CAMHS or clinical psychology)
- Education representatives
- Youth justice professionals
- Residential / secure care providers
- Community-based support providers
- Housing / transitions services (particularly for older young people)
- Independent advocacy representation

Mental health representation is particularly important, as some children and young people who end up in secure care have significant mental health needs and may be placed in secure care due to a lack of appropriate mental health provision rather than because secure care is the most appropriate setting.

It would also be important for the panel to have a strong understanding of community-based alternatives to secure care, so that secure care is only used where no appropriate alternative exists. Representation from organisations providing intensive community support could help ensure that all alternatives are properly considered before a secure placement is agreed.

Independent advocacy should also be built into the process to ensure that the child or young person's views are heard and that their rights are considered in decision making. Decisions about deprivation of liberty are significant and should always involve a clear rights-based approach.

More broadly, the purpose of a multi-agency panel should not simply be to approve secure placements, but to ensure that:

- All alternatives have been considered
- The child's needs have been fully assessed
- There is a clear plan for the child during the placement
- There is early planning for transitions out of secure care
- Support will be in place when the child returns to the community

If a panel is introduced, it will be important that it does not become an additional layer of bureaucracy that delays decision making, and that it remains child-centred, rights-based, and focused on outcomes rather than purely on managing risk or placements.

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

Question 25

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.

Includem does not have a fixed position on the wholesale nationalisation of secure care provision in itself. Our primary concern is not who runs secure care, but how secure care operates, the ethos of provision, and the outcomes for children and young people.

There may be potential benefits to a more nationally coordinated or nationally funded system, including greater consistency of provision across Scotland, more stable funding, improved workforce planning, and better national oversight of standards and outcomes. A national service model could also help address issues around placement availability and ensure that children and young people are placed based on need rather than local authority resources.

However, there are also potential risks associated with full nationalisation.

One of these risks is that the provision could become more centralised, larger in scale, and more institutional in nature, which would move secure care away from the small, relationship-based, therapeutic environments that are widely recognised as most effective for children and young people. This is important to ensure that any national model protects the welfare-based ethos of secure care in Scotland and does not move towards a more custodial or justice-led model.

There is also a risk that structural reform could become the focus rather than addressing the wider systemic issues that lead to children and young people entering secure care in the first place. Many of the challenges currently facing the secure care system relate to the lack of alternatives to secure care, gaps in mental health provision, poor transitions out of secure care, and insufficient throughcare support. Changing who runs secure care will not, on its own, address these issues.

If Scotland is to move towards a national service model, it would be essential that:

- Secure care remains welfare-based and rights-based
- Provision remains small-scale, therapeutic, and relationship-based
- There is strong investment in alternatives to secure care
- Transitions and throughcare are strengthened
- Children and young people have access to independent advocacy

- The focus remains on reducing the number of children and young people requiring secure care, not simply managing provision

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.

Questions on potential secure care funding reform

Question 26

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.

Question 27

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.

Includem believes that a hybrid funding model would likely best support the sustainability and equitable use of secure care in Scotland.

The current system can create uncertainty for providers and inconsistency in access to placements, and there is a need for a more stable and coordinated funding approach. However, funding arrangements must also avoid creating incentives that further increase the use of secure care.

A hybrid model could include national funding for core secure care capacity combined with local authority funding for individual placements and continued investment in alternatives to secure care and throughcare support.

National funding for core capacity could help ensure that secure care providers have stable funding to maintain staffing, facilities, and therapeutic provision, and would help ensure that placement availability is not dependent on individual local authority budgets. This could improve equity of access across Scotland and reduce situations where placement decisions are influenced by cost or local resources.

Local authorities must still retain responsibility and financial involvement in individual placements, as this helps ensure that secure care is used only where necessary and that local authorities continue to invest in early intervention, intensive community support, and alternatives to secure care. If secure care were entirely nationally funded with no local financial responsibility, there is a risk that this could unintentionally reduce incentives to develop alternatives to secure care.

It is also important that any funding model considers the wider system around secure care. Secure care cannot be considered in isolation from the services that support children before they enter secure care and after they leave. Investment is needed not only in secure care provision, but in:

- Intensive community-based alternatives to secure care
- Mental health services and specialist placements

- Throughcare and transitions support
- Housing and support for young people leaving secure care
- Independent advocacy

Without investment in these areas, pressure on secure care will continue regardless of how secure care itself is funded.

Question 28

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.

To guarantee equity of access for all children and young people, Scotland will need more than structural reform.

Whether provision is nationally run, locally run, or a mixed model, equity will depend on consistent decision-making, availability of alternatives to secure care, sustainable funding for support services, clear national standards, and support for children and young people before, during, and after secure care.

One of the current risks in the system is that access to secure care and alternatives can vary depending on where a child or young person lives, the resources of the local authority, and the availability of local services.

A child's access to the right support should not depend on geography, local budgets, or service availability. A more nationally coordinated system could help reduce these inconsistencies, but coordination alone will not guarantee equity.

To ensure equity of access, Scotland should consider the following:

- **National standards and decision-making frameworks**
There should be clear national criteria and decision-making frameworks to ensure that decisions about secure care are consistent across Scotland and based on need, risk, and rights rather than local capacity or resources.
- **National coordination of placements**
A national coordination system could help ensure that children are placed in the most appropriate setting and that placement availability is not dependent on local authority budgets or existing relationships with providers.
- **Sustainable funding across the whole system, including third sector services**
Equity of access will not be achieved unless there is sustainable and consistent funding across Scotland for the services that support children and young people, including intensive community support, family support, throughcare, and transitions support. Third sector organisations play a vital

role in delivering these services and often provide flexible, relationship-based support that statutory services cannot always provide. Short-term or inconsistent funding arrangements can lead to gaps in provision and regional inequalities in the support available to children and families. Any new national or mixed system should therefore include sustainable, longer-term funding arrangements for third sector and community-based services that play a key role in preventing secure care, supporting transitions, and reducing re-admission.

- **Investment in alternatives to secure care across Scotland**

Equity of access is not just about access to secure care, but access to alternatives. Some areas currently have more intensive community support, specialist residential provision, or mental health services than others. Without consistent alternatives across Scotland, children in some areas may be more likely to enter secure care simply because there are fewer alternatives available.

- **Throughcare, transitions, and support into adulthood**

Equity must also apply to what happens after secure care. Children and young people leaving secure care should have consistent access to housing, education, mental health support, and ongoing support regardless of where they live.

- **Independent advocacy**

All children involved in decisions about secure care should have access to independent advocacy to ensure their rights are upheld and their views are heard. Advocacy is an important safeguard in ensuring equitable treatment across the system.

- **Data, monitoring, and oversight**

Scotland should collect and monitor national data on who is entering secure care, from which areas, for what reasons, and what outcomes they experience. This would help identify any regional inequalities or patterns and support more equitable decision making and resource allocation.

Phased implementation

We understand the importance of a phased implementation approach and meaningful stakeholder engagement to ensure that any changes identified through the consultation are effective, sustainable, and appropriate. To achieve this, we will develop a clear plan for delivering change incrementally, carefully managing system impacts and ensuring workforce readiness at each stage. While some systemic reforms may take years to fully implement, they will be guided by a structured plan designed to maintain progress and momentum. Co-design will remain at the heart of any change.

Depending on the outcomes of this consultation, the Scottish Government envisages a phased approach to any major change in funding and commissioning could include, for example:

1. Short term (1-2 years)
 - Strengthen the existing Scotland Excel contract framework, while identifying the timescale for any successor arrangements as soon as possible.
 - Improve national co-ordination and data collection on demand, costs and outcomes.
 - Maintain core funding to ensure provider and system sustainability.
 - Explore whether further diversification is needed among providers to promote specialism and flexibility.
 - Produce a detailed implementation plan for national commissioning or delivery.
2. Medium term (3-5 years)
 - Establish a national commissioning function.
 - Begin phased introduction of new funding models.
3. Long term (10 years)
 - Transition to a national delivery model for secure care.

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, local authorities and Scottish Ministers, must ensure any services they commission are 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.

Questions on secure care transport standards

Question 29

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.

Transport to and from secure care is a significant experience for children and young people and should be treated as part of their care experience, not simply a logistical or security process. It is important that the transport standards are clearly aligned with Scotland’s commitment to keeping the promise and that transport arrangements are trauma-informed, relationship-based where possible, and minimise distress and stigma for children and young people.

It would be helpful to clarify why the age range for the transport standards is set at 19. Consideration should be given to whether the standards should apply to all young people in secure care, including those over 18 who may still be in secure accommodation or transitioning to other settings, to ensure consistency and continuity of approach.

The costs of secure transport and who is responsible for funding this must be clearly set out. Transport costs can be significant and may create financial pressures for local authorities, which could influence decision making. A clear funding approach would help ensure that transport arrangements are based on the needs of the child and young person rather than for cost considerations.

Local authority transport arrangements are often the most challenging part of the system and can be inconsistent across Scotland. Some children and young people may be transported by staff they do not know, in unfamiliar vehicles, or in ways that feel stigmatising or distressing. National standards could help ensure greater consistency and a more child-centred approach across all local authorities.

All transport arrangements should be child-centred and trauma-informed, recognising that being transported to secure care or between placements can be a stressful and emotional experience for children and young people. Transport should be planned in a way that minimises distress and ensures that children understand what is happening and why.

Where possible, transport should involve people known to the child or young person or at least ensure good communication and handover between services. Transport should be seen as part of the child's wider care journey, not a separate process. Continuity and relationship-based practice should be considered within the transport standards, in line with the principles of the promise.

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.

Questions on the Single Point of Contact for victims

Question 30

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.

The SPOC service should operate as part of a wider network of support for victims rather than as a standalone service. It should act as a coordination and navigation point, helping victims understand their options, access appropriate support, and avoid having to repeat their experiences to multiple services. Strong links should be in place between the SPOC service and victim support services, children and families' services, mental health services, advocacy services, youth justice services, and third sector organisations providing relationship-based support.

Crucially, the SPOC service should not duplicate the support already available through Bairns Hoose.

It is critical that the SPOC service is accessible and proactively engages with victims, particularly children, young people, and families who may not seek out support themselves. Consideration should be given to communication, how the service is explained to victims, and how information is shared. Many of the children, young people, and families supported by third sector organisations may not engage with formal services unless support is offered in a proactive, accessible, and relationship-based way.

There must also be clear links between the SPOC service and restorative justice services where appropriate. Restorative justice can provide an important opportunity for victims to have their voices heard and to be involved in processes that focus on accountability, repair, and moving forward. However, for restorative justice to be effective and accessible, there may need to be improvements in how information is shared with victims and how referrals are made, including ensuring that victims are consistently informed of restorative justice options.

In terms of specialist training, staff working within a SPOC service should receive training in trauma-informed practice, particularly in relation to supporting victims of crime and children and young people. Staff should understand the impact of trauma, how people may respond differently to traumatic events, and how to communicate in a way that is supportive and non-retraumatising.

Training should also include:

- Restorative justice principles and processes
- Children's rights and the UNCRC
- Child development and the needs of children and young people

- The criminal justice system and the Children’s Hearings System
- Safeguarding and child protection
- Communication skills and working with vulnerable individuals
- Mental health awareness
- Working with families and family support approaches
- Multi-agency working and referral pathways

It will also be important that SPOC staff understand the wider landscape of services available so that they can direct victims to appropriate support quickly and effectively, including third sector organisations that often provide longer-term, relationship-based support.

Question 31

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 operate as part of a wider network of organisations that support victims, children, young people, and families, and should not operate as a standalone service. The SPOC should act as a coordination and navigation point, helping individuals access appropriate support and ensuring that services work together effectively rather than operating in silos.

The SPOC service should have strong links and clear referral pathways with a range of organisations across the sector, including victim support organisations, children and families social work, youth justice services, mental health services, advocacy services, restorative justice services, and third sector organisations providing family support and relationship-based support. Third sector organisations often provide flexible and longer-term support and play an important role in supporting children, young people, and families who may not engage with statutory services.

It will be important that the SPOC service focuses on coordination and communication between services, helping to ensure that individuals do not have to repeat their experiences multiple times and that support is consistent and joined up. The SPOC should help individuals navigate services and remain a point of contact where needed, rather than simply signposting and closing involvement.

In terms of accessibility and being age-appropriate and trauma-informed, there are several important features that the SPOC service should include. Information about the SPOC service should be clear, simple, and available in different formats. Children and young people should be able to understand what the service is, what it can help with, and how to access it. Consideration should be given to online access, text or messaging options, and different ways of contacting the service.

We know that many children, young people, and families will not seek support

themselves. The SPOC service should therefore include proactive engagement and referrals from other services, rather than relying solely on self-referral.

Staff should be trained to communicate with children and young people in an age-appropriate way and to explain processes, rights, and options clearly.

The SPOC service should be trauma-informed, recognising that individuals will have experienced distressing or traumatic events. Staff should communicate in a way that is supportive, avoids re-traumatisation, and allows individuals to feel safe and listened to. Individuals should not be required to repeat their story multiple times unnecessarily.

For children and young people, support should also consider the wider family context, and the SPOC service should be able to link families into support services where needed.

Question 32

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.

Includem agrees that support services should extend to signposting victims and their families to counselling and other support and advice services. Many victims, particularly children and young people, may require emotional support, mental health support, practical advice, and ongoing support beyond the immediate justice process.

It is important to recognise that signposting alone may not always be sufficient. Many children, young people, and families may find it difficult to access services on their own, particularly where there are long waiting lists, complex referral processes, or where individuals are reluctant to engage with services without support. In many cases, individuals may require support to access services, including help making referrals, attending appointments, and engaging with support over time.

Support services should therefore not only signpost to counselling and other services but, where possible, support individuals to access and engage with those services. This may include referral pathways, follow-up contact, and coordination between services.

It is also important that support is available not only to victims but to their families where appropriate. Families may also be affected, requiring further support to help them with the child or young person. Third sector organisations often play a significant role in providing counselling, emotional support, family support, and practical advice, and it will be important that any support model includes strong links to third sector services and recognises their role in providing flexible, relationship-based support.

Support must also be available over time, not just immediately after an incident or court process. Some individuals may not feel ready to access counselling or support immediately and may require support at a later stage.

Question 33

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.

Includem agrees that the SPOC service should be appropriately resourced to commission and offer services to victims where this helps ensure that victims can access the support they need. If the SPOC service is intended to help victims navigate services and access support, it is important that it can commission services where gaps exist or where services are not easily accessible. It will be important that this does not duplicate existing services or create parallel systems. The SPOC service should work in partnership with existing statutory and third sector services and should aim to strengthen and coordinate existing support rather than replace it.

Third sector organisations already provide a significant amount of support to victims, children, young people, and families. This includes counselling, emotional support, advocacy, family support, and practical support. Any commissioning role for the SPOC service should recognise the importance of the third sector and must include sustainable and longer-term funding arrangements for third sector organisations which provide these services.

It is also important that commissioning decisions are based on identified gaps in provision and the needs of victims and families, rather than creating new services where support already exists. In addition, if the SPOC service is commissioning services, it will be important that it considers whole family support, trauma-informed support, and support over time, rather than short-term or one-off interventions.

Question 34

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.

Includem recognises that a SPOC model which combines the elements of trained staff with volunteer support can offer benefits, particularly in increasing capacity, flexibility, and accessibility for victims and families.

Volunteers may bring additional community connection and peer support, while trained staff provide consistency, expertise, and oversight. However, it is essential that volunteers complement, rather than replace, skilled practitioners. Given the complexity and sensitivity of the needs involved, core delivery should be led by appropriately trained staff to ensure safe, trauma-informed, and consistent support.

Priority training for SPOC personnel should include:

- Trauma-informed and rights-based practice
- Understanding of child development, trauma, and adverse childhood experiences
- Safeguarding and risk assessment
- Communication skills, including working with children and families
- Awareness of barriers to access and how to engage those least likely to seek support

There is also value in staff having training or experience in restorative justice approaches, recognising the potential for these to support meaningful engagement where appropriate.

Question 35

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.

Includem recognises that, in order for a SPOC service to provide meaningful support and clear explanations to victims, required the need for proportionate information sharing between relevant agencies, including Police Scotland and local authorities. However, any such information sharing must be carefully managed and underpinned by clear legal frameworks, with a strong emphasis on children's rights, confidentiality, and data protection. Information sharing should be proportionate, necessary, and in the best interests of all children involved, including those who have caused harm.

We would therefore support appropriate and proportionate information sharing, where this enables victims to be supported and informed.

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

Question 36

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?

Question 37

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?

There are a number of potential children’s rights and wellbeing considerations arising from the proposals set out in this consultation. While many of the proposals aim to improve coordination, consistency, and access to support, it will be important to ensure that any changes remain firmly child-centred, rights-based, and consistent with the United Nations Convention on the Rights of the Child (UNCRC) and Scotland’s commitment to keeping The Promise.

One key risk is that increased national coordination, national provision, or changes to funding models could unintentionally lead to a more centralised or institutional approach to secure care. Secure care in Scotland has historically been welfare-based and distinct from custody, and it will be important to ensure that any new models do not move towards larger, more institutional environments that risk resembling youth custody settings. Deprivation of liberty should always remain a last resort, for the shortest possible time, and subject to regular review.

Another potential children’s rights issue relates to the potential expansion or inappropriate use of “flex secure” models.

While flexible approaches may be intended to support children and young people in less restrictive environments, there is a risk that these restrictions on liberty could be applied in settings which are not designed, regulated, or scrutinised in the same way as secure care. This would raise important children’s rights issues in relation to deprivation of liberty, safeguards, oversight, and access to advocacy and review processes. It is important to ensure that any use of flexible secure arrangements is clearly defined, properly regulated, rights-based, and does not result in children and young people experiencing restrictions on their liberty without the appropriate legal safeguards and protections.

A further potential risk is that the system will become resource-driven rather than needs-led. There is a risk that even with new national structures, coordination systems, and funding models, decisions about children and young people may still be influenced primarily by resource availability, service capacity, or funding pressures rather than the individual needs and rights of the child. This could result in children and young people being placed in settings that are available rather than appropriate, delays in accessing support, or secure care being used because alternatives are not available.

There is also a further risk that reforms are strong in rhetoric – for example in relation to children’s rights, trauma-informed practice, and the promise – but weak in implementation if those services are not properly funded, alternatives are not available across Scotland, and transitions and throughcare are not adequately supported.

For reforms to genuinely improve children’s rights and wellbeing, the system must be designed and resourced in a way that allows decisions to be genuinely needs-led rather than resource-led.

Transitions and throughcare are also a significant wellbeing issue. Several children and young people leaving secure care experience a sudden reduction in support and return to environments without the structure or support they had while in secure care. Without strong transitions planning, housing support, education support, and ongoing relationship-based support, there is a risk of poor outcomes, including re-admission to secure care, homelessness, or involvement in the justice system. Any changes to the system must ensure that transitions and throughcare are strengthened.

Equity of access is also an important children’s rights issue. Children and young people should have **equal access to support** and appropriate placements regardless of where they live. Variations in local services, funding, and alternatives to secure care can lead to unequal outcomes for children and young people in different parts of Scotland. Ensuring consistent access to alternatives, mental health services, advocacy, and throughcare support is therefore essential.

Access to independent advocacy is also a key children’s rights issue. Children and young people involved in decisions about secure care, justice processes, or victim services should have access to independent advocacy to ensure that their views are heard and their rights are upheld.

More broadly, there is a risk that structural changes to systems and services focus on governance, funding, and coordination rather than on relationships, support, and outcomes for children, young people and families. Children’s wellbeing is often most strongly influenced by stable relationships, consistent support, family support, and successful transitions into adulthood. Any system changes should therefore prioritise relationship-based and whole family support, not just structural reform.

Crucially, any changes to the system should be assessed against whether they improve children’s wellbeing, uphold their rights, reduce the number of children and young people requiring secure care, and provide support to successfully move on into adulthood.

Question 38

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 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.

Question 39

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

Includem welcomes the opportunity to respond to this consultation and recognises the intention to improve consistency, coordination, and support for children, young people, victims, and families. Across many of the proposals in this consultation, the key issue will not only be the structure of the system but whether the system is properly resourced and designed to support relationship-based, needs-led practice.

Many of the challenges currently experienced in relation to secure care, justice processes, transitions, and support for victims and families are not primarily caused by a lack of structures or processes, but by a lack of sustained resourcing across the wider system. Without sufficient resourcing, there is a risk that reforms are strong in rhetoric but weak in implementation.

In particular, resourcing must be sufficient to enable relationship-based practice. For many children, young people, and families, the most important factor in achieving positive outcomes is having consistent, trusted relationships with workers who can provide support over time. Short-term funding, high caseloads, and fragmented services make it difficult to provide the consistent, relationship-based support that is often needed, particularly for children and families with complex needs.

There also needs to be significant focus and resourcing for transitions and throughcare. In our experience, transitions into and out of secure care, custody, and other placements remain one of the weakest parts of the system. Too often, children and young people leave highly structured environments and return to communities without the same level of support, which increases the risk of placement breakdown, re-admission to secure care, homelessness, or further involvement in the justice system. Transitions should be planned early, involve all relevant agencies, and include ongoing support into adulthood where required.

The consultation also highlights the importance of early intervention and prevention. For children and young people who end up in secure care or are involved in the justice system have experienced trauma, poverty, family breakdown, school exclusion, and unmet mental health needs over a long period of time. Greater investment in early intervention, family support, mental health support,

and intensive community-based services could reduce the number of children requiring secure care or justice interventions in the first place.

Includem would also emphasise the importance of Whole Family Support. When a child or young person is involved in the care or justice system, the impact is rarely on the individual alone. Families often require support to help them support the child or young person, and whole family approaches can help create more stable and sustainable outcomes.

Ultimately, improving outcomes for children, young people, and families will depend not only on system structures, national coordination, or new services, but on whether there is sufficient investment in early intervention, whole family support, mental health services, community-based alternatives, transitions and throughcare, and relationship-based practice.

The success of any reform should be measured by whether fewer children require secure care, whether children and families receive support earlier, whether transitions are successful, and whether children and young people are supported to move on to safe, stable, and positive futures.