Independent
Strategic Advisor

SUMMARY: Advice Note on Secure Care

Advice on

How Scotland should move from short-term management of Secure Care capacity towards a smaller, more specialised, nationally coordinated model by 2030, while strengthening the community, family and mental health alternatives that reduce the need for highly restricted care.

My advice is that Scotland should use the space now available in the Secure Care estate to begin a planned transition, rather than simply restoring or preserving the current model.

Provided to

Scottish Ministers and officials with responsibility for Secure Care, children and families, health, justice, public service reform and the related national commissioning, funding and governance arrangements.

Provided on

September 2026.

Why this matters

The promise did not commit Scotland to maintaining the largest possible Secure Care estate. It committed Scotland to ensuring that highly restricted care is used only when necessary, that children receive therapeutic and trauma-informed support, remain connected to family and community wherever possible, and have access to appropriate alternatives and transition support.

The evidence now suggests that the problem cannot be understood simply as a shortage of beds. Falling long-term use, vacancies and periods of emergency-bed pressure can exist at the same time because nominal capacity is not the same as usable, needs-matched capacity.

The deeper problem is structural: Scotland is trying to deliver a national, rights-based function through dispersed governance, fragmented purchasing and provider-level control over much of the capacity that Government ultimately has to guarantee.

My advice

Begin a planned transition to a smaller, more specialised and more flexible Secure Care model by 2030, with national planning based on children's needs rather than generic bed numbers.

That transition should:

- reduce the use and overall footprint of Secure Care safely;
- retain sufficient specialist and contingency capacity for every child who genuinely needs highly restricted care;
- commission provision around therapeutic capability and individual need, not simply bed availability;
- develop smaller, more flexible and specialist models where particular needs require them;

- strengthen community, family, mental health, education and transition support as part of the same national system;
- move from fragmented commissioning and placement decisions towards national coordination of demand, access, capacity and outcomes; and
- reform funding so provider viability does not depend on keeping Secure Care close to full occupancy.

The critical sequencing principle is that capacity should not be removed faster than alternatives and specialist capability are created. Every bed closed or repurposed should be matched by demonstrable capability elsewhere in the system.

Who needs to act

Scottish Government needs to lead the national redesign, because the barriers now identified relate to governance, commissioning, funding, national sufficiency, cross-portfolio accountability and the relationship between Secure Care and other national services.

Local government and Secure Care providers also have important roles, but the advice identifies a national coordination gap that cannot be resolved by individual commissioners or providers acting alone.

The transition will also require coordinated action with health partners, local government, Secure Care providers, the third sector, children and families, because capacity, alternatives and transitions span organisational and portfolio boundaries.

What needs to happen

Scotland now needs to move from managing the current Secure Care estate to designing the national model required for 2030.

That means:

- establish a national placement and coordination function with live visibility of referrals, actual availability, admissions decisions and alternatives;
- create clear national decision rights and escalation arrangements where individual provider decisions have consequences for national access;
- replace reliance on headline vacancy numbers with needs-based capacity planning and one national picture of demand, availability, refusals, staffing, length of stay and unmet need;
- commission defined specialist functions, including smaller or flex-secure settings and provision for children with complex therapeutic, health or additional support needs;
- reform funding so that readiness, resilience, specialist capability and contingency capacity are funded, rather than relying primarily on occupancy;
- plan Secure Care alongside mental health provision, Intensive Family Support, community multidisciplinary support, education and transitions as one continuum;
- publish a national Secure Care capacity and reconfiguration plan to 2030, with scenarios and milestones for creating alternatives, repurposing capacity and reducing the overall footprint safely;
- put cross-government and local-government governance around the transition, with clear ownership, decision rights and mechanisms for resolving barriers between portfolios and organisations; and

- integrate workforce planning into national capacity planning so that specialist capability is genuinely available, not only nominally commissioned.

The forthcoming Secure Care action plan should therefore not freeze the current estate in place or treat restored capacity as the end point. It should set out the route from the current four-provider, occupancy-dependent model towards nationally coordinated provision in which fewer children are deprived of their liberty and every child who genuinely needs Secure Care can access the right therapeutic place without delay.

Status: advice provided / action underway / further action required

This advice consolidates and updates the advice I have given and the position I have taken on secure care since February 2025. The immediate capacity pressure that prompted earlier advice has changed, creating an opportunity to move from contingency management towards longer-term system redesign.

Action is underway through the Scottish Government's future of Secure Care consultation, the forthcoming joint Scottish Government/COSLA action plan and commitments in the Programme for Government to address future plans, resourcing and the legislative landscape.

Further action is required to determine the national governance model, commissioning and funding arrangements, specialist functions, contingency capacity and the milestones against which capacity can safely be reduced or repurposed. That work needs to happen alongside expansion of community, Intensive Family Support and mental health alternatives so that reform in one part of the system does not create crisis elsewhere.