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SCOTLAND

EQUALITY | RESPECT | LOVE



The Future of Secure Care

Response to the Scottish Government's Future of Secure Care and Single Point Contact for Victims in the Children's Hearings System Consultation.

April 2026

www.whocarescotland.org

Who we are

[Who Cares? Scotland](#) is Scotland's only national independent membership organisation for Care Experienced people. Our mission is to secure a lifetime of equality, respect, and love for Care Experienced people in Scotland.

At the heart of Who Cares? Scotland's work is the rights of Care Experienced people, and the power of their voices to bring about positive change. We provide individual, relationship-based independent advocacy, and a range of participation and connection opportunities for Care Experienced people across Scotland.

Every year, our advocacy workers support around 1,600 people with around 6,000 individual advocacy issues across all 32 Local Authorities in Scotland. As we take a human rights-based approach to our work, around 10,000 individual rights are logged every year in supporting these issues. We bring Care Experienced people together to connect and shape the world around them. Around 700 unique individuals come together every year to take part in around 800 of our activities across Scotland.

We work alongside Corporate Parents and various communities to broaden understanding and challenge stigma faced by Care Experienced people. We work with policy makers, leaders, and elected representatives locally and nationally to shape legislation, policy and practice. We do this collaboratively to build on the aspirations of The Promise and to secure positive change.

Summary

Who Cares? Scotland takes a strong rights-based and child-centred approach to secure care and believes that secure care and deprivation of a child's liberty must only ever be used as a last resort, in order to uphold Article 5 ECHR and Article 37 UNCRC. We believe that secure care is currently too often used for children and young people who should have been provided with early intervention support much earlier in their care journey and note the overrepresentation of children and young people with disabilities within the secure population. We recommend that the criteria is narrowed and welcome an expansion of community-based support.

We welcome measures to make secure care less rights-restrictive and more personalised to a young person's needs, however, we are not yet convinced that a new category of flex-secure is required to achieve this. To make an informed opinion on this area, we believe further information is required on the legal safeguards accompanying flex-secure. A wider redesign of secure care facilities is required to create environments that feel more homely, less punitive and in keeping with the Promise.

Our response highlights the lack of consultation on the issue of restraint, our concerns regarding secure care transport arrangements with private providers, and the role of

independent advocacy in upholding children's rights before, during and after secure care. We recommend enhanced data collection and monitoring to support Scotland's efforts to avoid secure care as far as possible.

Our response reflects what we have heard from Care Experienced people through our advocacy evidence and participation work. For example, in March 2026, we were commissioned by the Scottish Government to carry out participation work with Care Experienced young people living in and 'on the edges of' (i.e. having moved out in the past 12 months) of secure care in March 2026 to inform this consultation.

Who Cares? Scotland calls for:

- The secure care criteria to be narrowed to cases only where 'the child is likely to cause physical or psychological harm to another person unless kept in secure accommodation'.
- A comprehensive expansion of early intervention supports to reduce the need for secure care as much as possible, including:
 - Proactive mental health support offered to every child in care and specialist mental health support available for young people with complex mental health needs.
 - Independent advocacy to be provided on an opt-out basis for children and young people subject to secure care grounds to ensure that their views are heard and rights are upheld.
 - Wide access for Care Experienced children and young people to community youth work opportunities, developing protective factors for mental health and diverting from risk-taking behaviours.
 - National roll out of our Communities that Care 'Whole School Approach' to educate entire school communities on care experience and improve the scaffolding of support for Care Experienced young people.
- Reconsideration of the plans for secure care transport provision and detailed standards which reflect our members' views.
- Guidance on restraint under section 10J of the Children (Care, Care Experience and Service Planning) (Scotland) Bill to be issued urgently.
- An Equality Impact Assessment to the proposals which gives thoughtful consideration to the needs of children and young people with disabilities and those who have experienced gender-based violence.

Response to the consultation questions

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

No. We would like to see criteria narrowed to “the child is likely to cause physical or psychological harm to another person unless the child is kept in secure accommodation” only. Any further change should be subject to further consultation with children and young people with experience of secure care. Some young people in secure care told us in March 2026 that they wanted more time to share their views on the criteria.

We acknowledge that the new criteria may help to ensure secure care is only used as a measure of last resort (with the additions of ‘*unless the child is kept in secure accommodation*’). However, it is our position that secure care is not appropriate for children and young people with only mental health grounds or who are only at risk of absconding.

Evidence against the use of secure care for complex mental health needs:

We agree with the [Children and Young People's Centre for Justice](#) that children with complex mental health needs should, as a standard, be placed in a specialist health setting where they can receive individualised treatment and care. It is unclear, currently, how secure care fits with other therapeutic options such as secure mental health wards, and how it links with existing health services which specialise in mental health crisis.

Young people have commonly shared via [CYCJ's Reimagining Secure Care participation work 2024](#) and [Who Cares? Scotland's 2024 participation event with the Scottish Parliament Education, Children and Young People Committee](#) that they did not feel young people who have committed a crime and those there for their own safety should be placed in secure units together. Some of the young people we spoke to in secure care in March 2026 also shared that secure should only be for those on offence grounds due to the level of restrictions on their rights. This is something our advocacy workers witness as an issue for some young people.

“In my experience, this doesn't happen very often but when it does, it can have a powerful detrimental effect. I have seen this make a young person feel very unsafe on more than one occasion.” – Who Cares? Scotland Advocacy Worker, 2025.

Evidence supporting our position for alternative community supports:

Young people who are absconding from where they live are arguably in need of alternative community support and independent advocacy to address the reason that is causing them to abscond. Children and young people don't typically run away from somewhere they are happy to be. We should be curious about the reasons they feel that absconding is their only option and what they think would help.

Narrowing the guidance would require more community alternatives and early intervention services to be available. We know that where advocacy is provided as early intervention, often problems such as absconding can be resolved without the use of detention. The child will have a reason for their behaviour which can often be rectified by putting other arrangements in

place. For example, a child regularly absconding in order to see a family member may be able to avoid a secure placement if family time arrangements can be reviewed and increased.

We believe that independent advocacy should be provided on an opt-out basis for young people in secure care and at risk of being placed in secure care. We welcome the Minister's commitment to review the decision not to provide opt-out advocacy as part of a wider review of the Children (Care, Care Experience and Services Planning) (Scotland) Bill.

"I consider it imperative that any such review also looks at the effectiveness of opt-in and demand-led advocacy in the children's hearings system and recommends any changes that need to be made." – [Natalie Don MSP, Minister for Children, Young People and the Promise, 18 March 2026.](#)

Secure care is commonly used due to failures to provide suitable alternatives for a child or young person who is at serious risk of harm, despite the Promise calling for investment in supportive intermediate settings to ensure young people are not held in secure care due to inadequate community options (p84).

Anecdotally, we understand that the practice of using secure placements for young people at severe risk due to their mental health varies widely between local authorities. This suggests that some local authorities are finding alternatives that avoid the need for secure care, while others are resorting to it where it may be avoidable. We therefore believe the criteria must be narrowed to ensure that community supports are made available to all young people in need.

Scotland has been encouraged to develop alternative community supports to secure via numerous expert children's rights groups:

- [The Promise](#) and the [Promise's report on Secure Care](#) states that:
 - "Scotland must recognise that placing children in highly restricted environments must be used only when necessary and not simply as an escalation when other interventions have failed;
 - Spending time in secure care must be as short as possible in order to avoid institutionalisation. Secure care should not be perceived as a primary setting of care;
 - There must be far more alternatives for community-based support and monitoring, where required;
 - Whilst secure care may be appropriate for some children, there must be alternative services and support settings in communities that can provide enhanced support;
 - That support must look similar to the principles of intensive family support, in whatever family setting the children are living."
- [The UN Committee on the Rights of the Child's Concluding Observations on the UK in 2023](#) urged all UK States to:
 - "(38.a) invest in measures to prevent and reduce the number of children placed in alternative care by, inter alia, allocating sufficient resources for early intervention and preventive services, including for infants and toddlers, increasing and strengthening the number of trained social workers and improving multiagency coordination;
 - (b) To allocate sufficient resources for the implementation of the recommendations made in the report of 'The Independent Review of Children's

- o (e) To prohibit and prevent the placement of children in secure care, residential care homes lacking appropriate safeguards or unregulated alternative care, including hotels and bed-and-breakfast accommodation;
 - o (f) To allocate sufficient funds for family- and community-based care options for children who cannot stay with their families and facilitate the reintegration of children into their families and communities whenever possible.”
- The [UN’s 2019 Global Study on children deprived of liberty and the Guidelines for the Alternative Care of Children](#) urged countries to “develop and implement a strategy for progressive deinstitutionalization which includes significant investments in family and community-based support and services. States should prioritize the closure of large-scale institutions and avoid the creation of new institutions.”
- Care Experienced participants in [CYCJ’s Reimagining Secure Care participation work 2024](#) and [Who Cares? Scotland’s 2024 participation event](#) have also called for more support for young people at an earlier point in their care journeys to prevent the need for secure.

In relation to community-based support alternatives to secure care, the Promise calls for residential therapeutic settings for girls who have been sexually abused and exploited to be developed to ensure girls in these circumstances are not held in inappropriate settings. It highlights that some boys placed in secure care will also have been sexually abused and exploited. It asks Scotland to ensure they can access the therapeutic care and support they require to recover and that their placement does not exacerbate their pain (p80).

Criteria for secure care must take this into account to prevent further distress and traumatisation for young people who have been victims of serious offences and are particularly scared and vulnerable.

We therefore call on the Scottish Government to urgently review alternatives to secure provisions, such as intensive support services, specialist mental health interventions, independent advocacy and youth work provision. These alternatives are discussed in more detail later in this response.

We recognise that many young people in secure care may both be subject to offence grounds and also have complex mental health needs. Regardless of the reasons for being in secure care, further work should be undertaken to ensure the environment is therapeutic, nurturing and supportive, to support rehabilitation and better outcomes for the young people in its care.

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

No. We are strongly against any changes which would expand the eligibility of children for secure care.

Deprivation of liberty of children should only be used as a last resort, being mindful of Keeping the Promise and ensuring early intervention and appropriate community support is available for every child and young person when they need it. We should expect to see deprivation of liberty decrease in Scotland. The creation of 'near-secure' residential services with the ability to restrict the liberty of a wider number of children is contrary to this ambition.

We are concerned that using these criteria for children who do not need secure care would expand the use of deprivation of liberty and breach Article 5 of the ECHR and Article 37 of the UNCRC. The only way we could support the criteria being revised is if it would bring legal safeguards to children subject to flex secure arrangements, such as those detailed below in question 4, and raised by [Clan Childlaw's secure care briefing](#).

Q3) Are there any factors or circumstances you think should be considered in potential future secure care criteria? (Examples may include (not exhaustive): a) Persistent, severe distress requiring intensive containment. b) Repeated placement breakdowns due to complexity of needs. c) Serious risk of exploitation. d) Harm arising from behaviour that does not fall under self-harm or harm to others. e) Situations where intensive support is required for safety.)

No. Please refer to our answer to questions 1 and 2. We strongly oppose further expanding the criteria for secure care and potentially increasing the use of deprivation of liberty in Scotland.

Q4) Do you agree the definitions of relevant children's care services should be reviewed to include a new category of provision with adaptable levels of restriction which can be increased or decreased as required to contemplate necessary shifts between restriction of liberty to deprivation of liberty within the one setting, in the way envisioned by 'flex secure'? Please explain the reasons for your answer and any situations where you think 'flex secure' could be used.

We agree the definitions of relevant children's care services should be reviewed to ensure that care can be adapted to be less rights-restrictive and more personalised to a young person's needs. However, we are unsure if a new category of flex-secure is required as there is insufficient information given about what this would practically look like. Our understanding is that some secure centres are already developing flex-secure options. Is another category required or should the existing secure care criteria be implemented with more flexibility?

If a new category is taken forward, then flex secure would need identical safeguards to secure care because flex secure and restriction of a child's liberty could amount to an Article 5 ECHR violation depending on context and the age of the child. The UNCRC Article 37 states that restrictions on a child's liberty should only be used as a measure of last resort and for the shortest appropriate period of time.

More information is required regarding:

- The procedure for providing information on the reasons for changes in restrictions;

- Their rights to judicial control, to a trial and to have the lawfulness of restrictions speedily examined by the Children’s Hearing;
- Mechanisms for appeal, judicial remedy, compensation; and
- Scrutiny, inspection and reporting;
- The provision of independent advocacy and independent legal advice on an opt out basis.

[Clan Childlaw also highlight serious concerns](#) regarding discrepancies in the use and practice of seclusion across the different secure estates, with a lack of external scrutiny. We support their call for this issue to be rectified first, before any further settings in which children may experience seclusion or isolation are created.

Young people’s views on flex secure care

Who Cares? Scotland was commissioned by the Scottish Government to carry out participation work with Care Experienced young people living in and ‘on the edges of’ (i.e. having moved out in the past 12 months) of secure care in March 2026 to inform this consultation.

Young people could opt in to participate via group work with participation practitioners from Who Cares? Scotland or via a one-to-one conversation with an advocacy worker on the topics. Due to time constraints and safeguarding considerations, young people were only asked for views on flex-secure and transitions back to the community and to Young Offender’s Institutions (YOIs). The conversation was prompted through three case studies. In total, eight young people participated.

We collected some equality and diversity demographic data from the participants, however, due to the small pool of participants and concerns about identifiability, these have been removed.

Many of the young people shared that they felt that flex secure would be good to be able to offer care for young people in a way that would be less restrictive on their rights and more personalised to their needs. They highly valued that flex secure settings could keep them living closer to the things and places that are important to them.

Some raised that young people in secure care didn’t always need to be in a secure environment. They appreciated that flex secure could allow them more freedom and perhaps enable them to keep engaged with hobbies or clubs but still protect them from making the wrong choices. Some felt that the concept of flex secure sounded like the placement they were currently in but that it would be good if they could live somewhere nearer their family and friends.

Individual risk assessments felt important so that people weren’t surveyed by camera if not necessary and were able to move furniture about to make their environment feel like their own space and as homely as possible.

Some raised that while having 1-1 support in secure really helped them, they should also have been able to have this level of support before they needed a secure placement. They described feeling how lucky they were before living in secure care but wished that they had had the great support they now get in secure in the community to be able to have maintained that. Some also said that what matters the most is having good relationships with staff

wherever they are living and finding out what works for individuals. Some also felt that regardless of flex secure or secure, it was hard to feel comfortable living somewhere with locks and with restrictions on doing simple things like getting plates and cutlery.

Some young people said that they felt flex secure care would be more suitable for young people who are in secure care for mental health needs. They either didn't feel that they should be restricted to such an extent, or they were opposed to young people on welfare grounds being mixed with those on offence grounds due to the impact it could have on some people's mental health. They also raised that more one to one support from staff is needed, with fewer young people per house than in some regular residential care settings (two to three young people per house was suggested).

Finally, they also felt that there should be access to an advocacy worker and lawyer in flex secure care, or any residential care, as there would always be implications on rights. Young people in secure care rightly told us when discussing flex secure that they deserve the same level of dignity and respect as everyone else and should always have safeguards to uphold their rights.

We recognise the proposed benefits of flex secure care regarding more personalised levels of restriction being available to each young person and potential to reduce moves for young people between secure and non-secure placements. However, the consultation paper lacks detail beyond the general principles of what flex secure care would look like and how it would be governed. Without further information on what safeguards would accompany it, such as the legal guarantees for persons deprived of liberty under Article 5 ECHR and Article 37 UNCRC, we cannot assess whether we agree with the proposals.

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

Please refer to our answer to question 4 discussing the legal safeguards we believe would be required in a flex secure model.

Independent Advocacy:

In addition, we draw attention to the rights to independent advocacy and independent non-instructed advocacy in the Children (Care, Care Experience and Services Planning) (Scotland) Bill. We believe that independent advocacy should be available on an opt out basis for all children and young people in secure care or on the edges of secure. Therefore, we welcome the then-Minister's commitment that the Scottish Government will review this in future.

"It is extremely important that an advocate is made available and is completely impartial with no agenda dependent on the outcome. An advocate is there for the individual and their benefits regardless of age. A social worker will have the values and training and ethos of that social work department/authority or just feel like they do which creates mistrust and a disconnect. This applies to other services and panel members etc. It is important to have that person in the middle that is only for you to make you feel comfortable throughout the process and explain things in terms that you understand." – Care Experienced person, Summer of Participation, 2023.

“We should always have our voice heard! And not just from social workers, they don’t always know us well enough. It’s good to be someone independent.” – Care Experienced person, Summer of Participation, 2023.

Non-instructed Independent Advocacy:

Legal Advocate Shaun W. Alexander (legal opinion available on request) confirms non-instructed advocacy as a required measure through which public authorities can discharge their statutory obligations to children of all ages with complex communication needs, including babies and infants, under the UNCRC (Incorporation) (Scotland) Act 2024, Equality Act 2010, and Public Sector Equality Duty.

We also call for training on what independent advocacy and non-instructed independent advocacy is for the professionals making the offer to the child, to ensure that its role is explained correctly. We find that when advocacy is explained by an advocacy worker, the uptake rate is extremely high. Between October 2023 and September 2024, 98% of eligible referrals took up the offer of advocacy from Who Cares? Scotland.

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

Yes.

[In 2019, the UN strongly recommended](#) that “States make all efforts to significantly reduce the number of children held in places of detention and prevent deprivation of liberty before it occurs, including addressing the root causes and pathways leading to deprivation of liberty in a systemic and holistic manner... To address the root causes of deprivation of liberty of children, States should invest significant resources to reduce inequalities and support families to empower them to foster the physical, mental, spiritual, moral and social development of their children, including children with disabilities.”

The [Care Inspectorate’s 2023 review of the Secure Care Pathways and Standards](#) further emphasised the importance of early intervention and community-based alternatives to secure care.

We believe these hubs must be spread across the country and not neglect children and families in rural communities who are often excluded from central city-based services due to the cost and time of travel.

Community-based hubs should also take a contextual safeguarding approach, which looks at the harms to children beyond their homes and in their neighbourhoods, schools and communities, and removes the onus on the child to remove themselves from a harmful situation. Contextual safeguarding instead asks the child protection system and professionals to rally around the child and ask what they can do to make people and places safer for the child. This would involve having professionals within the community-based hubs trained in contextual safeguarding to be able to identify harms in the wider community and relationships in place with police, local businesses, schools etc. to address these issues, and offering an alternative space for young people to socialise.

We also want to highlight the risk that fear of stigma and removal of children may prevent some families from seeking help. Every Care Experienced parent should have the right to good quality support, as and when they need it. We recognise the power of positive, supportive

professionals and know this is something already experienced by many Care Experienced parents across Scotland. We want this to be a consistent experience for parents across all of our communities.

In 2022, Who Cares? Scotland carried out [participatory research](#) with 47 Care Experienced parents from across the country. The key findings from the research were:

- Many Care Experienced parents have felt the impact of stigma and discrimination.
- Only 1/3 had felt comfortable to ask for help from services/professionals.
- Only 37% had felt able to get the support they needed.
- Care Experienced parents need spaces where they can connect with each other and provide support.
- Universal support services need a judgement-free process to identify Care Experienced parents and provide suitable professional support to ensure positive parenting journeys.

“I haven’t felt comfortable (asking for help) because of the risk of being thrown under the bus. I think if I say I’m struggling to cope or get up in the morning, it will be used against me.” - Care Experienced person, Believe in Us, 2022.

Some recommendations from this research which could be progressed by the proposed community-based hubs are:

- 1. As ‘Corporate Grandparents’, local authorities and COSLA must recognise the needs of Care Experienced parents as a strategic priority when implementing The Promise.**

They should work with Care Experienced parents to develop specific pathways to proactively offer support, including a sensitive and judgement-free process for parents to share they have experience of care. This should build on learning from the Early Learning and Childcare support offer for 2-year-olds of Care Experienced parents.

- 2. The lifelong impact of Care Experience must be recognised in the provision of any support for Care Experienced parents, by ensuring no age cut-offs.**

This reinforces existing calls from Care Experienced people to have better rights protections throughout their lifetime. We have included this terminology as some parents who spoke to us felt this was helpful framing for how they want support to be offered, while recognising that some Care Experienced people found this language unhelpful during the Independent Care Review.

- 3. Training must be co-designed with Care Experienced people about how to best support Care Experienced parents of all ages.**

This should be tailored for providers who deliver universal and specialist support to parents, including services in the NHS such as Health Visitors and Midwives. Training should also be available for Social Workers, with a specific focus on young parents who are receiving social work support and become parents while living in care or when ‘leaving care’. Core to this training is the need to challenge stigma and assumptions about parenting capacity due to experiences of care.

4. Local authorities and the Scottish Government should sustainably fund specific peer groups and parenting support spaces for Care Experienced parents in each local authority area.

This offer should be designed with Care Experienced people in local areas and a variety of options should be considered, such as groups for younger mums and dads to connect. Delivery should be community-based and collaborative with third sector and trusted community organisations. Funding could also lead to specific independent organisations specialising in support for Care Experienced parents.

We would like to point to the examples of 'Project Unity' in Wales, which offers intensive support, opportunities, education and training to Care Experienced pregnant women and young mums up to the age of 25 across Wales. As well as the specialist Glasgow charity Amma Birth Companions that provides care information and advocacy for birthing people facing barriers to support, which recognises that birthing people from marginalised or racialised groups experience disparities in perinatal care.

5. Focused work must take place to prevent children from being separated from Care Experienced parents, as part of realising The Promise's 'Change Programme One' focus on 'Whole Family Support'.

As detailed in the recommendations from our National Care Service consultation, this includes ensuring the workforce is trauma-informed in all areas of practice. There must be time and resource to connect with families, listen to and include them in decision-making, and tailor support to help families stay together. This should include ensuring parents who are living in care at the time of becoming pregnant are supported to stay with carers and in care placements where they feel safe and secure.

These recommendations are echoed by the [NSPCC's Together for Childhood project](#), a place-based project aimed at preventing child abuse and neglect in families facing adversity. In June 2024, they published the findings of research carried out with new and expecting parents and local professionals in Govan. Some key findings related to community-based support were:

1. Almost all participants felt they had no support during the earliest stages of pregnancy.

Feeling that there was no support brought a heightened sense of anxiety and isolation, particularly for those new to the country without family help. Participants felt that medical appointments were few and far between during early pregnancy and that this was another challenge faced by expectant parents and carers in accessing information and further support.

2. Community-based family and peer support from the very early stages of pregnancy is key.

All families would benefit from wrap-around support during the early days of pregnancy. This could include local spaces for connecting with peers and opportunities to speak to other parents with shared experiences.

3. Social and economic inclusion and exclusion need to be considered.

All participants spoke of financial hardship and anxieties around financial stability and the affordability of a growing family. For some, what was being experienced during pregnancy also connected to inequalities they faced due to experiences of cultural and ethnic diversity, economic hardship and uncertain immigration status.



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

Yes.

All children and young people in, or at risk of entering, secure care should be offered an independent advocacy worker and explained in a child-friendly way what independent advocacy is. Where a child or young person has chosen to work with an independent advocacy worker, this worker should also be a part of multi-disciplinary team meetings to ensure the child's views are represented and their rights are respected.

For children and young people with complex communication needs, they have a right to a non-instructed advocacy worker under Section 18ZA of the recently unanimously passed Children (Care, Care Experience and Services Planning) (Scotland) Bill. This worker should be included within multi-disciplinary team meetings and communication.

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

The [UN's 2019 Global Study on children deprived of liberty and the Guidelines for the Alternative Care of Children](#) urges countries to “invest in measures to prevent and reduce the number of children placed in alternative care by, inter alia, allocating sufficient resources for early intervention and preventive services, including for infants and toddlers, increasing and strengthening the number of trained social workers and improving multiagency coordination.”

We believe that by doing this and offering proactive mental health support to all children who come into contact with the care system, the number of children and young people potentially needing a secure care placement would significantly reduce.

We all want to lead happy, healthy lives and to have the support we need for our mental health whenever we need it. This is the world our members want to see for all Care Experienced people, who can face greater need for mental health support.

Many children and young people in secure care would have benefited from earlier or more specialist mental health support within their communities. For some children placed in secure care for their own safety, this may have been avoided with earlier expert intervention before a crisis point. However, too often mental health support is difficult to access before a child or young person has reached a crisis point due to stretched resources. When we consulted with young people in secure care in March 2026, (please see Q4 for more information on the methodology) mental health support was a topic all participants strongly wanted to share their views on to effect further change.

Advocacy workers also highlight the particular impact on mental health a move to secure care has on children and families from rural and island communities, who face additional barriers to keeping in contact and visiting. Care Experienced people have also described the use of secure care sometimes being used as a threat, feeling that they are ‘forced to act good’ or mask how they are feeling out of fear of being moved far away from their families rather than being offered support to address the issues putting them at risk of needing a secure placement.

In 2022 Who Cares? Scotland published a [participatory research report 'Tend Our Light'](#) about mental health, following consultation with 61 Care Experienced people from across the country. The key findings of this report are:

- 1. 70% of participants had been unable to access mental health support**
- 2. 100% of participants felt their care experience had impacted upon their mental health**
- 3. Trauma can affect Care Experienced people throughout life and manifest in different ways as people grow older.**

“There’s not just the trauma before care, there’s also trauma within care, in different care settings. Like for example, living in residential care....Like for me, school was an escape. Then you get back. The other people around you are traumatised. It’s triggering.” – Care Experienced person, Tend Our Light, 2022.

The report made seven tangible recommendations to improve the way Care Experienced people’s mental health is supported:

1. Dedicated mental health services for Care Experienced people

The Scottish Government, local authorities and NHS health boards must create targeted, trauma-responsive mental health services with dedicated resources and services available for Care Experienced people. These should have been available by at least by 2024, as part of realising Change Programme ONE of The Promise (p.26) that: “Every child that is ‘in care’ in Scotland will have access to intensive support that ensures their educational and health needs are fully met.”

2. Lifelong mental health support for Care Experienced people

Mental health support for Care Experienced people should be available throughout their lifetime, without automatic end dates. The length of time support is in place should be based on need. Development of clear pathways and services for Care Experienced adults should be visible by the end of this Parliamentary term, by 2026.

3. Every child in care proactively offered mental health support

Investment in early intervention approaches must be prioritised, with specialist mental health support offered as soon as a child enters care and remaining available throughout their care journey. This targeted approach should be implemented by the Scottish Government as part of their commitment to increase mental health spending, to shift the focus to prevention and early intervention, and to Keep The Promise.

4. Supporting loving relationships for Care Experienced people

Relationships are powerful in supporting positive mental health for Care Experienced people. We need to support Care Experienced people to keep the loving relationships already in their lives and to form new support networks throughout life. This aligns with the Promise Change Programme ONE focus on Relationships as part of creating ‘A Good Childhood’ and the ‘One Good Adult’ model, which shows positive social relationships are a strong predictor of good mental health.

5. Tailored and specialist mental health training about care experience

Adults and professionals in Care Experienced people’s lives need to be supported to understand how to best support mental health needs. NHS Education for Scotland should work with Who Cares? Scotland and Care Experienced people to create training for mental

health professionals about the potential impact of care experience. Mandatory mental health training should also be available for carers, frontline social care staff and Corporate Parents. This should be delivered as part of Public Health Scotland and NHS Education for Scotland's mental health training already underway. This should be supported by the Scottish Government as part of the Mental Health Strategy 2017-27 refresh and the new Suicide Prevention Strategy.

6. Mental health education for Care Experienced people

Local authorities must create specific opportunities for Care Experienced people of all ages to learn about mental health and raise awareness of support available. This should be delivered as part of existing work to build community-based mental wellbeing services for children and young people, which the Scottish Government committed £30 million to in the Programme for Government 2021-22 (p.26). This could also be delivered through the Suicide Prevention Strategy.

7. The right to choose mental health support and access it quickly

In the next four years, the Scottish Government must support NHS Health boards to provide rights-based and person-centred approaches to mental health support, which empower Care Experienced people to choose from a greater range of support and therapies that work for them. This must include reducing waiting times for mental health support and services.

"I still feel shame from being in care, even though it was not my fault. I still feel I'm not good enough, as my family abandoned me and my sister when we needed them most. I've tried to work through those feelings but they are deep and I still feel raw." – Care Experienced person, Tend Our Light, 2022.

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

We believe that at times, safety can be over-prioritised in relation to other aspects of the SHANNARI principles and a child's wellbeing. We are concerned that children and young people in secure care are not being provided with the equivalent of a loving, caring and nurturing home environment and are less likely to receive holistic support that prioritises their wellbeing in addition to safety.

In our [response to the Care and Justice Bill in 2022](#), we highlighted one instance of an advocacy worker who supported a young person in secure care who needed to physically visit a bank with a form of I.D. to set up an account. However, due to the conditions of their remand, they were unable to leave the safe centre they were accommodated in. This meant the young person was unable to receive their Educational Maintenance Allowance they were entitled to and the advocacy worker discovered this was an issue impacting other young people living in the secure care centre.

One young person we spoke to in secure care in 2026 (see question 4 for more detail) raised that the beds, designed primarily for safety, weren't comfy and hurt his back. Although intended for children's safety, some of the measures in the design of the rooms in secure centres are similar to those of prison cells and do not represent the nature of the Promise.

While intended for safety, we are concerned that some of the security measures inherently criminalise children and young people and can feel more like a punishment.

Scotland signed up to the Promise, a commitment to do things in a different way with love at its centre. We know of one centre changing their windows so children and young people can now open them to get fresh air. Such changes are vital to uphold rights to dignity and health.

Further consultation is required to redesign these spaces in collaboration with children and young people to create an environment that feels more comfortable and like a home. We recommend that inspiration is drawn from the Bairn's Hoose design process, and models in Scandinavian countries where prisons have been redesigned to promote self-esteem and rehabilitation with positive results.

The preamble of the [United Nations Convention of the Rights of the Child](#) (UNCRC) states that: “the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding... Considering that the child should be fully prepared to live an individual life in society.” The Promise echoes this sentiment, that “there must be no barriers for children to have regular, positive childhood experiences.” (p22).

Human rights (and UNCRC rights) are universal and inalienable, indivisible, interrelated and interdependent. And yet, in the context of secure care, we consistently see one right being held over and above others. The Independent Care Review concluded that “Secure Care settings must uphold children’s rights. Children must have access to all they need for health, education and participation. They must be supported to maintain good contact with their family if safe to do so” (p83).

A holistic definition of the best interests of the child (UNCRC, Article 3) includes consideration of Articles 6 and 12 – the right to life, survival and development to their full potential, and for consideration of views. In practice, this means treating the child as a whole person, to realise their potential, whilst supporting the aspects of their lives they care about most. While adults and institutions must decide what’s best for children, they must be able to evidence how their decisions respect these other fundamental principles of children’s rights.

We want to ensure the most holistic appreciation of the SHANARRI principles in relation to the child. Independent advocacy has a key role in ensuring this, particularly for children and young people in secure care. When we spoke to young people in secure care in March 2026, some felt that there should always be access to an advocacy worker or lawyer in a secure or flex secure placement as these places impose restrictions on their rights.

However, some felt it was okay if their rights weren’t upheld because safety should be the priority. We are concerned that some young people may experience avoidable rights breaches they feel are necessary or deserved, or do not know that their rights are universal, regardless of the reason they have been placed in secure care.

Advocacy workers represent the child's perspective and safeguard all of their rights, without ranking UNCRC considerations, in order to amplify the child’s view on all the SHANARRI principles. These include safety and beyond: healthy, achieving, active and nurtured, as well as being responsible, respected and included. The SHANARRI principles are vital to recovery and reintegration and should be considered (with the support of independent advocacy where

necessary) in full, in order to fully safeguard UNCRC rights holistically for the child, and ensure wellbeing is prioritised alongside safety.

Further examples Care Experienced people highlighted of this during our [2024 event with the Scottish Parliament Education, Children and Young People Committee](#) are:

- A young person who was in secure care felt like they had dry skin and a dry mouth due to lack of fresh air and the exercise area was not big enough to get into a full sprint.
- “In secure accommodation, I feel treated like a prisoner as it is a restriction of liberties, based on the needs of others in the secure unit – one rule applies to everyone.”
- A young person in secure care said they needed to get a member of staff to come and change the channel on the TV – “is this what we mean when we talk about the Promise?”
- “The Promise is good, but it comes down to a lack of resources (space available in accommodation) to promote The Promise. If you have a young person with nowhere to go, but doesn’t fit criteria for secure, there isn’t an accommodation resource for this, and a young person can end up in a secure unit as there is nowhere else for them to go.”
- “Young people are told to regulate their behaviour without support and guidance on how to do it. A young person’s behaviour can be used as an excuse, especially if the young person is unable to regulate this.”
- One young person in secure care said they felt hopeless. They said they were reviewed every three months and always told negative things.
- One young person was going out with their best friend every night ‘causing havoc’ and the police were involved; they said this was mainly a cry for help and for love. They said the house managers gave up and put one of the young people into secure care in the south of Scotland, whilst the other young person got to stay in the residential care home in the north. They haven’t seen each other since.
- “It is important to note how far away the secure care units are; young people sent there have to readjust – they feel hopeless and don’t feel like they have family or long-lasting friends, which is really difficult to deal with; this is another contributor to abandonment and connection issues and feeling like they need to move around all the time.”
- The use of safeholds and restraint in residential and secure care has led to lasting trauma and injuries resulting from safeholds and/or restraint; this recreates the abuse young people may have faced at home and in some cases, young people felt it was worse.

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

We have consistently heard from Care Experienced people that it can be frustrating and upsetting when they begin working with a new professional or service and need to retell their story and explain their circumstances. Given that there is significant paperwork kept on children in care, we believe that it should be the service providers’ responsibility to seek relevant information from social work (which children and young people have consented to

being shared), and familiarise themselves with this before working with a child or young person to prevent this responsibility to inform falling to the Care Experienced person.

Consent around information sharing is vital. Young people have a right to privacy and tell us that sometimes too much information (either too much detail or too historic) about them is shared with people who did not need it. Research shows that this over-sharing is more likely to happen for children and young people with disabilities or additional support needs ([Coram Voice, 2019](#)).

If a young person has consented to work with an advocacy worker, the advocacy worker should also receive information about any new significant changes to a child's care in order to enable them to advocate most effectively and promptly.

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

As per the Secure Care Pathway and Standards 1, 2 and 3, children and young people should expect to be fully involved in decisions about their care, and have their needs met by appropriate community and specialist supports as much as possible to prevent their liberty from being restricted. We consistently hear from Care Experienced people and advocacy workers that mental health support can be difficult to access in a timely manner. **We believe mental health support should be offered proactively to all children in or on the edges of care.** Please refer to our answer to question 8 for more detail.

Youth Work as a Preventative Measure:

Youth work can have a powerful, positive effect on a young person's mental health and in preventing offending behaviour. Mental health support and support for young people with complex backgrounds was highlighted as top priority needs for Scotland's young people by respondents to [YouthLink Scotland's National Youth Work Sector Survey 2025](#).

Community youth work creates safe, supportive spaces for young people to develop trusted, mentoring relationships with adults, social connection with peers and opportunities for participation and activities. Developing young people's sense of belonging, resilience and confidence are strong protective factors for mental health and diverts from risk taking behaviours. When health services are so stretched, youth work is delivering greatly needed frontline mental health support to many children and young people who are not able to access specialist help.

The 'No Knives Better Lives' early intervention programme is a key example of how youth work can prevent young people from needing to be secured. The programme trains youth work practitioners working with young people who may be at risk of youth violence and weapons carrying to make more positive choices. It delivers education sessions directly to young people to support their peers and explore positive masculinity.

Youth Work Funding:

In the past six years since the pandemic, the funding situation for youth work has drastically worsened. A [Youth Scotland 2025 report](#) highlighted that 79% of community-based youth groups report funding as their main challenge and 97% saying that funding limits their delivery.

Youth groups have also reported a change in their roles amidst the cost of living crisis, with an increased need for them to be providing hot meals and warm spaces for young people.

Who Cares? Scotland's belonging and connection spaces have not been exempt from these pressures. We have had to close and reduce youth groups for Care Experienced people across the country due to funding. Care Experienced people have told us that having a dedicated space to connect with other Care Experienced people has been really important for understanding and being proud of this part of their identity and not feeling different. We have highlighted two examples below.

The Glasgow Drop-In group used to run every Thursday evening but has had to reduce to fortnightly. It is open to all Care Experienced people over the age of 16, from any local authority or type of care. The group is always busy and offers members the opportunity to connect with others, play games together, talk privately to our lifelong advocacy worker about any issues they need support with, have some food and celebrate each other's achievements. For some attendees who have left care and live alone, the Glasgow Drop In is the only reliable point in their week where they will have company or leave the house.

“The thing about being care experienced is that even after you've left the system, the system never fully leaves you so you have this strange void that can't be filled and you can't go back. You find yourself in situations where people are chatting about their childhood or their school days and you can't join in, or maybe you do join in and then they ask a lot of questions but they still don't understand – it can be tedious and lonely.

The drop in has really filled that void for me because it's somewhere familiar I can go to and although we don't often talk about our experiences of care we all know how it is. I always feel welcome and accepted and although I struggle to make friends, I still have a laugh. There are times when I feel too overwhelmed or anxious to converse much but I still go and read my book or draw and just bask in amongst the vibe of Who Cares with friendly faces and laughter and banter.

There isn't much support for Care Experienced adults so I really appreciate Who Cares? And all the people who put their time and energy into making it a much needed organisation.” – Care Experienced person, feedback on Glasgow Drop In Group, 2024.

Our Wee Diamonds group in Renfrewshire meets fortnightly and has now been running for nine years. Due to funding, it is due to close soon. An average of 6 to 10 primary school age children attend regularly, mostly from kinship care placements although there are currently two attendees in foster care and one who is looked after at home. Secondary school age young people have a gentle transition to the Renfrewshire Chill Out group when they feel ready and can attend both groups for a couple weeks until they feel comfortable. Both groups are for fun and connection, trying new activities, food and friendships. The kinship carers of the young people also appreciate the time to come together while the group is on for peer support and connection.

“A young person in kinship care was referred to our Diamonds group by their teacher. They were facing real challenges on understanding why they were not able to live with their Mum and felt protective towards her despite Mum being unable to care for them and keep them safe. Their behaviour and presentation had become quite difficult to manage as they tried to process their situation. They had witnessed some significant trauma and neglect which they were getting help to process. They did not attend any

clubs or have any out of school activities and the school were keen for them to have some hobby or activity where they could spend time with peers and socialise.

They came along to the group and was helped to become aware that the other young people at the Diamonds did not live with their Mums and Dads either. The first night they came along, they were welcomed by the group and quickly struck up friendships and after initially being a bit reluctant, managed to play the games on offer and thoroughly enjoyed themselves.

The following day their teacher asked how they got on at the group and the teacher relayed that they shared with her and the class that 'they had the best day of their life'. The young person now attends every session and has made use of everything on offer, attending summer trips, national events and Gran shared that she too has benefitted from support and friendship from other carers too which is an unintended outcome.

Last week the young person shared to the whole group that they were going to be able to see their Dad and the young people all cheered and clapped for them. There wasn't a dry eye in the house." – anonymised case study of a regular attendee of our Wee Diamonds group.

The Scottish Government must recognise youth work as an effective method of early intervention and sustainably fund the sector to provide these spaces for Care Experienced people to be able to connect with peers (while supporting families), be redirected from risky behaviours, and support their mental wellbeing and self-esteem.

Q12) Where alternatives to secure care are available, what factors most strongly influence whether they are used in practice?

Please refer to our answer to question 8 and 11 discussing mental health support and youth work opportunities.

Short term respite placements can be used effectively as an alternative to secure care. This is a beneficial way to remove a child from their community where they are at risk, for example from county lines or gang activity, but it does not deprive them of their liberty unnecessarily in order to protect them. However, our experience tells us that in some situations where this has worked well, the placements have ended too quickly. In some cases, a permanent move may be more appropriate if the child is thriving in their new placement and not wanting to return to their community.

We are aware of several circumstances where local authorities have disrupted settled placements in order to bring young people placed in a different local authority back to their home area in an attempt to deliver the Promise's intentions about keeping young people within their area and reduce the number of out-of-area placements.

Short term respite or out-of-area "placements" should be available as a part of a suite of options to the child and the team of professionals around them. Any decision to move back to their community must be child-led, as per Article 12 UNCRC.

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

Please refer to:

- Our answer to question 1 setting out how we believe secure care could be avoidable for some children with better early intervention, and specialist health settings would be a more appropriate place for some young people;
- Question 8 detailing our calls for improved mental health support for the Care Experienced community; and
- Question 11 which makes the case for youth work opportunities to be funded. We also believe that gaps in support for children with disabilities and their families leads to avoidable secure care placements, as detailed in question 38.

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

Professionals in health, education and justice working with children with complex needs should be informed of children and young people's rights under Section 18 and 18Z of the recently unanimously passed Children (Care, Care Experience and Services Planning) (Scotland) Bill to an independent advocacy worker or independent non-instructed advocacy worker, and be aware of how to make a referral to a suitable provider in their area to ensure their rights protection.

All professionals working in health, education and justice should also be fully aware of their children's rights duties, for example, as a Corporate Parent under section 9 of the Children and Young People (Scotland) Act 2014, to undertake regular government-funded training from Who Cares? Scotland on these legal duties, be aware of their organisation's corporate parenting plan and how those actions relate to their day-to-day work.

A good education opens doors to opportunities, levels out inequalities and develops a young person's confidence, interests and talents. For Care Experienced children and young people, receiving a good education can be a route to overcome socioeconomic barriers and enable them to pursue their goals and aspirations. However, the most recent [National Education Statistics for Looked After Children](#) show that educational outcomes for Care Experienced children continue to be much lower than average across a number of metrics - including on attendance, school leaving age, and SCQF level 5 attainment, which have all worsened in comparison to the previous year.

Our 2025 education report '[Exclusion labelled as Support](#)' highlighted how the use of part time timetables and informal exclusions are regularly threatening Care Experienced pupils' right to an education. Challenges in accessing personalised support were identified alongside how a poor school culture that doesn't understand care experience can make them feel stigmatised and disengaged from education. Care experience is not currently included in the curriculum, and the understanding of care experience and outcomes for Care Experienced pupils varies widely across schools.

“At school when my social worker would visit, there was a lot of stigmas from peers and teachers i.e., “where are you going? Why?” - Participant over 16, Summer of Participation, 2023.

During the recent participation sessions, the young people in secure care spoke highly about school and the importance of a smooth transition when returning back to a school in the community (please see question 4 for more information)

“If you are tossed into the deep end at school with no transition, then you can easily fall back into old habits. If you are stressed at school, then you can take that back home and take it out on people... it's good to have visits with teachers before you move and free periods meeting them at school. If you don't like school, you then start skiving and then you stay in bed and then you become angry and frustrated and then the cycle continues on.” - Young person in secure care, 2026.

Our [‘Communities that Care’](#) Whole School Approach involves educating entire school communities on care experience with the aim of upholding children’s rights and creating more empathic and inclusive communities. This creates the conditions for Care Experienced children and young people to be nurtured and supported in their schools and wider community, enabling them to thrive.

“I enjoyed the lessons because we learned that everyone is different in their own way.”
- Pupil feedback, 2024.

Through learning about care at school, Care Experienced people have had the opportunity to learn more about and embrace their identity:

“I don't think I would know I am Care Experienced.” - Care Experienced person, Communities that Care Stakeholder Interview Focus Group Report, 2020.

Currently, over 110 schools across three local authorities are ‘Care Aware’ through our training. A shining example of how these training sessions have been embedded into their school model, is Kirklandneuk Primary School who, in collaboration with OneRen and Active Schools Renfrewshire, created their weekly sports club which provides a welcoming space for Care Experienced children to engage in activities promoting health and inclusion.

To eliminate barriers and reduce potential stigma, the school provides transport to the children who attend and invites them to bring a friend along too. Their broad definition of Care Experience means that children from diverse backgrounds, including those on the edges of care or who are adopted, can benefit from the initiative. One young person happily describes the weekly sports club as “the best moment of my week and I am so happy I now attend a club in school.”

This example demonstrates the power of ensuring all Scottish schools are ‘Care Aware’ and therefore building a scaffolding of support around all their Care Experienced children and young people. This programme is currently being rolled out in three local authorities, however, it is replicable and sustainable. We actively encourage that it is implemented in all schools across Scotland. Creating an understanding and supportive environment for Care Experienced children in their communities where they feel understood by their peers and trusted adults around them is an important part of early intervention work to promote good mental health and prevent offending behaviours.

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

Most specifically, we should expect to see a reduction in the need for secure care placements.

We propose that trends in secure care placements are monitored and reported on as part of the Children's Services Planning reporting requirements under Section 22 of the Children (Care, Care Experience and Service Planning) (Scotland) Bill. The Bill also requires Scottish Ministers to produce a report before 30 June 2031 on the extent to which the recommendations set out in the Promise have been implemented, which we expect to include a section on secure care and the implementation of the new Vision for Secure Care (Section 22CC (1)).

The [Promise Progress Framework](#) needs updated. While vision statement 8: "Scotland must stop locking up children who have often experienced the failures of the state in the provision of their care" aligns with this work well, it is only attached to one outcome: "The number of young people entering young offenders' institutions decreases." Further outcomes should urgently be added to capture data regarding:

- The numbers of young people in secure care;
- The average length of time young people spend in secure care;
- The numbers of young people in care able to access mental health support;
- The numbers of young people taking up youth work opportunities;
- Funding made available for new alternative supports in young people's communities;
- Further information on community support available across the country to facilitate the sharing of best practice.

Children and young people's views on the effectiveness of supports they received and support unavailable that they would have liked must be central to evaluating Scotland's progress to transform how we use secure care and prevent its need as far as possible. High quality participation delivered by specialist organisations can support the gathering of this feedback in a rights-respecting and trauma-informed way.

Taking a human-rights based approach, this collective advocacy evidence should be captured alongside data from independent advocacy and non-instructed advocacy providers working with this group of children and young people. It would allow us to advance equality of opportunity for young people who would not want to, are not ready to, or are unable to participate in a group setting.

The feedback from children and young people must be given due consideration and acted upon where possible, with a clear and age-appropriate feedback loop to the children and young people who participated.

Wider national data, such as the annual national educational outcomes for looked after children statistical publication, can also assist in drawing conclusions about the effectiveness of community-based supports, although cannot be correlated directly. In particular, we call for improved data collection using human rights indicators to ensure the inequalities faced by Care Experienced people are captured, monitored, and effectively tackled by the Scottish Government and local authorities. For more information, please see our [Human Rights Bill consultation response from 2023](#).

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

We believe that if fully implemented for every young person, the Secure Care Pathways and Standards would ensure successful transitions for children and young people leaving secure care. Below we have detailed what the young people in secure care told us under each of the Standards relating to moving on from secure care:

38. I understand my rights when planning for my future and I have access to the legal advice, representation and high quality independent advocacy I need.

In March 2026, the young people we spoke to in secure care (please see Q4 for more information on the methodology) highlighted that having an advocacy worker was important for having their views listened to and helping arrangements for their transition.

"I liked that there was a plan and that there were lots of different options thought through. Having the social worker and advocacy workers working together helped." – young person in secure care, 2026.

Who Cares? Scotland currently provides independent advocacy in three of the secure centres. Advocacy workers have shared they feel their ability to advocate for young people in secure settings has improved since commissioning arrangements enabled secure centres to have a dedicated worker. We find that the level of provision funded is sufficient to prevent waiting lists being required. This is helped by most meetings for young people in secure being held online from the centre. We also have strong working relationships with the providers which fosters a respect for the role of advocacy and allows for flexibility to meet the young people's individual needs.

39. My plans for moving on meet all my needs. They involve everyone who has responsibility to care for and support me.

When discussing transitioning to a Young Offender Institution, young people shared that getting to meet with someone from the YOI to get to ask questions about it, share their views and feelings about the move and help to prepare them was very helpful. They also highlighted that some people might not want a visit, and that it was important a young person's views were listened to and respected. They suggested that if they didn't want to visit the YOI before moving, having a virtual reality headset to see it and get a virtual tour would help. When asked what other support was needed, they said that mental health support or counselling is needed for any transition, and particularly for moving to YOI.

They really welcomed more information about what to expect at a YOI, as this would help them fit in and know what to expect. They felt a video about YOI would be helpful as some people are more visual learners and more likely to watch a video than read a document. Another suggested a binded book with all of the necessary information. Topics young people said should be included within this video or binder were: clothing what to pack, the rules, what the rooms look like, staff and their jobs and photographs, and how the YOI operates, as this would help them to fit in.

They felt that sometimes there was a sense of false hope given about the YOI, and that actually, it should be made clear to young people that secure and YOI are very different environments, with much more restrictions in place in YOI so that they are prepared.

40. I am fully prepared for making the transition from the service and this is taken at a pace which means I am completely ready.

We believe this standard is not yet fully upheld for every young person due to moves often being arranged around birth dates or to suit the system rather than the young person. We welcome section 18 of the Children (Care and Justice) Scotland Act 2024 coming into force to allow for transitions to happen in a more person-centred way. An advocacy worker shared an example of a young person who recently moved from secure care to an adult prison.

“They said that the prison was much better than secure care. They told me they had little involvement in the transfer. There was no visit, although staff from the prison did attend one of their meetings in [name of centre redacted], but their views were not given much attention. The biggest thing for them was that they were transferred on their 18th birthday. A day where they would have been celebrating in some form, even within the secure centre. While they appreciated they were being moved as a consequence of their behaviour, it felt unfair to them that their 18th should be ruined by this event.” – Advocacy worker, 2026.

Young people in secure care felt that being asked questions about what they needed, ensuring they feel heard and included in the decisions being made was important for a good transition, and noted that having an advocacy worker was good for this.

When discussing the case studies, young people highlighted that school as something that was working really well and the young person in the case study had been working for several months towards getting several national 4 qualifications. While no child should be deprived of their liberty longer than is essential, it's important that any disruption to a young person's education is minimised.

41. I am confident that people I know well and have trust in will continue to be involved in supporting me after I leave the service.

Young people in secure care highlighted the importance of family visits whilst they are living in secure care.

“It's important to also have connection with family, like spending time with them and build up relationships through contact time and phone calls. I think it's a trial and error for options to see family.” – young person in secure care, 2026.

“It's important to have these family and friend relationships there and to have them built up and maintained with the staff and your family when you leave.” – young person in secure care, 2026.

Advocacy workers have raised how difficult it can be for families to afford to travel to secure care centres regularly to maintain strong relationships. Given the importance of strong family relationships for young people's wellbeing and how key the support of family will be for a successful transition for those moving back home, we believe that families should receive support with transport costs to visit young people placed out of area in secure care.

Young people also raised that having visits with teachers before they move back to the community and begin attending school again would be really helpful, as well as a temporary timetable to help them adjust.

“If you are tossed into the deep end at school with no transition, then you can easily fall back into old habits. If you are stressed at school, then you can take that back home and take it out on people. I think the option for a temporary timetable at the start is a good idea.” – young person in secure care, March 2026.

42. I have as much choice as possible about the place I am moving to and am able to visit. I get to know the people there as they have been involved in planning with me for the move.

When asked about moving back to the community, young people in secure care identified getting to spend time at their placement before they move as helpful. While a young person might raise that they would like a long transition from secure care, it will be determined by funds as this would involve the local authority paying for a bed in secure care and the placement they are moving on to.

From our experience, high quality, steady transitions like this where young people are able to go between the placements, build relationships and adjust to living outside of secure care happen less now because of the cost.

Advocacy workers described some situations where a staff member or carer from the placement the young person is moving on to visit the secure centre several times to meet the young person and build a relationship. However, they noted that this also happens less now due to resources.

Transitions like this are also particularly difficult to arrange for young people who are in a secure placement far away from their home authority and their future placement.

43. I have all the care and support I need to build the future I want, from everyone who has a role or responsibility, for as long as I need it.

Young people in secure care told us that opportunities to get back into their hobbies, such as boxing, felt important for moving back into the community as it would give them something to focus on and the endorphins would be beneficial for their mental health. They emphasised that having lots of things like this arranged and lined up before they move would help them feel more comfortable and the transition better.

They also recognised that living in the community again would be successful if they could avoid doing anything they weren't supposed to and falling back into old habits, such as not returning to their placement or stealing. They felt it was important that they had support to go out into the community with someone to help with this at first. They also highlighted that getting support to think about what works well for them and what support they would need was useful. As well as the staff supporting them after secure care knowing them well so that if they did struggle, they would know how to support them.

One young person also highlighted that their views should have been asked about whether they actually wanted to go back to school, as they were nearly 16, rather than having their education plan decided for them. Another felt that being able to see the school they would be

going to and meeting the teachers to form good relationships before they started would be really helpful for going back to school and staying in school.

“If you don’t like school, you then start skiving and then you stay in bed and then you become angry and frustrated and then the cycle continues on.” – Young person in secure care, 2026.

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

Yes. This was a topic that young people in secure care wanted more information on to be able to discuss in more detail.

We welcome a national approach for considering the placement of children in secure care. The current pathways for children to be accommodated in secure care are far too complex and need to be simplified and fully understood across services. A national approach would help to clarify the purpose of secure care and what the service can offer to young people, including how it must meet children’s rights.

A national coordinator informed of the current placement availabilities would free up time for individual social workers who need to gather this information on a case-by-case basis and often at short notice. It would allow for more time for face-to-face support for the young person and their family during this transition. A national coordinator would also be well informed about recent flex secure and community-based developments across the country that a social worker may not yet be aware of that may be a good alternative option for a young person.

National coordination would also give rise to better data collection which is welcome to continue to keep the Promise and improve the quality of secure care and support for the young people who need it, reducing its use long term.

We also want any new national approach to placements to include how the child’s views on living in secure care can be fully embedded into decision-making.

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

We recommend Scotland adopts a model similar to Northern Ireland while integrating the data collection and modelling abilities of the English model.

Northern Ireland’s model appears to be the best option for upholding children’s rights and making person-centred decisions because it:

- Involves independent advocacy workers to ensure decisions are child-centred and participatory;
- Involves experts from across health and social care to encourage use of alternatives;
- Gives consideration to which specific secure care provider would best meet the needs of a child;

- Avoids concerns we have about children’s personal data being shared unnecessarily widely in an English model, as further described in our answer to question 36.

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

The Panel must have regard for the child or young person’s views. We believe that children and young people in or facing secure care placements should have opt-out independent advocacy and welcome the Scottish Government’s commitment to review this in future. While this is not in place, the Panel should ensure the child or young person has been made aware of what independent advocacy is and their right to have it under the Children (Care, Care Experience and Service Planning) (Scotland) Bill. If a child or young person is already working with an independent advocacy worker, then this worker should be part of their Multi-Agency panel meeting to represent their views.

Advocacy workers working in secure care centres have raised that there must be no confusion between social work, secure care providers or a multi-agency panel about who is leading on the child’s plan as this can create delays in delivering elements of the plan and reduces accountability.

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

While we believe that secure care must be run as not-for-profit services, we need more information on the possible benefits and disadvantages this would have for children and young people in secure care in order to properly evaluate this concept.

Wholesale nationalisation may reduce the ability for private companies to profit from the delivery of children’s social care, however, the transition to nationalisation may cause disruption to the placements of children and young people who are settled in a secure care facility. There is little evidence to show what the real-terms impact would be for children and young people in secure care and how any unintended consequences would be mitigated.

The Scottish Government should, therefore, publish a roadmap to demonstrate how the transition would operate and impact on children and young people in secure care. It should include a full children’s rights impact assessment as per Section 17 of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, and consult with children and young people in secure care about these changes and the impact they would have on their lives.

The roadmap should also demonstrate how wholesale nationalisation fits in with the collectively agreed aspiration from the [Secure Care Strategic Board in 2019 that no child in Scotland should be deprived of their liberty, recommitted to within the new Vision for Secure Care, and the Promise Progress Framework’s eighth Vision Statement that “Scotland must stop locking up children who have often experienced the failures of the state in the provision of their care.”](#)

We agree with the Promise's observation that the governance and delivery model of four charities has led to a variety of cultures, values and contradictions between the different secure care settings (p80). Therefore, regardless of whether the provision of secure becomes nationalised or not, we welcome nationalised high-quality training for secure care staff to ensure children and young people receive consistent care in any secure centre, especially if moving between secure placements. This training should include the topics of restraint, mental health support and trauma informed practice. This may also support better practice sharing between the individual secure centres, creating a better quality of experience and therapeutic services on offer for young people at every centre.

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

The trends in the secure population since the commencement of the Care and Justice (Scotland) Act 2024 must be examined. Work should identify what supports have supported young people to remain within their communities rather than entering secure, and what support they and the adults around them feel is lacking. An assessment of these supports to ensure there is sufficient provision across the country will help Scotland reduce the use of secure care unless absolutely necessary.

Regular inspection, nationalised training, sharing of best practice between centres, working in partnership with independent advocacy providers operating within the centres, and most importantly, centring the views of the children and young people living in their centres in their practice will help to ensure high quality care and prevent such a measure from needed again.

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

Secure transport agreement/contract:

Children and young people in secure care are not necessarily in contact with the justice system and should never be treated as prisoners. [Participatory research from CYCJ](#) (2024) shows that many children and young people in secure care have low self-esteem and feelings that they are treated as prisoners or should be punished.

The Promise states:

“The Care Review has also heard from children and young adults that Secure Care has been a scary place, with an over-use of restraint and a lack of support and care. Children in Scotland are placed in Secure Care for a variety of reasons. Scotland's response to the small number of children who need this level of security, care and protection must look radically different. There must be absolute clarity that the underlying principle of Secure Care is the provision of therapeutic, trauma informed support.”

Current transport arrangements for children in care allow for their journey to be decided on a case-by-case basis by local authority staff and social care staff who know them best. The consultation paper states that ‘any future secure transport contract will include transport needs

for all children who require secure transport, and not just those who are sentenced and Scottish Ministers' responsibility.'

We are concerned that awarding this contract to one private provider may risk not keeping the Promise and breaching children's rights. Some private providers which generally transport prisoners, for example, may transport young people in secure care to activities with other young people. This could risk increasing stigma and discrimination of children in secure care, and children withdrawing from activities and relationships outside their secure centre that are important to them.

Certain private providers have a poor track record on upholding human rights and using their service for all children in secure care may criminalise them in a way which is at odds with the Promise.¹ Privatisation can also be a 'veil' to avoid liability and accountability for unlawful interferences with human rights.

Services responsible for transporting children and young people must be as independent as possible from financial or political motives, and subject to inspection and judicial scrutiny. This decision must prioritise children's rights over convenience and resources.

Article 37 UNCRC must be front and central. The principles include:

'(a) the arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time; and

(b) no child shall be deprived of his/her liberty unlawfully or arbitrarily.' (General Comment 24 p.14).'

Therefore, we call for:

- The Scottish Government to reconsider its decision that any future secure transport contract will include transport needs for all children who require secure transport and not just those who are sentenced and Scottish Ministers' responsibility.
- Scotland Excel to seriously consider this evidence when awarding the next contract for transport journeys for children and young people in secure care.
- The provider awarded this contract to receive intensive and ongoing training on Care Experienced children's needs, rights and trauma-informed practice. Any organisation normally working with adults will need training and support to adapt to the particular needs of children.

¹ For example, in 2024, [the HM Inspectorate of Prisons for Scotland \(HMIPS\) said the human rights of inmates were at risk of being violated due to "unacceptable" transport issues](#). The [Inspectorate's report, 'Planned Failure'](#), found that hundreds of prisoners had missed hospital appointments which included cancer treatment, and family funerals due to near daily cancellations. Prisoners endured "excessively long" journeys, without stops to use a toilet and were given plastic bags to use. The Inspectorate said the impact on the health, wellbeing and dignity of prisoners was "unacceptable". We should not find this service of an acceptable standard for children and young people.

Proposed Standards:

While we agree with the general areas for the standards, we disagree that high level standards are a better option than detailed standards. Young people have raised specific complaints and issues with secure care that are important to them. For example, young people have requested USB ports to be able to charge their phones and keep connected with trusted adults. We wish to see the standards reflect their views in the level of detail necessary to ensure clarity and enforceability.

All the young people in secure care in 2026 we spoke to (please see Q2 for more detail) wanted to share further views on the issue of secure transport, highlighting how important a topic this is to them and how they feel about the current transport arrangements. Further consultation should be carried out with children and young people to ensure the standards reflect their needs and views.

In 2021, we held a consultation with people living in secure care on how they arrived there. From the views gathered, it was clear that current transport arrangements are not always trauma-informed or rights respecting for children who enter and then live in secure care. The majority of young people said either the police or secure care transport organisations took them to the Safe Centre. Several young people said they were handcuffed throughout the journey.

Journey times varied as some young people were being transported from the main campus while others spoke of journeys lasting up to eight hours to get there.

The young people were asked to explain what they knew about where they were going and why, when being transported to secure care. This question seemed to provoke a strong emotional response from most of the young people that gave a detailed answer.

Eight of the young people felt they had been lied to about where they were going or the nature of why they were going to the secure centre. Two young people said they knew because their social worker told them. One knew because the court let them know. Another said that their lawyer gave them 'two options', one secure unit or another one.

The theme of deception ran through more than half of the young people's stories about what they knew about their destination. Another young person described their experience of being transported to the Safe Centre on Christmas Eve:

'I woke up and (staff member) came into my room. He said do you want to go to McDonalds? I said, "Sound man, let's go." I put my best tracksuit on. On the journey there, he asked me "what are you getting?". I said, "A Big Mac mate." We were on the M8, then he passed by McDonalds. I said to him, "McDonalds is that way." He said, "You're going to secure mate."

Despite the use of deception, some young people said they were able to figure out what was happening by the way it was done. Young people described various issues with their journeys to secure care, including not being given adequate toilet breaks, not receiving anything to eat for long periods of time and being too hot or uncomfortable during the journey:

"I hadn't had anything to eat that day. My mum told the police that. So, when we stopped at McDonalds, I thought I would get something to eat. But I didn't. It was just to change over. It wasn't until the next morning that I got something to eat."

They also described drivers speeding at high speeds on the journey or being unsafe in the way roads were being navigated. A couple of young people also described feeling fearful.

When asked what would make the experience better, some young people would have liked to have gotten some food for the journey or a drink. Some wished they hadn't been handcuffed; others wished there had been a USB port for their phone.

Others made observations about who they felt should have brought them to the Safe Centre and were clear about the reasons why. One person shared that their previous experience with the police meant it was difficult when they were the ones to take them to the Safe Centre and would have preferred their social worker to be with them instead.

The majority of the young people living at the Safe Centre feel they were deceived and brought there under false pretences. From their testimonies, it appears there was a lack of clarity on behalf of the young people and what they knew about where they were going and in some cases, why they were going there.

Current practice must change to prevent further rights abuses and to keep the Promise. Any specialist transport provision to secure care must be designed alongside young people who have experience of secure care as per Article 12, UNCRC.

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

National coordination of placements poses a potential data protection issue if details of a child or young person is shared with all secure care providers, and all their staff with access to their referral inboxes, at once. Providers should be contacted in turn and personal information about the young person and their circumstances only shared as necessary with a provider who has capacity to establish if they would be a suitable match.

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

Please refer to our answer to questions 1 and 2 discussing the expanded use of deprivation of liberty and the use of secure care over a health setting for children with complex mental health needs; 29 describing children's experiences of secure transport and highlighting the need for detailed standards to address these issues; and 38 outlining how secure care use in Scotland disproportionately impacts on the rights of children and young people with disabilities.

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

Disability

With approximately half of our members responding to a membership survey in 2025 and self-identifying as having a disability, we wish to draw attention to the inequalities children with

disabilities currently face in secure care and actions which should be taken forward to address this as part of the new vision for secure care.

Within Scotland's secure care estates, there is an over-representation of children with additional support needs and disabilities. In 2024, [37% of Scotland's secure care population were recorded as having a disability](#). The use of secure care should be a last resort for a very small number of cases yet as the Promise stated, this over-representation "demonstrates the inability of other services, including education, to meet the needs of those children" (p80).

A new Vision for Secure Care must include measures to specifically address the current failures to meet the needs of some disabled children and young people within their communities. It can only be evaluated as successful once this over-representation is significantly reduced. This will require more detailed and consistent monitoring of the disabilities and additional support needs within Scotland's looked after population and those in secure.

Where the immediate family is unable to care for a child with disabilities, Article 23 (5) of the Convention on the Rights of Persons with Disabilities requires States to 'undertake every effort to provide alternative care within the wider family, and, failing that, within the community in a family setting'. We do not believe that this is currently the norm in Scotland yet.

[Research in England in 2024](#) showed that Care Experienced people living with disabilities were more likely to stay in care longer, experience inappropriate placements, experience abuse in care, experience multiple placement moves, have lower levels of contact with people important to them, and not have their views routinely sought than Care Experienced people without disabilities. For these reasons, it is essential that every Care Experienced child or young person with a disability is routinely offered independent advocacy or referred for non-instructed advocacy.

In 2019, the UN reported: "The deprivation of liberty of children with disabilities results from the cumulative effect of the State failure to ensure their rights in accordance with the human rights model of disability as expressed in the Convention on the Rights of Persons with Disabilities of 2006. Stigma and misconceptions often lie at the root of the problem. Children with disabilities are deprived of liberty in order for them to access services that should be delivered in the community, such as education, health care or rehabilitation. Families often lack the social and financial support to provide the care needed for their child, or to empower them to cope with providing round-the-clock support."

The report '[The provision of education in residential settings for disabled children and young people and children with additional support needs: key legislation and policy developments from 1974 to 2024](#)', commissioned by the Scottish Child Abuse Inquiry, argues that "while the ambition to treat all children equally – as in the GIRFEC approach – is commendable, it risks minimising or overlooking the specific needs of children and young people". The report highlights that whilst Scottish Government annual statistics report on the recorded numbers of young people with a disability within secure care, the figures don't expand on what types of disabilities are prevalent or what their range of needs are. The report calls for further research into why these children have come to be in secure care and how their education needs are being met whilst there.

The proposals within this consultation must be taken forward with particular consideration to children and young people with disabilities and not continue the current indirect discrimination Scotland's policies are causing this group.

Based on [participatory research with Care Experienced people with disabilities in Ireland \(2023\)](#), further ideas for change include:

- Effective work across the health, education and social care sectors to ensure children with disabilities' needs are met in the community;
- Early intervention work includes specific work to support families of children with disabilities to care for them at home wherever possible;
- Work to address attitudes or awareness of others (false perceptions, over-criminalisation, lack of recognition of specific needs related to disabilities);
- Corporate parenting to recognise the intersectionality of care and disability;
- Improved information about their rights for children and young people with disabilities;
- Training for the workforce to improve knowledge and confidence on disabilities and legislation, including how to make a referral for independent advocacy or non-instructed advocacy.

The Restraint and Seclusion in Schools (Scotland) Act 2026 (known as Calum's Law after disabled campaigner Calum who was restrained in a special educational needs school aged eleven until he lost consciousness) places duties on schools to inform parents of every instance of restraint or seclusion used on their child within 24 hours. This law offers significant protections to disabled children and young people in schools but does not include care settings within its scope.

Section 10J of the Children (Care, Care Experience and Services Planning) (Scotland) Act 2026 must be enacted as soon as possible, with subsection 2(g) guidance including a requirement to inform a child or young person's independent advocacy worker of instances or restraint or seclusion.

Gender

Everyone deserves to feel safe where they live and many children in care have experienced forms of gendered harm. When gender is not considered in policy making across sectors, the policies tend to by default, be designed for the male population ([Criado Perez, 2021](#)).

Article 39 of the UNCRC asserts that children and young people have the rights to receive help that allows them to recover in an environment that promotes their dignity, health and self-respect. Survivors of sexual abuse, domestic abuse, sexual exploitation and gender-based violence may have particular needs that need to be considered when planning secure placements, new flex secure settings, and community based alternatives. As set out in our answer to question 1, the Promise states that:

- "Specific residential, therapeutic settings for girls who have been sexually abused and exploited must be developed. Those girls must not be held in inappropriate settings. Their deep pain and trauma must be recognised across services and settings that uphold their rights and meet their needs in an informed and therapeutic way;

- Scotland knows that some boys placed in Secure Care have been sexually abused and exploited. Scotland must make sure that they have the therapeutic care and support they need to recover and be kept safe. Their rights must be recognised and upheld in a trauma informed way, so that their pain is not exacerbated by their placement.”

Failing to look at children’s support needs with a gendered-lens risks unintentionally stalling their recovery or even retraumatisation. Girls with these experiences should have options to access female-only spaces, live only with other girls, and receive support exclusively from female staff or with a female staff companion if that is what they prefer and need at that point in their recovery to feel safe. Boys who have experienced violence by men may also have these preferences.

There are many specialist organisations offering support to young people who have experienced gender-based violence, such as [Glasgow and Clyde Rape Crisis’ Rosey project](#) for young people aged 13 to 18. However, their support is unlikely to be accessible to young people in secure care. Secure care organisations should establish partnerships with their local organisations to be able to ensure young people in their care in these circumstances can receive specialist and confidential support to recover.

The organisation [SAY Women](#) provide support and female-only supported accommodation for young women aged 16-25 who have experienced sexual violence and are experiencing homelessness in Glasgow. Many of the young women they support have experience of care.

We recommend the Scottish Government consult with expert organisations such as SAY Women and Glasgow and Clyde Rape Crisis to ensure a gendered approach to supporting young people with incredibly complex needs.

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

This consultation contains no questions relating to the practice of physically restraining children and young people in secure care. Who Cares? Scotland has consistently heard from Care Experienced people about the trauma and lasting harm being restrained has had on them, as well as views that restraint is unnecessarily used and used in place of support to manage emotions. Who Cares? Scotland believes that prevention of a practice causing such serious infringement of a child’s rights must be priority in any programme of work to reform secure care.

Young people who attended Parliament in 2024 spoke of restraint causing extra trauma, being used for behaviour such as swearing, restraint causing lasting injuries and feeling overpowered by staff and scared to report inappropriate restraint. They highlighted that restraint was violence and should not be used as a solution to an issue with children. In 2024, we surveyed Care Experienced people about their experiences of when they had felt belonging, love and safety, and when they had not. People shared experiences of human rights violations and abuse, including being “restrained for nothing all the time.”

Between January 2020 and June 2025, 30 young people requested advocacy support from Who Cares? Scotland for a physical restraint-related issue. The average age was 13.3 years, and 19% of these young people were living in secure accommodation.

Many issues were requests for advocacy to escalate an incident or submit a formal complaint following an occurrence of physical restraint contested by the individual supported.

“[Name] spoke to advocacy worker over the phone to share views on how she was treated during a restraint. Advocacy worker to support [Name] to share these views with the Service Manager.”

“[Name] would like to put in a complaint about the frequent use of physical restraint at [residential location] and the treatment by some staff.”

Many requests for support to escalate incidents also highlighted what the individual involved perceived as pain or the excessive use of force during physical restraint.

“[Name] would like to make complaint about an incident that happened where physical intervention was used by residential staff at [residential unit]. They feel that too much force was used and they were hurt in this 'safe hold'.”

“[Name] had carpet burns from a safe hold. They feel there was excessive force used on this. They think that a complaint won't change anything but wants a complaint put in and their social worker made aware.”

Some young people requested advocacy support to express to service providers, social workers, and decision-makers that, based on their own experiences, the use of physical restraint intensifies the challenging situations they are involved in, rather than helping to de-escalate them. Some also expressed a desire to actively participate in shaping strategies used to support positive behaviour management.

“[Name] said that physical intervention should be used as a very last resort for them and not be used over little things, because it can make them more angry or upset when the staff use physical intervention.”

“[Name] wants the plan for physical intervention for them to be discussed as their views is that physical intervention doesn't help things, it makes things worse. Especially when there are several staff who respond to the call, [Name] feels overwhelmed and that this can make them retaliate, when they may have just been trying to express their anger and frustration prior to the physical intervention.”

Despite numerous commitments to ensure that restraint is only ever used as a last resort, what we hear from children and young people shows that this is not yet the case. Participants in the 2024 Parliament event recommended that there be better ways for young people to speak up if they felt restraint had been used inappropriately. Current guidance is not sufficient to ensure Scotland fulfils its commitment in the Promise to only ever restrain children as a last resort.

We urge the Scottish Government to prioritise the implementation of section 10J of the Children (Care, Care Experience and Services Planning) (Scotland) Bill requiring Scottish Ministers to publish guidance on the use of restraint and seclusion in relevant care services. We welcome all areas that subsection 2 requires to be covered. In particular, we call for guidance to include requirements for:

- a) A separate member of staff not involved in the restraint to offer a referral for independent advocacy to any child or young person who has been restrained that day;
- b) A separate member of staff not involved in the restraint to offer medical care to any child or young person who has been restrained that day;
- c) A separate member of staff not involved in the restraint to help the child record their views and account of what happened, including with the support of an independent advocacy worker if the child wants one;
- d) Report the incident and the child's statement to the Care Inspectorate, the child's social worker and the child's independent advocacy worker if they have one within 48 hours of the restraint;
- e) Review the child's plan with social work to identify and add any additional measures of support which could prevent the circumstances in the future;
- f) Ensure all frontline staff employed by secure care providers to deliver care undertake regular training on deescalation techniques and up to date restraint guidelines.

Stakeholders including independent advocacy providers and children's participation organisations who can meaningfully engage children in a trauma-informed way, should be included in the development of the guidance.

Should you wish to discuss the contents of this response, please contact:
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