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CONSULTATION RESPONSE: THE FUTURE OF SECURE CARE

This paper was submitted in April 2026 in response to the Scottish Government's consultation on the Future of secure care and the single point of contact (SPOC) for victims.

ABOUT CYRENIANS

Cyrenians is an organisation dedicated to tackling the causes and consequences of homelessness through learning from lived experience; delivering targeted services which focus on prevention, early intervention and support into a home; and by influencing changes in legislation and policy.

For five years, Cyrenians delivered whole family support and mediation to young people and their families in secure care across Scotland.

SECURE ACCOMMODATION CRITERIA

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

N/A.

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

No.

Please explain the reasons for your answer:
We would be careful about further expanding the definition of when young people can be placed in secure care. This description seems to call for therapeutic input rather than a need to take away the child's liberty and secure care might not be the appropriate response in these cases. We need to weigh the psychological harm that can be caused by securing young people against the gain of protecting their physical safety.

As is highlighted throughout this consultation response, we would rather advocate for more preventative measures and early intervention as well as options for care in the community instead of falling back on the need to place young people in secure care and take away their liberty.

It is also important for us, as a homelessness prevention charity, to highlight the links between care experience and homelessness later in life. Cyrenians has extensive experience of working with young people experiencing homelessness and young people at risk of homelessness – including young people in secure care and their families.

When children are taken out of the home, familial relationships can break down, and when those relationships break down, the child loses vital support and protective factors. This can then lead to missed educational opportunities, isolation and mental health problems all of which can push people into the kind of insecurity that results in homelessness. For that reason, we recommend secure care when it is to ultimately mitigate harm both in the present and the future and will not negatively define a young person's life.

Whilst an expansion of the definition of secure care may seem disconnected from homelessness, it is vital that decisions like these are viewed through a 'public health' lens, understanding how one small change might become the root of a later problem further down the line.

The rest of the responses to this consultation are written in consideration of these implications – not just in expanding the definition of secure care, but also when thinking about how that care is given and the right type of support and community alternatives. Throughout this consultation response, we advocate for support models that can help prevent use of secure care in the first place or ensure that young people and families are supported to maintain healthy relationships after a placement in secure care and avoid risk of homelessness.

3. Are there any factors or circumstances you think should be considered in potential future secure care criteria?

Please set out your suggestions below:
Similarly to above, we would caution against trying to further widen the criteria for secure care to incorporate young people who need mental health support from CAHMS and better support options in the community to keep them safe. Secure care is the correct responses in certain situations, but we should not reach a point where it becomes a sticking plaster or a go-to safety measure for all young people with intense support needs because of the lack of alternative resources and support.

SECURE ACCOMMODATION DEFINITION

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

Yes.

Please explain reasons for your answer and any situations where you think 'flex secure' could be used:
Rehabilitation, care and treatment should be the main focus of secure care and having a model which builds upon integration back into communities should be integral, including a flex secure model. Flex secure should also include mediation and whole family support as integral parts of the model to ensure a smooth and lasting transitions back into family homes (whether that be foster, adoption, parental, carer/guardian's care).

The current system is not very flexible, and we would support provisions that try to better bridge the transition from secure care to community and family home and make sure the right support is in place to make that transition sustainable. We know from our work supporting young people in secure care and their families that when a young person leaves secure care, the risks or conflicts that may have led to the placement in the first place are often still there, and they need support to settle safely in their community.

However, the necessary support and interventions for an effective 'secure flex' model does not currently exist and different provisions would have to be made consistently across all areas of Scotland.

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

Please explain the reasons for your answer:
Adaptable levels of restriction would be a welcome change to the current system. As mentioned above, any flexible models should come with mediation and whole family support to help the family manage the needs of their children when they return to the family home without the costly interventions of the state.

This should include continuation of the support that is offered in these care settings within local communities i.e. therapeutic support, safeguarding their children, managing boundaries and behaviours, parents/carers being supported to understand the needs and behaviours of their children (for example around neurodiversity), and developing their skills to manage independently.

An approach could also involve young people having respite in secure care settings to take some pressure off the situation at home, while engaging with mediation and whole family support.

There is also potential for this model of whole family support combined with mediation to work in a preventative way to avoid the need for costly secure care placements in the first place.

MODELS PROPOSED IN THE 'REIMAGINING SECURE CARE' REPORT

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

Yes.

Please explain the reasons for your answer:
We see certain benefits to a community-based hub model, however there is a risk that this would create a postcode lottery where some areas have a variety of high-quality support and specific expertise available, while other areas have less support for young people and families. There is a tendency to switch from local/community focused models to national/centralised models every so often, and while both approaches have pros and cons, the constant change is taking up time and resources from frontline support.

We do support a place-based, community-focused approach, however for this to work there needs to be clear considerations of what this means in practice: where would these hubs be based, who would run them (i.e. what will the role be for the third sector?), which services and provisions should be available and how will these be funded/commissioned and implemented long-term? There is also the consideration of what expertise might be available in some areas but not others, and how to ensure that the hubs are equitable across the Scotland.

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

Yes – however, we have the same caveats as above where specialisms and expertise should be equitable across the country.

MENTAL HEALTH PROVISION

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

Please explain the reasons for your answer:
A young person we worked with told us that they "shouldn't have been in here [secure care]", they should have been in hospital since they were distressed and had undiagnosed autism. As we have pointed out before, secure care should not be a sticking plaster for young people who need specialist mental health treatment and more work should be done to improve provision of and access to this type of support, before problems escalate to the point where secure care is seen as the only viable option.

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

Please explain the reasons for your answer:
We believe that we need to move the focus away from punishment to addressing the needs of the child, including things like trauma, mental health, neurodivergent conditions, community support, etc. This would include a shift in how we perceive and utilise the secure care system, moving towards an asset and rights-based approach rather than a criminal justice-based approach. This would allow the focus to be on understanding and addressing the reasons why the child has ended up in the secure system, rather than only focusing on punishment or risk.

There is also a need for a more joined up and consistent approach across agencies and professionals to ensure children and young people receive trauma-informed support. Through our work, we have seen inconsistencies in how care is provided which means young people have to adapt to different approaches if they move between different secure care units.

Through commissioning, the existing secure care standards and pathways should be embedded and implemented, including standards around training and making sure that everyone working in secure care is trained in trauma informed practice, ACES, neurodiversity etc. It is vital that these standards become the norm and not aspirational – tying them to commissioning could be one way of progressing this.

However, training alone is not enough. Currently, individual staff members or teams can be trauma informed but the systems are not. An example we heard from workshops and training we have carried out with professionals, is how frontline workers feel that they are made to make "systems decisions", based on risk aversion, rather than person-centred

decisions based on the care and needs of the young person.

Training alone is not adequate to combat this, as professionals are restricted to working within systems and logics that are often not flexible enough. Additionally, there is not enough emphasis on whole family support to focus on family cohesion by developing young people and families' ability to communicate respectfully, listen effectively, set clear boundaries, support mental health etc. These are all skillsets which can be gained and implemented using skilled mediation and whole family support as a consistent offering in the prevention of removing children and young people into secure care on any grounds.

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

Please explain the reasons for your answer:
In our work, we have seen a lot of inconsistent communication between social work, secure care units, families and Children's Panels, not only when communicating with families and young people but also between different agencies. Simpler data sharing agreements across different agencies need to be implemented, with clear agreements with families to ensure the correct information is being shared with consistent processes/protocols to guide professionals on timeframes and frequency of sharing information.

The experience can also be distressing for families, and they sometimes feel left out of what is happening, therefore it's so important that the family is involved and informed throughout. Otherwise, there is a risk that the young person's support networks are alienated which makes the return to the family more complicated.

PREVENTION, ALTERNATIVES, COMMUNITY BASED SUPPORT AND TRANSITIONS

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

Please explain the reasons for your answer:
There are plenty of missed opportunities for more preventative work with children and families instead of costly secure care placements. Early Years services would be a good place to support initial issues around secure attachment, and from then on school settings are ideal places to spot problems before they escalate. Families with young people in secure care have shared with us that things had often been difficult for several years before the young person was placed in secure care, however their concerns had not been listened to, or issues were not picked up at primary school age.

We have seen many examples of children who have been told they are disruptive and causing trouble in P6 and P7, something that follows them into high school and puts them at a disadvantage by being placed in lower sets or in some cases they end up expelled. Offering whole family support before this point could help prevent those outcomes and help the child stay in school.

It would also be helpful if neurodivergence screenings were available at this stage to help both teachers, other professionals and families. Earlier identification of neurodivergent conditions within children and young people will increase our understanding of why a young person may act in a certain way, or struggle to respond, understand or communicate their needs.

For example, some of the young people we have supported had trouble with emotional regulation and distress, and in the past, this was seen as violent and disruptive behaviour. However, they would then thrive in smaller classrooms in secure care with more focus on their triggers and how they communicate. If this understanding and support had been available earlier, a lot of disruption to that young person's life could have been avoided, and potentially there would have been no need for a secure care placement.

For five years, Cyrenians delivered whole family support and mediation to young people and their families in secure care across Scotland. The project showed the value of that support when young people leave secure care and move back with their families or move to independent living. With this experience in mind, we would always advocate for support that endorses the whole family, rather than focusing on the child as an individual.

Understanding a family's wider circumstances allows support packages to be designed which address challenges within the whole family. This provides long-term benefits and solutions such as regulating emotions and anger, reducing conflict and strengthening relationships, which is a key protective factor for children and young people when it comes to risk of homelessness and (re)offending.

Cyrenians also run the Scottish Centre for Conflict Resolution (SCCR), a national resource centre for best practice in conflict resolution, mediation and early intervention work. SCCR provides training, workshops and digital resources to improve understanding of conflict and emotional needs and regulation for young people, parents and carers as well as professionals, building positive relationships and preventing family conflict from escalating.

As mentioned previously, preventative alternatives to secure care, especially when it comes to support in the community, are often provided by the third sector, and are therefore often subject to insecure, short-term funding and vulnerable to changes in commissioning priorities. To provide a reliable system of support that can step in before

crisis, third sector organisations need consistent funding and to be part of local discussions and decisions about service provision.

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

Please explain the reasons for your answer:
Finance and availability often impact people's ability to access alternatives. Statutorily mandatory interventions are often avoided by families due to suspicion and feelings of being judged and/or fear of having their children removed from their care.

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

Please explain the reasons for your answer:
Specialist mental health support is not readily available as well as assessment and support for neurodiversity. Whole family support is rarely on offer to people within their homes to support better boundary setting, communication and conflict management.

Unfortunately, preventative decisions and spending are still seen as risky, and situations are allowed to deteriorate instead of support being offered to families before the point of crisis. Moving away from only treating crisis situations will need culture and systems change, as well as consistent funding of support services with a prevention focus.

Community-based support services run by the third sector are cheaper and often more effective than costly placements, however these services are often underfunded or not prioritised at all.

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

Please explain the reasons for your answer:
Commissioners should have a role in using the services that work to create stable longer-term funding and sharing good practice across different Local Authorities.

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

Please explain the reasons for your answer:
Yes. Siloed budgets across geographies or needs tend to be less efficient and any pooling of resources could help to alleviate these issues. As long as analysis and interventions are

applied to ensure minority groups are not negatively impacted where their needs are bespoke and unique.

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

Please explain the reasons for your answer:

It is everyone's responsibility to upskill their staff with the correct training, tools and environments that meet the complex needs of children, to ensure the best outcomes for them and to decrease the trauma and exclusion which can be caused or exacerbated by some of our current systems and environments. If we get these things right as a preventative measure, less children will require further or more extreme support in the future.

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

Please explain the reasons for your answer:
N/A

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

Please explain the reasons for your answer:
As mentioned previously, Cyrenians supported young people in secure care and their families with a very effective model, providing family mediation and whole family support.

Each family was allocated a mediator and a family support worker who would take a holistic approach to working with the family and support with various essential needs such as housing, employment, income maximisation, mental health and wellbeing, and community connections. The mediator would work on restoring relationships and build a stronger foundation for successful communication in the future.

Transitioning from 24-hour care to independent living, or a return to the family home, is a big step for both the child and the family, and there is a risk that family conflict can resurface and impact on relationships. Therefore, we would argue that whole family support – rather than only providing support to the young person – is vital to make sure this transition is successful and to address any underlying challenges that might have led to the young person being placed in secure care.

This works especially well if the intervention is offered several months before the young person leaves secure care. Stepping in slightly earlier helps exploring what home life might look like, manage expectations and making sure everyone is on the same page.

Other successful interventions we have delivered include conflict resolution workshops with young people in secure care to offer alternative ways to deal with conflict and tools to break the cycle of intergenerational trauma.

Scotland is currently in a housing crisis and supporting young people to return to their families – if that is a safe option and what they want – is a key part of addressing this and mitigating any risk of youth homelessness.