



Children's Hearings Scotland (CHS) Response to Consultation on the Future of Secure Care

Children's Hearings Scotland (CHS) welcomes the opportunity to respond to this consultation and the aspirations to improve secure care in Scotland. Although CHS does not have any operational responsibility for secure care services, the decision whether or not to authorise a placement for a child or young person in secure accommodation is a significant decision that is often made by Panel Members at a children's hearing. CHS is responsible for recruiting, training and supporting Panel Members who support the welfare of all children involved in the children's hearings system, so we have a unique perspective on this issue.

If we are to meet the Promise by 2030 and uphold children's rights so that secure care is always a last resort, it is fundamental that there is sufficient investment to ensure children and young people can access preventative, therapeutic supports within community settings, particularly mental health services. This whole system approach would hopefully result in fewer children and young people requiring secure care. At present, some children and young people are unable to access an intensive level of support out with secure care settings.

To improve outcomes, when a child or young person requires an intensive and restrictive level of care to keep themselves and others safe, support must be tailored to their individual needs. The support available must also be flexible, and able to change as their needs change.

We believe children and young people with care experience (including those with direct experience of secure care), and their families, should be supported to be actively involved in the consideration of these proposals and the development and implementation of any changes to secure care criteria and processes. Their views and experiences, alongside input from stakeholders across the sector, can help to shape the future of secure care so it meets the children and young people's needs.

CHS regularly engage with Panel Members and the national team within CHS on secure care. This has involved training sessions with the national team, inclusion of secure care within pre-service training and the delivery of Masterclasses for the CHS community. We have also consulted the Panel Community on Reimagining Secure Care and in relation to the changes to legislation introduced in the Children (Care and Justice) (Scotland) Act 2024.

Children's Hearings Scotland: Our Role

A children's hearing is a legal tribunal comprised of trained Panel Members who make decisions as to whether compulsory measures of supervision are required for children in need of care and protection, or whose behaviour puts themselves, or others, at risk of harm. Panel Members are trained to take a rights-based and

trauma-informed approach to making these decisions, with the welfare of the child being the paramount consideration.

CHS was established in July 2011 as a public body to support the National Convener to deliver their statutory functions. These functions include the recruitment, training, and ongoing support to tribunal Panel Members. Maintaining the independence of CHS and the National Convener is an essential statutory requirement. A Board of non-executive members, accountable to Scottish Ministers and the Scottish Parliament, governs CHS. Our vision is of a Children's Hearings System where everyone works together, making sure that all children are cared for and protected, that their rights are upheld, and their views are heard, respected and valued.

CHS's responsibility is to improve outcomes for children in Scotland by supporting around 2,300 volunteers to make high-quality decisions about their future and hold to account the statutory bodies responsible for implementing these decisions. CHS is committed to keeping The Promise to Scotland's children, by working with our partners to make the improvements identified in the Independent Care Review. At the heart of this commitment is a deep understanding of what matters to children and their families, listening to them, understanding the impact of trauma and poverty, and enshrining children's rights in everything that CHS does.

Please note: all questions are coloured red. CHS only responded to yellow-highlighted questions.

Secure Accommodation Criteria

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

Yes

No

Please explain the reasons for your answer.

CHS supports the new criteria that a children's hearing will be required to consider to authorise a child's placement in secure accommodation. The current criteria mean that placement of a child in secure accommodation is restricted to children assessed as posing a risk to themselves or others, often only when an immediate risk is evident. The new criteria contain clear language that is more aligned with a trauma-informed, rights-focused and supportive care system. The new criteria refer to "physical or psychological harm" as opposed to simply "harm". It also provides a broader definition of risk, to include risk in relation to a child's "health, safety or development".

The new criteria have not yet been implemented, and it is anticipated that it will be early 2027 before Section 7 of the Children (Care and Justice) (Scotland) Act is implemented, therefore it is difficult to make an assessment as to whether the updated criteria are sufficient, and how effective the change has been. Once this has

been operationalised and is being used in practice, we will be able to begin to evaluate this. The Children (Care and Justice) (Scotland) Act 2024 contains provision for Scottish Ministers to carry out a review of the provisions of the Act and report annually to Parliament (Section 34). A report will be due to be published in June 2027, and subsequent reports should provide an insight into whether the new criteria are operating effectively.

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?

Yes

No

Please explain the reasons for your answer.

CHS can see a rationale for this if it allowed children to access the intensive therapeutic support which is often required for children who, although they may not pose an immediate risk, require intensive support in a near-secure residential setting. It is important, however, that the supports are individualised to meet the specific needs of a child. There is a risk that by expanding the criteria and eligibility for secure care that this could result in more children being put in secure care accommodation, rather than finding alternative approaches, simply because there is not enough provision and resource in community-based alternatives. Provisions for careful live monitoring and case review must be continued to mitigate against this risk.

There is a very careful balance that must be achieved in order to uphold children's rights under Article 37 of the UNCRC. This Article states that deprivation of liberty must only be used as a last resort, for the shortest time possible and must be subject to regular reviews. Consideration should be given to the intersection with Article 5 of the European Convention on Human Rights (Right to Liberty and Security).

Q3) Are there any factors or circumstances you think should be considered in potential future secure care criteria? Please set out your suggestions below.

Examples may include (not exhaustive):

- a) Persistent, severe distress requiring intensive containment.**
- b) Repeated placement breakdowns due to complexity of needs.**
- c) Serious risk of exploitation.**
- d) Harm arising from behaviour that does not fall under self-harm or harm to others.**
- e) Situations where intensive support is required for safety.**

We take the view that all of the above examples would seem like reasonable factors to consider and, in particular, example *c) serious risk of exploitation* should be considered in any potential future secure care criteria.

Article 39 of the UNCRC states that countries and public authorities should take “*appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.*” It is important however to consider each factor in turn to ensure that this does not widen the eligibility so much that this would be in contravention of Article 39.

CHS would like to see greater recognition and evidence gathering mechanisms of the trauma-informed, therapeutic value of secure care when considering whether to extend the current criteria.

As highlighted above, Article 37 of the UNCRC and Article 5 of the European Convention on Human Rights should also be considered in any discussions regarding expansion of the secure care criteria.

Secure accommodation definition

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’?

Yes
No

Please explain the reasons for your answer and any situations where you think ‘flex secure’ could be used.

CHS understands the need to create a new category of provision which is envisioned with the proposed concept of ‘flex secure’. Each child has individual needs, and the benefit of a concept like this is adaptable and flexible levels of restriction and security that can be increased or decreased as required to meet a child’s individual needs at any given point in time. This helps to keep a child safe whilst upholding their rights. We welcome the idea that this concept would provide intensive support in home-like environments which are embedded in community settings. High quality services and consistent professionals providing the therapeutic support will be key to improving outcomes for children in these settings.

Further information is required in relation to the operational detail of such a concept in order to properly assess how this will improve outcomes for children. Consideration of this concept and any future development and implementation work should include meaningful engagement with children, young people, families with lived experience (and particularly of secure care) as well as professionals within the care sector.

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 explain the reasons for your answer.

A model which has adaptable levels of restriction within one setting would help protect children's rights as it would ensure that the level of restriction was in line with what was required at a given point of time specific to a child's needs.

It potentially offers a more child-centred approach, closely aligning to GIRFEC, the children's hearings system and Article 3 of the UNCRC, ensuring that the best interests of the individual child are at the centre of the decision-making process.

Given that the levels of restriction would be adaptable it would also promote compliance with Article 37 of UNCRC, as it would ensure that deprivation of liberty and the highest levels of restriction were used as a last resort, for the shortest amount of time possible.

Models proposed in the 'Reimagining Secure Care' report

The 'Reimagining Secure Care' report suggests creating community-based hubs. These would be local centres offering early help, crisis support, and ongoing care close to where the child lives. They would provide services like mental health support, education, family work, and emergency help, aiming to prevent issues from escalating to the point where secure accommodation is required. Many local authorities have already implemented versions of this approach.

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

Yes

No

Please explain the reasons for your answer.

CHS is supportive of the concept of community-based hubs as proposed in the 'Reimagining Secure Care' report. This approach promotes early intervention, upholds children's rights and ensures that secure care is only used as a last resort. Community-based interventions allow children and young people to remain in their local communities with their families, rather than moving to a secure accommodation centre which is often far away from their local community and their existing support networks.

We would need to know more information in relation to the operational detail, funding model, geographical spread, and the quality of the interventions available before we

can make an informed conclusion. Consideration of this concept and any future development and implementation work should include meaningful engagement with children, young people, families with lived experience (and particularly of secure care), as well as professionals within the care sector.

The 'Reimagining Secure Care' report suggests creating multi-disciplinary teams, which some local authorities and health boards already have. These teams bring together professionals with a range of different skills to give children, young people, and families joined-up support. The model aims to provide coordinated care tailored to each child, to reduce gaps between services, and spot risks early so the right help can be given quickly.

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

Yes

No

Please explain the reasons for your answer.

We are supportive of the wider adoption of multi-disciplinary teams. Greater integration and continuity of services that are supporting a child and their family is a more trauma informed and rights respecting approach. Multi-disciplinary teams offer more holistic support for children and young people to ensure they receive the individualised, therapeutic support they require at the right time. It is clear from the Reimagining Secure Care Children and Young Peoples Participation Report that children and young people are clear that "Strong multidisciplinary working reduces the need for children to repeat their experiences and views to multiple practitioners."

<https://www.cycj.org.uk/wp-content/uploads/2024/10/Reimagining-Secure-Care-Children-and-Young-Peoples-Participation-.pdf>

5.3 Mental health provision

To build a system that is Promise-keeping and truly meets the needs of children and young people, we must reduce fragmentation across the services and settings they often experience simultaneously. Our work is therefore focused on creating stronger alignment between secure care and safe, therapeutic mental health provision. By integrating these approaches, we aim to deliver a coherent, rights-based framework that prioritises safety, wellbeing, and continuity of care. Children and young people in, or approaching, secure care often present with complex trauma, acute distress, and significant mental health needs. It is essential that these needs are not treated in isolation, or as secondary to containment. The system faces challenges in providing, or accessing, timely and appropriate mental health assessment to inform what necessary ongoing individual, family or environmental and systemic supports or treatments are required to respond to these. Secure care should provide a

stable, safe, supportive environment where children have an opportunity to undergo assessment and receive treatment. Given that children and young people who are cared for in these locked environments don't have ready access to Child and Adolescent Mental Health Services (CAMHS), this raises challenges with gaining support from specialist mental health services. For those on the edge of secure care, early intervention and flexible support can prevent escalation and reduce the need for restrictive placements. Health Boards, and Integrated Joint Boards where health boards have delegated responsibility for delivery, have a responsibility to commission/provide secondary health care to children and young people in secure care, using the Responsible Commissioners Guidance. Difficulties in the practical application of these arrangements led the Scottish Government Mental Health Directorate to directly commission health boards who are responsible for providing health services in the three secure centres in Greater Glasgow and Clyde (GGC) to develop a specification, care pathway and CAMHS provision in these three centres (Good Shepherd Centre, Kibble and St Mary's Kenmure). This year we have also provided funding to the North of Scotland to establish a CAMHS into Rossie pathway in line with what has been achieved in the West of Scotland. The Scottish Government funding for CAMHS In-reach to secure care provides assessment and treatment for all severe and/or disabling mental health conditions presented by children whilst they are resident in any of the secure care centres within the West of Scotland. This input will be provided on behalf of all Scottish health boards. This dedicated multidisciplinary team will also work closely with the proposed regional community Forensic CAMHS network to provide oversight of mental health input and care-planning for children from the territorial board areas for whom secure care is being considered or who are leaving secure care. The 'Reimagining Secure Care' report and government's response emphasises the need for integrated, trauma-informed mental health care to be embedded across the continuum. Our commitment is to ensure that every child is cared for in an environment that can best meet their needs - safe, nurturing, and equipped to address both emotional wellbeing and behavioural risk.

Questions on mental health provision

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

Please explain the reasons for your answer.

Those directly involved in the provision of secure care and mental health services in Scotland are better placed to provide a response to this question and questions 9 and 10. It is clear however from the Reimagining Secure Care Children and Young Peoples Participation Report produced by CYCJ in September 2024 that more must be done to improve integration of secure care and mental health services. Mental health problems are noted within that report as a particular theme which was identified by the children who shared their views, and the delays in accessing support from CAMHS in secure care noted as a significant problem, with in some cases a wait of up to 12 months before any initial assessment from CAMHS. We understand that there is currently an issue with their being a gap in access to

services for many sixteen- and seventeen-year-olds who are in the transition to adult mental health services which needs to be addressed.

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?

Please explain the reasons for your answer.

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?

Please explain the reasons for your answer.

5.4 Prevention, alternatives, community based support and transitions

5.4.1 Prevention

Our approach to supporting our most vulnerable children must be holistic – focused on early intervention, preventative measures and effective transitions, as set out in our Youth Justice Vision, 2024-26. In practice, these interventions are often provided by a partnership of universal and targeted, statutory and voluntary sector services. Examples of community support might include a referral to the Scottish Government funded Interventions for Vulnerable Youth (IVY) service based at Kibble. This national service uses a multidisciplinary, tiered approach to provide risk assessment, formulation and management for high risk young people aged up to age 19, who present with complex needs and high risk. The Scottish Government is providing funding of up to £308k to support IVY services in 2025-26. The Promise has been clear that early help and support is crucial in preventing families from reaching crisis in the first place. That is why the Scottish Government has increased funding for Children’s Services Planning Partnerships through the Whole Family Wellbeing Funding from £32m to £38m in 2025-26 and 2026-27. To ensure holistic family support is available to our communities, to help families thrive and prevent crisis. The Scottish Government has also implemented a comprehensive and multi-faceted approach to tackling youth violence, including knife crime, focusing on prevention and early intervention, through education and community engagement. The Scottish Government has invested more than £6m since 2023 to take forward a range of actions outlined in the Violence Prevention Framework. This includes increasing funding to the Scottish Violence Reduction Unit and Medics Against Violence to allow them to undertake a range of interventions, working with multiple partners, including Youthlink Scotland’s “No Knives Better Lives.”

5.4.2 Alternatives and community based support

The Scottish Government is clear that secure care must only be used where necessary, and only when all other options have been fully explored and assessed as insufficient to meet the child’s needs or manage risk safely. For

children placed on welfare grounds, secure care must be considered a measure of last resort, and only after all other community-based or residential alternatives have been fully explored and assessed as unable to meet the child's needs or manage risk safely. Many children who are a risk of being placed in secure care primarily for welfare reasons have complex needs that can, in some cases, be better addressed through intensive, relationship-based community alternatives. Where appropriate alternatives are available, children may be supported in environments that are closer to home, less restrictive, and more conducive to long term wellbeing and stability.

Questions on prevention, alternatives, community-based support and transitions

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?

Please explain the reasons for your answer.

Those directly involved in the provision of secure care services, diversionary services, including third sector providers and local authorities are best placed to provide a response to this question and questions 12 to 18. However the decision, often authorised by Panel Members in a Secure Care Authorisation is one of the most difficult decisions a Panel has to make. Everything possible should be done to prevent the restriction of a child's liberty, that must be a last resort. Community based provisions play a critical role in achieving this aspiration, they must be high quality, multi-disciplinary and well-resourced to improve outcomes for children.

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

Please explain the reasons for your answer.

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

Please explain the reasons for your answer.

Q14) How can learning from local authority practice approaches to alternatives be shared and scaled across Scotland?

Please explain the reasons for your answer.

Q15) 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.

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

Please explain the reasons for your answer.

Q17) 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.

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?

Please explain the reasons for your answer.

6. Funding, commissioning and co-ordinating secure care

Questions on national co-ordination of secure care placements

Q19) How can we improve access to secure accommodation placements to ensure that children who cannot legally be placed elsewhere (e.g. those remanded or sentenced by the courts) are always accommodated appropriately?

Please explain the reasons for your answer.

Those directly involved in the provision of secure care services, including local authorities in Scotland are better placed to provide a response to this question and questions 20-23. However, as set out in the consultation paper it makes sense to assess the different placement mechanisms used in other jurisdictions in relation to better outcomes for the children that need access to secure care. Safety planning, as already in place within secure care establishments, must remain central to improving access. On balance CHS believes that nationally funded facilities that guarantees access will build confidence in decision makers, and more importantly has the potential to offer a consistent level of provision for the children who need it. The benefits of introducing a national system for coordination seem compelling both in terms of efficiencies and also to promote a consistent level of service provision. The models referenced in the consultation paper focused on the other UK jurisdictions. It would however seem appropriate to widen the lens to see what lessons can be learned from other countries such as Iceland, Finland and Sweden to make an informed assessment of the best model to protect children's rights in Scotland.

CHS welcomed the provisions in the Children (Care and Justice) (Scotland) Act 2024 to prohibit children being placed in young offenders institutions, however, the increase in referrals into the children hearing system of young people that will require

secure care must be appropriately resourced prior to Part 1 of the Act going live in March 2027.

Q20) Do you agree there should be nationally-funded facilities whereby there is guaranteed access to fulfil court orders and do you think that would be sufficient to build confidence in decision makers?

Yes
No

Please explain the reasons for your answer.

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

Yes
No

If yes, what functions should that system include? o Would these differ depending on the route through which a child enters secure care? If so, how? If no, what alternative approach would you suggest?

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?

Please explain the reasons for your answer.

Q23) Beyond the specific models referenced in this section, please share any other proposals or comments you have in relation to national co-ordination.

Please explain the reasons for your answer.

National co-ordination and secure placement allocation

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?

Please explain the reasons for your answer.

Those directly involved in the provision of secure care services, including local authorities in Scotland are better placed to provide a response to this question. However, there would be a need to have clear guidance in place and high levels of accountability so that Children's Panels could engage constructively in the decision making for secure care authorisation and related compulsory measures.

Questions on the nationalisation of secure care

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?

Yes

No

Please explain the reasons for your answer.

Those directly involved in the provision of secure care services, including local authorities in Scotland are better placed to provide a response to this question. However, from engaging with service providers it would appear that further information on this proposal is required in order to make an informed decision. There would no doubt be significant benefits to a national secure service, including consistent provisions, quality assurance, resource allocation and standardised rights provisions. However, the devil will be in the detail.

Questions on potential secure care funding reform

Q26) In the short-medium term, do you agree Scotland should move away from 'spot purchasing' by local authorities or the Scottish Government as the main way secure placements are funded and services are supported to remain sustainable and supported to plan for improvements and modernisation?

Yes

No

Please explain the reasons for your answer.

Those directly involved in the provision of secure care services, including third sector providers and local authorities are better placed to provide a response to this question and question 27. However, from engaging with secure care providers it is evident that the spot purchasing model has significant operational challenges that impact on staff recruitment and retention, and ultimately the level of consistent service which children in secure care receive.

Q27) Which funding model (or combination of models) would best support the sustainability and equitable use of secure care in Scotland, and why?

See section 6.2.2 above which sets out a number of potential options (not exhaustive), including:

- Option 1: National approach to funding secure care**
- Option 2: National commissioning with local placement responsibility**
- Option 3: Hybrid funding model**
- Option 4: Retention of current model with targeted reforms**
- Option 5: Other**

Please explain the reasons for your answer.

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

Please explain the reason for your answer.

Intuitively a national approach to funding offers the most equitable and effective way of providing a consistently high level of secure care. There needs to always be a sustainable level of places available throughout different areas of Scotland to meet the level of places required.

Questions on secure care transport standards

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

Yes

No

If your answer is no, please tell us what you think should be included in the standards.

Questions on the Single Point of Contact for victims

Q30) How should the SPOC service interact with other possible support routes for victims and what kind of specialist training do you think staff need to work effectively in this service?

Please explain the reasons for your answer.

There are various offers of a 'single point of contact' throughout the criminal justice and youth justice system. Including the Victim Information and Advice service offered by COPFS, the Victim Information Service offered by SCRA, the support offered by Victim Support Scotland and the various liaison services run by Police Scotland. These services are commissioned in different ways and offer varying degrees of involvement. In this context, it will be important that any new single point of contact avoids becoming counterintuitive in its aim by adding another layer of professional involvement for both the person who has been harmed and the child who has been referred to the Children's Hearing System.

Q31) How should the SPOC service interact with other organisations within the sector and what features should it include to make it accessible, age-appropriate and trauma-informed?

Please explain the reasons for your answer.

Q32) Do you agree that the support services that may be provided should extend to signposting victims and their families to counselling and other support and advice services?

Yes
No

Please explain the reasons for your answer.

Q33) Do you agree that the SPOC service should be resourced to commission and to offer those services to victims?

Yes
No

Please explain the reasons for your answer.

Q34) If a SPOC delivery model encompassed trained staff, with some aspects potentially delivered by volunteers, what do you think would be the benefits of this approach and do you have any views on the priority training and qualifications of SPOC personnel providing support services?

Please explain the reasons for your answer.

Q35) In order to provide support and explanation to victims whose cases are not disposed of by a Children's Reporter or children's hearing decision, do you agree that the SPOC service should be able to access information from others, including the chief constable of the Police Service of Scotland and local authorities, where cases are dealt with by diversionary measures like Early and Effective Intervention?

Yes
No

Please explain the reasons for your answer.

Questions on Assessing Impact

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?

Clearer details are required about the proposals to be able to answer this fully.

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?

Clearer details are required about the proposals to be able to answer this fully.

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?

Any other comments

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

CHS welcomes the aspirations set out in this consultation to improve the future provision of secure care in Scotland. The provision in the Children (Care and Justice) (Scotland) Act have helped shift the dial to a therapeutic focus for children that need to have their liberty restricted to protect themselves, or others. The steps outlined in the consultation paper aligned to the Reimagining Secure Care report are welcomed and if implemented will go a long way to improve outcomes for the small number of children that require secure care. What is clear is that a whole system approach is needed for these children. Services must be multi-disciplinary, and be able to follow the child, from secure care services into the community. We hear from Panel Members that services are inconsistent, access to mental health support, for example, varies depending on where in Scotland the child is located. This makes the decision making of Panel Members challenging - their focus must always be on the best interests of the child but it is sometimes difficult for them to focus exclusively on the needs of the child when they are made aware of the inconsistent levels of service provisions in different local authority areas. This challenge would support a more national approach to secure care provision. Whilst those directly involved in the provision of secure care services are better placed to provide a response to many of the technical questions in this consultation, CHS does have a key role in supporting decision-makers to decide on secure care authorisation and we look forward to seeing how the next steps in this process will improve outcomes for children.