

# Consultation on the future of secure care

January 2026

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## 1. Ministerial foreword

I am pleased to launch this national consultation on the future of Scotland's secure accommodation and secure care transport standards. We are also seeking respondents' views on the developing Single Point of Contact service for victims whose cases are dealt with under the Whole System Approach to youth justice or in the Children's Hearings System.

In respect of the core secure care element of this consultation, we have arrived at a significant moment in our collective journey to 'reimagine' how we care for and support some of our most vulnerable children.

This consultation builds on the Scottish Government's June 2025 [response](#) to the '[Reimagining Secure Care](#)' report, published by the Children and Young People's Centre for Justice (CYCJ) in September 2024. I want to express my sincere thanks to all of those who contributed to that report and who continue to shape this vital agenda.

Scotland is committed to being the best place in the world for children and young people to grow up. Central to this ambition is [The Promise](#), which calls for early, holistic support that helps families stay together, where it is safe to do so. In response, the Scottish Government - working with partners across sectors - developed a shared [Vision](#) and [National Principles for Family Support](#), aiming to ensure families receive the right help, at the right time, for as long as they need it.

To support this vision, the [Whole Family Wellbeing Funding \(WFWF\) Programme](#) is enabling transformational change in how family support is designed and delivered. This change is being led locally by Children's Services Planning Partnerships with a focus on creating services that are sustainable.

We are also committed to ensuring that all children in Scotland receive the care and protection they need when they are at the highest levels of vulnerability and risk. For a very small number of children, that includes providing access to secure care when it is necessary to keep them and others safe, and to support recovery and stability at times of crisis.

Over the past year, challenges in secure care have required swift action to stabilise capacity and strengthen sustainability. These steps have helped restore much needed capacity, build resilience and protect the most critical services for children and young people.

The Scottish Government's focus has been on ensuring sufficient capacity for children who require secure care services now, while also future-proofing services to meet evolving needs, in alignment with The Promise. This means embedding a sustainable approach that places children's rights at the centre and ensuring that the system is equipped to meet the needs of the most vulnerable children in Scotland.

Scotland's secure care system, and those working within it, have long been recognised as dedicated and skilled. But the system is also seen as vulnerable to structural challenges: fragmented commissioning arrangements, financial instability

linked to occupancy-based financial models, and limited national oversight and support. These issues have been highlighted repeatedly, including within the Children Care and Justice Bill consultation process, The Promise, inspection evidence and the 'Reimagining Secure Care' report.

The Scottish Government welcomed the 'Reimagining Secure Care' report, while indicating that certain findings required further exploration. The Government committed to working collaboratively to redesign secure care as a recognised specialist and essential service, but as part of a wider continuum of support. I recognise that the sector - and partners with statutory responsibilities to support it, require long-term stability, improved commissioning arrangements, and greater flexibility to better meet the full spectrum of children's needs.

In that context, this consultation takes the necessary next step. It seeks views on options for the future. These include options to nationalise secure care services in Scotland and to design a new sustainable funding model that places children's rights at the centre. It also asks fundamental questions about what secure care should mean in the future, including whether to broaden the definition to include alternative, adaptable models. It also addresses how standards can ensure the safe and secure transportation of children, whether to secure care facilities or to essential appointments, during their stay in secure care, alongside wider secure transport needs.

Your views matter. The way we respond to these questions will shape the future of secure care, and related systems and services, in Scotland.

We recognise the importance of a phased approach to implementation and meaningful engagement with stakeholders to ensure any changes identified through the consultation process are effective, sustainable, and responsive to the needs of all involved. That is why we will develop a clear plan to deliver change incrementally, recognising the need to manage system impact and ensure workforce readiness at every stage. While some of the more systemic reforms will take years to fully implement, they will be underpinned by early confidence-building measures wherever possible, and a structured plan to guide progress and maintain momentum.

The 'Reimagining Secure Care' report and the Scottish Government's response both emphasise restorative, relational, rights-based approaches. Although the primary focus is rightly on each child in, or on the edges of, secure care, these reforms intersect directly with the experience of victims navigating the Children's Hearings System. That is why this consultation also seeks your views on the establishment of a Single Point of Contact (SPOC) for victims affected by harmful behaviour that is being considered within Scotland's youth justice policy framework, including the Children's Hearings System.

It is essential that today's secure care system delivers for children, even as we work to build a more effective and accessible system for the years ahead, including improved support for victims.

**Natalie Don-Innes**  
**Minister for Children, Young People and The Promise**

## 2. Consultation process

### 2.1 Responding to this consultation

The consultation will run for 14 weeks. We are inviting responses by 16 April 2026.

In order to respond to this consultation, please use the Scottish Government's online Consultation Hub, [Citizen Space](#).

You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date.

If you are unable to respond using our consultation hub, please complete the **Respondent Information Form** and send it to [securecareconsultation@gov.scot](mailto:securecareconsultation@gov.scot).

In addition, an Easy Read version of the consultation and questions will be made available early 2026. Please contact us at [securecareconsultation@gov.scot](mailto:securecareconsultation@gov.scot) to note your interest in receiving these materials.

This formal public consultation is not the only means by which the Scottish Government will seek views on the proposals and related issues. Many of these matters are subject to ongoing and in-depth engagement with partners and stakeholders, whilst others have already been subject to primary legislation or other public consultation in preceding years. Throughout the period of this consultation, engagement work with key partners and stakeholders will continue. If it would be helpful to engage with you or your organisation in a specific arrangement, please get in touch at [securecareconsultation@gov.scot](mailto:securecareconsultation@gov.scot).

### 2.2 Handling your response

If you choose to respond using the [Consultation Hub](#), you will be taken to the "About You" page before submitting your response. Please let us know how you would like your response to be handled - especially whether you are happy for it to be published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

Please note that the Scottish Government is subject to the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

To find out how we handle your personal data, please see our [privacy policy](#).

### 2.3 Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.gov.scot>. If you use the [Consultation Hub](#) to respond, you will receive a copy of your response by email.

Following the closing date, all responses will be analysed and considered along with any other available evidence. Responses will be published where we have been given permission to do so. An analysis report will also be made available in spring 2026.

### 2.4 Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to [securecareconsultation@gov.scot](mailto:securecareconsultation@gov.scot).

### 2.5 Scottish Government consultation process

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all of our [consultations](#) online. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of the analysis. Depending on the nature of the consultation exercise, the responses received may:

- indicate the need for policy development or review.
- inform the development of a particular policy.
- help decisions to be made between alternative policy proposals.
- be used to finalise legislation before it is implemented.

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

### **3. About this consultation**

This consultation seeks views on a transformative future for secure care, and for the children who may need its support, across the following inter-linked issues:

- The case(s) for the future nationalisation and / or the national co-ordination of secure care in Scotland, including the potential contribution of the National Social Work Agency;
- Depending on the adopted future approach, the design of funding and commissioning models to support consistent, high quality provision;
- Expanding or redefining the statutory concept of “secure accommodation” or “secure care” and revising the criteria for when a child may be placed in restrictive environments;
- Models proposed in the ‘Reimagining Secure Care’ report – ‘flex secure’, ‘community-based hubs’ and ‘multi-disciplinary teams’;
- Standards for the safe and secure transportation of children, whether to secure care facilities or to essential appointments during their stay in secure care, or wider transport needs when secure transport is required; and
- The establishment of a Single Point of Contact (SPOC) for victims affected by harmful behaviour that is being considered within the youth justice system.

This consultation forms part of the Scottish Government’s wider programme to transform children’s care, centred on furthering the rights of children (UNCRC (Incorporation) (Scotland) Act 2024), The Promise, and the Children (Care and Justice) (Scotland) Act 2024.

Your input to this consultation will shape the next stage of policy development, guiding future decisions on legislative, structural, and funding reforms.

We will take a phased approach to any change identified, engaging stakeholders - including children, young people - to ensure changes are effective and sustainable. A clear plan will guide incremental delivery, balancing system impact and workforce readiness.

### **4. Background**

#### **4.1 Secure care**

Secure accommodation is a critical part of Scotland’s child welfare and justice systems. Secure care, as defined in statute<sup>1</sup>, refers to care provided in a locked setting for children and young people up to the age of 18 (noting pending reforms enabling some young people to remain in secure care past their 18<sup>th</sup> birthday). It is for a small number of children whose risks cannot be managed in any other setting and is one of the most intensive and restrictive forms of child care available in Scotland.

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<sup>1</sup> See paragraph 6 of schedule 12 of the Public Services Reform (Scotland) Act 2010 (legislation.gov.uk). A “secure accommodation service” is a service which - (a) provides accommodation for the purpose of restricting the liberty of children in residential premises where care services are provided; and (b) is approved by the Scottish Ministers for that purpose.

The need for a child to access secure care arises due to the level of concern about the risks, or actual significant harm, which a child's behaviour or needs may pose to themselves and/or others. Admission to secure accommodation can occur through emergency chief social work officer placements, the involvement of the children's hearings system or the criminal justice system.

The Promise is clear that placing children in secure care should always be a last resort. The Scottish Government remains committed to ensuring that children are supported within their families and communities, wherever possible, and that secure care, while both vital and valued, is only used when no other alternatives are appropriate.

#### 4.2 Scotland's secure accommodation

At the time of publication, there are 82 contracted secure care places provided by four independent charitable organisations in Scotland; Rossie Secure Accommodation Services near Montrose, Good Shepherd Centre in Bishopton, Kibble Education and Care Centre in Paisley, and St. Mary's Kenmure in Bishopbriggs. All of Scotland's secure care centres offer an integrated model of delivery - providing education, care, and a wide range of therapeutic and wellbeing services for children who are placed in secure accommodation through various routes.

Responsibility for arranging, commissioning, and funding secure care varies depending on the legal basis for the placement. Local authorities are legally responsible for arranging placements made on welfare grounds, as well as children placed on remand or sentenced following summary conviction, while Scottish Ministers hold responsibility for children who are sentenced on indictment to detention in secure care. However, since 2024-25, the Scottish Government has been covering the costs for all court-ordered remand placements of under-18s.

Guidance has been published relating to the [matching process for admissions](#), aiming to ensure that children are placed in the most appropriate setting - one that meets their own needs, and the needs of other children cared for within the setting. In addition, co-produced [Secure Care Pathway and Standards](#) launched in 2020 apply to all agencies and practitioners working with children in or on the edges of secure care and sets out what children can expect before, during and after their time within secure.

The Care Inspectorate undertook a [review of the secure care pathway and standards in 2023](#). The review evaluated how the standards were being implemented and assessed their impact on children's experiences in secure care in Scotland. The Care Inspectorate's findings report highlights the importance of early intervention, community-based alternatives to secure care, and strengthening aftercare and transitional support for children returning to their communities.

The [Secure Accommodation Network](#) website is updated daily for each centre, and provides contact details as well as information on current vacancies in Scotland's secure accommodation.

### 4.3 Regulatory context

The Care Inspectorate registers and regulates all secure accommodation services in Scotland, ensuring services meet the [Health and Social Care Standards](#) and comply with relevant legislation. The Care Inspectorate also conducts regular inspections of secure accommodation services to assess the quality of care, safety, and outcomes of children using a [Quality Framework](#).

His Majesty's Inspectorate of Education in Scotland (HMIE) work alongside the Care Inspectorate in the registration and inspection of secure care services.

### 4.4 What does the data tell us?

- During 2023-24<sup>2</sup>, there were 149 admissions to secure care – down 3% from the previous year.
- On 31 July 2024, there were 54 children in secure care. This continues the decline seen since 2019 and marks the lowest year-end number of children since records began in 2010. Of these:
  - Just over half (52%) of the children were aged 16 years or older and 15-year old children made up a further third (33%).
  - 72% of these children were male and 28% were female.
  - A total of 37% of children had a recorded disability.
  - over half (75%) of the children admitted to secure care had a length of stay of less than 6 months, 19% of children had a stay of between 6 months to under 1 year, and a further 6% stayed for a year or more.
- During 2023-24:
  - the average number of children in secure care was 60. Of these, 48 children were from within Scotland and 12 were from outside Scotland (down 45% on 2023).
  - 40% of children admitted to secure care had a prior placement in a residential school, 30% had a prior placement in the parental home, with relatives, or friends, and a further 21% were from foster care or a children's home.
  - A total of 150 children were discharged from secure care. Of these, the most common destination after discharge was to a residential school (35%), or to a parental home, relatives or friends (25%). A further 15% were discharged to a foster care or a children's home.
  - 61 children had secure authorisations either within interim orders<sup>3</sup> or within Compulsory Supervision Orders<sup>4</sup>.

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<sup>2</sup> [Children's Social Work Statistics: Secure Care 2023-24 - gov.scot](#)

<sup>3</sup> An interim order is a temporary court order or children's hearing decision made while the full case is still being considered. Interim orders can include authorisations for secure accommodation if there is an urgent need to protect the child or others before the final decision.

<sup>4</sup> A Compulsory Supervision Order (CSO) is an order made by a Children's Hearing or a sheriff under the Children's Hearings (Scotland) Act 2011. It can include a secure accommodation authorisation, if necessary.

Based on data modelling undertaken to better understand anticipated future demand of secure care and availability of secure care beds based on a number of potential scenarios involving availability of secure providers in Scotland and planned legislative changes as a result of the Children (Care and Justice) (Scotland) Act 2024, the Scottish Government estimates Scotland requires future provision in the range of 85-120 secure beds to operate sustainably and to always be in a position to fulfil court orders and other legal decisions on children's placements.

The estimates for secure care demand are based on annual published data of 60 average daily residents in a secure care unit in 2023-24<sup>5</sup>, and the total daily average population of five under 18s in Young Offenders Institution in 2023-24<sup>6</sup>. These data sources are both official statistics. Provision is also made within that range of future demand projections for:

- i) possible surges in demand - referring back to higher historical remand and sentence patterns for under 18s,
- ii) the effect on placement turnover of more sentenced and remanded children being present in secure care for longer periods, cumulatively affecting the pace of placement turnover
- iii) the effects of the Children (Care and Justice) (S) Act 2024 – including some young people being able to remain in secure care past their 18<sup>th</sup> birthdays and for the expansion of the children's hearings system to all under 18s.

For secure care supply capacity, there are currently 4 secure units in Scotland, providing capacity for 82 contracted beds, with 67 of those operational – the others being unavailable due to staffing shortages or other ongoing remedial action or compliance requirements. These demand and supply estimates for secure care capacity are based on a range of assumptions, so should be used with caution.

#### 4.5 Children (Care and Justice) Scotland Act 2024

On 28 August 2024, certain provisions of the Children (Care and Justice) (Scotland) Act 2024 ('the Act') took effect. Children under 18 could no longer be placed in Young Offenders' Institutions. All such children are now cared for within secure accommodation settings, reflecting Scotland's commitment to a rights-based, trauma-informed approach.

The Act also includes other provisions which, when implemented, will enable some young people to remain in secure care up to the age of 19, where appropriate, to ensure continuity of support. These changes are part of a broader transformation of the care and justice system, supported by targeted funding and cross-agency collaboration, with the aim of improving outcomes for children and young people in conflict with the law.

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<sup>5</sup> [Supporting documents - Children's Social Work Statistics: Secure Care 2023-24 - gov.scot](#)

<sup>6</sup> <https://www.gov.scot/publications/scottish-prison-population-statistics-2023-24/documents/>

The Scottish Government will roll out implementation of the remaining parts of the Act in phases. Work with partners continues - to manage the complex links between provisions and ensure smooth implementation. Timelines are being shaped by multi-agency working groups and parliamentary requirements – with the current aim being to support commencement by the first quarter of 2027. Our goal is to implement these provisions as soon as it is safe to do so, with clear plans to support solid preparation by all agencies.

#### 4.6 Reimagining secure care

The Children and Young People’s Centre for Justice (CYCJ) published the [“Reimagining Secure Care: A Vision for the Future”](#) report on 27 September 2024. In setting out an ambitious and transformative vision for secure care in Scotland, the report proposes approaches to preventing children from reaching crisis points and improving interventions when crises do occur.

The ‘Reimagining Secure Care’ report sets out a radical vision for the future, including:

- A new continuum of flexible and rights-based support, including ‘flex secure’ models, providing varying levels of restriction and support in smaller, more dynamic environments.
- Community based hubs providing intensive intervention, education, health and family support.
- Multi-disciplinary teams embedded around the child.
- A new definition of secure care, embedding justice, welfare and needs-based principles.

The Scottish Government welcomed this report and committed to exploring these models, reforms to commissioning, funding, alternatives, and the definition of secure care in its response published June 2025. The government’s response outlined a roadmap (2025-2030) to improve Scotland’s secure care system. The response acknowledges challenges, commits to restoring capacity, building sustainability and consulting to test and refine future models.

Recent contingency actions include:

- £8.4 million committed to support placements for sentenced and remanded children and commitment to fund up to 16 beds (4 in each secure) through 2025-27.
- £2 million allocated for contingency measures in 2025-26.
- Updated practice guidance on alternatives to secure care published in March 2025.
- A new four-bed national contingency resource, Annan House, opened at Rossie in April 2025.
- A dedicated professional lead appointed within Social Work Scotland (started August 2025) to support placing authorities and improve decision-making.
- A second four-bed contingency resource, Esk House, at Rossie - expected to open by the end of 2025.

- Collaboration with Kibble to construct up to three new four-bed, trauma-informed, future-proofed secure houses with the potential for reconfiguration towards 'flex secure' to meet evolving needs of children.
- Joint action plan in development with COSLA to coordinate national and local efforts.

Despite these positive developments, secure care services continue to experience significant challenges linked to capacity, funding and commissioning arrangements. While current efforts to restore capacity and manage immediate risks remain important, they cannot on their own resolve the underlying systemic issues affecting the long-term sustainability of the sector.

The Scottish Government is exploring both service / system transformation (through the exploration of new funding and commissioning models) and conceptual transformation (redefining secure care). These both form part of our ongoing commitment to redesign the care and justice systems in line with Getting it Right for Every Child (GIRFEC), The Promise and the incorporation of the UNCRC into Scots law following the United Nations Convention on the Rights of the Child (Incorporation)(Scotland) Act 2024.

#### 4.6.1 Flex secure / adaptive secure accommodation

The 'Reimagining Secure Care' report proposes the development of a new model called "flex secure" - a flexible and responsive approach to secure care that moves away from the traditional static model of locked facilities, and locked rooms within those locked facilities. This new model envisions a continuum of care tailored to the evolving needs of each child, offering short-term, intensive support that can be scaled according to individual circumstances. It places strong emphasis not only on flexibility of restrictions within the secure / residential setting, but on transition planning and reintegration into the community.

While secure accommodation continues to be used where deprivation of liberty is necessary and proportionate due to risk, 'flex secure' aims to extend ongoing intensive support to children who may not meet current secure care criteria at a given point, but still require high-level care, intervention and support within a specialised and approved residential setting that is capable of also offering secure care.

The development of new standards and guidance would be essential to ensure flex secure environments are therapeutic, trauma-informed, and rights-based. This work would require close collaboration with care and justice partners, including young people themselves and children's rights organisations, to assess feasibility, benefits, and potential risks.

#### 4.6.2 Multi-disciplinary teams

The 'Reimagining Secure Care' report recommends the introduction of multi-disciplinary teams (MDTs), bringing together professionals with diverse skills and expertise to provide holistic support to children, young people, and their families. This approach aligns with the Scottish Government's multi-agency whole system strategy for preventing offending by children, underpinned by GIRFEC.

MDTs are generally designed to offer coordinated, wraparound care tailored to individual needs, reduce fragmentation across services, and enable early identification of risk and need for timely intervention.

While the report advocates for the formal establishment of MDTs, it is important to consider this in the context of existing children's services planning. There is flexibility for Children's Services Planning Partnerships so that planning and delivery is rooted in the lived experiences of families unique to their area. Many local authorities in Scotland have already implemented similar models. All secure care facilities currently deliver a full curriculum of care, including educational, health, and behavioural programmes.

Existing examples of practice across Scotland provide valuable learning about effective approaches to meeting local needs.

#### 4.6.3 Community based hubs

The 'Reimagining Secure Care' report proposes the development of community-based hubs (CBHs) - local, multi-functional centres designed to deliver early intervention, crisis support, and ongoing care within the child's own community. It is envisaged these hubs would offer a range of services, including mental health support, education, family work, and crisis response, with the aim of preventing issues from escalating to the point where secure accommodation is required.

Effective integration with existing services such as education, health, and social care would be essential to ensure holistic support, aligned with the GIRFEC approach. However, it is important to acknowledge that many local authorities in Scotland have already implemented versions of this model in practice and that community based hubs may not be suitable for all localities, particularly in rural or semi-rural areas. Similar to the deployment of MDTs, it will be important to consider this option in the context of local children's services planning.

By drawing on existing multidisciplinary models developed by local authorities and regional partnerships, Scotland has the opportunity to establish a network of community-based hubs that offer effective, rights-respecting alternatives to secure accommodation.

When exploring and implementing new models, the provision of education must be treated as an integral element of service design and delivery.

The evidence and design principles behind The Promise and the 'Reimagining Secure Care' report emphasise a trauma informed continuum of support that keeps children connected to family and their communities; education is central to achieving those aims and must be embedded from the outset.

We can learn from establishing and developing examples such as Foxgrove (the new National Secure Adolescent Inpatient Service in Scotland) which illustrates how a purpose-build clinical and care environment still requires carefully planned education provision that sits alongside clinical care. The Foxgrove model demonstrates the need to plan capacity, staff and spaces with education and transition back to community learning in mind.

## 5. Definitions applying to a range of residential children's care services

Some children's care services provide support for children who were previously referred to as 'looked after and accommodated'. These children cannot live safely at home and may require residential care or, in exceptional circumstances, secure care.

- **Residential care:** is used to provide a safe, supportive environment for children to live away from their family home, usually in a care home setting. Residential care provides support, and sometimes education, in a nurturing environment.
- **Secure care:** a type of residential care for children under 18 where their freedom is restricted. It provides intensive support and education to help children move forward positively. Secure care combines safety with therapeutic, trauma-informed support to help children recover and move toward less restrictive environments.

Currently, residential care settings can use some restrictions (*restricting* a child's liberty) to keep children safe, while secure care settings can legally *deprive* a child of their liberty when accompanied by strict legal safeguards and rights protections. Restrictions that amount to depriving a child of their liberty - like those used in secure accommodation - cannot generally be applied in settings that are not secure care.

At present, there is no flexible option that recognises the volatility of some children's needs or that combines both approaches, where restrictions could either be increased – and could include deprivation of liberty, as a last resort - or reduced as a child's risks and needs change. Flex secure therefore offers the opportunity to minimise the periods that children are subject to deprivation of liberty measures, but also to support specialist care providers to still keep children safe on the same premises while avoiding disruptive and potentially damaging accommodation movements.

### 5.1 Restriction of liberty and deprivation of liberty

In Scotland, the aim is for all children to be cared for as children. Whilst secure care should only ever be used as a last resort, at present the right of a child to be safe may mean it is sometimes necessary to deprive a child of their liberty for a period of time or to restrict their liberty in some respects.

The Care Inspectorate published a position [paper](#) in June 2023 which set out its view in relation to **restriction of liberty** (measures to keep children safe) and **deprivation of liberty** (exceptional intervention used as a last resort).

In essence, whether or not a child is being deprived of their liberty relates to the degree or intensity of measures which restrict their liberty.<sup>7</sup> Examples of restrictions of liberty, are also detailed in [Rights, risks, and limits to freedom](#).

### What the law says

Article 5 of the European Convention on Human Rights (ECHR) provides that - “Everyone has the right to liberty and security of person. No one shall be deprived of his liberty.... In accordance with a procedure prescribed by law”.

Article 37 of the UN Convention on the Rights of the Child (UNCRC) provides that:

- No child or young person shall have their liberty deprived unlawfully or arbitrarily;
- 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;
- Every child deprived of their liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age; and
- Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the legality of the deprivation of his or her liberty.

## 5.2 Definition of secure accommodation and placement criteria for children

### 5.2.1 Secure accommodation definition

In Scotland, the only services which normally may lawfully deprive a young person of their liberty are those approved by Scottish Ministers and registered with the Care Inspectorate as a secure accommodation service.

Secure accommodation is currently defined in law<sup>8</sup> as accommodation provided for the purpose of **restricting the liberty** of children.

However, once commenced and implemented, the Children (Care and Justice) (Scotland) Act 2024 makes a number of legislative changes to the current framework for regulation of secure accommodation services under the Public Services Reform (Scotland) Act 2010 (“the 2010 Act”).

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<sup>7</sup> This is explored in the Law Society paper: [Identifying a deprivation of liberty: a practical guide – Under 18s](#)

<sup>8</sup> Secure Accommodation (Scotland) Regulations 2013

In particular, “secure accommodation service” is defined in schedule 12 of the 2010 Act as follows:

6A “*secure accommodation service*” is a service which -

(a) provides accommodation in a residential establishment for the purpose of depriving children of their liberty,

(b) also provides, in such an establishment, appropriate care, education and support -

(i) for the purposes of safeguarding and promoting the welfare of the children who are accommodated there, and

(ii) that takes account of the effects of trauma which the children may have experienced,

(c) is approved by the Scottish Ministers, in accordance with regulations made under section 78A, for those purposes.

6A In paragraph 6(a), “residential establishment” has the meaning given by section 105(1).

6B In paragraph 6(b), “appropriate care, education and support” means the kind of care, education and support required to meet the health, educational and other needs of the children.”.

There may be a need for an amended regulatory approach to enable such placements in a legally compliant way, to better meet the needs of children to be placed there.

### 5.2.2 Secure accommodation placement criteria

A child can only currently be placed in secure accommodation if **one or more** of the following statutory criteria<sup>9</sup> are met:

- The child has previously absconded (run away) and is likely to abscond again, and would be at risk if they did.
- The child is likely to engage in self-harming conduct.
- The child is likely to cause harm to another person.

These criteria apply to placements in secure accommodation by virtue of a number of different legal routes, including placements made on an emergency basis, placements authorised through the Children’s Hearings System, and placements in implementation of a decision by a court to place a child on remand or to detain a child.

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<sup>9</sup> As set out in the Secure Accommodation (Scotland) Regulations 2013 or section 83(6) of the Children’s Hearings (Scotland) Act 2011)

Currently, this means placement in secure care is restricted to children assessed as posing a risk to self or others, often only when immediate risk is evident. A child either meets this legal definition or does not, and there is currently no statutory concept of 'adaptable' levels of security of support. These criteria do not, however, cover all circumstances in which a child may require intensive, highly supportive – and, at times, restrictive – care. As a result, some children can experience placement breakdowns, repeated emergency measures, or care arrangements which may not fully meet their needs.

The 2022 [consultation](#) on the Children (Care and Justice) Bill that became the 2024 Act sought views on the definition of secure care. Of those who offered views, 73% did not think the definition of secure accommodation met Scotland's current and future needs. Respondents felt that the current definition uses language that did not match the vision for secure care set out in The Promise, especially around being therapeutic, trauma-informed, rights-focused, and supportive. Others also felt that the wording of the definition for secure accommodation could be seen to be stigmatising.

As a result, the Children (Care and Justice) (Scotland) Act 2024<sup>10</sup> included a change to the conditions when a children's hearing can authorise a child to be placed in secure accommodation. When implemented, the conditions for placing a child in secure accommodation will include:

- The child has previously absconded (run away) and is likely to abscond again unless the child is kept in secure accommodation; and
- If the child were to abscond, it is likely that the child's health, safety or development would be at risk.
- The child is likely to engage in self-harming conduct unless the child is kept in secure accommodation.
- The child is likely to cause physical or psychological harm to another person unless the child is kept in secure accommodation.

The Scottish Government has been clear that deprivation of liberty must remain a last resort. However, we recognise that some restrictions are necessary for safety and wellbeing. While residential and secure care offer different levels of restriction, there is currently no dedicated provision for children whose needs fall between these levels of restrictive intensity. To meet these complex needs, we want to explore flexible, integrated supports that prioritise care in environments best suited to each child.

The 'Reimagining Secure Care' report suggests creating a new model called "flex secure". This would provide an approach where the design and operation of service would enable children and young people to be supported from individual restrictions on their liberty to the deprivation of liberty.

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<sup>10</sup> Section 7 of the Children (Care and Justice) (Scotland) Act 2024

This model would offer a more individualised and responsive approach to traditional 'locked facilities', with children having some limited additional flexibility and liberty than, for example, being locked in their bedroom overnight. Secure accommodation would still be used when depriving a child of their liberty is necessary for safety, but 'flex secure' could provide intensive support for children who do not meet the current legal criteria yet still need intensive support.

The Promise has been clear that children should only be placed in highly restricted environments when necessary and not simply as an escalation when other interventions have failed. Developing environments with adaptable levels of restriction would enable services to respond to the complex needs of individual children in a way that is both flexible and rights-based.

### **Questions on the purpose of secure care**

#### Secure accommodation criteria

The Children (Care and Justice) (Scotland) Act 2024 included a change to the conditions when a children's hearing can authorise a child to be placed in secure accommodation. When implemented, the conditions for placing a child in secure accommodation will include:

- The child has previously absconded (run away) and is likely to abscond again unless the child is kept in secure accommodation; and
- If the child were to abscond, it is likely that the child's health, safety or development would be at risk.
- The child is likely to engage in self-harming conduct unless the child is kept in secure accommodation.
- The child is likely to cause physical or psychological harm to another person unless the child is kept in secure accommodation.

#### **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.

Secure accommodation criteria

**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.

Secure accommodation criteria

**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.

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.

Secure accommodation definition

**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.

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.

Models proposed in the 'Reimagining Secure Care' report

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.

### 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.

**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.

The availability and appropriateness of alternatives to secure care will depend on each child's individual circumstances and on the legal route applicable to their placement. Not all options will be suitable in every case, and any potential alternative must be assessed against the level of need, risk, and the supports required to keep the child and others safe. Suitability will also depend on the resources, capacity, and specialist services available locally at the time. The Children and Young People's Centre for Justice published [guidance](#) on alternatives to secure care in March 2025.

In contrast, for children placed in secure care on offence grounds, secure care is generally the only option available under current legislation when the court determines that the level of risk and seriousness of the offence requires such a placement. In these circumstances, there is no lawful community-based or welfare alternative to secure care available.

By continuing to strengthen the availability of alternatives to secure care, Scotland can ensure that children are cared for in environments that best meet their needs, and that secure care is used only where necessary and as a last resort.

## 5.5 Transitions

Secure care in Scotland plays a vital role in supporting a small number of children with the highest level of need and risk. Children can be cared for in secure care up to the age of 18 (or 19, in certain circumstances, when relevant provisions of the Children (Care and Justice) (Scotland) Act 2024 are implemented). When a child is placed in secure care on offence grounds and their sentence extends beyond their 18th birthday, they will normally transition to a Young Offenders Institution (YOI) to complete the remainder of their sentence. This transition reflects the legal and custodial framework for young people in Scotland as they move into adulthood.

Regardless of the legal route into secure care or the length of a child's stay, all children must be supported to return to their community safely and effectively. Secure care plays a critical role not only in providing safety, intensive support, and therapeutic intervention during a period of crisis, but also in preparing children for life beyond secure accommodation. Careful, coordinated transition planning - whether back to communities, to aftercare placements, or to a YOI where required - is essential to ensuring continuity of care, stability, and the best possible outcomes for each child and young person.

A key mechanism through which the Scottish Government supports improved transitions is through the [Secure Care Pathway and Standards](#), developed collaboratively with local authorities, secure care providers, health, justice and children with lived experience. The standards set out national expectations for how children should be supported:

- Before entering secure care
- During their time in secure care
- When preparing to leave secure care
- After transition back to the community or onward placement.

The standards emphasise that transition planning must begin at the point of admission, not shortly before discharge, and must be embedded throughout the child's secure care journey.

Key expectations within the standards include:

- Every child has a **clear, child-centred plan** that identifies likely transition routes from the outset.
- Planning for leaving secure care is **multi-agency**, involving local authorities, health, education, housing, justice and third sector partners.
- Children are **actively involved** in decisions about their future and supported to understand what will happen and why.
- Transitions prioritise **continuity of relationships**, including maintaining trusted adults wherever possible.
- There is a strong focus on **step-down planning**, avoiding abrupt moves from highly supportive environments to significantly less resourced settings.

### **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.

**Q12) 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.

**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

The way Scotland funds and commissions secure care determines not only financial sustainability but also equity of access, quality of care, and the long-term sustainability of the charities operating in the sector. The current model has strengths in flexibility and responsiveness but has also created challenges in consistency, cost, and national oversight.

Key features of the current secure care provision include:

- Spot-purchasing and local commissioning arrangements by individual local authorities and Scottish Ministers.
- Secure providers require high occupancy thresholds (around 90%) to break even, limiting flexibility when individual children present with exceptionally complex needs, and making centres financially vulnerable to demand fluctuations.
- Lack of central oversight, limited data on who is being placed or not placed, and no national mechanism to monitor demand, progress or outcomes across the system.
- National variation in the use of secure care by placing authorities.
- Recruitment and retention challenges within the secure care workforce.

Given these systemic challenges and building on the government's 'Reimagining Secure Care' response, it is timely to consider more fundamental reforms – up to and including the nationalisation of secure care, new funding models, and more flexible models of care.

### 6.1 Commissioning and co-ordinating secure care placements

Scotland's secure care system does not have a national placement commissioning mechanism or national oversight of placement decisions, the demand for secure care or an individualised assessment of the needs of each child for whom secure care places are being sought and how those might map to current or emergent vacancies in each of the centres. This creates the following challenges:

- **Inconsistent placement availability:** Local authorities may compete for limited secure care beds without a shared view of national capacity or centre-specific matching and capacity constraints.
- **Lack of real-time data:** No centralised system to track or coordinate placements.
- **Inequity in access:** children's needs may not be matched effectively with available resources, especially in urgent or complex cases.

Coordinating secure care placements in Scotland is challenging because of the split responsibilities and limited national oversight:

- Local authorities are responsible for placing children whose placement in secure care has been authorised through the Children’s Hearings System, based on welfare and protection needs, children remanded to secure accommodation or sentenced to detention in summary cases by the Courts.
- Scottish Ministers are responsible for placing children who are sentenced on indictment by the courts to a period of detention in secure accommodation.

It is essential that Scotland maintains sufficient and sustainable capacity within secure accommodation. Depending on the route into secure accommodation, there may be no lawful alternative available (for example, in the case children sentenced by a court to detention in secure accommodation). The recent reforms by the Children (Care and Justice)(Scotland) Act 2024, which prohibit the use of Young Offenders’ Institutions for under-18s, further increase the demand on the secure care system to ensure that every child that requires a safe, secure environment can access it without delay, especially when there is no lawful alternative.

While community-based supports can and should prevent many children on the edges of secure care from needing a secure placement, there will always be a small number of children whose safety, wellbeing or legal status necessitates secure accommodation. For these children, secure care must be immediately available and their placement in secure must be sustained for as long as required.

Maintaining adequate secure care capacity is therefore not optional – it is a fundamental part of safeguarding children’s rights, meeting legal obligations, and ensuring that Scotland delivers a child-centred response to its most vulnerable children.

There is also no cohesive and holistic overview of the impact, experiences and outcomes for children who are being considered for, are in, or are leaving secure care.

The Promise calls for planning and provision to be based on understanding of need and data – including understanding the effectiveness of community-based supports - and the previous Scottish Parliament’s Justice Committee inquiry [report](#) noted the lack of a centralised monitoring system for the number of places or referrals to secure care. Within current approaches, such monitoring and data provision is impossible.

While published statistics on secure accommodation in Scotland are essential for understanding broader trends, they have limitations in capturing the fluid nature of secure placements and the immediate effects of acute capacity challenges and fluctuations in demand. Addressing these limitations will require a national approach.

The 2022 [consultation](#) on the policy proposals leading to the Children (Care and Justice) Bill sought views on whether a new national approach for considering the placement of children in secure care was needed. 90% of respondents agreed that a new approach was required. Many respondents believed a new national approach

for considering the placement of children in secure care to be necessary based upon the consistency that it would offer, along with the associated benefits resulting from centralised monitoring and data practices. However, several respondents did highlight the significance of the localised dimension in any consideration of the proposal, particularly around how local knowledge and expertise, along with understanding of resources, would sit within or alongside a national approach. A number of respondents did feel that further scoping and exploration needed to be carried out before any decision around a national approach was implemented.

### 6.1.1 National placement mechanism

A national placement mechanism could co-ordinate secure care placement referrals, and provide a more robust oversight and monitoring, similar to, or a mixture of, the following comparative models in the rest of the UK:

<b>Model</b>	<b>Features</b>
a) <a href="#">England's Secure Welfare Co-ordination Unit</a>	<ul style="list-style-type: none"> <li>• Central point of contact for all local authorities looking to place children in secure accommodation on a welfare basis in England and Wales.</li> <li>• Referrals are made available to all homes where a secure place is available. Each home will then indicate whether they can accept the child.</li> <li>• No role in placement decisions.</li> <li>• Ability to collate data/trends which supports data modelling and forecasting capacity requirements.</li> <li>• Ability to report on complexity of children being referred to ensure appropriate supports are in place – sustaining/supporting placements.</li> </ul>
b) Northern Ireland's model	<ul style="list-style-type: none"> <li>• National function with central oversight of placements and planning.</li> <li>• Operates a Multi-Agency Panel – including professionals from across health and social care, health boards, education and justice - which makes decisions about admission to secure accommodation, encourages the use of alternatives, determines which specific location best meets the needs of the child and monitors data to support planning.</li> <li>• Independent advocates are involved which ensures decisions are child-centred and participatory.</li> </ul>

As well as providing a more robust oversight and monitoring service, a national placement mechanism could address some long-standing issues relating to data, regional disparities, co-ordination and resource efficiency.

### 6.1.2 The National Social Work Agency

The National Social Work Agency (NSWA) will launch in spring 2026, leading excellence and driving positive change across the social work profession in Scotland.

Including a national secure care placement coordination role within the NSW's remit presents a strategic opportunity to improve the effectiveness, fairness and accountability of secure care access across the country.

A phased approach could allow defined elements of the function to be explored and assessed within the NSW while further engagement and takes place to determine whether statutory powers are required. Additional scoping will be needed to define the remit, identify resource requirements and costs, and shape how the function will operate.

### **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.

**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?
- 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**

Northern Ireland operates a Multi-Agency Panel – including professionals from across health and social care, health boards, education and justice - which makes decisions about each child's admission to secure accommodation.

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

Please explain the reasons for your answer.

## 6.2 Secure care funding reform

Secure care in Scotland is a locally commissioned service, supporting a very small number of children with complex needs. The interaction between demand and supply of secure care has consistently been recognised as a complex and shifting landscape. A spot purchase model currently operates, whereby local authorities and the Scottish Government directly approach the approved and registered secure providers in order to access secure care placements. The four secure providers subscribe to a national framework contract managed by Scotland Excel.

The Scotland Excel contract does not prohibit, provide for, or offer clarity on cross-border placements – which remain bilateral private commercial arrangements between individual providers and the placing authorities from elsewhere in the UK.

Since 2011, the current contract has played a supportive role in standardising expectations and placement processes across Scotland's independent secure care centres, as well as bringing transparency and consistency to placement costs. However, successive strategic reviews, the experience of providers and purchasers, the observations of parliamentary inquiries and The Promise, all raise fundamental questions about whether the existing contractual frameworks continue to meet Scotland's needs.

Challenges identified include:

- Financial instability due to variable occupancy levels posing challenges to the sustainability of the charities operating the centres;
- Spot purchase arrangements mean costs vary from year to year, depending on the number and complexity of placements. Demand-driven arrangements make it difficult to plan capacity;
- Inconsistent access and affordability for placing authorities;
- Difficulties in workforce recruitment, development, retention and investment;
- Complex commissioning arrangements;
- Limited flexibility for innovation by individual providers or to explore and adopt new models of care.

### 6.2.1 Nationalisation

The Scottish Government has committed to ensuring that secure care is sustainable and equitable. There is growing interest in whether alternative funding approaches – including nationalisation of funding – could better reflect secure care's role as a national resource.

The 2026 COSLA [manifesto](#) calls for the nationalisation of the provision of secure care:

“Nationalising the provision of high-quality secure care for children. The current model relying on four independent providers is precarious, and availability of places is unreliable. Creating a national approach should also incorporate the Child and Adolescent Mental Health Services (CAMHS) inpatient and secure mental health provision.”

Nationalising secure care could involve creating a single national service, taking over existing services and staff and buying out current providers. This would shift a lot of responsibility to the national level and would require major public investment. It would also represent fundamental change in identity for the future provision of secure care.

Nationalisation could potentially:

- Provide greater financial stability for secure care providers.
- Support consistent availability of secure care beds across Scotland.
- Enable more strategic planning of capacity, workforce and specialist services.
- Better align funding with the Secure Care Pathway and Standards, including expectations around transitions.
- Improve coordination across health, education, and social work support.

It is important to note that the National Child Inpatient Unit (IPU) and the National Secure Adolescent Inpatient Service, Foxgrove, are both already national services, provided in the NHS and commissioned by National Services Scotland (NSS). The Adolescent IPUs are regionally provided, with flexibility to admit young people from other areas in Scotland. These are provided under the terms of the Mental Health Act and their principles require care to be provided in the least restrictive environment and where the care required cannot be provided in any other way than an IPU.

At the same time, any move towards nationalisation would require careful consideration of governance, accountability, funding, resources – including how funding models interact with efforts to strengthen alternatives to secure care to ensure it remains a last resort.

This consultation therefore seeks views on how secure care should be funded in the future, including whether changes to the current funding model – up to and including national funding – could better support children and ensure sustainability of the provision of secure care.

### **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.

## 6.2.2 Potential funding models

We have outlined several potential options that would require further exploration to assess their viability, cost, resource implications and broader legal, operational and strategic implications. These are not exhaustive, and the consultation therefore seeks views on any additional models that could offer long-term sustainability.

### **Option 1: National approach to funding secure care**

Under this option, funding responsibility for secure care could transfer from individual local authorities to Scottish Government (or a national body acting on its behalf). Secure care could be funded as a **national service**, with secure placements commissioned or funded centrally. Consideration would need to be given to costs and how this would impact local and national government budgets.

Potential benefits:

- Increased financial stability and sustainability – a national funding model could provide more predictable and stable funding for secure providers, supporting long-term planning, workforce retention and service quality, reducing reliance on fluctuating occupancy levels.
- Equity of access across Scotland – nationalisation could reduce variance between local authorities, ensuring decisions about secure care are driven by need.
- Strategic capacity and workforce planning – central oversight could enable better alignment between demand, capacity, alternatives and workforce development at a national level.
- Clear recognition of secure care as a national resource – national funding would require secure care to be available, regardless of where a child lives, and that no single local authority can plan for this alone.

Potential challenges:

- Potential loss of flexibility and autonomy for secure providers and local authorities.
- Complex governance and accountability – nationalisation would require clear arrangements for decision-making, oversight, and accountability, including the role of local authorities and the Children's Hearings System
- Transition and implementation – moving to a national model would involve significant legal, financial and operational change

### **Option 2: National commissioning with local placement responsibility**

Under this model, secure care could be **commissioned nationally**, but funding would continue to be authorised and managed by local authorities.

Potential benefits:

- Greater consistency in costs, contracts and expectations – national commissioning could reduce variation in fees and contract terms.
- Improved sustainability for providers without fully removing local decision-making.

- Ability to embed national quality requirements through contracts.

Potential challenges:

- While more potentially more stable than the current model, secure providers may still experience financial uncertainty if demand fluctuates significantly.
- Requires strong co-ordination between national commissioners and local children's services

### **Option 3: Hybrid funding model**

Under a hybrid approach, the Scottish Government could provide a proportionate level of block funding to secure care providers (e.g. a certain amount of beds) with local authorities contributing variable costs linked to individual placements.

Guaranteed annual budgets for secure care providers, could be based on planned capacity and delivery expectations. This could mean the Scottish Government commits to fund all of, or a defined minimum number of, secure beds, and local authorities pay the actual costs based on presenting placement demand.

The Scottish Government maintained a commitment to pay for up to 16 beds (4 in each secure centre in Scotland) to maintain capacity and provide a level of financial security to secure providers. This option could effectively build on that commitment.

Potential benefits:

- Improves secure provider stability while maintaining local accountability.
- Reduces cost volatility.
- Supports capacity restoration even during periods of low occupancy.

Potential challenges:

- Dual funding may increase reporting and financial management requirements.
- May not fully address fundamental sustainability and equity issues.
- Limited scope for long-term strategic planning.

### **Option 4: Retention of current model with targeted reforms**

This option would retain local authority-led funding – meaning local authorities retain full responsibility for funding decisions within their current legal responsibilities - but would introduce reforms, such as:

- Standardised national costs with extended contract durations, improved mechanisms for up-rating agreed annual fee increases.
- Agreed provision, either within the negotiated bed rate, or on a free-standing basis, full provision for the agreed capital maintenance or fundamental modernisation of each campus within the overall secure estate.
- Incremental improvements with limited disruption.
- Enhanced national oversight and data transparency.

Potential challenges:

- May not address fundamental sustainability and equity issues.
- Challenges of volatility and workforce instability may persist.
- Limited scope for long-term strategic planning.

Conducting a comprehensive assessment of all possible options - and implementing new, contracting arrangements - will be essential to shaping our medium to long-term approach. That is why we are seeking initial feedback through this consultation to help inform further research and analysis needed to fully understand the legal, financial, and resource implications of potential options.

### **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.

**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.

### 6.3 Phased implementation

We understand the importance of a phased implementation approach and meaningful stakeholder engagement to ensure that any changes identified through the consultation are effective, sustainable, and appropriate. To achieve this, we will develop a clear plan for delivering change incrementally, carefully managing system impacts and ensuring workforce readiness at each stage. While some systemic reforms may take years to fully implement, they will be guided by a structured plan designed to maintain progress and momentum. Co-design will remain at the heart of any change.

Depending on the outcomes of this consultation, the Scottish Government envisages a phased approach to any major change in funding and commissioning could include, for example:

1. Short term (1-2 years)
  - Strengthen the existing Scotland Excel contract framework, while identifying the timescale for any successor arrangements as soon as possible.
  - Improve national co-ordination and data collection on demand, costs and outcomes.
  - Maintain core funding to ensure provider and system sustainability.
  - Explore whether further diversification is needed among providers to promote specialism and flexibility.
  - Produce a detailed implementation plan for national commissioning or delivery.
2. Medium term (3-5 years)
  - Establish a national commissioning function.
  - Begin phased introduction of new funding models.
3. Long term (10 years)
  - Transition to a national delivery model for secure care.

## 7. Secure transport

When a child needs to be moved - either to a secure care unit or to appointments while living in secure care (such as a children's hearing, medical visit, or court appearance) - this often involves using secure transport. Who arranges and pays for this transport depends on the situation:

- Scottish Ministers are responsible for the transport arrangements for children up to the age of 18 who have been convicted by a court for murder or on indictment and sentenced to detention. An agreement is in place with GeoAmey to provide secure transport for those children.
- Local authorities are responsible for transport for all other children placed in secure care. They decide who will provide the transport on a case-by-case basis, considering factors like the child's needs, the type of journey, risk assessments, and what transport options are available. Transport might be provided by local authority staff, social care staff, private secure transport companies, or, in rare cases, the police.

The current contract with GeoAmey for transporting sentenced children comes to an end in January 2027. Given the challenges which local authorities face around arranging secure transport for all other children, it has been agreed 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 are leading discussions around a future contract, to be in place by January 2027.

The 2022 [consultation](#) on the Children (Care and Justice) Bill policy proposals sought views on the provision of secure transport in Scotland. Respondents raised various concerns with the current arrangements. Key to these concerns was the inconsistent availability of secure transport at the point of need. Respondents provided various suggestions and considerations for how provision could be enhanced and improved. Several felt that national standards were needed, with providers monitored and regulated to ensure they meet the needs and respect the rights of children and young people.

In response to the findings of the 2022 consultation, a provision was included in [section 25](#) of the Children (Care and Justice) (Scotland) Act 2024 requiring Scottish Ministers to create and publish minimum standards for the safe and secure transport of children up to age 18, and in some cases young people up to 19. Following commencement of those provisions, the standards must be published and presented to Parliament by 1 September 2026.

The new standards are being developed with key partners, including COSLA, Social Work Scotland, the Children and Young People's Centre for Justice, Police Scotland, Scotland Excel, and representatives from local government. They are based on existing service specifications and aim to strike a balance between setting appropriate standards and not exacerbating known supply issues and, therefore, will be high level.

The following areas are expected to be covered in the draft standards:

- Upholding children's rights
- Ensuring the safety and welfare of the child are a priority
- Appropriately vetted and trained staff
- Safe and appropriate use of vehicles
- Reporting and management of incidents
- Use of restraint, only when necessary and appropriately recorded
- Secure handling of data and information relating to the child
- Monitoring and continuous improvement to ensure quality and rights compliance

When the standards are in place, those providing the transport service must meet the standards. Local authorities and Scottish Ministers, must ensure any services they commission are, therefore, able to meet them. The 2024 Act also places a duty on local authorities and the Scottish Government to report on how the standards are being met by those providing the transport service.

### **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.

## 8. Single Point of Contact for victims

Provisions under the new section 179D of the Children's Hearings (Scotland) Act 2011 as inserted by [Section 9](#) of the [Children \(Care and Justice\) \(Scotland\) Act 2024](#) require Scottish Ministers to establish through regulations a national support service for individuals who are entitled to request information about the action taken by the Principal Reporter and the children's hearing in relation to a child who has committed an offence against them or otherwise acted or behaved in a physically violent, sexually violent or sexually coercive, or dangerous, threatening or abusive way and that has harmed the person.

This consultation seeks views on establishing a Single Point of Contact (SPOC) service to provide information and support to people harmed where a child's case is dealt with in the Children's Hearings System. At present, victims or people harmed by the behaviour of children dealt with in the hearings system may receive information from a range of bodies – for example, local authorities, Police Scotland, social work, victim support organisations.

Consistent with wider reforms across the care and justice system in Scotland, there is increasing recognition of the need to:

- Strengthen trauma-informed engagement with victims;
- Provide clear, accessible and timely information;
- Ensure victims understand processes and decisions; and
- Support victims to exercise their rights safely and appropriately.

The Scottish Government has commissioned Victim Support Scotland (VSS) to work with partners to produce a delivery model for the SPOC service for victims in the Children's Hearings System and in relation to cases that are dealt with through the wider Whole System Approach. This work has included developing processes for victims to access information, advice, and support when a child under 12 has caused harm or committed an offence. The aim has been to establish a platform for interagency communication and data-sharing protocols to ensure victims are aware of their rights and the support available.

### **Proposed core functions**

#### Dedicated point of contact

The SPOC service is intended to provide victims with a dedicated contact point that ensures they feel supported, heard, and safe. It aims to treat the harm they experienced seriously and fairly, while also recognising the needs of the child who caused the harm. Victims should have access to tailored support across justice, health, recovery, and community services, along with clear, easy-to-understand information about what will happen in their case and possible outcomes.

## Integration of services

To make this service work, the SPOC would need to link with a wide range of partners. Justice agencies, such as the Police, Crown Office and Procurator Fiscal Service, the Scottish Courts and Tribunals Service, the Scottish Children’s Reporter Administration, and Social Work would share information and guide victims to the SPOC. It would also involve working with other victim support organisations, including specialist services for rape, domestic abuse, and restorative justice. For recovery, key supports would include counselling and mental health services, delivered in partnership with other agencies. Health services, such as the NHS and specialist care, would also play a role in directing victims to counselling and mental health support. Finally, to reach young people effectively, the SPOC would work with youth workers and community organisations to provide tailored support and help connect victims with education providers and housing services.

## Tailored support

The SPOC service is designed to improve the experience of victims harmed by children in the Children’s Hearings System by making sure their rights are respected and their needs are met. With tailored support and access to authorised information, victims can feel confident their case is taken seriously and handled properly. Child victims and their families will get clear guidance about what happens next, helping build trust and reduce uncertainty. By tackling stigma and providing consistent, trauma informed care, the SPOC will help victims feel understood and supported. This approach will also strengthen community connections, creating a culture of safety and recovery that benefits victims, families, and society.

The ‘Reimagining Secure Care’ report and the Scottish Government’s response both emphasise restorative, relational, rights-based approaches. Although the primary focus is the child in secure care, these reforms intersect directly with the experience of victims navigating the children’s hearings system.

The introduction of a SPOC aligns directly with other proposals in this consultation:

- If secure care is nationalised, national support structures – including victim support – could be aligned for consistency.
- A new national placement mechanism could have responsibility for taking account of how decisions it makes may impact victims. A SPOC could ensure victims understand how risks are being managed.
- Community based supports and alternative models, such as “flex secure”, rely on confidence in safety and robust communication; victims need clarity about how decisions affecting them are made.
- Strengthened mental health provision and trauma-informed practice should apply to both children who harm and those who have been harmed.

## **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.

**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.

## **9. Assessing impact**

We propose to carry out impact assessments alongside the development of any new policies or legislation which would be required to implement the changes proposed in this consultation.

These include a Data Protection Impact Assessment, Child Rights and Wellbeing Impact Assessment, Equality Impact Assessment (related to the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation). We would be interested in your views on these areas to help us in developing these and any other necessary assessments.

### **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?

**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?

**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?

## **10. Any other comments**

While this consultation aims to address all relevant issues, if you feel there are other points you wish to make, please use the space below to share any additional comments, views, or concerns.

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

### **Responding to this consultation**

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space. Access and respond to this consultation online at [insert the consultation URL using the consultation title as display text]. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date.

If you are unable to respond using our consultation hub, please complete and send the Respondent Information Form to:

Secure Care Consultation Team  
Scottish Government  
Children & Families Directorate  
Area 2C South Victoria Quay  
Edinburgh  
EH6 6QQ

### **Handling your response**

If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form provided alongside this document.

To find out how we handle your personal data you can view the privacy policy here: [Privacy - gov.scot \(www.gov.scot\)](http://www.gov.scot/privacy)

### **Next steps in the process**

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at [Citizen Space](#). If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

### **Comments and complaints**

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or email above.

### **Scottish Government consultation process**

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: [Citizen Space](#). Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy

- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.



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