



Children and Young People's
Centre for Justice

Consultation on the future of secure care

CYCJ response

April 2026

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

Overview

The Children and Young People's Centre for Justice (CYCJ) very much welcomes the opportunity to respond to the Scottish Government's [Consultation on the future of secure care](#). As well as seeking views on proposals for Reimagining Secure Care, the purpose of secure care, mental health support, future funding and co-ordination models, the consultation also asks about secure transport and the Single Point of Contact (SPOC) service for victims.

CYCJ response

Our response draws from our practice knowledge, research evidence, policy understanding and participation work. This includes very recent discussions with five young people all currently in secure care, alongside all of our extensive engagement and analysis we undertook to produce the [Reimagining Secure Care report](#) in 2024. We also produced a [key summary](#) of our response in advance of the consultation deadline in order to share with key stakeholders.

Whilst significant progress has been made in recent years, as we note in our response, there are still children being detained in secure care who could be better supported in other environments, and some who are being detained for longer than is necessary. Significant changes are still needed if we are to deliver on the Promise by 2030 and embed the United Nations Convention on the Rights of the Child into Scotland's response to children in conflict with the law. In particular, article 37 on ensuring that a child is only deprived of their liberty as the absolute last resort, for the shortest appropriate time and subject to regular review.

As set out in our response to this consultation, we believe action can and must be taken to:

- reduce the number of children in secure care by investing in alternatives;
- provide individualised, responsive and wraparound support in the community to the most at-risk children;
- ensure the national coordination of placements and provide workforce support.

If you have any questions, or would like to discuss CYCJ's response in more detail, please contact Allan Young allan.young@strath.ac.uk

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Questions on the purpose of secure care

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

Yes.

CYCJ believes that the new criteria for authorising a child's placement in secure accommodation by a children's hearing are sufficient and have already passed significant scrutiny. The proposed new criteria are in line with both existing evidence and the criteria outlined in the [Children \(Care and Justice\) \(Scotland\) Act 2024 \(s.7\)](#) scheduled to be commenced in early 2027. The criteria outlined in the Act were informed by a range of evidence including thorough consultation and engagement with practitioners and children and young people, and approved after deliberation in Parliament. Throughout Scotland extensive work has been undertaken to communicate the change as outlined in the Act with relevant statutory services and organisations. The criteria outlined in the Act are also referenced within the Secure Care Regulations that are currently being updated, with the understanding that the criteria will be commenced in the near future.

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?

No.

Existing policy, legislation, and practice standards clearly outline criteria for secure care authorisation, and the level of perceived risk to self or others required to meet this threshold. These documents are built on the premise that depriving a child of their liberty for any reason should only be used as a last resort, for the shortest time possible and subject to regular review, in keeping with domestic and international human rights standards.

Secure care is the most significant level of control that the state can implement on a child's life. Existing evidence, much of which has informed policy, legislation and practice standards as well as the current secure care authorisation criteria, outlines that the experience of deprivation of liberty in secure care is complex. For some children it is a much-needed opportunity for safety and structure – for others it is an experience defined by control, observation, and risk-aversion. There is an existing gap in evidence of the longitudinal impact of secure care on people's lives, however it is documented that many children deprived of their liberty in secure care feel criminalised regardless of the reason for their admission; feel unable to access educational and vocational opportunities; and experience a detrimental impact on their psychological wellbeing due to the physical and interpersonal

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environment of secure care. This is evidenced in the Children and young people's participation report which accompanied CYCJs Reimagining Secure Care report in 2024 and a report from the Children's Commissioner in 2024 on Children with complex needs who are deprived of their liberty (Children's Commissioner, 2024; Swann, 2024).

The high levels of restriction in secure care place children at risk of having multiple rights under UNCRC being unmet or infringed upon and it is therefore imperative that secure care criteria remain at a significant and immediate level of risk. Broadening the existing criteria to include 'near-secure' provision without a clear, informed definition of what this might look like in practice risks creating care provision which is excessively and disproportionately restrictive. The development of alternatives to secure care should be prioritised in place of widening criteria – these alternatives should be developed to ensure that children who require intensive support and protection from (self-)harm have access to appropriate and proportionate care which does not deprive them of their liberty or unnecessarily restrict their movement or agency.

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

We do not believe that there is a need to alter the newly created secure care criteria, which is due to be implemented through the Children (Care and Justice) (Scotland) Act in early 2027. As stated previously, these criteria were debated and approved by Parliament.

The incoming secure care criteria is sufficiently flexible to respond to a child experiencing, or at risk of, acute harm. A move towards specifying particular types of harm to justify admission into secure care is problematic as it moves away from the contextualised, nuanced circumstances that may precipitate a child being placed there.

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

Definitions must be reviewed to avoid unnecessary restrictions and ensure that any limitation on a child's liberty is defined by need, risk of harm, and rights, and not the result of arbitrary timescales or system convenience. The effective implementation of this would require clear legal safeguards and parameters, and a workable framework. The aim is not to redesign deprivation of liberty more flexibly, but to reduce its use across the system.

The flex secure concept supports this by moving away from static, binary models towards a continuum of care that can scale up or down responding to need, while maintaining stability, relationships and continuity for children and their families (Gibson and Whitelaw 2024). This

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concept sits neatly with the evolution of Scottish Government policy and legislation, and long-standing principles of needs-led, coordinated and proportionate support across the system. It is also based on international evidence from small scale, strengths based and community enabled youth justice settings, where relational security is central to care and containment (Souverein et al., 2023).

In order to deliver this new category of provision successfully, however, wider action is needed to accompany this change to embed legal safeguards, define parameters and ensure effective delivery in practice. This includes ensuring compliance with the specific protections under Article 37 of the UNCRC and Article 5 of the European Convention on Human Rights (United Nations, 1989; Council of Europe, 1950). There is already concern over instances where children have been deprived of their liberty without sufficient legal scrutiny or consistency in authorisation processes, with evidence highlighted by the 2023 Care Inspectorate position paper of deprivation of liberty (Care Inspectorate, 2023).

Alongside this sits a deeper tension that must be resolved. Deprivation of liberty operates through procedural mechanisms with defined legal thresholds, formal authorisation, and structured review processes. In contrast, the flex secure model is built on dynamic responsiveness, with support and levels of restriction adapting in real time to the child's needs. For the model to be viable, definitions must establish a clear, operational framework that sets out:

- a precise and accessible definition of when restriction becomes deprivation of liberty
- a clearly identified legal trigger for that threshold
- explicit allocation of responsibility for authorisation
- consistent recording and monitoring of decisions
- robust, independent review processes
- meaningful access for children to advocacy and challenge

Without clarity, there is a real risk of drift, where children remain in restrictive conditions longer than necessary because the boundary between restriction and deprivation is unclear or inconsistently applied.

When preparing our response to this consultation, we spoke with children and young people currently in secure care. A common theme raised was their sense of the overly restrictive nature of the secure care centres. This both impacted on their mental health and failed to give them a needed sense of progression through good behaviour, which left them feeling disempowered. One young person we spoke to was clear that the current centres could not simply be adapted to become flex secure, but would need a fundamental redesign.

Research across jurisdictions consistently highlights that where community-based alternatives are not sufficiently developed, systems default to more restrictive forms of care (Whitelaw, R., and Gibson, R., 2023). As outlined in the Reimagining Secure Care Report (2024a), flex secure is positioned as being part of an interdependent landscape integrated

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with community hubs, and multi-disciplinary teams (MDTs). Implementing one without the others risks widening, rather than reducing, restrictions.

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?

A model with adaptable levels of restriction can better protect and advance children's rights by allowing support to move around the child and their family without repeatedly moving the child through and around the system. This reflects the Secure Care Pathway and Standards (2020), as well as the core principles of GIRFEC and the Whole System Approach, where responses are proportionate, coordinated and led by children's needs, and are applied more consistently at the point where restriction is most likely to escalate.

This is particularly important when set against current arrangements within the Children's Hearings System and the court system, where decision-making can be procedural and time-driven, or triggered by placement availability rather than fully responsive to the child's day-to-day circumstances. Fixed review cycles and formal processes, while necessary for legal safeguards, can create delays in reducing restrictions even when it is no longer required. In practice, this can mean that children remain subject to deprivation of liberty longer than is necessary, not because of ongoing risk, but because the system is not structured to adjust quickly enough.

A flex secure model can protect rights by enabling more immediate, needs-led adjustments. Timescales for review need to be more flexible, live and ongoing with decisions based on evidence and collaboration. As outlined by the Care Inspectorate position paper in 2023, this requires day to day consideration of whether restriction remains proportionate and necessary, to prevent deprivation of liberty becoming extended by default.

The child's experience of this model also requires careful consideration. While flexibility allows restrictions to change, children often value certainty. Some may find reassurance in knowing how long restrictions will last. For the model to be rights-respecting in practice, children must:

- understand what restrictions are in place and why,
- know what needs to change for those restrictions to reduce,
- be supported to express their views and challenge decisions.

Workforce capability is also central. A model that relies on dynamic adjustment requires staff who are confident in:

- recognising when restriction becomes deprivation of liberty,
- applying legal and rights-based frameworks in real time,
- supporting children through relational, trauma-informed practice.

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Without this, there is a risk that restriction is maintained because it feels safer or more manageable, rather than because it is necessary.

There are also potential unintended consequences that must be addressed. In some cases, moving between placements currently triggers access to different supports and a single adaptable setting could risk losing access to services linked to placement type rather than need. This reinforces the importance of the wider system, particularly the role of multi-disciplinary teams (MDTs) to ensure support follows the child.

Finally, oversight and regulation must reflect the reality of the model. Where children are experiencing conditions that amount to deprivation of liberty, safeguards must operate at that level. This includes:

- clear identification of when deprivation of liberty is occurring
- the lawful authorisation and review.
- monitoring of duration and reduction
- real time accountability when such actions and decisions may not meet legal and safeguarding requirements with immediate routes for a child to challenge decision.

6. Do you support the concept of community-based hubs?

Yes

Community-based hubs should be a central feature of reimagining secure care. They provide one of the most effective ways to reduce the need for restriction and deprivation of liberty by shifting from reactive intervention to earlier, relational and community-rooted support.

The evidence base is clear that integrated, community-based hubs improve access to support, particularly for children and young people who are less likely to engage with statutory services. Early support within hubs will provide strong reach into groups who are often underserved, including those experiencing multiple and overlapping needs, and show measurable improvements in mental health, wellbeing and engagement with support. Children in or around secure care often present with complex, interconnected experiences of trauma, exploitation, family stress and unmet need (Settipani et al., 2019).

Evidence also consistently shows that earlier intervention reduces the likelihood of escalation into crisis, offending and harm, while also improving long-term outcomes for children and communities (Henderson et al., 2018). In contrast, systems that rely on escalation to trigger support often miss these opportunities, resulting in more acute need and fewer options.

Community hubs create spaces where relationships can form, where families can access support without stigma, and where communities can connect and respond collectively to need (OECD, 2020).

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For children at risk of entering secure care, this is critical. Risk and harm are shaped by family relationships, peer networks, community context and structural inequality. Community-based hubs provide a mechanism to work within those environments, rather than removing the child from them as the primary response.

There is also evidence that integrated hub models improve outcomes across multiple domains simultaneously. Early childhood and family hub models show improved child development, better health and educational outcomes, reductions in youth crime and entry into statutory care, and stronger engagement between services and families.

That said, the effectiveness of hubs will depend on how they are implemented. Alongside receiving sustainable investment, they must provide real, accessible support, not simply coordination or signposting. This includes crisis response, family support, mental health provision, and support around education, relationships and community safety. Hubs must also be embedded within a coherent national model with local flexibility. Evidence from the UK Government's Rapid evidence review of community initiatives (2022) shows that community infrastructure is most effective where it is tailored to local need while maintaining consistent standards and access.

Alongside this, hubs must have strengthened the team around the child and not replace existing structures such as GIRFEC.

7. Do you support the wider adoption of the concept of multi-disciplinary teams?

Yes

The wider adoption of multi-disciplinary teams should be supported, but only where they operate as a genuinely integrated, relational and collaborative mechanism around the child and family, rather than an additional layer of process. MDTs are most effective when understood as the delivery structure that enables the wider Reimagining Secure Care vision to function in practice, connecting community-based support, specialist intervention, and any changes in levels of restriction into one coherent response.

Currently, different services hold separate parts of the picture, operate to individual thresholds, with separate accountability. This leads to delay, inconsistency, and a lack of continuity for children and families. MDTs can address this by creating a shared understanding, coordinated response, and a single, coherent plan around the child. MDTs should play a key role in extending and scaffolding the team around the family, bringing additional expertise, capacity and coordination at points of complexity or heightened risk.

During the Reimagining Secure Care project, there was important exploration of how MDTs and staff within Flex Secure could operate in a more integrated way, including the potential for practitioners to be interchangeable across the secure and community elements of the model. This was not about roles becoming blurred, but about enabling the person with the strongest, most trusted relationship with the child to remain alongside them, regardless of whether support is being delivered within a more restrictive environment or within the community. This is a significant shift from current practice and allows relationships to follow the child across environments, reducing disruption and strengthening trust.

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The use of MDTs builds connections across a network where multiple practitioners know the child, share understanding, and provide continuity.

As highlighted, one of the key tensions in the current system is that decision-making can be procedural and time-driven, particularly within court and Children's Hearings processes, rather than fully responsive to the child's changing circumstances. MDTs, create the conditions for real-time understanding and coordinated response, allowing support and, where relevant, levels of restriction to adapt in line with current need.

This is particularly important where decisions relate to restriction or potential deprivation of liberty. MDTs can bring together the necessary expertise to ensure that decisions are holistic, proportionate and informed by the child's full context, including family, community and relational factors. There may be a role for MDTs having decision-making authority in relation to levels of restrictions, and deprivation of liberty, though must sit within a clear legal framework, with defined pathways for decision-making, robust safeguards, and consistent fluid review mechanisms. This cannot replace formal authorisation processes, independent review, or the child's right to challenge but add responsiveness rather than process layers.

MDTs and also strengthen social capital, building more trusting and transparent relationships between families and services. By reducing fragmentation and improving continuity, they make systems easier to understand and engage with.

However, for MDTs to be most effective, several conditions are essential.

They must have a clear relational core, with a key person who provides consistency and accessibility, while also being part of a wider network of practitioners who share responsibility and understanding.

They must have a clearly defined role, ensuring they support and strengthen the team around the family, rather than duplicating or replacing it.

They must enable timely, responsive decision-making, avoiding delay and procedural drift.

They must be supported by a workforce with shared knowledge of children's rights, trauma, relational practice, mental health and neurodiversity, ensuring that integration is meaningful in practice.

And they must operate with clear accountability, so that decisions are visible, owned and open to scrutiny.

Questions on mental health provision

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

Further action to integrate secure care and mental health services is essential. At present, children are sometimes placed in secure care because there is no alternative provision

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available, rather than because it is the right setting. That position is not compatible with a rights-based approach or with the responsibilities of corporate parenting.

Children with significant or acute mental health needs should not be in secure care due to gaps in mental health provision. Equally, children should not be in secure care unless staff are equipped to understand and respond to mental health, trauma and neurodevelopment. The children and young people in secure care we spoke to in preparing our response to this consultation, spoke of the impact on their mental health of being in secure care and the lack of specialist mental health support.

The Reimagining Secure Care literature reinforces that deprivation of liberty can be harmful and traumatising, particularly for children who have already experienced significant adversity. This impact is not always sufficiently recognised. There remains a tendency to separate mental health and behaviour, or to view risk and vulnerability as distinct. The distinction between children whose behaviour “poses a risk” and those “at risk” is a false dichotomy. Many children in secure care experience both, and their behaviour is often shaped by underlying mental health needs, trauma and the environmental context which they are in.

Integration must therefore move beyond service alignment to a shared formulation of the child’s needs, where mental health is central to understanding behaviour, risk and support.

Multi-disciplinary working is key to this. As outlined in Q7, MDTs should scaffold and strengthen the team around the family, bringing together mental health, social work, education and other expertise into a single, coordinated response. Within this, mental health input must be embedded in day-to-day decision-making, not accessed separately or after the fact.

There is also a clear opportunity in the development of forensic CAMHS (FCAMHS) in Scotland. While national provision is still evolving, this represents a significant step forward. It should not be viewed as a separate service sitting alongside secure care and MDTs, but as a core component that can connect into and scaffold MDT practice. FCAMHS brings specialist expertise in complexity, risk, trauma and mental health. When integrated effectively, it can:

- support shared formulation and understanding of the child
- provide consultation and guidance to practitioners across settings
- strengthen decision-making, including around risk of harm and restriction
- and build capacity within the workforce

Evidence from community FCAMHS models demonstrates the value of services that operate across boundaries, working with children in community, secure and inpatient settings, and supporting professionals through both direct intervention and consultation (Lane et al., 2023).

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Alongside this, there is potential to repurpose aspects of secure care, with stronger leadership and embedded provision from mental health services, to ensure that expertise is consistently present, which is not the case currently.

Secure care staff must be supported to develop confidence and competence in mental health, trauma and relational practice, alongside access to ongoing clinical supervision. At the same time, mental health professionals must understand the environments children are living in, including the realities of risk of harm, behaviour and system pressures.

The Secure Care Pathways and Standards work has already identified that current systems are not consistently aligned, with delays, thresholds and service boundaries creating gaps in support. Integration must address these systemic issues, ensuring that children are not left between services because they do not meet narrow criteria.

As children move towards emerging adulthood, there is a risk that mental health needs are deprioritised or that service responses change abruptly. This is particularly concerning for children who have experienced deprivation of liberty, where the impact can be long-term. Integrated approaches must include transitional safeguarding, ensuring continuity of mental health support beyond 18.

Finally, integration must include a clear focus on rights and accountability. Children must be supported to understand their rights and to challenge decisions where those rights are not being upheld. Where deprivation of liberty is involved, or where mental health needs are significant, there must be clarity about:

- who holds responsibility for care and treatment,
- how decisions are made and reviewed,
- how rights are protected across both systems.

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?

We believe that children within secure care would benefit from consistent access to mental health workers to provide specialist support. The inclusion of mental health staff on shift would provide guidance and training opportunities to upskill the secure workforce. Children on the cusp of secure care require consistency from the same team around them. The support this team needs should increase to include elements of the MDT to respond to the child's needs, rather than introducing new adults in their life.

We believe that there needs to be more alternatives to secure care in local communities to support relationship continuity.

The Pathway and Standards review in 2023 by the [Care Inspectorate](#) found that children who were supported to stay in their communities showed the greatest improvement in their safety as they had intensive support from staff who had a genuine relationship with them. It

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however noted that some staff, over half of young people in the sample, and some of their families highlighted a particular lack of community-based specialist resources, mainly relating to two types of resources-mental health support and suitable support to address substance misuse.

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?

We are aware there can be challenges accessing crucial information when young people move to secure care or a new placement outside their local authority/health board. Time constraints when requesting information to be shared can have a detrimental effect, such as children being subject to more restrictive risk management measures than necessary. Striving to have the one system for health boards would improve access. At a minimum, there should be clearly agreed and consistent information on health and wellbeing needs, that can be shared with relevant staff in an easy and accessible way.

We know that changes in lead professional can also have a detrimental effect on information being shared and this reinforces the importance of the same team around the child. Prevention and community support improve information sharing by encouraging early intervention and multi-agency working. Professionals such as teachers are more likely to share concerns at an early stage, helping to identify needs before they escalate. This leads to more coordinated and consistent support, as services work together and develop a holistic understanding of the child.

Robust transitions for children moving between placements ensure important information is passed on accurately and consistently. This helps new professionals understand the child's needs, background and any risks from the outset, allowing uninterrupted support.

Questions on prevention, alternatives, community based support and transitions

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?

Regrettably there is limited research into the efficacy of alternative care and support in Scotland. The lack of scholarship regarding the outcomes of those leaving secure care, the benefits of Movement Restriction Conditions, or the use of bespoke packages of care leaves practitioners and agencies having to rely upon literature from elsewhere, which are not entirely transferable to the Scottish context.

Nevertheless, within recent publications CYCJ have highlighted a range of effective measures in avoiding unnecessary deprivation of liberty. In a literature review of secure care,

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Gibson and Whitelaw (2024) point to emerging themes from outside Scotland worth considering. These include multi-disciplinary residential teams; intensive fostering; trauma-informed practice; flexible residential secure provision; and a better understanding of risk. Moreover, the Promise calls for the provision of community-based resources, and those which entail comprehensive, intensive family support. Such measures should be prioritised wherever possible when supporting children who face, make or take the highest levels of risk.

Reporting on visits to a range of services aiming to support a similar cohort of children, Johnson (2017) argues that a suite of options should be made available that correspond to the underlying factors that precipitate, perpetuate and predispose a child to exposure to risk. Responses should be tailored to their unique needs and reflects the personalised formulation that has been undertaken, with suitably trained practitioners. For most children, this would be the Short Term Assessment of Risk and Treatability – Adolescent Version (START-AV). However this is not always the case, and Scottish Government Social Work statistics 2024/25 (Scottish Government, 2026) shows a concerning number of children enter the Care and Risk Management process (CARM) without the use of an appropriate – or any – risk assessment tool. Given the significant number of children within the secure arena who have been subjected to extrafamilial risks, adoption of the Contextual Safeguarding approach is also warranted.

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)

A recent survey of all 32 local authorities highlighted that financial pressures, lack of resources, and staffing pressures hindered authorities from implementing the Whole System Approach (Gibson, 2025).

The lack of finances subsequently limits an authority's ability to create the intensive support package required to respond to risks, needs and vulnerabilities. This is compounded by the lack of adequate skills and staffing in some sections of the workforce, with the survey highlighting training as a barrier to enhancing capacity.

Gaps exist in the provision of movement restriction conditions (MRCs) across Scotland, with some local authorities scarcely adopting this measure, even though it could conceivably support a child where appropriate to remain within the community. The current policy and legislative framework for MRC use is also particularly narrow and broader use of MRCs that incorporates GPS monitoring could be considered. Such a measure must be accompanied with the intensive, wraparound support that addresses the underlying factors that contribute to a child experiencing a high degree of risk.

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

Significant gaps exist at present, with funding, resource, and staffing pressures each hindering Scotland's ability to meet the needs of this most vulnerable cohort of adolescents.

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One major gap exists within the provision of mental health supports for this cohort. As highlighted by practitioners in CYCJ's Whole System Approach survey (2024b), this includes extensive waiting lists of around 10 years for CAMHS provision, as well as limited mental health support within the community or within inpatient settings, and a lack of FCAMHS provision.

Likewise, the lack of residential provision that can best meet the needs of this particular group of children is a hinderance to supporting them in the most appropriate placement. Given the behaviours of the children in question, intensive fostering or residential care that meet these needs are very sparse. Those residential services that are utilised are often within the for-profit or third sectors, which can result in limited oversight from the responsible local authority for the care delivered, as well as substantial costs.

Further gaps can be found in the 24-hour support and supervision that is often required amongst this group. Very few local authorities operate or commission services that can meet this demand. Regional pooling of resources may be of benefit in this regard. This may also prove helpful in provision of the intensive, wraparound support that that is required when utilising an MRC. The device itself, of course, does not address the underlying factors that contribute to a child experiencing a high degree of risk.

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

CYCJ are well positioned to share examples of effective, rights respecting practice that provides alternatives to deprivation of liberty through our yearly-updated practice guide, practitioner forums and training programme. CYCJ's regular series of webinars could likewise provide an opportunity to reach practitioners, alongside the Post Graduate Certificate in Children in Conflict with the Law.

Partner agencies such as the Youth Justice Improvement Board, National Social Work Agency, and Social Work Scotland can also cascade examples of effective practice across local authorities. The Scottish Government could re-establish the periodic meetings of WSA leads, at which best practice could be shared.

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

Yes, there is scope for local authorities collaboratively create the small, flex secure facilities. The pooling of resources may help to overcome current financial barriers, creating pan-authority services. CYCJ would support collaborative practice such as this, in addition to pooled, regional supports delivering intensive services for those children who experience the highest levels of risk within the community.

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

It is important to highlight that for children in conflict with the law 'justice services' will be child focussed services, ideally children and families or youth justice team led, and if open to

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an adult justice team they will be developmentally and trauma informed, apply GIRFEC principles, and collaborate with children's services. This requires a collaborative approach as part of the multi-disciplinary team (MDT) supporting the child and sharing responsibility for meeting their needs, as embedded in the Secure Care Pathway and Standards.

Overcoming barriers to information-sharing would benefit all services, ensuring they have the information required to support that child.

Children with complex needs and staff teams supporting them would benefit from more input from mental health services. As evidenced in the [Neurodevelopmental Pathways and Waiting Times in Scotland](#), as of March 2025 over 42,000 children were waiting on neurodevelopmental assessments in Scotland. Changes are required to meet these needs without reliance on diagnosis, whilst prioritising those who need the service to access specific treatment, as identified in the recommendations of the [ADHD and autism pathways](#).

Children with complex needs can often be excluded from, or experience reduced access to school/education which puts additional pressures on parents/carers and fails to uphold their rights. This can lead to negative outcomes for children with complex needs, such as coming into conflict with the law and being in secure care. The [Sieff Report](#) (2025) on children with special education needs or disabilities (SEND) in England and Wales, discusses how the system can fail to prevent children with SEND entering the justice system, noting that 80% of children in the justice system have SEND. Research also highlights high levels of exclusion and negative educational experiences for pupils with ADHD without effective intervention or modification of approaches ([Day, 2025](#); Russell et al, 2023), and the link between lack of meaningful activity and conflict with the law.

Children with complex needs are overrepresented within the justice system and their needs must be identified and assessed at the earliest possible opportunity. This should inform decision-making as to the appropriate response, fully upholding children's rights in the process, including the right to participate meaningfully. This, however, requires that all justice agencies are appropriately trained in identifying and responding to children's needs, including complex needs and rights; that case-by-case approaches are focused on the needs of the child; and that access to more specialist services where necessary, e.g. speech and language therapists, are consistently available. The availability of high-quality data would help to evidence to what extent children's needs are being met and rights are being upheld.

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

Feedback and evaluation from children and families using community-based supports is vital to measure how effective they are. Current formal data reporting on meeting the needs of children and young people tends to be focused on numbers and demographics. There needs to be a more formalised approach to recording the needs of children receiving community-based supports and a mapping of these against whether support is available and effective.

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This will require feedback from children and families on their experiences and views from professionals. At the moment the various organisations measure progress in different ways and largely in silos. There should be some level of consistency across health, education, social work and the third sector in terms of measuring how effectively the needs of children and families are being met. GIRFEC should provide the basis for this.

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?

Support for children transitioning to Young Offenders' Institutions (YOI) must be strengthened using a multi-agency approach. From many of the young people we have worked with in HMP & YOI Polmont, we have heard that this particular transition is a source of anxiety and uncertainty. Due to the financing of justice-related secure care placements, the range of admission pathways, and the fact that transitions from secure care to YOI involve multiple service providers, there is currently a lack of clarity around how a joint-working approach to transition support provision might operate. It is important that any renewed approach to support is built primarily around the needs and rights of children and young people, and that there is a clear multi-agency arrangement that ensures joint accountability for delivery.

The approach developed must be flexible and needs-led so that individuals have access to support that is likely to be most effective for them, such as specific support around mental wellbeing, coping with neurodivergent conditions, or harm-reduction for substance use. Continuity of relationships must also be reflected in this approach, with consideration of how staff can maintain contact with young people after their transition in a way that is properly resourced and supported.

Following the removal of under 18s from YOI, there has been a marked increase in the number of discharges from secure care to YOI. A review of the Social Work Statistics shows this increased to 16 in 2024/25, having sat generally at around 5 per year for the previous decade, and it is likely that the impact of legislative changes will see the figures for discharges to YOI remaining high. We would, therefore, encourage a renewed approach to transitions support which initially focusses on children moving to YOI. Following this, a wider approach to transitions must be developed to ensure that the needs of all children and young people leaving secure care are fully and equitably supported.

Standards 38-44 of the Secure Care Pathway and Standards outline some of the key issues which should be addressed during transitions, including being informed of when a transition will take place, who will provide support post-transition, and how to access legal advice and advocacy. In a renewed approach these Standards should act as a foundation for a multi-disciplinary approach which takes into consideration the individual needs of each child or young person transitioning. Multi-disciplinary teams should ensure that every person leaving

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secure care is able to safely continue relationships they have built during their stay, has access to support that meets their needs, and that destinations are pre-planned, familiar, and supported. Prior to transition children should also have access to support that can help them adjust to their destination, such as education and psychological support relating to substance use, support for financial literacy, and education relating to issues such as housing, entering further education, and accessing healthcare.

Questions on national co-ordination of secure care placements

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?

As detailed previously, where a child requires to be placed in secure care, the threshold is of significant and immediate harm and all other alternative options should already have been fully explored first. Depriving a child of their liberty should only be the option of last resort. This applies to each and every child who it has been determined needs to be placed in secure accommodation and they must be able to access such a placement, at the required time, through whichever legal route, in a manner which meets their needs, upholds their rights upheld and manages risk appropriately. As elsewhere in our response to this consultation, we are concerned with the framing of this question and would caution strongly against such distinction as the evidence shows these are often the same children and the level of risk presented by parts of a child's behaviour is not determined by their route to secure care (see [Whitelaw and Gibson, 2023](#)).

In ensuring sufficient availability, future plans need to fit within the vision of flex secure, built on a clear understanding of the data. This includes what needs are currently not being met or are being inappropriately met owing to lack of appropriate services.

Current arrangements mean that heads of secure care centres can say no to a request and we are aware of situations where a child has been at least initially refused a placement. This can result in the child being placed in an unmanageable situation of risk in the community, with the "least bad" options pulled together, and leaving significant risks of potential harm for everyone involved, not least the child concerned.

Matching guidance from the Care Inspectorate in January 2024 recommends that service providers should consider the following:

"Do we have appropriate accommodation to help a young person in crisis feel safe, at the same time promoting their rights, privacy and dignity?"

Does the lay-out of the building enable us to accommodate young people on an emergency basis without disrupting the young people who already live there?

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Do we have the staffing capacity and staff with the right skills, knowledge and experience to meet the needs and safety of the young person being admitted and our existing young people?"

There may be times that secure centres are unable to match some of the children who require a secure bed, and therefore it is suggested that a review of this guidance could help reduce the risk of secure centre rejecting referrals.

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?

CYCJ has significant concern with the framing of this question and as such do not believe that we can simply choose a Yes or No response.

We recognise there is a strong body of evidence indicating the need to improve the current co-ordination of secure care placements and nationally-funded facilities may well help overcome certain challenges by providing sufficient bed capacity. It may also help alleviate the situation where no centre will take a specific child, as has occasionally happened, though a detailed and considered matching process would still need to be undertaken. That said, we do not believe we can simply come down on a Yes or No answer to this question as it contains too many variables to produce a straightforward answer.

A core concern we have with this, and the previous question, is the risk it poses of creating a two-tiered approach for children. The question implicitly frames secure care as being a place for two different groups of children: those who have been remanded or sentenced, and those on welfare grounds. The evidence, however, shows that these are often the same children and the level of risk presented by parts of a child's behaviour is not easily determined by looking at the route to which they came to secure care (see [Whitelaw and Gibson, 2023](#)). The consideration of any nationally-funded facility, therefore, must ensure the availability of a secure care placement for any child where it has been determined they need to be placed there, regardless of their route.

We also urge that any consideration of funding must evidence clear benefit to the wider transformative agenda of the Promise and Reimagining Secure Care. To meet both, there is a need to move away from the four large secure centres, to smaller, more trauma-informed spaces, with a strong emphasis on a localised approach to delivery and we are unclear how this proposal would meet this.

We also believe it is important to reiterate here the need to adhere to the UNCRC definition of deprivation of liberty, and ensure proper safeguards are in place. UNCRC article 37, and General Comment 24, states that deprivation of liberty must only be used as a last resort, for the shortest time possible and subject to regular reviews and adhering to this must be paramount for any new approach.

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

If yes, what functions should that system include? Would these differ depending on the route through which a child enters secure care? If so, how?

If no, what alternative approach would you suggest?

Yes.

We believe that a single national system for co-ordination could be beneficial however its function would need to be agreed in far more detail than is contained in the consultation and we believe its remit could extend beyond securing beds. In addition, we would guard against any such system from replacing localised decision making and believe there needs to be more detailed consideration of how the referrals process would work, including how to best meet a child's needs, uphold their rights and ensure they are matched appropriately.

Examples of functions to be included:

- Direct integration with the Scottish Children's Reporters' Administration (SCRA) and the court system – when secure authorisations have been made/links with children's hearings decisions (recognising Chief Social Work Officer role)/court processes/notifications of remand/sentenced.
- Real time availability across the secure estate, robust knowledge of the children's needs/risks currently living there, staffing ratios, future agreed placements, etc.
- Powers to escalate when no or little bed availability, hold expected dates of movement within the secure estate.
- Monitor decisions, reasons and actions where placements are accepted or refused and enhance understanding of the needs of children on the edges of secure care.
- Streamline paperwork with one proforma for referral and matching, aligning with GIRFEC, and a strength based approach.
- Reduced need for local authorities to contact multiple centres (although this will rely on paperwork being robustly completed and even then, there are still likely to be requests for further information that will need to be responded to by local authorities).
- Data gathering, real time data of referrals.
- Matching risk/need/mental health/geographical/previous relationships.
- Cross border placements, track and monitor. Link with local authorities outside of Scotland.
- Child's voice, ensure their views are gathered, link with Secure Pathway and Standards. Monitor if children are being informed in an age-appropriate way (SLCN).
- Tracking outcomes when the child moves on from secure care.
- Step down, when a child is ready to move on from secure care flag this and track availability in the community, matching with child's needs.

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- Prioritisation of placements when there is insufficient availability (although this should not be the case).

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

No.

If a child needs secure care the route in which this is sourced should be the same for children through welfare grounds and children through the criminal procedures system. In keeping with the Kilbrandon ethos and the approach to secure care, approaches to children should not be differentiated based on the routes. However, careful consideration of how any change would impact on each route to secure care will be needed, given the distinct roles and responsibilities, legal requirements, and differing review processes for each route. These often involve multiple actors all of whom have legally enshrined responsibilities, with more information found at CYCJ's Information Sheet [85 update](#) and [Children \(Care and Justice\) \(Scotland\) Act 2024 - Briefing Paper 1 - Children and Young People's Centre for Justice](#).

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?

We believe that, ultimately, Scotland should have its own rights-based model, recognising that the systems in place for England, Wales and Northern Ireland are rooted within different legal and policy frameworks and therefore are not directly transferable. That said, a more detailed analysis of the risks, benefits and areas for improvement of these different approaches would be helpful. We would first encourage establishing a greater clarity as to what issues we are seeking to address and how this would intrinsically link to other matters like funding, children's rights, the promise and the reimagining secure care agenda.

There are already multiple different routes to secure care, all with their own processes and requirements and each one would need detailed consideration, particularly if the national coordination system had decision making responsibilities. These different routes already involve multiple actors, all of whom will require to be part of any future planning. GIRFEC should be the overarching framework that is used to create a central referral form and process supporting this with matching documents.

Considering flex secure in the future, the national system could expand to regional panels which would have oversight of geographical availability to allow children to be supported as close to their home as possible.

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

CYCJ welcomes the concept of national co-ordination and, as we have outlined in other answers, believe it may help unlock some of the challenges with the current system. As well as improving the overall efficiency of the placement process, it offers clear potential for other system enhancements, including the sharing of learning and pooling of resources across local authorities, and greater workforce support and training. That said, we would reiterate the point we make elsewhere that localised responses, based on local knowledge and expertise, need to play a central role in any new service.

On a wider note, the marker of its success or otherwise should not just be that it, for example, makes the placement process run smoother, beneficial as that would be. It must play a meaningful role in creating a reimagined approach, which is rights-respecting and trauma-informed, and provides individualised and integrated care for children and families. The mechanism for national co-ordination must guard against any form of mission creep where admission to secure care becomes seen as the unofficial default option. Instead, it must hold fast to the principles enshrined in article 37 of the UNCRC and General Comment 24, that deprivation of liberty must only be as a last resort, for the shortest time possible, subject to regular review, and for older children only.

Any change must stay true to the Independent Care Review: “Scotland must take responsibility for its most distressed and at-risk children and fundamentally rethink the purpose, delivery and infrastructure of Secure Care” (Independent Care Review, 2020, p81).

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?

As mentioned in response to question 22, we believe there needs to be more detailed information provided as to how this would work in practice before we can come to any firm conclusions. In particular, an analysis of the experiences of children and young people who have passed through the panel would be very helpful. Alongside this, a deeper understanding as to the overlap and differences between the care and justice models in Scotland and Northern Ireland.

That said, when considering a Multi-Agency Panel we believe it must have specialist representation, drawing from social workers with an understanding of the risks and needs of a child, children’s rights legal experts, and mental health specialists.

Do you also think that care experience should be represented on the panel?

Whilst we encourage the inclusion of individuals with lived experience in decision-making processes, these opportunities must be developed carefully in order to avoid re-traumatisation. The inclusion of a role specific to this should be developed alongside care experienced people, with meaningful discussions taking place prior to the introduction of a

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specific role. These discussions could explore the benefits and risks of involvement, and alternative routes for participation in decision-making processes such as through the development of decision-making guidelines. Any approach to including representation of care experience on the panel must also consider that any member of the panel could have care experience, and that disclosure of this is a personal choice.

Questions on the nationalisation of secure care

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?

CYCJ believe there is insufficient information provided in the consultation for us to make a judgement on nationalisation. We understand the appeal of parity of service and a centralised placement coordination process, alongside the opportunity to provide enhanced financial and operational stability and other potential benefits. However, we believe that nationalisation would be a considerable undertaking with significant legal and financial implications which we would require to see more detail on before reaching a decision.

We are also unclear how it would fit with the aims of the reimagining secure care model, including children remaining in their local communities and receiving a more individualised approach to their needs. Further information is also required as to how it would ensure that the deprivation of liberty was only ever applied as a last resort, for the shortest time necessary and subject to regular review.

Questions on potential secure care funding reform

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

Spot purchasing is not compatible with delivering a planned, coordinated and proportionate system as outlined within the Reimagining Secure Care vision.

Spot purchasing is inherently reactive as responds to immediate demand rather than supporting planned, coordinated and needs-led provision across a continuum of care. In practice, this leads to delay, instability, and inequity, and limits the system's ability to respond proportionately to changing need.

A spot purchasing model works against the flex secure model by reinforcing a system based on placement transactions, rather than sustained, adaptable care. It makes it harder to maintain continuity, harder to reduce restriction in a timely way, and increases the likelihood

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that children remain in restrictive environments because the wider system is not in place to support progression.

The Reimagining Secure Care work consistently identified the need for a more coordinated, national approach to planning and resourcing, recognising that a fragmented system cannot deliver a coherent continuum of care. Flex Secure, community-based hubs, MDTs and integrated mental health provision were always intended to function as interconnected components. This requires a more strategic funding model that supports the whole system, not isolated placements. This would support:

- planned capacity across secure, community and step-down provision, rather than reliance on emergency availability.
- investment in Flex Secure environments, including workforce, infrastructure and relational practice.
- alignment with community-based hubs to strengthen prevention and step-down pathways.
- integration with MDTs to support coordinated, timely decision-making.
- and connection with mental health provision to ensure children are supported in the right environment.

This represents a significant shift from funding placements to funding a continuum of care. The needs of a child in, or at risk of entering, secure care are interconnected across health, education, social work and justice and funding responsibility should therefore sit collectively across agencies, rather than being primarily located within local authority social work budgets.

This shared responsibility ensures that secure care, mental health, education and community provision are planned together rather than separately. It supports consistency in training, workforce development and practice, allowing professionals across sectors to operate with shared understanding and approaches. It also reinforces the principle of collective corporate parenting, recognising that all parts of the system share responsibility for children's wellbeing and outcomes.

A nationally coordinated or shared funding model would support more consistent decision-making, reduce geographical variation, and enable equity of access across Scotland. At the same time, it must retain local flexibility with increased use of community-based responses, ensuring that responses reflect the context and needs of communities and that local authorities continue to fulfil their role as corporate parents.

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

It has been well documented that there are significant and long-standing issues with the current funding model and that there is a widespread appetite for change. This includes the

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2019 Scottish Parliament inquiry into Secure care and prison places for children and young people (Scottish Parliament, 2019). We therefore welcome the inclusion of questions on funding within this consultation and believe these need to be central to any attempts to align Scotland's approach with both the promise and Reimagining Secure Care agenda. When moving towards this, we need to be clear what we are moving away from, as well as where we are moving to, to ensure that funding decisions reflect this.

How well the funding model upholds children's rights, in particular UNCRC article 37, and meets their needs, will ultimately decide its level of success. Based on what is provided in the consultation document, we do not believe that at this stage there is a sufficient level of information on this to provide a detailed response but would welcome involvement in this as it develops.

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.

Equity of access will not be achieved through structure alone. Whether the model is national, local or mixed is less important than whether it ensures that children receive the same rights-based response, at the same level of quality, regardless of where they live.

Scotland already has a strong foundation. The United Nations Convention on the Rights of the Child sets clear expectations around non-discrimination and the use of deprivation of liberty as a last resort. GIRFEC provides a national practice model for coordinated needs-led support. The Promise sets a clear direction for relational, community-based care. The Children (Care and Justice) (Scotland) Act 2024 and the Care (Care Experience and Services Planning) (Scotland) Bill strengthen duties and accountability. The Secure Care Pathway and Standards describe what children should experience across the continuum.

As set out in earlier responses, the issue is not the absence of policy or legislation but the lack of consistency in practice. Access to support continues to vary due to differences in local provision, system alignment, and capacity. This affects the availability of community-based alternatives, the consistency of coordinated decision-making, the integration of mental health support, and the ability to reduce restriction in line with need. Funding structures have also reinforced this variation by limiting the ability to plan and resource a coherent continuum of care. Equity will not be achieved unless these underlying conditions are addressed.

What is required now is a nationally coherent implementation approach that ensures the core components of the system operate consistently together. The Reimagining Secure Care work is clear that this depends on the interdependence of flex secure, community-based hubs, MDTs and integrated mental health provision.

A clear picture of need and provision nationally is required to help plan for early help support being available locally, with specialist provision, including MDTs and intensive alternatives, being delivered on a shared or regional basis where demand is lower. Within this, National government should oversee the operational model, standards, data, workforce framework and funding.

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This should translate into regional or pan-authority delivery arrangements based on need, not council boundaries. Where individual areas cannot sustain specialist provision, staff, funding and infrastructure should be pooled to deliver shared responses, with possible learning from Bairns' Hoose pathfinders project.

To make this viable, national infrastructure must be in place. This includes a clear operating model, shared standards, a consistent workforce development approach, common data and reporting, and a defined implementation plan with timescale and accountability. There must be mechanisms for support and intervention where local delivery is not meeting expectations.

There must be clarity about what should not vary across Scotland. Every child should be able to rely on:

- consistent application of rights and legal protections
- access to the full continuum of care, not just secure provision
- coordinated, multi-agency support that responds to changing need
- continuity of relationships and support across transitions

There must also be greater consistency in workforce capability. Differences in knowledge, confidence and approach contribute to variation in thresholds, decision-making and intervention. A shared approach to training and development is necessary.

Stronger oversight is also essential. Equity must be actively monitored and addressed, including understanding patterns of access across different areas, identifying variation in the use and duration of restriction, and acting where inconsistency is evident. This moves equity from aspiration to accountability.

At the same time, local systems must retain the ability to respond to the context of their communities.

Finally, equity must be understood through the child's experience.

Experiences of care should actively create the conditions for equity, providing the support and scaffolding that enable children to access the opportunities all children need to thrive.

Questions on secure care transport standards

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

CYCJ have been involved in the Children (Care and Justice) (Scotland) Act 2024 which set out areas that should be included within the standards, and have had a long-term involvement in secure transport work, including the development of the service specification and the latest work on the development of the standards. The areas outlined within the

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consultation align with these legislative requirements and previously completed work. We believe monitoring the impact of these standards will be crucial.

Whilst the standards and associated requirements should improve and bring greater consistency to the services experienced by children when being securely transported, they will not address all the issues with secure transport and there are risks of unintended consequences that could exacerbate existing challenges. Long-standing and time critical issues must be given priority attention alongside the development and implementation of the Standards. Of particular concern are the challenges to accessing timely, local secure transport when required, and the exorbitant costs involved for local authorities, sometimes many thousands of pounds per journey for one child. These costs have increased with the requirements of the Care and Justice Act, but have not been matched by additional funding. We also note the lack of a national contract for all routes to secure care and the unregulated nature of the service.

Questions on the Single Point of Contact for victims

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.

CYCJ support the concept of a centralised support and information service for those experiencing harm caused by children. We hope this enables greater healing and recovery from harm whilst encouraging greater understanding of the rights-respecting and developmentally informed approach underpinning Scotland's response to children who cause harm to others. CYCJ has been involved in work to develop the blueprint, theory of change and collaboration model for the SPOC with Victim Support Scotland, providing feedback at various stages. However, until there is greater clarity on what the SPOC will look like, we cannot provide a definitive answer at this stage to this question.

Our understanding is that the SPOC should form a single, centralised place where anyone harmed by a child can reach out to, or be directly referred to, any time after that harm has occurred. It is therefore critical that this addition to the support service landscape does not cause confusion or present a barrier to individuals accessing the support they need at the right time and by the most appropriate service.

It is vital that the SPOC service can interact with other support routes and services for victims if the aims as outlined in the consultation are to be met. This will require a well-developed understanding, shared across the SPOC and other agencies, of where the SPOC fits within the broader policy and support routes landscape. This would enable the service and its staff to effectively navigate already complex and imperfect systems, and support victims/those harmed throughout these processes, advocating where needs and rights are not being met or upheld. These include:

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- GIRFEC approaches and non-statutory named persons schemes/child planning processes (includes when harm occurs within schools);
- Social work involvement;
- Health care pathways;
- Child protection and adult support and protection processes;
- Contextual safeguarding;
- Restorative justice;
- MARAC processes;
- Whole System Approach;
- Care and Risk Management;
- Bairns' Hoose;
- Victim safety planning;
- Case-specific information sharing via SCRA/Victim Information Service and any support provided in terms of preparations for court;
- Any future potential expansion of the role of the Victims and Witnesses Commissioner;
- Victim Notification Scheme;
- The role of Child Interview Rights Practitioners (ChIRPs) for children under the age of criminal responsibility.

We also note that there are variations in service delivery and supports across the 32 different local authorities, including different ways of delivering Scotland's approach to children in conflict with the law and to providing support and service to victims.

There is a need for SPOC staff to understand the specific complexity, risks and opportunities that are intrinsic to harm caused within existing relationships or communities. Early findings from the forthcoming SCRA-led research examining data from SCRA's Victim Information Service (VIS) found that 46% of victims from a sub-sample of 200 cases knew the child who had caused them harm, and that 66% of cases where the child who harmed was known they were a peer/classmate/partner of the child harmed. The sample studied also suggested that knowing the person who had caused the harm indicated an increase in the opt-in rate of the Victim Information Service.

The research highlights the risk of re-traumatisation for children and their families through exposure to the child who caused harm in the school or community. Likewise, children who harmed expressed feeling unsafe within communities regarding concerns surrounding acts of retribution by other children. SPOC staff should possess a working knowledge of what restorative justice may offer those harmed in meeting their individual needs through a supported dialogue, opportunity to ask important healing questions about what happened to them, or opportunity for supported agreements about the best way forward for all parties.

In addition to training on the above detailed policy areas, specialist training should include:

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- Understanding the needs and experiences of victims/those harmed and have the skills to respond sensitively, providing support tailored to individual needs. This should include recognition of individual speech, language and communication needs (including where English is not first language spoken). This should also inform all aspects of service development.
- Recognising where unreported harm or crime is shared, those seeking support may require information about their rights and choices, alongside an understanding about staff's own duties to report if information is shared that constitutes a public (adult or child) protection issue.
- Whilst SPOC staff will not be expected to assess clinical need or screen for health/counselling services, an ability to signpost and explain plainly what specialist support services (like Rape Crisis Scotland) or counselling services can offer.
- Understanding added complexity, risk and opportunities presented when a person has been harmed by someone known to them or lives within the same community.
- A deep understanding of the needs and experiences of children who cause harm and have experienced harm, recognising the fallacy of the "victim/perpetrator" distinction (CYCJ, 2024; Youth Justice Board (YJB), 2026; SCRA, 2026).
- Understanding of legislative and policy requirements, including in respect of information sharing, child protection, adult support and protection, and children's rights.
- Recognising when need expressed may indicate opportunities for restorative justice processes (for example unanswered questions about what they have experienced) and an ability to provide clear information about the benefits of this.
- Responding to at times competing rights of the child who caused harm and victims, who are often other children.
- The requirements of trauma-informed practice (which again needs to be in-built and embedded in all aspects of service design and development).
- Knowledge and understanding of care and justice systems, including responses to children who cause harm under the age of criminal responsibility, children's hearings system, justice processes and restorative justice.
- Understanding the differences between the above approaches, their underpinning rationale and principles (including Kilbrandon), how these impact on the children involved, and the parameters/limitations of these systems, including for victims, to help establish clear expectations and build confidence.
- Language and framing.
- Assessing need and risk and safety planning.

Shadowing of other relevant agencies could also be considered as part of training.

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?

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As detailed above, the SPOC service will need to interact with other organisations working in this space, including a range of key agencies outlined in the consultation. This will require a tailored case-by-case approach, to meet the needs of the victim, whilst taking account of existing relationships and supports to avoid duplication and unnecessary intrusion in their life. In line with Scotland's trauma informed principles, safety, choice, collaboration, trust, and empowerment should form the bedrock of support. This should be demonstrated through complete transparency about how a victim's information will be stored and how it will be shared. Clear information about what the SPOC can provide will be crucial to managing expectations and building trust with those accessing the service and with partner agencies.

The service must promote agency and empowerment through provision of clear information, in whichever format meets the unique needs of those seeking information. The Scottish Government's 'People at Heart' guide to communicating with people affected by crime may offer usual guidance here. Understanding the roles and responsibilities of other agencies will also be crucial in identifying where the SPOC fits. At a service level, the SPOC will need to develop relationships-nationally and locally-with the range of possible support routes and services available, with robust data-sharing arrangement to ensure lawful partnership working. This will involve leadership support from key agencies and may involve a significant lead in time, which must be factored into planning and expectations of service delivery.

Victim choice and clear information within an opt out model will be vital. In addition, efforts will need to be made to promote the service to the range of agencies who could refer or signpost victims, as well as to victims themselves. The offer to victims will need to be clear and the participation of child victims in service development could improve accessibility and service engagement. Learning from what has worked from other initiatives is necessary.

Information and communications, including on different approaches/routes a child who has caused harm could go through and the implications of this should be part of this. Information will need to be tailored to the needs of the individual victim, including being age and stage appropriate, and available in the format of their choice. Messaging must be consistent across agencies, and the development of a national communications strategy, as outlined in research from SCRA (2025), on children involved in serious offending would benefit the SPOC. This research also highlighted particular information that could be useful for victims, such as the role of a Children's Reporter. A proficient knowledge of all of this would be beneficial for SPOC staff to possess and share. It is hoped that key partner agencies could invest in supporting this training through offering shadowing opportunities or specialist training inputs.

Poverty and deprivation are important to consider when appraising accessibility of SPOC. Early findings from recent SCRA -led research indicates 55% of recorded victims in their Victim Information Service data set lived in the 40% most deprived communities in Scotland. Therefore, access needs, like absence of tech equipment to access online resources or travel funds to attend appointments should be considered. The Victim Information Service at SCRA is an opt-in scheme. The same study found that those living in affluent communities

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were most likely to opt in to the service. Plans for the SPOC to be an opt – out service may address elements of this disparity, however it will be crucial that communication of the parameters of this, and the data-sharing/storing of any opt out scheme are plainly communicated.

Robust information sharing agreements between all relevant agencies will be required for communication with other organisations within the sector, especially if it's expected SPOC staff will not only signpost to support agencies but will refer directly.

As a minimum, training at the trauma-informed level should be mandatory for all staff in the SPOC. The service should follow the NES Roadmap (NES, 2023) must be underpinned by the 5 Rs:

- Realising how common the experience of trauma and adversity is;
- Recognising the different ways that trauma can affect people;
- Responding by taking account of the ways that people can be affected by trauma to support recovery, and recognise and support resilience;
- Opportunities to resist re-traumatisation and offer a greater sense of choice and control, empowerment, collaboration and safety with everyone that you have contact with
- Recognising the central importance of relationships.

Early findings from forthcoming SCRA research highlights the lasting value of relational connection through kindness and compassion, and the detrimental impact on victims and their families when there is a dearth of accessible information or support.

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.

We see system navigation, partnership working and support consistency as a key function of the SPOC, including signposting victims and their families to services that can meet their needs. This will require national and local knowledge of service provision to support effective management of expectations and reduce risk of causing further harm through system barriers.

As highlighted previously, we see the SPOC as a key opportunity for those who have experienced all types of harm to access restorative justice (RJ) services, and help deliver the Scottish Government's vision that RJ be available across the country. Early findings from forthcoming SCRA research highlights the significant mental health impact of harms, feeling unsafe within communities and concerns around how to prevent acts of retribution by other

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children, and the re-traumatisation for the child and family through exposure to the child who caused harm in the school or community. Whilst it is understood that restorative justice is not suitable for everyone, it forms a key opportunity to promote healing from harm, reduce trauma symptomology, and for actions to support reparation and safety planning.

Recent findings from a test case project of RJ (CYCJ, 2026) indicated value for victims in being offered RJ even if they decided not to pursue the process. The same report highlighted the crucial importance of improving awareness of the benefits and outcomes of RJ across key stakeholders to promote increased access for those who would benefit from a restorative justice process. Early findings from the forthcoming SCRA research found that victims and children who had harmed were open to restorative justice.

In Summer 2024, CYCJ developed a [survey](#) designed to gain an understanding of existing RJ practices with children (under 18s) across Scotland. This survey highlights an interest and investment in restorative justice services for children in Scotland but also that there are inconsistencies in both the delivery and understanding of definition of restorative justice. In order to meet the needs of victims we believe all victims should be given the offer of taking part in a restorative justice process.

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

Yes.

We see the SPOC service having various roles that will vary dependent on a victim's needs, wishes and circumstances. This could include system navigation and being with the person through their journey; providing consistency of relationship with trusted adult(s); signposting to support services as detailed above; brokering of relationships with access to other services; sharing clear, age-appropriate, relevant information including on what is happening, processes and what to expect; supporting understanding of case-specific information shared by SCRA; direct support (practical, therapeutic or emotional) to recover and heal where this does not already exist and the child/family wants this; advocacy; and where appropriate, coordinating support. This is consistent with what the evidence suggests child victims say they need from support (Youth Justice Board, 2026). SPOC represents a key opportunity to recognise whole family needs in the context of harm to an individual family member. Early findings from recent SCRA research on the Victim Information Service provides evidence that the support needs of parents, carers and siblings should be considered in development of the SPOC.

We deem it important that the SPOC service is resourced and commissioned to offer these systems to victims and the key people who support those victims as required. We are less sure about the SPOC commissioning other services however. The SPOC service could have an important role in identifying gaps in service provision-this could form part of reporting on the operation of the service.

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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?

As noted previously, without greater clarity on the role of SPOC staff it is difficult to comment on this question. We do not feel we can comment on the required levels of qualification, but deem that the supports and supervision and training needs of staff being met will be crucial. Given the sensitivity of the role, we would advise that the recruitment process incorporate value-based interviewing (NSPCC 2008).

We are not inherently opposed to some aspects of the delivery model being delivered by volunteers, provided they are sufficiently trained, supported and supervised so they can deliver the necessary supports and understand and manage the complexities of the system, situations and wider landscape. We recognise children's panel members are volunteers and many victim services are staffed by volunteers. The distinction from statutory/public services could be advantageous, with research from England and Wales highlighting some children can feel invisible from public services and that youth justice services, voluntary organisations and young victim can instead offer consistent relationships and emotional and practical help (Youth Justice Board, 2026).

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.

We deem it important that the SPOC service can access information and provide support to victims where cases are dealt with through the means identified in the question as believe this is consistent with focusing on the needs of the victim, not the response to the person who caused harm (Youth Justice Board, 2026). In addition, when a child is first involved in an incident, it could take time to determine how a child's case would be dealt with, during which time a victim may require information and support, including safety planning. The victim's need for initial support could be significant, and all these routes have different potential options and considerations.

We do note the uniqueness of each potential route for a case requires a tailored strategy for each, including the level of information to be provided and current variations in process across the 32 local authorities. By way of example, the EEI Core Elements Framework state victims should be given information about what happens with their case but in practice this appears to vary.

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We also believe the service should be open to children where harm has not been reported through official means and therefore the person who has been harmed although not on a journey via formal systems or processes, will be on a journey to recover and heal. We know various offences are under reported, not least sexual harm and violence, and in these situations, the SPOC could support with direct support provision or signposting to supports. This warrants further consideration.

Questions on Assessing Impact

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?

There are significant data protection issues related to the proposals outlined in the consultation. This is particularly important given the sensitive information being handled and the potentially very damaging consequences of poor procedures and practice.

A key element of the drive for greater national co-ordination and/or funding is the need to improve data capture, monitoring and reporting. This was identified in the Promise report as deserving of attention and would bring many benefits. However, this does bring additional challenges to the current protection of data which would need to be factored in, to meet the UK's GDPR principles.¹

As outlined above, we believe the SPOC service must become embedded in the landscape of support for victims of harm. For this to happen in an effective and trauma-informed way would require robust data sharing between the SPOC and multiple other agencies to prevent delay/duplication of service and/or the victim having to provide the same information multiple times. This raises clear data protection challenges which would need to be addressed, particularly if the scheme is to be opt-out.

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?

Children's rights and wellbeing issues are at the core of these proposals for both secure care and the SPOC service and will require detailed Children's Rights and Wellbeing Impact Assessments (CRWIAs).

Secure accommodation criteria (questions 1-7)

These proposals contain a risk of children being secured for reasons adults cannot be, which is potentially discriminatory against them due to age, breaching UNCRC Article 2, and of being secured despite alternatives not being fully explored, or for longer than is absolutely necessary, or without being subject to regular review, breaching UNCRC Article 37.

¹ <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/data-protection-principles/a-guide-to-the-data-protection-principles/>

Q3 proposes wider secure care criteria, including for exploitation, which would deprive a child of liberty on account of a risk posed by an adult, which could also breach UNCRC Article 2 through discrimination due to age. This and other suggestions in this question could also breach Article 5 of the ECHR Right to Liberty and Security which details the specific circumstances under which detention is lawful. Suggested scenarios, such as placement breakdown due to complex needs, distress, and needing to be kept safe, could be better met by alternatives to secure care which promote recovery from trauma, required under UNCRC Article 39, rather than risk further trauma without justification or credible alternatives being tried, if secure care is not a last resort.

We believe that proposals for flex secure, if properly implemented with the necessary accompanying provisions, would uphold a child's right to be deprived of their liberty only as a last resort and for the shortest time possible.

The use of community based hubs and multi-disciplinary teams (MDTs) have the potential to promote children's needs being met by the right person at the right time. Restriction of liberty itself is a traumatic experience, and we know most children in care have already experienced trauma. UNCRC Article 39 gives them the right to recover from this, which requires stability and consistency and trust, which hubs and MDTs would be well placed to provide. Providing care which is continuous, and which respects their culture, language and religion, for children unable to live with immediate family, is a child's right under UNCRC Article 20. The hubs and MDTs, as less restrictive, community options could also help more children to remain in a placement already meeting their rights and needs, whilst adding in additional supports.

Mental health provision (questions 8-10):

Proposals to strengthen access to mental health support in secure care, could promote rights to development under UNCRC Article 6 and to services to promote health, UNCRC Article 24. Currently being placed in secure care can mean a change in area and health board, disrupting access to essential services. Health and support needs must be consistent throughout their journey in and out of care and allow treatment, assessment and therapeutic and supportive relationships to promote development, health, and recovery from trauma (Article 39).

A therapeutic relationship is essential to the success of interventions and therefore consistency of MDT support, complimented by secure care staff (including specialists). This should minimise new adults and promote consistency of health and wellbeing care and support, to prioritise wellbeing.

Information sharing about the child is important to ensure their needs are met, and that decisions are made in their best interests (UNCRC Article 3). This must comply with legislation, and be proportionate to their needs and rights, fulfilling their right to privacy under UNCRC Article 16 and ECHR Article 8.

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Prevention, Alternatives, Community Based Support and Transitions (questions 11-18):

Children have a right to detention only being used as a last resort, for the minimum time possible and subject to regular review (Article 37). Given the evidence for the success of alternatives, any proposal which does not prioritise more localised, multi-disciplinary, flexible options will breach children's rights. As noted above, significant gaps exist in the provision of alternatives, requiring national direction and governance, such as to pull resources, to more closely meet Article 37.

The successful use of multi-disciplinary teams (MDT) and GIRFEC here will be required to ensure the right support at the right time, meaning children with complex needs will have their rights enhanced through access to adequate health services (UNCRC Articles 24 and 25), education which meets their needs and supports them to reach their potential (Articles 28 and 29) and reduced contact with the justice system (Article 40).

Justice services must be aware of any needs impacting a child's development, comprehension, thinking and behaviours, in order to ensure they are responded to in a child-centred way, and that any disposal/intervention is informed by their individual needs to promote their dignity and worth, and reintegration (Article 40), and is made in their best interests (Article 3). Any actions impacting a child must also always consider their views (Article 12).

Measuring the effectiveness of community-based supports must meaningfully involve children and young people. Under UNCRC Article 12 children have a right to have their views heard and for these to be considered in decision making. Use of qualitative data like this to inform service delivery is also a key tenet of a Children's Human Rights Approach, which the Scottish Government has committed to embedding across its services.

Funding, Commissioning and Co-ordinating Secure Care (questions 19-23)

It's vital to ensure commissioning and co-ordination of secure care is geared towards improving access to needs-led, suitable placements for all children, managing any risks whilst upholding their rights, regardless of their referral route into secure care. It is vital that children have equal access to individually tailored care packages and are not discriminated against or receive unequal consideration on account of behaviours or referral routes (UNCRC Article 2).

All proposals must be carefully considered through a children's rights lens, such as the impact of nationalisation/national co-ordination on allowing children to maintain local links and relationships with family and support networks (UNCRC Article's 5 and 9, and ECHR Article 8). National co-ordination could be more rights respecting as can consider the wider rights and needs of all children in secure care in decision-making, and ensure children are matched based on these considerations, and not on the reason for their detention.

National co-ordination and secure placement allocation (questions 24-25)

A multi-agency panel must hold the child's best interests at heart, and ensure their views as

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individuals are considered, as well as the views of children with secure care experience in the wider planning and delivery of any such panel (UNCRC Articles 3 and 12).

Secure care funding reform (questions 26-28)

Child rights budgeting is essential to the embedding of a children's human rights approach, requiring the state to actively consider children's rights in budgeting and ensure the adequate funding of services required to meet children's rights, which applies to secure care provision. Best value principles must also be adhered to, avoiding waste and maximising benefit to children. UNCRC Article 4 states: States parties shall undertake all appropriate legislative, administrative and other measures to implement UNCRC rights. [General comment No. 19 \(2016\) on public budgeting for the realization of children's rights \(art. 4\) | OHCHR](#) assists Governments in the application of article 4 in relation to public budgets, and notes the importance of effective and equitable public budgeting, particularly for children in vulnerable situations.

Single Point of Contact (SPOC) for Victims (questions 30-35)

Answers considering the proposal of a SPOC highlight the need to balance the rights of the child who has caused, or been accused of causing, harm with the rights of the victim, who may also be a child. This will require the best interests of both (UNCRC Article 3) to be a consideration at all points in the decision-making processes. The SPOC will potentially be part of a healing process for both, and the service must be trauma informed at its core to assist in recovery from trauma (UNCRC Article 39), and provide information that is purposeful yet also promotes the child's right to privacy (UNCRC Article 16). Designed and delivered well the SPOC has potential to promote recovery from trauma and enhance wellbeing of children, promoting their ongoing development (UNCRC Articles 6 and 39).

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?

A standout equality issue is repeated reference to differences in how children may be cared for and places sourced depending on their route into secure care. The process must not differ, we know that children who cause harm and have been harmed are often the same, and all children need and have the right to supports designed to meet their needs and promote their rights, as-well as managing any identified risks and promoting recovery from trauma and behavioural change. Use of secure care for all children remanded via the courts does not change the fact that they all deserve this consideration.

National co-ordination of beds could allow for all children's best interests to be considered collectively when allocating beds, removing decision making from individual houses, and thus moving towards being a more equitable process.

To be equitable, children must all have access to secure care when it is in their best interests, and should have access to flex secure care to allow them to remain within their communities, where they are better placed to maintain relationships and supports, and to be

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secured for the minimum necessary time. This requires not just flex-secure but also community hubs and multi-disciplinary teams to be adopted, with Government oversight to ensure areas where there is lesser demand still have access to these supports, and funding is considered at a national level to maintain the required level of service. Whether children are deprived of their liberty as a last resort must not be dependent on where they live – flexible, robust, well resourced alternatives to secure care must be available across the country

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@CYCJScotland

www.cycj.org.uk

cycj@strath.ac.uk

(0141) 444 8622