SASW
The professional association for social work and social workers

Consultation on the Future of Secure Care in Scotland

Scottish Association of Social Workers

SASW represents social work professionals across Scotland's 32 local authorities. This response draws on extensive frontline practice experience, direct engagement with social workers who make difficult placement decisions daily, and SASW's commitment to children's rights and The Promise. Our response is informed by understanding of institutional arrangements and collaborative practice, recognition of the complexity children and families present, and deep knowledge of what works and what creates barriers to good outcomes for Scotland's most vulnerable children.

Introduction

SASW welcomes this comprehensive consultation and the Scottish Government's commitment to transforming secure care in Scotland. The current system is characterised by financial instability that threatens sustainability for providers, recurring placements of children in inappropriate settings or far from home, inequitable access, and a failure to meet children's complex needs. Incremental reforms over decades have not resolved these problems. Transformative change is essential. Our response is structured around core principles: children's rights must be central to all reforms, not optional or aspirational; frontline expertise must inform system design through genuine co-production; implementation must be resourced and monitored as rigorously as policy development; resources must match rhetoric, with the Scottish Government being transparent about costs and committed to long-term funding; and collaboration requires enabling structures, not merely exhortations to work together. Wales is pioneering the removal of profit from children's social care, aiming to transition to a not-for-profit model for children's homes, fostering services, and also secure care by April 2030. This initiative ensures that public funding is reinvested into children's wellbeing rather than being extracted as profit. SASW would like to see the not-for-profit model adopted in Scotland.

Section 1: Secure Care Criteria and Definitions (Questions 1–5)

Question 1: Are the new criteria sufficient?

SASW's Answer: No

While SASW welcomes the revised wording in the Children (Care and Justice) (Scotland) Act 2024, the criteria remain restrictive, reactive, and variably interpreted across Scotland. The definitional ambiguity in concepts like 'risk to health, safety or development' creates significant inconsistency, with different sheriffs, panel members, and local authorities interpreting similar risk profiles differently, producing a postcode lottery. The criteria remain reactive rather than preventative, requiring evidence of previous absconding or likelihood of harm before secure placement can be authorised, meaning that children must often reach crisis point before intensive support becomes available. There is insufficient recognition of complexity, as children experiencing severe exploitation, profound attachment difficulties, or cumulative harm that has not yet manifested as absconding or immediate risk may not meet the criteria despite clearly needing intensive therapeutic environments. SASW recommends developing comprehensive national guidance on interpreting the criteria, co-produced with practitioners who apply them daily, alongside mechanisms for ensuring consistent application including training for panel members and sheriffs. Geographic variations in secure care use should be monitored and published, and consideration should be given to how criteria could better accommodate preventative placements before crisis through time-limited assessment placements or graduated responses to emerging risk.

Question 2: Should criteria be expanded to include children needing intensive support without immediate risk?

SASW's Answer: Yes, with significant caveats

SASW supports expansion of the criteria to enable earlier intervention for specific groups of children, but this support is heavily conditioned on robust safeguards being in place before any expansion occurs. Children experiencing severe exploitation, profound attachment difficulties with repeated placement breakdowns, or behaviour causing significant developmental harm through educational exclusion and social isolation currently fall through gaps in provision. However, rights safeguards must be strengthened before criteria expand, not afterwards, with clear definitions of what 'near secure' means and absolute legal clarity on when restriction becomes deprivation of liberty. Capacity must be expanded before the criteria expand, as widening eligibility without additional beds simply increases competition for limited places. Substantial investment in

community alternatives must accompany any expansion to prevent widened criteria from substituting for community services that should be developed instead. Robust monitoring is essential, tracking who accesses secure care under expanded criteria, the occasions when a social worker's professional judgment fast tracks an admission to safeguard a young person and whether community alternatives were exhausted during decision making.

Please note that we recognise that professional judgement is key to good placement decisions. The proviso to exhaust community alternatives should not inadvertently impose a barrier to accessing secure care in an emergency.

Sunset clauses requiring regular review would enable evidence-based assessment of whether expansion is achieving intended outcomes without unintended harms. Without these safeguards, expanded criteria risk widening deprivation of liberty without improving outcomes for children.

Question 3: Are there factors or circumstances that should be considered in future criteria?

SASW believes several additional factors should be considered in future secure care criteria. Children experiencing persistent and severe distress requiring intensive containment should be explicitly recognised, as should those who have experienced repeated placement breakdowns due to the complexity of their needs rather than any single identifiable risk factor. Serious risk of criminal or sexual exploitation, where external perpetrators pose dangers that community settings cannot safely manage, warrants specific inclusion. Behaviour causing significant developmental harm that does not fall neatly within the existing categories of self-harm or harm to others should also be accommodated, including chronic educational disengagement, severe substance misuse, and patterns of cumulative risk-taking. Situations where intensive support is required for safety but where the child does not yet meet the threshold of immediate risk deserve recognition within the framework. SASW also recommends that the criteria explicitly acknowledge the impact of cumulative trauma and adversity, recognising that some children's needs arise from the compounding effects of multiple adverse experiences rather than a single presenting risk. Any expansion of criteria must be accompanied by strengthened rights safeguards, expanded capacity, and robust investment in community alternatives to ensure that widened criteria do not simply increase deprivation of liberty without improving outcomes for children.

Question 4: Should definitions include a new category with adaptable restriction levels?

SASW's Answer: Yes, with conditions

SASW agrees that definitions of relevant children's care services should be reviewed to include a new category of provision with adaptable levels of restriction, as envisioned by flex secure. Such a model could reduce harmful transitions between different care settings, enable services to respond to children's fluctuating needs without requiring disruptive moves, and support graduated step-down that maintains therapeutic relationships. However, SASW's support is conditional on several requirements being met before implementation proceeds. Clear legal frameworks must define precisely when restriction becomes deprivation of liberty requiring children's hearings authorisation. Robust independent oversight of decisions to increase or decrease restrictions is essential to prevent function creep toward greater restriction without accountability. Co-produced standards must be developed with children who have lived experience of secure care, with frontline practitioners, and with rights organisations. A pilot programme with rigorous independent evaluation must precede any wider implementation, examining rights compliance, child and family experiences, outcomes compared to traditional approaches, workforce implications, and cost-effectiveness. Comprehensive workforce development is required to equip staff with the skills to manage graduated restriction approaches, including trauma-informed de-escalation and rights-based practice. Without these safeguards, there is a significant risk that flex secure could widen deprivation of liberty without adequate legal protections or evidence of improved outcomes for children.

Question 5: How could adaptable restriction levels protect children's rights?

A model with adaptable levels of restriction could protect and advance children's rights in several ways, provided it is designed with rights at its foundation rather than added retrospectively. By enabling restriction levels to decrease as a child stabilises, such a model could ensure deprivation of liberty genuinely operates as a last resort and for the shortest possible time, consistent with Article 37 of the UNCRC and Article 5 of the ECHR. It could reduce the harmful practice of moving children between entirely separate settings as their needs change, thereby maintaining relational continuity and minimising disruption. Regular independent review of restriction levels would create structured opportunities to assess whether deprivation of liberty remains necessary and proportionate in each individual case. Children's participation in decisions about their own restriction levels would uphold their Article 12 rights to have their views heard

and given due weight. However, SASW cautions that such a model could equally undermine rights if poorly designed. Without clear legal thresholds, independent oversight, transparent decision-making processes, and accessible complaints mechanisms, adaptable restriction risks becoming a mechanism through which restrictions increase informally without the legal safeguards that currently attach to formal secure care authorisation. The outcome for children's rights depends entirely on the robustness of the governance framework surrounding the model, and SASW would not support implementation without that framework being established and tested first.

Section 2: Alternatives, Prevention and Community Support (Questions 6–18)

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

SASW's Answer: Yes, with qualifications

SASW supports the concept of community-based hubs as part of a broader continuum of support, while emphasising that implementation must reflect local context and build upon existing provision rather than replacing it. Many local authorities already operate versions of intensive community support, and national policy should learn from this practice rather than imposing new structures that duplicate what is already working. Community-based hubs could provide valuable early intervention, crisis support, and ongoing care close to where children live, potentially preventing escalation to the point where secure care is required. However, a single prescribed model will not suit Scotland's diverse geography and demographics. What works in Glasgow will not necessarily work in Highland, and island communities require particularly creative approaches given their population size and distances involved. Any national framework must allow substantial local flexibility through Children's Services Planning Partnerships, which are best placed to understand local need and design appropriate responses. SASW also emphasises that community-based hubs require sustained investment in workforce, premises, and specialist services if they are to function effectively. Without adequate resourcing, hubs risk becoming another well-intentioned policy that fails in practice because the infrastructure to deliver it does not exist. Integration with existing services rather than the creation of parallel structures should be the guiding principle.

Question 7: Do you support wider adoption of multi-disciplinary teams?

SASW's Answer: Yes, with conditions

SASW supports the wider adoption of multi-disciplinary teams while cautioning that simply creating teams does not guarantee effective collaboration. Multi-disciplinary teams are already widespread across Scotland, but many struggle to operate as intended because the enabling conditions are absent. What makes them effective is not co-location alone but shared purpose and mutual understanding across agencies, enabling structural arrangements including compatible information systems and aligned governance, role clarity combined with professional respect, and protected time for relationship-building. Current barriers to effectiveness are persistent: different organisational cultures and priorities, resource and capacity constraints that prevent agencies committing staff time, information sharing challenges despite legal frameworks that permit it, geographical and operational misalignment of agency boundaries, and accountability becoming ambiguous in multi-agency contexts. Addressing these structural barriers is more important than creating new teams. SASW recommends that national policy focus on the enabling conditions for effective multi-disciplinary working, including aligned organisational boundaries where possible, dedicated resources for multi-agency work, clear governance and decision-making frameworks, multi-agency training that helps professionals understand each other's roles, and robust evaluation of what is and is not working. Leadership across agencies must actively support collaboration and address barriers when they emerge rather than simply exhorting practitioners to work together.

Question 8: What further actions could integrate secure care and mental health services?

Several specific actions would improve the integration of secure care and mental health services. National CAMHS commissioning specifically for secure care would ensure adequate provision regardless of which local authority placed the child, ending the current confusion about responsibility for commissioning, funding, and providing mental health support. Mental health professionals, including psychiatrists, psychologists, and mental health nurses, should be embedded as core members of secure care teams rather than providing external in-reach on an occasional basis. This would enable comprehensive assessment, immediate crisis response, consultation to residential staff, and genuinely integrated therapeutic approaches. Whole-staff training in trauma-informed practice would ensure that every interaction, routine, and relationship within secure care is therapeutic, treating the therapeutic environment as intrinsic to the

service rather than an add-on delivered by visiting specialists. Joint recording systems are needed so that mental health professionals, residential staff, social workers, and other agencies can access relevant information and contribute to a shared understanding of each child's needs. Transition planning involving mental health services must begin at the point of admission rather than at discharge, ensuring that appropriate community-based support is identified and confirmed before a young person leaves secure care. National standards should specify expected mental health provision in secure care, monitor access and outcomes, and hold services accountable for meeting those standards consistently.

Question 9: How can systems ensure trauma-informed, holistic support?

Ensuring that children both within secure settings and on the edge of admission receive trauma-informed, holistic support requires structural alignment between services, not merely exhortations to collaborate. Health boards and Integrated Joint Boards must accept clear accountability for providing timely mental health services to this population, with commissioning arrangements that make responsibilities unambiguous. Shared assessment frameworks would enable professionals across secure care, CAMHS, education, and social work to develop a common understanding of each child's needs, avoiding the current fragmentation where children must meet separate criteria for separate services and navigate multiple uncoordinated agencies. Workforce development must be genuinely multi-agency, helping professionals understand each other's roles, constraints, and perspectives while developing collaborative working skills. For children on the edge of admission, early intervention and flexible support from community-based mental health services can prevent escalation, but this requires CAMHS to be accessible at the point of emerging need rather than only after lengthy waiting lists and high thresholds have been navigated. Information sharing protocols must support purposeful, proportionate sharing based on clear legal frameworks, moving away from the current defensive practice that often prevents agencies from communicating effectively about children's needs and the support they require.

Question 10: What improvements in information sharing are needed?

The most critical improvement needed is a cultural shift from defensive, risk-averse information sharing to purposeful, child-centred sharing that supports wellbeing and safety. The legal frameworks permitting information sharing largely exist already, but practice remains inconsistent because of unclear guidance, incompatible IT systems, and professional anxiety about the consequences of sharing. SASW recommends investment in compatible information systems

across health, education, social work, and justice services that enable practitioners to access and contribute to shared records where appropriate. Clearer, more accessible guidance is needed that helps practitioners understand when they should share information, not merely when they are permitted to do so. Training should emphasise that failure to share relevant information can harm children just as surely as inappropriate sharing. A national information sharing protocol specifically for children in or on the edges of secure care would provide a consistent framework across Scotland. This protocol should specify what information should be shared at key decision points, including referral, admission, review, and transition. It should be developed with frontline practitioners who understand the practical barriers that currently prevent effective sharing, and it should be accompanied by investment in the IT infrastructure necessary to make sharing practicable rather than aspirational.

Question 11: Which alternatives are most effective in preventing secure care placements?

The most effective alternatives to secure care placements on welfare grounds share common features: they are intensive, relational, flexible, and sustained. Intensive family support services that wrap around the whole family and address the systemic factors driving a child's behaviour, rather than treating the child's presentation in isolation, demonstrate strong effectiveness. Multi-systemic therapy and functional family therapy, where available, have reduced the need for residential and secure placements. Specialist foster care with therapeutic support can provide containment and stability for children whose needs might otherwise escalate to secure care, though availability is severely limited across Scotland. Residential alternatives offering intensive support without deprivation of liberty, including crisis stabilisation units and step-down provision, can prevent escalation when they are well resourced and appropriately staffed. The national Interventions for Vulnerable Youth service based at Kibble provides an important model of multi-disciplinary, tiered risk assessment and management for high-risk young people. What unites these effective alternatives is the quality and consistency of relationships, the intensity and flexibility of support offered, and the capacity to respond to the whole child within their family and community context rather than addressing isolated behaviours or risks in a fragmented manner.

Question 12: What factors most strongly influence whether alternatives are used?

Several factors strongly influence whether alternatives to secure care are used in practice. Availability is the most fundamental consideration: alternatives cannot be used if they do not exist, and many local authorities lack the range and

intensity of community-based provision needed to prevent secure placements. Even where services exist, waiting lists can be lengthy, meaning children in crisis cannot access support when they need it most. Workforce confidence and risk tolerance shape decision-making profoundly. Social workers operate within a culture of risk aversion where the professional consequences of a child being harmed in the community are perceived as more severe than those arising from placing a child unnecessarily in secure care. Significant case reviews focus forensically on decisions not to use restrictive placements, creating incentives that favour secure placement in ambiguous cases. Addressing this requires cultural change supported by clear practice guidance and supervision that values professional judgement. Commissioning arrangements also matter, as spot purchasing does not support the sustained investment in infrastructure, workforce, and relationships that effective alternatives require. The availability of secure care beds itself influences decision-making, with practitioners sometimes pursuing secure placement when a bed becomes available rather than persisting with community options. Finally, the confidence and skill of individual practitioners, the quality of their supervision, and the organisational culture within which decisions are made all affect whether alternatives are genuinely explored or treated as a procedural step before a predetermined outcome.

Question 13: What gaps exist in alternatives to secure care?

The gaps in alternative provision across Scotland are substantial and well documented. Intensive community-based mental health support for children in crisis is largely unavailable outside major urban centres. Specialist foster care with therapeutic support is in critically short supply nationally. Residential alternatives offering intensive support without deprivation of liberty are limited in number and geographically concentrated in the central belt. Crisis stabilisation services that can respond immediately when children are at acute risk exist in very few areas across the country. Specialist exploitation services providing safe, containing support for children at risk of criminal or sexual exploitation are patchy and inconsistent in availability and quality. Substance use services designed specifically for children and young people with complex needs are inadequate. Neurodevelopmental assessment and support services have waiting lists measured in years rather than months, leaving children with undiagnosed autism, ADHD, or learning disabilities struggling without appropriate understanding or support. Rural, remote, and island communities face particular challenges, with specialist services often entirely absent and the distances involved making access to centralised provision impractical for families. The cumulative effect of these gaps is that for many children, secure care is not genuinely a last resort but rather the only available option when community provision is absent or insufficient to meet their needs.

Question 14: How can learning from local authority practice be shared and scaled?

Sharing and scaling learning from effective local authority practice requires more than publishing guidance or hosting conferences, though both have value. It requires enabling conditions that support genuine knowledge exchange and the adoption of effective approaches in new contexts. Protected time for practitioners to visit and learn from other areas, funding for secondments and exchanges between local authorities, and communities of practice supported by national organisations such as Social Work Scotland and the NSWA would all contribute meaningfully. Honest evaluation of what works and what does not, including the publication of outcomes data that enables comparison across areas, is essential for identifying practice worth replicating. The National Social Work Agency should play a central coordinating role in identifying effective practice, facilitating learning networks, and supporting local authorities to adapt successful approaches to their own circumstances. SASW emphasises that scaling must respect local context, as what works in one area cannot simply be transplanted to another without adaptation to local need, resources, and geography. The aim should be to share principles, evidence, and learning while supporting local design and implementation that reflects the specific characteristics of each area.

Question 15: Is there scope for sharing and pooling resources on a multi-authority basis?

SASW's Answer: Yes

Multi-authority collaboration on specialist alternatives is not only possible but essential. No single local authority can sustain the full range of intensive alternatives needed for the small number of children with the most complex needs. Regional or national commissioning of specialist services, including therapeutic foster care schemes, intensive family support services, crisis stabilisation units, and specialist exploitation services, would create economies of scale, sustain specialist workforce capacity, and ensure more equitable access across Scotland. Children's Services Planning Partnerships are well placed to coordinate locally but need national support and frameworks for effective cross-boundary working. The National Social Work Agency could play a valuable coordinating role in facilitating multi-authority collaboration, brokering shared commissioning arrangements, and ensuring that pooled resources are deployed effectively and equitably. Existing examples of regional collaboration, such as shared residential provision and joint commissioning of specialist services, provide evidence that this approach is both practical and beneficial when governance arrangements are clear. Financial models that enable risk-sharing

across authorities and provide stability for specialist providers would support the sustainability of shared provision over the longer term.

Question 16: What role should health, education, and justice services play?

Health services must provide accessible, timely mental health assessment and intervention for children whose needs are escalating toward secure care, not only for those already placed. Health boards should be held accountable for reducing the currently unacceptable waiting times for CAMHS, neurodevelopmental assessment, speech and language therapy, and paediatric services that affect this population. Education services should provide flexible, trauma-informed educational provision that maintains children's engagement during periods of crisis rather than defaulting to exclusion. Exclusion from education is a significant driver of escalation toward secure care, and education services must be accountable for meeting the needs of children with complex presentations. Schools and alternative education providers must be active partners in multi-agency responses, contributing to assessment and planning and providing continuity of learning during transitions between settings. Justice services, including Police Scotland, should prioritise diversion and early intervention through the Whole System Approach, ensuring that children are supported rather than criminalised wherever possible. The interface between justice and welfare responses requires particular attention to ensure that children whose behaviour brings them into contact with the justice system receive the support they need rather than being processed through systems that may compound their difficulties and deepen their involvement with formal processes.

Question 17: How can we measure the effectiveness of community-based supports?

Measuring the effectiveness of community-based supports requires a framework that captures meaningful outcomes for children and families rather than simply recording outputs or process measures. SASW recommends a combination of child-level outcomes including stability of placement, educational engagement, mental health and wellbeing indicators, family functioning, and offending behaviour. Process measures should include timeliness of access to support, continuity of relationships with key workers, and the extent to which children's views are sought and acted upon in practice. System-level measures should track the number of children diverted from secure care, the sustainability of community placements, the cost-effectiveness of different models, and the extent to which alternatives are available equitably across Scotland. Crucially, measurement must include the voices of children and families themselves, asking whether they feel supported, heard, and genuinely helped by the services

provided. Standardised outcome measures such as the Strengths and Difficulties Questionnaire, alongside qualitative feedback and longitudinal follow-up, would provide a rounded picture of what is and is not working. The National Social Work Agency should develop a national outcomes framework for community-based alternatives, enabling meaningful comparison across areas and identification of effective practice. Data collection must be proportionate and must not create additional bureaucratic burden for practitioners already managing excessive caseloads.

Question 18: What support should be in place for successful transitions?

Transitions are critical moments when children are most vulnerable, with placement breakdowns, mental health crises, educational disruption, and developmental regression clustering around poorly managed transition points. Planning for transition from secure care to community must begin at the point of admission, not weeks before discharge, with the likely pathway identified, regularly reviewed, and all agencies involved from the outset. Placements must be identified well in advance, appropriate to the young person's needs, and chosen with the involvement of the child and family. Educational transitions require continuity of progress and confirmed provision before discharge. Health transitions need comprehensive planning covering GP registration, continuing CAMHS where appropriate, medication management, and neurodevelopmental support. Family work must continue post-discharge, not end at the point when families need the most support. Transitions should be graduated over weeks or months rather than sudden, with home visits increasing gradually and secure care involvement tapering as community support intensifies. Crisis and contingency planning is essential, including identified contact persons and the possibility of return to secure care if necessary. SASW calls for national transitions standards specifying expectations for planning timelines, multi-agency involvement, and support packages. Dedicated transitions coordinators should be embedded in each secure care centre. Intensive community support for twelve months or more post-discharge should be funded as standard. The structural and financial barriers that currently constrain good transitions, including providers lacking incentive to maintain post-discharge involvement, must be addressed alongside practice improvement.

Section 3: National Coordination and Court-Ordered Placements (Questions 19–24)

Question 19: How can we improve access to secure accommodation placements?

Improving access to secure accommodation placements requires addressing both structural and operational barriers within the current system. The most urgent need is reserved capacity for court-ordered placements. When courts sentence children to secure detention or remand them, those orders must be implemented immediately, as they are legal orders that are neither discretionary nor contingent on availability. Scottish Government should contract for a defined number of beds, approximately 20 based on current demand modelling, exclusively for court-ordered placements. These beds would be guaranteed available when a court order is issued, with Scottish Government paying a fixed cost regardless of occupancy. This would eliminate the current unacceptable situation where children are sometimes held in police custody or placed out of Scotland because capacity is unavailable. Beyond reserved capacity, national coordination of all placements would improve access by providing real-time visibility of capacity across all four centres, enabling coordinated matching, and ensuring that placement decisions are informed by the full national picture rather than limited to individual local authority relationships with specific providers. Improved data collection and analysis of demand patterns would support better capacity planning and early identification of emerging pressures before they become crises.

Question 20: Should there be nationally funded facilities with guaranteed access for court orders?

SASW's Answer: Yes

SASW agrees that there should be nationally funded facilities with guaranteed access to fulfil court orders. The current situation, where court orders cannot always be immediately fulfilled due to capacity constraints, is unacceptable and potentially unlawful. Nationally funded guaranteed access would ensure court orders are implemented, meeting legal and constitutional obligations, provide financial stability for providers by enabling them to maintain capacity during periods of lower occupancy, remove uncertainty for sheriffs who could sentence with confidence knowing secure placement will be available, and reduce or eliminate the use of police custody as a holding measure and out-of-Scotland placements when domestic capacity is insufficient. However, guaranteed access to beds alone is not sufficient to build full confidence in decision-makers. Confidence also requires evidence that secure care delivers positive outcomes,

that transitions are well managed, that children receive appropriate therapeutic support during placement, and that the system as a whole is well governed and accountable. National funding of guaranteed capacity is a necessary condition for a functioning system but must be accompanied by quality improvement, national standards, and transparent reporting of outcomes.

Question 21: Should Scotland introduce a single national system for coordinating placements?

SASW's Answer: Yes

SASW strongly agrees that Scotland should introduce a single national system for coordinating secure care placements. Such a system would provide real-time visibility of capacity across all four centres, ending the current situation where agencies contact different providers with no shared knowledge of availability elsewhere. It would enable coordinated matching based on the full national picture, advance equity of access regardless of which local authority a child lives in, and generate comprehensive data to inform capacity planning and policy development. The system should receive and process all referrals for secure care, maintain real-time bed availability information, facilitate placement matching between referring authorities and providers, collect and analyse data on referrals, placements, outcomes, and equity, and provide expert consultation for complex cases. These functions should apply consistently regardless of the route through which a child enters secure care, though the operational processes may differ between welfare placements authorised by children's hearings and court-ordered placements. The key principle is that one system holds the national picture and coordinates access equitably for all children who require secure care.

Question 22: Which type of model should Scotland look at?

Scotland should develop a hybrid model drawing on elements of both the English Secure Welfare Coordination Unit and the Northern Ireland multi-agency panel, designed specifically for Scotland's institutional landscape and context. From England, Scotland should adopt the concept of a central coordination point for all referrals that maintains real-time capacity information and facilitates placement matching without itself making placement decisions. This operational coordination function addresses the most immediate practical problems of fragmented information and uncoordinated access. From Northern Ireland, Scotland should adopt the concept of multi-agency strategic oversight bringing together professionals from health, social care, education, and justice to review patterns and trends, address systemic issues, monitor equity of access, and advise on policy and capacity planning. However, SASW does not support a multi-agency panel making individual placement decisions in the Scottish

context, as this risks undermining the statutory responsibilities of children's hearings and courts. The Scottish model should therefore separate operational coordination from strategic governance, with the former ensuring efficient day-to-day placement matching and the latter providing oversight, accountability, and system-level improvement.

Question 23: Other proposals or comments on national coordination?

SASW recommends that the National Social Work Agency, once established with adequate capacity and a clear remit, should be the institutional home for national coordination of secure care placements. This would provide professional leadership, maintain accountability, and create connections to broader practice development and workforce support. Implementation should be phased, beginning with stakeholder co-design of the system, progressing through a voluntary soft launch that operates alongside existing arrangements, and moving to mandatory use once processes have been tested and refined. The coordination function should be resourced to provide not only operational placement matching but also data analysis, quality monitoring, and expert consultation for complex cases. SASW also recommends that the national coordination system be designed from the outset to integrate with broader reforms including the nationalisation of funding, expanded placement criteria, and the development of flex secure and community alternatives. A system designed in isolation from these wider reforms risks becoming outdated before it is fully operational. The voices of children and young people with lived experience of secure care must inform both the design and the ongoing evaluation of the coordination system.

Question 24: Which professionals should be part of a Multi-Agency Panel?

If a multi-agency panel is established, it should include social work representation at Chief Social Work Officer level alongside a frontline child and family social worker and a secure care practitioner. Health representation should include a child and adolescent psychiatrist and a clinical psychologist or mental health nurse. Education requires a head teacher with experience of vulnerable children and an educational psychologist. Justice needs a sheriff or retired sheriff with relevant experience and a youth justice practitioner. Children's hearings should be represented by an experienced panel member or Reporter. A children's rights specialist and an independent advocate should ensure rights perspectives are central to the panel's work. Critically, two to three young people with lived experience of secure care must be full members with equal status, appropriately supported and properly remunerated for their expertise. Their

involvement is not an optional addition but integral to the panel's legitimacy and effectiveness. Third sector representation from organisations working with children on the edges of secure care would also be valuable. Secure care provider representatives should not be members, as this would create a conflict of interest. Civil servants should service the panel but should not sit as members, maintaining independence from day-to-day policy making.

Section 4: Nationalisation and Funding Reform (Questions 25–28)

Question 25: Do you support nationalisation of secure care provision?

SASW's Answer: Yes, in principle, subject to design and implementation

SASW supports the principle of nationalising secure care provision in Scotland. The case is compelling: financial instability driven by occupancy-based funding has placed providers in recurring crisis; fragmented commissioning by 32 local authorities creates duplication, inconsistency, and no strategic overview; inequitable access means a child's chances depend partly on where they live; and the absence of national oversight means nobody holds a comprehensive picture of who is in secure care or what outcomes are being achieved. Nationalisation could provide stable funding enabling long-term planning, a single strategic view of capacity and demand, equitable access regardless of geography, consistent quality through national standards, and a platform for innovation and improvement. However, SASW's support is conditional on careful design. Nationalisation must preserve the distinctive approaches and cultures of Scotland's four providers rather than imposing uniformity. Transition must be managed carefully to avoid destabilising services and harming children currently in care. Governance must balance national consistency with local responsiveness and professional autonomy with accountability. Workforce implications including terms, conditions, and career pathways must be fully addressed. SASW recommends a phased approach beginning with national funding and coordination while preserving provider independence, then progressively integrating governance and accountability into a coherent national framework. The COSLA manifesto position supporting nationalisation, including integration with CAMHS provision, provides an important political foundation for this transformative opportunity.

Question 26: Should Scotland move away from spot purchasing?

SASW's Answer: Yes

SASW strongly agrees that Scotland should move away from spot purchasing as the primary funding mechanism for secure care. The current model is fundamentally unsuited to a service supporting the most vulnerable children in Scotland. It creates financial instability that threatens provider sustainability, as providers require approximately 90% occupancy to break even and face income fluctuations driven by demand they cannot control. It makes strategic capacity planning impossible, as neither providers nor the Scottish Government can plan with confidence when income and demand are unpredictable. It generates perverse incentives around occupancy rates and creates competition rather than collaboration between placing authorities. It offers no mechanism for national oversight, quality improvement, or strategic workforce development. The evidence from decades of experience is clear: spot purchasing has not delivered stability, equity, or sustainability for secure care in Scotland. The short-to-medium-term priority should be implementing a hybrid funding model that provides immediate financial stability for providers through guaranteed block funding while maintaining local authority engagement in placement decisions. This should be accompanied by a clear trajectory toward full national funding over three to five years, as part of the broader move toward nationalisation of secure care provision.

Question 27: Which funding model would best support sustainability and equitable use?

SASW recommends Option 3, the hybrid funding model, as an immediate transitional measure with a clear trajectory toward Option 1, full national funding, over the medium term of three to five years. The hybrid model, where Scottish Government provides block funding for a defined number of beds while local authorities contribute variable placement costs, offers immediate financial stability for providers through guaranteed income regardless of occupancy. It maintains local authority accountability in placement decisions while enabling national capacity planning and strategic oversight. It builds the infrastructure and governance needed for full national funding and can be implemented relatively quickly without requiring the complex legal and organisational changes that full nationalisation demands. However, the hybrid model should be explicitly framed as transitional, as its limitations include dual funding complexity and incomplete resolution of equity issues. The medium-term goal should be full national funding where secure care is funded entirely as a national service, with placements commissioned centrally and all costs borne nationally. This model fully addresses

financial instability, enables strategic capacity and workforce planning, ensures equity of access, and recognises secure care as a national resource. Option 2 retains too many current weaknesses, particularly financial unpredictability for providers. Option 4 is insufficient to address the structural problems identified, as incremental improvement of a fundamentally flawed model will not deliver the transformation needed.

Question 28: How can Scotland guarantee equity of access for all children?

Equity of access requires several structural conditions. National coordination of placements is essential, ensuring all children are considered against national capacity rather than depending on individual local authority relationships with providers. Transparent criteria and decision-making processes must be applied consistently, with national monitoring of who is placed, who is refused, and why. Published data on secure care use by local authority, disaggregated by age, gender, ethnicity, disability, and placement route, would enable scrutiny and accountability. Independent oversight, potentially through the NSWA, should monitor equity and investigate patterns suggesting systematic disadvantage. Children's rights impact assessments should be applied to all policy and operational decisions affecting access. Investment in alternatives must be equitable across Scotland, ensuring that children in rural, remote, and island communities have access to intensive community support comparable to that available in urban areas, as differential access to secure care may otherwise reflect differential access to alternatives rather than differential need. Financial barriers must be removed, with mechanisms preventing financial considerations from driving placement decisions. No child should be denied appropriate secure care because their local authority cannot afford the placement.

Section 5: Secure Transport Standards (Question 29)

Question 29: Do the proposed transport standards fit with your expectations?

SASW's Answer: Broadly yes, with additions

The areas expected to be covered are broadly appropriate and reflect key concerns raised in previous consultations. SASW supports standards addressing children's rights, safety and welfare, staff vetting and training, vehicle safety, incident reporting, restraint use, data handling, and continuous improvement. However, several additions are essential. The standards must explicitly address the child's experience of transport, not merely the logistical and safety

dimensions, as transport to and from secure care can be deeply distressing for children who have experienced trauma. Standards should require that children are prepared for journeys, can communicate with a trusted adult during transport, and that transport staff are trained in trauma-informed communication. Standards must also address the specific needs of children with disabilities, neurodevelopmental conditions, or communication needs, with transport arrangements adapted accordingly. Maximum journey times should be specified with rest stops required for longer journeys. Handover protocols at both ends of a journey should ensure safe, dignified, and well-communicated transitions. Children's views on their transport experience should be routinely sought and used to improve practice, and complaints processes must be accessible to children and families with independent oversight of concerns raised.

Section 6: Single Point of Contact for Victims (Questions 30–35)

Question 30: How should the SPOC service interact with other support routes and what training do staff need?

The SPOC service must complement rather than duplicate existing victim support provision, acting as a navigator that helps victims understand processes and access appropriate services. It should integrate with existing support routes through clear referral pathways and memoranda of understanding with organisations including Victim Support Scotland, specialist services for domestic abuse and sexual violence, and NHS mental health services. Information sharing protocols should enable the SPOC to facilitate access to relevant agencies without victims having to repeat their experiences to multiple organisations. Staff require specialist training in trauma-informed practice, the Children's Hearings System and Whole System Approach including how decisions are made and what information can and cannot be shared, child development and adolescent behaviour, cultural competence and accessibility, and managing the complexity of situations where victims and those who have caused harm may be known to each other or live in the same community. For employed staff, qualifications in social work, counselling, victim support, or a related field should be expected.

Question 31: How should the SPOC interact with other organisations to be accessible and trauma-informed?

The SPOC should be designed to avoid creating additional complexity in an already fragmented landscape, instead simplifying the journey for victims seeking information and support. Clear protocols with justice agencies, the Scottish Children's Reporter Administration, social work services, and specialist victim support organisations would enable effective cross-referral and coordinated

support. For child victims in particular, communication must be adapted to developmental stage, available in formats children can understand, and delivered by staff skilled in working with children and young people. The service should be available through multiple channels including telephone, online, and face-to-face, and should be designed with the direct involvement of victims and victim support organisations to ensure it meets their needs in practice. Age-appropriate materials explaining the Children's Hearings System and possible outcomes should be developed with input from young people. The physical and digital environments in which the service operates must feel safe, welcoming, and non-institutional, recognising that many victims may already feel anxious or overwhelmed by their engagement with formal systems.

Question 32: Should support extend to signposting victims and families to counselling and other services?

SASW's Answer: Yes

The SPOC service should extend to signposting victims and their families to counselling and other support and advice services. Signposting alone is insufficient if the services being referred to are unavailable, inaccessible, or have lengthy waiting lists. The SPOC must therefore have current knowledge of available services, their capacity, and their eligibility criteria, and should actively follow up to ensure victims have been able to access the support they need.

Question 33: Should the SPOC be resourced to commission and offer services to victims?

SASW's Answer: Yes

SASW agrees that the SPOC should be resourced to commission and offer services directly to victims. There will be circumstances where existing provision does not meet a victim's needs or where gaps in provision mean appropriate support is not available through referral alone. The ability to commission services directly, including counselling, therapeutic support, and practical assistance, would ensure the SPOC can fulfil its purpose when existing services are inadequate. This commissioning function must be adequately resourced, with a dedicated budget that is protected from competing pressures.

Question 34: What would be the benefits of a staffing model combining trained staff and volunteers?

A staffing model combining trained staff with volunteer contributions could work effectively if designed carefully, with clear boundaries between functions. The benefits of involving volunteers include extending the service's reach, providing

peer support, and potentially involving people with relevant lived experience. However, the core functions of the SPOC, including information provision about legal processes, coordination with other agencies, and managing complex or sensitive situations, must be delivered by trained, employed staff with professional accountability. Volunteers could appropriately contribute to awareness raising, initial contact and welcome functions, signposting to general support services, and community outreach, but they should not be responsible for providing detailed information about individual cases, managing sensitive disclosures, or coordinating with justice or child protection agencies. Priority training for all SPOC personnel should include trauma-informed practice, children's hearings processes, safeguarding and child protection, data protection and information governance, and working with diverse communities.

Question 35: Should the SPOC be able to access information from police and local authorities?

SASW's Answer: Yes, with safeguards

SASW agrees that the SPOC should be able to access information from the Police Service of Scotland and local authorities where cases are dealt with through diversionary measures such as Early and Effective Intervention. Without this access, the SPOC cannot fulfil its function of providing information and support to victims whose cases do not proceed to a children's hearing. However, this must be subject to robust safeguards. Information sharing must be proportionate, sharing only what is necessary to support the victim and explain the process. The child who caused harm also has rights, including to privacy and to rehabilitation, and information sharing must respect these rights. Clear information governance frameworks, developed in consultation with the Information Commissioner's Office, are essential. Staff accessing this information must be trained in data protection and understand the boundaries of what can and cannot be shared. Audit mechanisms should monitor information access and use to ensure compliance.

Section 7: Assessing Impact (Questions 36–38)

Question 36: What data protection issues could arise?

Several data protection issues arise from these proposals. National coordination of placements will require a central database holding sensitive personal data about vulnerable children, including information about their needs, risks, and circumstances, necessitating a comprehensive Data Protection Impact Assessment addressing lawful basis for processing, data minimisation, access

controls, retention periods, and security measures. The SPOC service will involve sharing sensitive information about victims across multiple agencies, requiring clear data sharing agreements and robust governance. Flex secure models with adaptable restriction levels will require careful recording of decisions about restriction and deprivation of liberty, creating sensitive records that must be securely managed. Information sharing between health, education, social work, and justice services, while essential for effective multi-agency working, must be governed by clear protocols that comply with data protection legislation while not creating barriers to the sharing that is necessary for children's wellbeing.

Question 37: What children's rights and wellbeing issues could arise?

Several children's rights and wellbeing issues require careful consideration. Expanding criteria for secure care could increase the number of children subject to deprivation of liberty, which must be monitored against Article 37 of the UNCRC requiring deprivation of liberty to be a last resort for the shortest appropriate period. Flex secure models raise complex questions about when restriction becomes deprivation, and robust legal frameworks must ensure children's Article 5 ECHR rights are protected. Any national coordination system must ensure children's Article 12 right to participate in decisions affecting them is upheld, including in placement decisions. The transition to nationalised services must not disrupt care for children currently in placement, prioritising continuity and stability throughout the reform process. SASW emphasises that the UNCRC (Incorporation) (Scotland) Act 2024 creates binding legal obligations that must shape every aspect of these reforms, not merely inform their rhetoric.

Question 38: What equality issues could arise?

Several equality issues arise from these proposals. In relation to gender, boys constitute the majority of children in secure care, yet girls often present with different needs including higher rates of sexual exploitation and abuse, and service design must address the specific needs of both. On disability, 37% of children in secure care have a recorded disability, which is likely an undercount given diagnostic delays, and services must be fully accessible and adapted to the needs of children with neurodevelopmental conditions. Regarding race and ethnicity, monitoring of secure care use by ethnicity is essential to identify and address any disproportionate representation, and services must be culturally responsive and anti-racist. On age, proposed changes enabling young people to remain in secure care to age 19 require careful consideration of the transition to adult services and the rights of young adults. On care experience, children with care experience are disproportionately represented in secure care, reflecting

cumulative system failures, and reforms must address these upstream factors rather than simply managing their consequences within secure care.

Section 8: Any Other Comments (Question 39)

Question 39: Additional comments

SASW welcomes this consultation as a significant opportunity to transform secure care in Scotland and offers several overarching observations. First, workforce is the foundation of everything proposed here: every model described depends on having enough skilled, supported, and valued workers to deliver it, and without a comprehensive workforce strategy addressing pay, conditions, training, supervision, and career development, no reform will succeed. Second, the sequencing of reform matters as much as its content, and SASW urges the Scottish Government to build capacity before expanding criteria, establish coordination before nationalising, and invest in alternatives before restricting access to secure care. Third, children and young people with lived experience of secure care must be at the centre of reform design and implementation, not consulted as an afterthought, with their involvement genuine, sustained, and properly resourced. Fourth, the relationship between this consultation and the National Social Work Agency must be clearly articulated, as the NSWA offers a natural home for national coordination, standards development, workforce support, and quality improvement. Finally, SASW urges the Scottish Government to identify and act on immediate priorities, particularly reserved capacity for court-ordered placements, funding stabilisation for providers, and national coordination, while continuing longer-term development of nationalisation, flex secure, and expanded alternatives, rather than attempting everything simultaneously and risking achieving nothing well.

Contact Information

For further information about this response, please contact the Scottish Association of Social Workers (SASW).

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