

The Promise Scotland's response to the Scottish Government's consultation on the future of secure care and the single point of contact for victims

April 2026

About the promise

In 2017, [the Independent Care Review](#) was established, following years of campaigning from the care community demanding change. On February 5th 2020, it published its full findings in seven reports, including [the promise](#), with an ambition for Scotland that **all its children and young people will grow up loved, safe and respected— so that they will realise their full potential.**

To realise this ambition, the Independent Care Review set out over 80 recommendations on what must be done, set out under five foundations – Voice, Family, Care, People and Scaffolding.

Scotland's then First Minister promised that that the country would implement these recommendations in full, by 2030. That commitment got the support of all of the Scottish Parliament's political parties, and so Parliament made the promise.

[The promise](#) made a number of conclusions relating to secure care, including that there must be absolute clarity that the underlying principle of secure care is the provision of therapeutic, trauma informed support (Pg 80-84). The Promise Scotland therefore [welcomed the Scottish Government's response to Reimagining Secure Care](#), agreeing with the principles of the report, and a long term shift towards more community focused support. Our response was clear that this vision for reform must continue to be focussed on alongside the current work to restore capacity in the existing system.

Plan 24-30

[Plan 24-30](#) is a shared planning framework for Scotland to keep the promise by 2030. It is made up of two parts:

25 route maps, which turn the vision of the promise into a deliverable plan by creating clear, measurable outcomes with timebound milestones. Each route map outlines what must be delivered for the promise to be kept; who is responsible for doing it; and when it must be done.

The Promise Story of Progress, which supports understanding of progress and impact, by answering three questions around: national change (what is shifting over time); organisational learning (how change is happening); and the impact on the care community (how change is being felt)

This response should be read in the context of the seven reports produced by the Independent Care Review, specifically [the Promise](#), and alongside [Plan 24-30](#).

Key messages

- Scotland must listen and learn from children and young people's experience of secure care to ensure harm is not caused, and that children and young people are not reporting feelings of trauma, stigma, blame and shame for decades, due to their experiences of secure care. The views and experiences heard by the Independent Care Review must be honoured and Scotland must do better.
- This is not the first time that secure care has been 'reimagined'. For over twenty years children and young people have been sharing stories of distress and pain, scrutiny bodies have been highlighting instances of rights being breached and reports and recommendations have made plans for change that have not been implemented. This must change—and it must change at pace.
- Secure accommodation, and any forms of restrictive care, must remain an absolute last resort, used only where it is demonstrably necessary and for the shortest time possible. Scotland must stop using secure accommodation to fill gaps elsewhere. Children must be able to access the right support early, close to home, and for as long as needed. This includes universal and intensive family support.
- Equity of access must be guaranteed. A child's experience of rights, safeguards and support must not depend on where they live.
- Mental health support must be available when it is needed, not only after crisis escalates. Clear pathways are needed into community-based support and into inpatient or intensive outpatient care where that level of support is required.
- Relationships must be protected. Care planning and transitions must prioritise the people who matter to the child, continuity of support, and avoiding unnecessary moves.
- Scotland has committed to strive not to restrain its children. Seclusion and other punitive practices must not be tolerated and the promise's conclusion that Scotland must strive to become a nation that does not restrain its children must be realised.
- National coordination must strengthen matching, transparency of capacity, workforce support, and learning. Any reform of governance, commissioning and funding must align with the promise and CYCJ's Reimagining Secure Care report, avoid further monetisation of care, support collaboration, and deliver equitable experiences of care for children.

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

Answer: Yes

The promise is clear that Scotland must take responsibility for its most distressed and at-risk children, and that this means fundamentally rethinking the purpose, delivery and infrastructure of secure care. (The Promise, 2020, p.81)

The Promise Scotland considers the revised criteria introduced through the Children (Care and Justice) (Scotland) Act 2024 to be sufficient at this stage and would not support further changes that widen eligibility for secure accommodation.

It is welcome that the revised criteria are clearer on the threshold for absconding, and that they reinforce that secure accommodation must only be authorised where it is truly necessary. This must help ensure secure accommodation is not used by default, and that every appropriate alternative is properly explored first.

The Promise Scotland recognises that terms within the criteria, such as "physical or psychological harm", could be interpreted very broadly, and that thresholds may be applied inconsistently in decisions about children's care. This reinforces the need for clear national guidance and routine scrutiny of how the revised criteria are applied in practice, so that any deprivation of liberty remains lawful, proportionate and exceptional.

The criteria must be implemented with strong oversight and kept under review. Where deprivation of liberty is used, it must remain an absolute last resort, for the shortest time possible, in settings that are therapeutic and trauma informed.

The promise's conclusions about the creation of a 'language of care' must also be implemented. This includes ensuring that the recommendations in 'Hearings for Children' relating to language about 'treatment and control' are revisited and the necessary legislative changes are made prior to 2030.

Current oversight arrangements between local government, the Scottish Government, the Care Inspectorate and decision-makers within the Children's Hearings System must also be fit-for-purpose and properly enforced. It must be clear how oversight will drive learning from how the criteria are being applied in practice, and how that learning will be shared and used to improve consistency and decision-making across Scotland.

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

Answer: No.

The Promise Scotland does not support any further change that widens eligibility for secure accommodation. Doing so would risk taking Scotland in the wrong direction and blurring the line between intensive therapeutic support and deprivation of liberty. Both the previous and revised criteria already allow secure accommodation to be authorised where it is necessary to protect a child from the risk of self-harm.

It is important that the highest levels of accountability and scrutiny apply in relation to the most serious and significant intervention that can be made in a child's life. Safeguards must be in place to ensure that transitions between 'secure care' and 'flex secure' are regulated, do not breach children's rights and have a clear legal basis.

Instead, Scotland must focus on strengthening what keeps children safe, before needs escalate to the extent that intensive and restrictive measures of care are considered. This means improving access to universal family support, and ensuring intensive family support is available in every community and available when it is needed. For support to be effective, it must be flexible, responsive, and sustained for as long as needed so that families can get help at the first signs of escalating need, not only once situations have reached crisis.

Scotland must make sure children get the mental health support they need when they need it, including access to inpatient and intensive outpatient care. Where a child's needs are primarily health related, they must be met through a health pathway, rather than through secure accommodation. This includes provisions such as Foxgrove.

Alongside this, community alternatives must be genuinely available when they are needed, including timely emotional wellbeing and mental health support. Intensive support must be accessible quickly and consistently, so children do not end up in secure accommodation simply because other services are not there.

Secure accommodation must never be used to fill gaps elsewhere in the system. Deprivation of liberty must remain an absolute last resort.

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

Answer: Yes.

If Scotland revisits the secure accommodation criteria in future, it must ensure fewer children are deprived of their liberty and where deprivation of liberty is used, it must be for the shortest time possible, in settings that are therapeutic and trauma informed. It must be compatible with Scotland's legislation on the UNCRC and restraint, including the recent changes set out in the Restraint and Seclusion in Schools (Scotland) Bill and the Children (Care, Care Experience and Services Planning) (Scotland) Bill and future legislation on a statutory restraint framework.

With that in mind, any future approach must pay attention to:

- **What must exist in communities so secure accommodation is never the “only place left”.** This must start from what children and families need to access early, locally and for as long as required, so support needs do not escalate because the right help is missing.
- **How restriction reduces over time.** Decision making must build in an expectation of step-down. There must be clear triggers and regular review so that intensity and restriction reduce as soon as it is safe to do so and no child is deprived of their liberty for longer than is necessary.
- **Rights and participation as practice, not aspiration.** Children and young people must be supported to understand what is happening, to be heard, and to have their views meaningfully reflected in decisions. The test must stay grounded in what the child needs, and what the child wants.
- **Relationships and connection.** Criteria must recognise the harm caused when children are separated from the people who matter to them. Decisions must protect relationships wherever it is safe to do so, and minimise disruption to learning, identity and community life.
- **Language that does not stigmatise.** The words we use shape how the system behaves. Any future wording must reflect children’s dignity, avoid labels that “other” them, and reinforce a therapeutic, trauma-informed purpose.

Given the risk of variable thresholds across Scotland, any future revision must also come with clear national guidance and shared learning. This must include clarity on key concepts such as psychological harm. Decision making must be consistent, proportionate and equitable.

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

Answer: Yes, in principle however, The Promise Scotland is of the view more clarity is needed before this can be progressed.

The Promise Scotland supports the flex-secure model set out in CYCJ’s ‘Reimagining Secure Care’ work. The intention was clear, the provision of care that can flex up and down in response to children’s changing needs. A provision of care that would be embedded within communities and would prevent unnecessary disruption with children no longer having to move when their needs and risk fluctuate.

This consultation, however, does not provide enough clarity about how flex-secure would operate in practice for children, or what safeguards and oversight would make

it rights-compliant. Without that detail, The Promise cannot support progressing changes to definitions at this stage.

It would be concerning if flex-secure were delivered in a way that still required children to move settings as their needs change. If this becomes a reconfiguration within the existing secure estate, rather than a model that enables support to flex within one setting, the key benefit of flex-secure is lost.

Where deprivation of liberty is used, it must remain an absolute last resort. Used only where it is necessary, and for the shortest time possible.

Flex-secure could only be rights-compliant if it comes with robust, legally enforceable safeguards and independent oversight. The threshold for changing restrictions must be clear, and so must who can authorise and record those decisions. Children must be told what is happening in ways they understand and be supported to question and challenge decisions that affect them. It must also be clear what reporting duties, inspection arrangements and independent scrutiny will apply. Any provision that can operate at a level amounting to deprivation of liberty must be appropriately approved and regulated.

If introduced, flex-secure must also sit within a wider pathway. Clear step-down routes into community support must be in place, including planned links into multi-disciplinary team support, so children do not leave a setting and fall into a gap. Access must be equitable across Scotland, based on need and not geography.

Communities where these provisions would be located must be engaged early and respectfully to build understanding and confidence, reduce stigma, and ensure provision is experienced as a local asset. It must not be experienced as something imposed, or “for other people”.

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

A model with adaptable levels of restriction within one setting could help to protect and advance children’s rights, while keeping deprivation of liberty as a genuine last resort. This, however, would only be possible if it is designed and delivered with strong safeguards, independent oversight, and a clear therapeutic purpose.

In practice, this means:

- **Continuous assessment of the child’s needs and the appropriateness of any restrictions being applied.** From the outset, there must be continuous assessment of the child’s needs and regular, meaningful consideration of

whether any restrictions remain necessary and proportionate, and what needs to be in place to step down safely.

- **Tightly controlled use of deprivation of liberty.** Any move into deprivation of liberty must be demonstrably necessary, clearly recorded, and time limited. There must be a clear expectation of step down as soon as it is safe to do so, so children are not deprived of liberty for longer than necessary.
- **A rights-based approach at the centre of delivery.** Children must be supported to understand what is happening and why, to have their views heard, and to have access to advocacy. They must be supported to contribute effectively to decisions about their care. Upholding children’s rights must shape day-to-day practice.
- **Relationships and connection protected wherever it is safe to do so.** A flexible model must not isolate children from the people who matter to them. It must actively support contact and connection with family, siblings and trusted adults, and minimise disruption to learning, identity and community life.
- **The opportunity to continue, or re-engage with, education.** Children receiving the most intensive support must still have access to high-quality education that supports learning and aspiration, rather than education being disrupted because of where they live.
- **Therapeutic, trauma-informed support underpinning care.** If flex-secure is to uphold rights, it must provide the therapeutic support children need to recover from trauma and adversity. Children will only benefit from intensive care when it is relational and trauma informed.
- **A clear commitment to reduce restraint, eliminate seclusion.** The design and delivery of any flex-secure care must be underpinned by approaches that prevent escalation, support co-regulation and prioritise safety through relationships, so restraint is minimised, and seclusion is avoided.

A flexible model could reduce disruption for children and young people by avoiding unnecessary moves during their experience of care, if it means they do not have to change where they live when their needs change. It could also allow restrictions to ease as risks reduce, helping to ensure deprivation of liberty is used only when absolutely necessary, and for the shortest possible time.

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

Yes

The Promise Scotland supports the concept of community-based hubs as set out in the consultation.

Support must be available where children live, especially when children are experiencing the most complex or intense needs. Providing high levels of support in

communities can help children to stay connected to their families and the people who matter to them. The development of community-based hubs could make it more likely that families are able to continue caring for their children at home, where it is safe to do so.

For community-based hubs to fulfil the aspiration held for them, they must be integrated with wider services and built around clear pathways, so children and families can move smoothly between different levels of support, including access to less intensive help within the community as risks reduce and needs are met.

It is also important that communities experience hubs as being designed to meet local need. Hubs must not replace successful existing models of support. Instead, they must build on what is already working and integrate into local approaches, so they become community-wide assets rather than “specialist” buildings that feel separate or “for other people.”

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

Yes.

The Promise Scotland supports the wider adoption of multi-disciplinary teams (MDTs). Delivered as envisaged, these teams can provide consistent oversight and coordination around the support offered to children and their families. This must strengthen the “team around the child” and help protect relational practice, so families do not experience support as fragmented or feel they are being “passed on” as their needs change over time.

For MDTs to fulfil the aspiration held for them, collaboration must be real, not just agreed in principle. This will require agencies to share responsibility and pool resources so that MDTs are properly staffed and supported. No single professional should be left holding the risk, coordination, and burden of making the model work without the active and sustained involvement of partner agencies and professions.

There must be careful attention given to the language used to describe this model. The name and framing must avoid sounding clinical or stigmatising, and feel accessible and respectful to children and families.

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

Scotland must take action to ensure that children can access high-quality emotional wellbeing and mental health support earlier, more consistently, and closer to home.

Children must not experience only being provided with the adequate support they require only once needs have escalated to the point where the child meets the criteria for secure care.

To ensure that children are not in secure care because of gaps elsewhere in the system, then children with complex mental health needs must be able to access the right help, at the right time, in the right place. That includes:

- **Improving access to community-based mental health support**, so help is available before crisis and can be sustained for as long as it is needed. There must also be clear pathways into inpatient health care where that level of support is required.
- **Ensuring support is not gated by diagnosis.** Children must be able to access therapeutic support without needing a particular diagnosis where there is clear unmet need, and distress is evident in behaviour and wellbeing.
- **Increasing access to inpatient and intensive outpatient provision**, near where children live, so secure care is never asked to fill the gap where a health response is required.
- **Strengthening support for families and carers.** Children do not experience distress in isolation. Support must include access to family therapy and support for parents, carers and wider family networks, so the people who love the child are supported to keep them safe and well.
- **Ensuring national policy integration and clear local governance.** National policy must join up children's services and health, with clear expectations about roles, responsibilities and pathways. Locally, governance and accountability must be clear, so children experience care that is consistent, joined up and equitable.
- **Creating clear pathways to other support and continuity of care.** Children moving on from the most intensive and restrictive forms of care must have planned, joined-up support in the community. This is essential for recovery and helps reduce the risk of regression when children return to community settings.
- **Ensuring equitable access to health services.** Children and young people must be able to access high-quality and non-stigmatising support regardless of where they live. This should not be contingent on where they live.

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

The action taken in response to the clear need to reimagine how secure care is planned and delivered must be underpinned by the principles set out in the promise (Pg 57).

This best places Scotland to co-design care and support that wraps around children and families, rather than expecting children to fit around services.

In practice, this requires one plan for the child, aligned with GIRFEC, that is used consistently across agencies and across settings. This must include when children move between community support, edge-of-admission support and secure care.

Care planning and delivery must also keep relationships at the centre. The relationships that matter to the child must be protected and sustained wherever it is safe to do so, and continuity in the team providing care and support must be prioritised. Children must not routinely be expected to invest in new relationships with adults simply because their level of need changes.

Care, health and justice systems must work together to ensure children can access therapeutic, trauma-informed support that holds wellbeing and safety together, so there is no overreliance on escalation and restrictive measures. This will require collaboration to ensure that there is access to timely emotional wellbeing and mental health support, practical help for families and carers, and joined up oversight that supports children before crisis points are reached.

Potential transitions must also be planned early and properly resourced rather than being an optional 'add on'. Gaps or cliff edges in support create instability and can quickly increase unmet need. Children and young people must experience transitions as limited, relational and supported, with continuity of plan and people, wherever possible. They must include ways for children and young people to maintain relationships with people important to them and must not be contingent on local authority finances.

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

Information sharing must be grounded in the National Practice Model and the GIRFEC approach, so that services build a shared understanding of the child, their wider world, and importantly their needs. When information is gathered and shared well, it must reduce repetition for children and families and support better, more consistent decision making.

There also needs to be a much stronger focus on planning and supporting transitions. Too often, key information is lost or not carried across when children move between services or settings. Where information sharing is insufficient, there is a real risk of needs being misunderstood, assessments becoming inaccurate, and support being put in place that does not help.

As the promise makes clear, improving information sharing is not only about systems and processes. It is about culture. A culture of appropriate information sharing starts with leadership that values the voice and opinion of children and the workforce, and

that models an approach where people feel able to speak up and where professional judgement is respected (the promise, Pg 36).

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

The Independent Care Review heard clearly from children and families that there were missed chances to offer the right help before situations escalated to the point where secure care was seen as the only option.

Community based support must not be treated as a specialist alternative to secure accommodation. It must be core to providing adequate care and protection, so children do not go on to experience the most restrictive and intensive form of care in secure accommodation.

The most effective alternatives are those that keep support close to home and wrap around the whole family. Intensive family support, delivered in local communities, can prevent entry to secure care on welfare grounds when it is flexible, responsive and stays in place for as long as it is needed. It works best when it helps children to stay connected to the people who matter to them, strengthens relationships, and builds on the strengths within families and wider networks.

The Promise Scotland also supports the development of community hubs and multi-disciplinary team oversight. If delivered as envisaged, these approaches can help families access the right mix of support without being passed between services and can strengthen the team around the child. A combination of practical help, therapeutic support and joined-up oversight can increase capacity and confidence to support children at the greatest risk of harm safely in the community, without escalation into secure care.

Question 12: Where alternatives to secure care are available, what factors most strongly influence whether they are used in practice?

Even where alternatives exist, they will only be used consistently if they can be accessed quickly and if they can respond to a child's needs in a way that can ensure their safety.

The factors that most strongly influence use in practice are the speed and responsiveness of the alternatives available. If support cannot be put in place quickly enough, or if it cannot hold risk and meet need in a sustained way, then secure care is more likely to be used because it is perceived as the only option that can respond immediately.

The capacity and confidence of the team around the child and family also matters. Where professionals have the time, relationships and multi-agency support to keep assessing, adjusting and strengthening support, alternatives are more likely to be used. Where that capacity is stretched, or where responsibility sits with one person without wider support, secure care will likely be relied upon to care for children who meet the secure care criteria.

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

Access to both universal and intensive family support is still not equitable across Scotland. In some places, it is not even equitable within the same local area. This lack of consistency means families cannot rely on support being available at the point they need it, which increases the risk that needs escalate.

Children are also still experiencing delays in accessing Child and Adolescent Mental Health Services (CAMHS) and wider mental health or other appropriate support when they are struggling with emotional wellbeing. Sometimes, the root causes of emotional distress must be addressed to improve emotional wellbeing rather than focus on a psychological approach.

Where timely support is not available, distress can intensify and present in ways that draw children further into crisis responses, rather than therapeutic support. Given the known delays in accessing CAMHS and other support, action is needed to ensure children have clear pathways to appropriate models of mental health support that can meet their needs.

The 'Moving On' Change Programme, delivered in partnership between The Promise Scotland and Staf, also heard that workforce capacity pressures continue to affect care planning and the planning of transitions between services. Where capacity is stretched, assessments can be incomplete, plans can drift, and key supports can fall away at the point a child is moving between services or placements. This increases the risk of instability and, at times, breakdowns in where children stay.

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

Plan 24-30, and the continually developing route maps within it, provide a clear opportunity to support learning from local authority practice on alternatives to secure care. This must be taken forward alongside the work of CYCJ, including their role in gathering and sharing evidence on what works in children's care and justice, and the learning from the Reimagining Secure Care report.

Used well, the route maps can help Scotland coordinate national learning and development for the workforce, so that approaches which are working locally are understood, shared and strengthened across the country. They can also provide a practical structure for scaling alternative approaches in a way that is consistent but still rooted in local context and need.

Plan 24-30 can also support national coordination that helps Scotland identify where provision is inconsistent or where there are clear gaps. That would allow finite resources to be used more effectively, including identifying where existing resources can be repurposed, and where investment is needed to build the right support in the right places.

Using the route maps in this way can strengthen Scotland's understanding of what works: the link between specific alternatives and children's experiences and outcomes. That matters, because scaling must be based on evidence and learning.

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

Yes.

Sharing and pooling resources to develop specialist alternatives to secure care on a multi-authority basis could support more equitable access to the right support, at the right time.

This must, however, be done in a way that does not further disadvantage children by moving support even further away from the communities they belong to. Care is needed to ensure that children from rural and island communities are not disproportionately expected to travel to larger local authority areas to access specialist provision. Wherever possible, support must stay connected to children's relationships and their community.

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

Health, education and justice services must be key partners with local authority children's services, which hold the primary responsibility for protecting and caring for children. These systems must work together in a way that is joined-up, trauma informed and grounded in children's rights, so children are not left carrying the consequences of gaps between services.

Plan 24-30 sets out what must be done to ensure children can access health services that provide timely therapeutic support and specialist provision as early as possible.

For children in the most intensive care and support settings, that access must continue and be reliable.

In relation to education, keeping the promise requires that children's learning and educational experience is not unnecessarily disrupted by care planning or the delivery of care. Children with complex needs must have continuity in their educational journey wherever possible, and where they have disengaged from learning, they must be supported to re-engage in ways that are encouraging, flexible and rooted in their strengths.

Justice systems and services must engage with children in a rights-respecting way. Justice responses must uphold children's rights holistically and avoid approaches that are punitive or that escalate restriction where what is needed is care, protection and therapeutic support.

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

Measuring effectiveness must start with what matters most to children and young people. Community-based support must be measured not only by activity and process, but by whether children experience their rights being upheld, whether relationships with the people who matter to them are protected, and whether children feel safe, loved and respected. Experience measures must be used consistently to capture this.

Effective community-based support must also lead to a demonstrable reduction in the number of children who experience deprivation of liberty. Where secure care is used, the length of time children spend in secure settings must reduce, showing that Scotland is using deprivation of liberty only when absolutely necessary, and for the shortest time possible.

Children's health and wellbeing outcomes must be a core indicator of effectiveness, including emotional wellbeing and access to the therapeutic support children need. These outcomes must be measured in ways that make sense to each child, tailored to their specific and individual needs. Education is also central where measures must include attendance, engagement and attainment, and whether children are supported to re-engage with learning where they have previously disengaged.

Effectiveness must also be measured through an equity lens. It is important to understand how consistently and fairly, community-based supports are accessed across Scotland, and whether particular groups of children experience barriers. Equity indicators could help identify gaps in provision and ensure that access is based on need, not geography or circumstance.

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

Transitions must be planned for at every stage of a child or young person's care experience. Without early planning, there is a risk that a child remains in a setting that can keep them physically safe but is no longer the most appropriate place for them. There is also a risk of the child moving on and experiencing disruption due to the lack of preparation for the transition.

Children and young people must be listened to as part of transition planning. Their views, worries and hopes must shape planning, and they must be supported to understand what is happening and to have a real say in decisions about where they live next and what support will follow them.

Successful transitions must protect and sustain the relationships that matter to children and young people. They also need to be properly resourced so that support is in place in the community at the point of transition, not after a crisis. That includes practical help, therapeutic support, and consistent oversight, so children are not left facing "cliff edges" in support that increase instability and the risk of returning to restrictive settings for longer than is necessary.

Age must not be treated as the automatic trigger for transition. Where it is appropriate, young people must be able to remain in secure care for as long as they need to support stability and continuity, rather than being moved simply because they reach a particular birthday.

Where a transition to a Young Offenders' Institution (YOI) is required, it must be carefully planned and supported. Young people must be supported to prepare for the move, to understand what will happen, and to maintain access to the relationships, education and therapeutic supports that will best support rehabilitation and longer-term outcomes. Transitions to YOI must not undermine progress or place additional barriers in the way of positive futures and children and young people must be given the opportunity to maintain relationships and receive support from members of the workforce within secure care homes.

Question 19: 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?

Scotland must be able to accommodate, without delay, children who cannot legally be placed elsewhere. For those children, secure care must be available when it is required,

and it must be provided as close to home as possible so that relationships, community connection and continuity of support can be maintained.

This means that Scotland's secure care estate must only accommodate children who live permanently outwith Scotland when it is demonstrably in their best interests. The rights of these children must be upheld at all times, including access to help and support and appropriate transition when their time in secure care ends. Further work is required to ensure alignment and understanding of rights in these situations, including through the legislative review being undertaken by CELCIS and Professor Norrie.

Improving access also depends on reducing avoidable demand. The Promise Scotland supports strengthening and scaling of alternative provision so that secure care is not used to fill gaps elsewhere, and so the secure care estate is available for the children who need it most.

Practically, this will require better national oversight of both capacity and need. There must be an accurate, real-time understanding of day-to-day capacity across the secure care estate, alongside improved arrangements for matching so that children are placed in the centre best able to meet their needs holistically, including education, health and therapeutic support. Placement decisions must always take account of what will best support a successful transition beyond secure care.

Question 20: 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?

The Promise Scotland agrees there should be nationally-funded provision that guarantees access to secure care where there is no lawful alternative and a court order must be fulfilled. It is important that decision makers can be confident that an appropriate secure care placement will be available immediately when it is required.

This would reduce the risk of children being placed in inappropriate settings simply because the secure care estate cannot meet court-ordered demand at the point it is needed.

Safeguards, however, are essential. The foundational principles of the Kilbrandon Report relating to "needs not deeds" must be adhered to at all times and there must not be separate and distinct provision for children referred on justice grounds versus those referred on welfare grounds. The Children's Hearings System is based on the welfare principle of care and support and there must be no sense of access to different support for children referred on different grounds. Guaranteed capacity must not create a drift towards increased use of secure care. Any model that guarantees access must sit alongside strong oversight and a continued commitment to deprivation of liberty being used only as a last resort and for the shortest time possible.

Nationally funded provision must also not be treated as a solution in isolation. It must sit within wider children's services, including sustained investment in early intervention and community alternatives, so that Scotland reduces the need for secure care wherever it is possible and safe to do so.

Question 21: Do you agree Scotland should introduce a single national system for co-ordinating secure care placements for children?

Yes.

The Promise Scotland supports the introduction of a single national system for coordinating secure care placements.

This must be designed to ensure children are living in the place best able to meet their needs, rather than placements being driven by short-term capacity pressures.

A national mechanism must also address the current challenges in having reliable, real-time information about secure care capacity and use. It must enable clearer day-to-day visibility of how many children are in secure care, where capacity pressures are emerging, and how this will inform strategic planning.

It must also support the consistent collection and use of data that helps Scotland understand the impact of secure care on children's experiences and outcomes, so decision-making and investment are driven by what works and what children need.

If introduced, the mechanism must not operate as a standalone placements system. It must be connected to clear pathways into less intensive and less restrictive support, so children can move on smoothly when it is safe to do so, and so secure care is used only for as long as necessary.

Question 22: 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?

The Promise Scotland's view is that the starting point must not be a particular model from elsewhere, but the principles Scotland wants the system to be built around. Any national coordination mechanism must be grounded in the best interests of the child and in rights-based decision-making about children's care.

In practice, that means Scotland must co-design models that support decisions being made based on children's needs, not simply on the availability of a bed. A national system must strengthen decision-making, not narrow it to what is immediately available.

The model Scotland adopts must have clear accountability for ensuring that children who require intensive and restrictive care are placed where their needs can be met holistically. That must include education, health, therapeutic support, and early planning for transition.

A placement system that focuses only on getting a child into secure care, without the same attention to what happens next, will not deliver the change that is needed.

Question 23: Beyond the specific models referenced in this section, please share any other proposals or comments you have in relation to national co-ordination

This consultation overlooks the opportunity to gather insight that could be used to shape and strengthen the secure care provision Scotland already has, in line with the promise and CYCJ's Reimagining Secure Care work.

Action must be taken to ensure children placed in secure accommodation have access to adequate support for their physical health, mental health and emotional wellbeing. Action must also be taken to ensure the use of restraint, seclusion and isolation reduces within secure accommodation, with a concerted effort to eliminate it wherever possible.

Practices that undermine the dignity of children and young people in secure accommodation, including strip searching, must not be tolerated. This includes clearer standards and accountability and governance around the use of strip searches.

Punitive approaches used as disciplinary measures, focused on punishment and retribution, must end. What must be provided instead is care that supports resolution and, where necessary, rehabilitation.

All children's care must be trauma informed, with safety achieved through support for health and emotional wellbeing and through positive, stable relationships. All care settings must be underpinned by approaches that prevent escalation and support co-regulation. These changes must be delivered regardless of what happens in future on national co-ordination.

National co-ordination, however, creates an important opportunity to strengthen learning across Scotland about how best to support children with the highest levels of need. It can help share what is working, build confidence in practice, and reduce the sense that individual areas are having to solve the same challenges in isolation.

It can also provide a clearer picture of workforce pressures and support needs. Without the right staffing, skills and support, even the best designed models will not be delivered well. National co-ordination can help Scotland deploy workforce support more effectively and make better use of finite resources.

National co-ordination can also identify opportunities for resources to be pooled in ways that benefit children, families and communities. Especially for specialist provision that is difficult for single local authorities to sustain on their own.

A national mechanism must support the consistent gathering of evidence about where alternatives were not available when they were needed. That information must directly inform investment and planning, so resources go to the gaps that are most clearly contributing to escalation into secure care. The role of the Children and Young People's Commissioner for Scotland in terms of identifying and monitoring rights- breaches must be considered as part of this work.

Question 24: If Scotland were to establish a Multi-Agency Panel to make decisions about secure care placements, similar to Northern Ireland's model, which professionals do you think should be part of that panel?

The Promise Scotland's view is that there is currently insufficient detail in the consultation to take an informed view on establishing a Multi-Agency Panel in Scotland, like Northern Ireland's model. The Scottish context is different, given the Children's Hearings System and the changes resulting from the redesign. The changes to the Children's Hearings System, as set out in '[Hearings for Children](#)' and the Children (Care, Care Experience and Services Planning) (Scotland) Bill must be taken into account. In particular, the introduction of skilled, consistent, remunerated Chairs with an enhanced role is likely to have a significant impact in the way decisions are made in the Hearings. Introducing a new process before these changes have been implemented is pre-emptive. Rather, it would seem sensible to consider how the changes to the Children's Hearings System can better facilitate multi-agency decision making.

If Scotland does pursue a panel approach, it is essential that the process and decisions are accessible and transparent, particularly to the children and families most affected by them. Decisions must be clearly explained, and the reasons for them must be understandable. Any decision to introduce a Multi-Agency Panel must be based on whether it is likely to improve the experiences and outcomes of children who require intensive or restrictive forms of care to keep them safe.

If a Multi-Agency Panel is introduced, it must come with robust safeguards to ensure children are properly represented and supported to have their views heard and understood. Meaningful participation must be facilitated wherever possible, with advocacy available as a matter of course.

If care experienced representation is to be included within any decision-making panel, this must be approached with great care. The role, boundaries and support must be clear, and the individual must be safe and supported during and after their participation.

Question 25: 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?

The Promise Scotland does not think there is enough detail in the consultation to take an informed view on wholesale nationalisation at this stage.

What is missing is clarity about how nationalisation would work in practice, what problem it is intended to solve, and how it would sit alongside the wider changes Scotland still needs to make to reduce the use of secure care accommodation by strengthening alternatives. Any future model must ensure secure care accommodation is used only where it is demonstrably necessary, and for the shortest time possible.

The Promise Scotland recognises the commitment of the people working in secure care. Many staff and providers are doing their best, every day, with children who are in the most complex situations. That effort matters, and it must not be lost in whatever comes next.

The way secure care is currently provided in Scotland is not sustainable. The Promise Scotland is aware of inconsistency across the secure care estate, including variation in policies and safeguards around restraint, seclusion and other restrictive practices. Children must not experience different levels of rights protection depending on which centre they are placed in. A nationalised model is one potential route to greater consistency, but what matters is that any model delivers uniform safeguards, transparent accountability and consistent, rights-based practice. This includes ensuring that changes are in line with the vision outlined in the Reimagining Secure Care report and in the promise relating to small, trauma informed spaces for children that facilitate recovery and support.

At the same time, care is needed to ensure that any move towards greater consistency does not slow progress where strong practice is already developing. Reform must raise the standards everywhere, without hindering what is already working well.

The Promise Scotland does, however, support a substantive redesign of the governance, commissioning and resourcing of secure care. The current arrangements can place providers in competition with one another and make collaboration harder than it should be. That is not in children's interests.

Any reform must align with the promise by avoiding further marketisation and monetisation of care, and by driving greater consistency in standards, values and experience across Scotland. Ultimately, the test for any model is whether it helps Scotland deliver therapeutic, trauma informed care, strengthens learning and collaboration, and supports a fairer, more consistent experience for children wherever they live.

Question 26: 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?

Answer: Yes.

The consultation is clear that the current reliance on spot purchasing creates occupancy-based instability within the secure care estate and makes it difficult to have effective national oversight of capacity and sustainability. A more stable funding model is needed that supports quality and improvement, and that allows services to plan properly for modernisation, workforce development and continuous improvement.

Moving away from spot purchasing must also help Scotland avoid fragmented, transactional commissioning that risks commodifying care. Funding models must support collaboration and learning across the secure care estate, not competition for occupancy.

Achieving stability within the secure estate must not result in pressure to keep spaces occupied. A more stable model must sit alongside strong oversight and sustained investment in early intervention and community alternatives, so that deprivation of liberty is used only as a last resort and for the shortest time possible.

Question 27: Which funding model (or combination of models) would best support the sustainability and equitable use of secure care in Scotland, and why?

The consultation is clear that spot purchasing creates occupancy-based instability across the secure care estate and makes it harder to plan sustainably or maintain clear national oversight of capacity. A more stable funding model is needed that supports consistent quality of care, enables improvement and modernisation, and strengthens workforce stability and development. It must also support equitable access, so secure care is available when it is demonstrably needed.

Scotland must also avoid the monetisation and marketisation of care. Continued reliance on spot purchasing is a fragmented approach to commissioning essential provision and risks reinforcing the commodification of children's care. Moving away from spot purchasing will help Scotland shift towards a model that is planned, values-led and focused on meeting need.

Question 28: How can Scotland make sure that any new approach – whether national, local or mixed – guarantees equity of access for all children?

Equity of access requires national coordination that enables transparent monitoring of who is being placed in secure accommodation, where children are coming from, and why secure accommodation is being used. Scotland must also monitor what happens

next, including children’s experiences and outcomes. This will better ensure that strategic decision making and investment are driven by what is needed and what works. Without this visibility, Scotland cannot identify or address geographic variation in thresholds and practice. Appropriate matching for young people on an individual but also interpersonal level too is needed.

The way the secure accommodation criteria are applied in practice must also be monitored. Learning from decisions must inform future refinement of the criteria, guidance and practice expectations, so deprivation of liberty is used only when it is demonstrably required and for the shortest time possible. This is essential if risk thresholds are to be applied consistently and fairly, rather than varying by geography or local practice.

Equity also depends on having an accurate understanding of where there are gaps or pressures in the availability of alternatives to secure accommodation. Where evidence shows that alternatives are unavailable, inaccessible or delayed, action must follow.

The supports children need at points of high need must be designed and delivered in ways that are not stigmatising. Accessing intensive support must not label children or make it harder for them to return to their community, maintain relationships, or recover and move on from the harm that has led to them needing intensive and restrictive care.

Question 29: Based on the areas expected to be covered in the standards, as referred to above, do these fit with your expectations?

Answer: Yes.

The Promise Scotland welcomes the move to national standards for secure transport. The areas proposed for inclusion are the right ones.

The Promise Scotland has already shared more detailed feedback on the draft secure transport standards. On 16 March 2026, The Promise Scotland submitted comments to Scottish Government colleagues in response to the team’s request for feedback on the draft standards developed alongside this consultation. We would ask colleagues to refer to that submission, as it sets out our full view.

In that response, we were clear that journeys to and from secure care can be inconsistent and, at times, distressing. Transport must be treated as part of a child’s wider experience of care, not a logistical process. Journeys must be calm, supportive and child centred. Children must be given clear, accessible information about where they are going and what will happen next. The workforce must be properly supported to deliver trauma-informed practice, with training, reflective practice and supervision built in.

The feedback also emphasised the need for a clear commitment to reduce restraint and avoid seclusion wherever possible, in line with Scotland’s ambition to strive not to

restrain children. Clarity was asked for on how day to day oversight and accountability will work in practice that goes beyond parliamentary scrutiny.

The Promise Scotland can reshare the March submission if helpful and would welcome continued engagement as the standards are finalised and implementation and oversight arrangements are developed.

Question 30: 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?

For the SPOC to fulfil the ambition held for it, it must be able to navigate across public and third sector agencies and services. Victims must experience the SPOC as a single, reliable point of contact that can provide clear, accessible and timely information, and help them understand what support is available and appropriate for them.

Where victims need more than signposting, the SPOC must be able to actively connect them into the right services and coordinate support where necessary. This will be particularly important where victims are distressed, where multiple agencies are involved, or where the system is difficult to navigate.

It is also important that the SPOC adds value and does not introduce unnecessary complexity. It must not become an additional layer that leaves victims having to repeat their story or feeling introduced to “another person” without clear understanding of the purpose, role and benefit. The service must be designed to minimise repetition and ensure contact feels warm, planned and clearly explained.

To answer this question fully, further detail is needed on the SPOC’s substantive remit and how it is intended to integrate into wider systems and existing support routes. Clarity on boundaries, information-sharing, and accountability will be essential to avoid duplication and confusion.

Given the nature of the role, there must be confidence that SPOC staff can support victims sensitively and competently. A clear and evolving workforce development plan must underpin the service, including specialist training in trauma-informed practice, the Children’s Hearings System, communication with child victims and families, safeguarding, confidentiality and data protection, and working effectively across statutory and third sector services.

Question 31: 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?

The SPOC must operate as a clear gateway into support helping victims access a pathway to the information and help, they want and need.

To do that well, the SPOC must have a strong understanding of the organisations it will interact with across the sector, including statutory and third sector services. This is essential if staff are to provide accurate information in ways that are trauma-informed, age-appropriate and responsive to a person's circumstances and stage of development and life.

The service must also be clear about its remit, boundaries and responsibilities. That clarity is what will allow it to collaborate effectively with other agencies, support more equitable experiences for victims across Scotland, and reduce the risk of duplication, confusion or people being passed between services.

The SPOC must not be designed as a standalone service. It must contribute to building confidence and capability across the wider system. Workforce development must be built in, including opportunities for shared learning and training with partner agencies, so that services can work together to provide the support victims deserve and are entitled to.

Question 32: 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?

Answer: Yes.

Victims and their families must be able to access whatever support they need to recover from the harm they have experienced, including counselling and other advice and support services.

Support must not stop at signposting. Where victims face barriers in accessing the help they need, the service must be able to provide active assistance, including advocacy where appropriate, to help them navigate the system and access the recovery support they want and require.

Question 33: Do you agree that the SPOC service should be resourced to commission and to offer those services to victims?

There is not enough information in the consultation to take an informed view on whether the SPOC must be resourced to commission and offer services directly.

There is also a potential risk that, if the SPOC commissions services, it could unintentionally become biased towards those services rather than supporting victims to access the support they want and need, including where other provision is more appropriate.

The SPOC, however, must not be solely a provider of information. It must function as a meaningful pathway into support, not simply a source of guidance about what might

be available. If the SPOC identifies gaps in support provision that information must be used to inform resourcing, planning and commissioning across the system. This is particularly important where gaps relate to geography, specialist provision, or the timely availability of support. Without this, there is a real risk that access to support will remain inconsistent and inequitable for victims and their families.

Question 34: 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?

There may be benefits to volunteers fulfilling some roles within the service, particularly in increasing capacity and providing additional forms of support. This must be done in a way that is safe and properly supported. Volunteers will need clear role boundaries, training, and supervision, and there must be active attention to the risk of vicarious trauma.

Core functions must, however, be delivered by qualified professional staff. Given the nature of the contact and the potential for distress, staff must be well supported and have access to reflective supervision and ongoing development, so that trauma-informed practice is not only expected but properly enabled.

Priority training for SPOC personnel must include trauma-informed practice; communication with children, young people and families (including age-appropriate and accessible communication); safeguarding; confidentiality and information sharing; and a clear understanding of the Children's Hearings System and associated processes.

Question 35: 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?

It is important that victims are supported equitably by the SPOC, and that clarity is not only available where cases proceed through the Children's Reporter and children's hearings in expected ways. Where cases are dealt with through diversionary measures such as Early and Effective Intervention, victims must still be able to receive appropriate explanation and support.

Any access to information must be safeguarded appropriately. Information shared with the SPOC, and information provided to victims, must always be lawful, proportionate

and trauma informed. Clear boundaries, information-sharing agreements and robust oversight will be essential, so victims can be supported without undermining children's rights or privacy.

Question 36: 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?

The proposals raise important data protection issues, particularly in balancing the need to support people who have been harmed with the rights and privacy of children who have caused harm.

Victims must be able to understand what responses have followed the harm they have experienced, and to receive reassurance about their safety, including any risk of unintended contact with the person who harmed them. At the same time, information shared about children who have caused harm must remain lawful and proportionate and must not undermine their rights or their ability to follow positive pathways to rehabilitation.

Clear parameters are needed to set out what information can be shared, with whom, for what purpose, and on what legal basis. Without this clarity, there is a risk of inconsistent practice and inappropriate disclosure.

It is also important to recognise that children with experience of care often have more information recorded about them because the state has held more data on their life journey than it does for their peers. The system must not allow that to result in more personal information being shared simply because it exists. Data sharing must be limited to what is necessary and justified and must avoid creating additional stigma or unfairness for children in care. This includes considering the use of social media— instantly and infinitely accessible information about children and young people can significantly infringe their rights.

Question 37: 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?

Scotland has asked for some time what needs to change in the delivery of the most restrictive and intensive forms of care. It is now time to deliver on what has been heard, and to do so at pace.

Children and young people consistently report feelings of trauma, isolation, shame, guilt, experiences of inappropriate control and have done so for decades.

A key children's rights issue is whether the new secure care criteria will be applied equitably across the country. Scotland needs to better understand variation in practice

and risk thresholds, because inconsistency risks children's rights being realised differently depending on where they live.

There are also significant wellbeing risks if secure care continues to be used to fill gaps elsewhere. Children with emotional wellbeing concerns or poor mental health will continue to be placed inappropriately in secure care if specialist health provision is not accessible when it is needed. This risk is heightened where children cannot access timely support in their communities at the point distress begins, rather than only once crisis has escalated.

It is essential that any use of secure care supports children to return to their communities wherever it is safe to do so, and as quickly as possible. An adverse unintended consequence of these proposals would be any increase in the number of children placed in restrictive settings, or any drift towards longer periods of deprivation of liberty.

The workforce must be properly supported. If staff are not nurtured, trained and given reflective supervision, there is a risk of overreliance on restrictive practices when children are distressed or behaviour becomes challenging. Scotland's direction of travel must remain clear: reducing restraint and eliminating seclusion wherever possible, with care that is trauma-informed, relational and rights-based.

Question 38: 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?

There are several equality related issues that Scotland will need to pay close attention to as these proposals are taken forward.

It is well recognised that children with additional support needs, including learning disabilities, are more likely than their peers to be placed in restrictive and intensive settings. Any reforms must guard against secure care being used to compensate for gaps in education, health and disability support, and must ensure that alternatives are accessible and able to meet needs.

Geographic inequity is also a significant concern. If the revised criteria, pathways and standards are applied inconsistently, Scotland risks continuing a situation where children's likelihood of being placed in secure care varies depending on where they live.

It will also be important to monitor who is being placed in secure care, and where children are coming from, to identify any disproportionality. Scotland must be alert to patterns that suggest children from ethnic minority communities or other marginalised groups are disproportionately represented in secure care, and ensure this informs action to address bias, barriers to early support, and inequities in access to alternatives.

Question 39: Please share any other views you have about this consultation, or any other issues you feel it raises.

The Promise Scotland supports the phased approach to implementation and the engagement of stakeholders through this consultation. Scotland, however, has been in a period of listening and visioning for some time. It is now time to move from designing more caring ways of providing support and care to delivering them, so that children and families can experience the change in practice and see improved childhood experiences and outcomes.

Progress must be made in scaling intensive family support, alongside developing flex secure as a new category of provision. These are central to reducing reliance on deprivation of liberty and ensuring children can be supported safely in their communities wherever possible.

There must also be effective national coordination, including strong support for the workforce. The people caring for children in the most complex circumstances need to be nurtured, trained and supported if Scotland is to deliver trauma-informed, relational care and reduce reliance on restrictive practices.

It is essential that secure care provision is stabilised as soon as possible. This will require a substantive review, and subsequent change, to the governance, commissioning and resourcing of secure care settings. It will also require redesign based on the current and future needs of children who require this level of care, rather than continuing to rely on historic models of delivery.

Future delivery of secure care, and the alternatives around it, must uphold children's rights in full and must not collude in the monetisation of children's care.

About The Promise Scotland

[The Promise Scotland](#) exists to support this change for children, families and care experienced adults.

This involves:

- Supporting those working to keep the promise to be able to use Plan 24-30 in planning and delivering work. This means ensuring that the route maps on Plan 24-30 are fully developed, and that all three questions in the Promise Story of Progress are being updated.
- Supporting effective parliamentary scrutiny, making sure the Scottish Parliament can effectively examine and investigate the Scottish Government's policies, actions and spending.
- Supporting the workforce through networking, collaborating, designing solutions to problems and helping to use data differently.
- Supporting the Oversight Board for the promise to report on progress, and the Independent Strategic Advisor – the promise, who provides advice and guidance to ensure the promise is kept.

For further information about our consultation response, please contact Thomas Carlton via thomas@thepromise.scot.