Local Area Visits Report 2:
Learning at the halfway point
October 2026

Fiona Duncan, Independent Strategic Advisor – the promise

1. Purpose and context

The promise was made in 2020 to Scotland's babies, infants, children, families and care experienced adults. Keeping it by 2030 will mean that they can all rely on compassionate care and support, every day and everywhere, whenever they need it, for as long as they need it.

My Initial Reflections Report described sustained determination to keep the promise, significant change across services and the barriers that continue to get in the way. It made the case for connecting local activity through locally owned, multi-agency plans using Plan 24–30, with clarity about what can be achieved locally and what requires collective or national action. This report builds on that learning by examining why some barriers continue to recur despite considerable effort, and how the arrangements around delivery enable or constrain progress.

At the time of writing, I have engaged with sixteen localities. Since my initial report, I have visited Highland, Falkirk, South Lanarkshire, Aberdeen City, Moray, East Renfrewshire, Dumfries and Galloway, Scottish Borders, West Lothian, Orkney and West Dunbartonshire. Due to the weather, the plane I was on was unable to land in Orkney so although some of the meetings took place online, they didn't include children, families and care experienced adults. Without their voices I cannot answer the question of whether activity is adding up to changed experience so that part of my visit still needs to happen.

So many sectors, organisations, and members of the workforce have taken part in the visits. I am grateful to everyone who has taken time out of their day to meet me - council leaders, elected members, Chief Executives and their teams, NHS Board members, health visitors and midwives. National agencies, charities, staff and volunteers, recovery communities. As well as, of course, babies and infants, children and young people, families and care experienced adults. I will always be most thankful to them for their generosity and for their candour. It is their experiences and outcomes that will tell Scotland when the promise is kept.

I have visited services transformed beyond recognition, seen new approaches anchored in listening to understand, and met people working in ways they had long hoped would be possible: getting alongside people to help them overcome what is getting in the way of thriving. These have been high points. Understanding which decisions, relationships and conditions enabled that change, and what can be learned to share elsewhere, is an important part of these visits.

By showcasing what is working, where and why, these visits are showing Scotland what is possible. And the conversations about what continues to get in the way and why those barriers persist, will help to make sure that they do not obscure the challenges.

The visits are also raising questions about how dependable change is, including where support relies on particular people, relationships, resources or local workarounds, and whether some help and support continues to be needed because difficulties elsewhere remain unresolved. My conversations are filled with hope and belief as well as frustration and impatience.

Local Area Visits Report 2:
Learning at the halfway point
October 2026

Fiona Duncan, Independent Strategic Advisor – the promise

Of course, the visits cannot provide a complete account of how the promise is being kept in any one place, or all across Scotland. Each visit programme is arranged locally and that determines who I meet and what I am shown. But the visits leave me in no doubt about the strength of commitment whilst reinforcing the need for more changes across systems, structures and services.

In July 2025, Keeping the promise: A local perspective was published and in my introduction, I called for Scotland to wade much deeper into the hard stuff, to tackle the more complex challenges whilst making full use of local powers. My programme of visits builds on that, examines why barriers persist, how they are being tackled in some places, and what must change locally and nationally for the promise to be kept and progress to last.

People recognise their responsibility to change what they have authority for. They are also clear that, despite considerable efforts, there are limits to what is possible locally. Some of the same barriers continue to get in the way.

Understanding why, and what can be done about them, is the purpose of this second report. That understanding will provide the basis for examining what could overcome them in the next stage of my work.

My four reports will follow the cycle of learning, insight and impact set out at the bottom of page 2 of the Halfway Point Report I published as I reached halfway in my Work Programme.

What is learned through the visits helps identify recurring patterns. The illustrations draw on learning across multiple visits. These patterns will be examined and analysed alongside what is already known, to inform conclusions about what needs to change and advice to those able to act. The response to that advice, and what changes as a result, must then inform further learning and advice.

This report looks at the sustained barriers. My third report will document how resolving these is being developed through the locality visits. By the time I write my fourth report, the insights I have gathered will directly inform Plan 24-30, where the actions, responsibilities and timescales to carry structural, systemic and services changes through are held for Scotland.

Change is complex.

Scotland's approach to caring today is very different to what it was during the Independent Care Review, but there remains a significant distance to travel before the promise is kept. With many but very far from all 'tipping points' reached.

This learning cycle must continue to inform decisions and action through to 2030 and beyond.

As set out in my Work Programme, I am seeking to inform and create the conditions for the change Scotland needs to keep the promise. With no statutory powers, operating independently, without fear or favour, and relying on strong, collaborative relationships.

My Public Service Reform Advice Note is concerned with how Scotland's interconnected systems can work together so that the whole is greater than the sum of the parts. No single organisation holds all the authority, responsibilities, resources, knowledge or capability needed to keep the promise. How these connect determines what can be achieved. The visits bring local experience to that advice, including where national decisions enable change and where they get in the way.

2. Understanding why barriers persist

Change is also dynamic. As progress is made, what needs to change next also changes. Resolving an immediate difficulty may require action within a service, whilst preventing it recurring may require changes across organisations and to national arrangements. Understanding these connections is necessary to secure comprehensive change that lasts.

Some barriers to changing local services can be resolved locally through decisions about practice and management. With local organisations having responsibility - individually and collectively - to use the powers and flexibility they already hold. But the fact that a difficulty is experienced locally does not automatically mean its root cause, or its solution, is local.

Operational barriers arise within the delivery of services. They include workforce capacity, local processes, individual practice and organisational capability. Changes to how work is organised, how staff are supported or how decisions are made can help resolve them. But not always.
The stability of the workforce is affected by short-term funding, with uncertainty and financial cliff edges getting in the way of developing trusting relationships and contributing to staff turnover. Its capacity can be affected by burdensome reporting requirements or geography, with paperwork or the time required to travel reducing the time available to spend with people.

So, the difficulty may be felt by a service but resolving it may require changes to decisions taken both locally and nationally.

Structural barriers arise from the way responsibilities, authority and resources are organised. Like funding and commissioning, eligibility and thresholds, statutory duties and reporting requirements can determine what is possible.

When these structural arrangements prevent people getting the help they need, those with responsibility for them must be involved in finding a solution. For instance, after 16 visits, it is increasingly clear that short-term, fragmented funding is getting in the way of the long-term, systemic change needed to keep the promise.

While national efforts to address this are underway, more needs to be done, and at pace. Longer-term funding commitments and greater flexibility to combine funding streams locally would enable support to be organised around the needs of children, families, and care experienced adults rather than individual funding criteria.

Too often, restrictive eligibility criteria require local areas to establish multiple services delivering essentially the same support. New national funding programmes, including those directed towards the third sector, can compound this by creating unintended duplication and confusion. National action is needed to provide greater funding certainty, flexibility and coordination, creating the conditions for sustainable change rather than reinforcing the fragmentation the promise seeks to overcome.

Systemic barriers arise from how the different parts work together, including the assumptions and incentives that influence decisions. Every organisation can act with the best of intent, within its own responsibilities, and the combined effect can still fail to meet a family's needs.

An organisation may be expected to invest in prevention whilst being held accountable for reducing its expenditure, with any financial benefit arising elsewhere.

These barriers are connected, but they are not identical. Some can be resolved through local decisions and practice; others are sustained by arrangements across organisations or at national level. Treating workforce pressures solely as recruitment problems, or funding difficulties solely as local budget challenges, risks overlooking what is sustaining them.

Local workarounds can keep support available without removing the barriers that made them necessary. Understanding why some places have made progress despite similar pressures is therefore important. It can help establish which decisions, powers and conditions have enabled change, whether barriers have been removed or worked around, and what could make that progress possible and sustainable elsewhere.

3. Support that can be relied on

So many different people have shared the sorts of support they need to continue to rely on.

- Families – of all types - value being known and getting early help without judgement.
- Young people value adults who understand them and remain alongside them.
- Care experienced adults value relationships and support they can trust and continue to rely on throughout their lives, without having to repeatedly explain their history or prove their need for help.
- Babies and infants need consistent, loving care from adults who are attuned to respond to their needs, with reliable support around those adults to protect their earliest relationships and development.

Yet support becomes uncertain and relationships fracture when a funding period ends, a worker leaves, a young person reaches a particular age, someone moves across a local authority boundary or responsibility passes between services. The need for help may be unchanged, but the arrangements for providing it no longer apply.

With arbitrary thresholds not reflecting how loving parents care for their children, or reflect people's age, stage or needs. All of this was decided in Scotland and can be changed in Scotland.

The visits are showing what can become possible when family support is organised around families' lives, including help beyond conventional working hours and time for staff to build relationships.

My Advice Note to the First Minister on Intensive Family Support, provided in June 2026, sets out the changes needed to make this support available wherever families need it, for as long as they need it. The visits reinforce that this requires decisions across policy, funding, workforce and accountability, with national and local partners responsible for making it possible.

The visits are also raising questions about whether support for individual families will continue when funding is agreed annually or provision depends on the person who established it remaining in post.

Of course, not every initiative needs permanent funding. Approaches may need to be tested, and some will change or end.

As Scotland moves investment from crisis to prevention, the need for 'failure demand' services will reduce. Reduced demand, however, does not automatically release money, nor do any savings automatically sit where the investment was made. To make systemic shifts in funding towards provision that gives early help requires planned investment and disinvestment. Shifting the model of care and support cannot be used to justify withdrawing support before people's needs have been addressed.

Where support is core to Scotland keeping the promise, its continuation needs a dependable basis. Decisions about funding and staffing must account for how babies, infants, children, families and care-experienced adults will get the help they need.

Young people told me about the staff who understand them and have helped them reconnect with learning, for example. They also told me they are uncertain about what follows when that support ends. Others have explained to me why they feel the need for a reduced timetable at school but are also worried about the impact of that on their learning and sense of belonging.

Flexibility must respond to children's needs whilst maintaining ambition for their future.

Planning for what comes next must protect relationships and progress, connecting education with care, health and transport where needed.

The need for care, relationships and practical help does not end when organisational responsibilities change. Yet the visits have raised differences in support – for example, young people living in kinship care told me about difficulties being recognised as care experienced when setting up home in another authority, and gaps between children's and adult services, in particular in mental health services.

Resolving these means establishing where responsibilities are not being fulfilled, where they are interpreted differently or where they leave gaps. Those responsible must ensure support continues. Young people cannot be left to work out whose responsibility they are.

The 'Moving On' Change Programme, delivered by Staf and The Promise Scotland, has already identified inconsistencies in support into adulthood. The need for change is established; further evidence must not become a reason to delay action. The visits can help explain why those inconsistencies persist, including where responsibilities are interpreted differently or arrangements leave gaps.

These visits galvanise action – so that what Scotland knows can be translated into what Scotland does – and the promise becomes the reality.

4. Decisions that work together around people's lives

Babies, infants, children, families and care experienced adults experience the combined effect of decisions made across services. Family support, housing, income, education and health all affect whether children can grow up safely and well. Progress in one part can be undermined by decisions in another.

An organisation may be doing effective work while Scotland's overall offering remains inadequate. A family can be helped with one pressure while another makes their circumstances harder. A young person can be offered an apprenticeship but be unable to take it up because housing, transport or other support is missing.

Shared planning provides an opportunity not only to connect local activity, but to make visible where progress depends on decisions beyond the authority of individual organisations or partnerships. Used in this way, Plan 24–30 can help distinguish between what can be achieved through existing local powers, what requires collective action and what depends on national decisions.

During my visits I have seen examples of locally owned, multi-agency planning using Plan 24–30 to connect activity and shared priorities. My Initial Reflections Report called for this approach across Scotland, through existing planning arrangements, to identify what needs to change, who is responsible and when. The further question is how effectively these plans connect decisions, responsibilities and resources, especially where barriers cannot be resolved by one organisation alone.

Local Area Visits Report 2:
Learning at the halfway point
October 2026

Fiona Duncan, Independent Strategic Advisor – the promise

The visits are exposing particular difficulties where responsibilities cross organisational or geographical boundaries. Arranging care, providing education, meeting health needs and protecting relationships can be the responsibility of different organisations in different places.

The visits have again highlighted the difficulties children can face when they live outside the local authority area responsible for their care. These difficulties were well documented by the Independent Care Review and in subsequent work by the Care Inspectorate. When children live away from their home area, responsibility for their care, education, health and important relationships can be spread across different organisations. I have heard concerns about services not having enough information or time to prepare for children's needs, and about the pressures on local areas providing support to children placed there by other authorities.

These difficulties cannot always be resolved by an individual organisation improving its own practice. They raise questions about how care is planned and commissioned, how information and resources move between organisations, and how responsibility for a child's experience is maintained when organisational or geographical boundaries are crossed.

Those responsible must work together to shore up any gaps before they are experienced by a baby, infant, child, family – of all types – or care experienced adult.

These visits have reinforced that no single local authority can secure all the care Scotland needs or control the consequences of decisions made elsewhere. The findings from these visits need to prompt collective discussion and action on the barriers identified. Local authorities, providers, health and education services and Scottish Government must work together to address what is getting in the way, including how care is planned and commissioned, and how support can be made available across local authority boundaries.

All focus must now be on what needs to change, who needs to act, and how quickly progress can be made.

The state's responsibility continues regardless of which organisation provides care.

Better communication can help connect responsibilities and improve coordination, but it cannot resolve problems rooted in incoherent policies, fragmented funding and budgets, burdensome or disjointed reporting, statutory responsibilities without the resources to fulfil them, scrutiny that inhibits change, or gaps in authority. Where the arrangements themselves create barriers to effective delivery, those arrangements must be addressed.

When it comes to keeping the promise, experience and outcome must remain the litmus test. Resolving an organisational difficulty is only useful if it improves what is experienced and what it leads to.

5. Authority to act and responsibility to follow through

I have visited places where leadership and ambition, relationships and decision-making are enabling significant change to practice, to services and to culture, creating an enabling environment.

Understanding how this has happened is an important part of what I am learning, including whether the same changes could be made elsewhere through powers already available.

I have also heard of flexibility that depends on which manager is involved, from small teams working to keep the promise taking decisions and feeling as if they are holding all the risks without sufficient support from their senior leaders.

Local leaders have individual and collective authority that can be used to ensure that staff know what they can decide, with support to use their judgement.

Flexibility is inevitable and necessary, but the systems and structures around people must make it determine how the promise is kept, not whether it is kept.

Where leaders cannot resolve a barrier, there must be a route to those who can. Identifying that a problem sits beyond one organisation's control cannot be the end of the response. It must be clear who will take it forward, whose involvement is required and how its resolution will be checked. Otherwise, the same issue can be discussed repeatedly while people continue to live with its consequences.

This means departments within the same institution being open to joined-up funding, for example between children's and adult services when a young person is moving into continuing care. Overcoming internal barriers must become the norm. Financial and organisational boundaries must be examined where they get in the way of keeping the promise. Where these cannot be resolved within departments, they must be brought to those with the authority to act.

This approach mirrors what I have heard in localities about the need for Scottish Government to pool budgets across policy areas to keep the promise. That same change is needed within local institutions: funding must follow what need, with clear responsibility for resolving the barriers that prevent this.

This applies nationally as well as locally. Scottish Government has a distinctive set of responsibilities to ensure that the systems, structures and conditions within which delivery happens are fit for purpose. Its decisions about policy, legislation, funding, data and accountability affect what local partners can do. National bodies must also be involved where their decisions and requirements contribute to the barriers being experienced.

The task is not to attribute every recurring barrier to Scottish Government. It is to ensure local powers are used, whilst recognising what requires collective or national action. There are local decisions that can and must be taken now alongside changes needed to national arrangements. Local funds may be merged, burdensome commissioning processes changed, processes that get in the way removed.

Neither removes responsibility for the other.

Senior leaders can help services overcome an impasse about how best to provide support. The workforce's ability to work flexibly may, however, still depend on which manager they report to, leaving some working around local rules to meet families' needs. Leadership commitment must be matched by arrangements that enable people to act on it, and this includes culture. This means making authority clear, supporting professional judgement and ensuring that decisions throughout an organisation are consistent with the promise. Where existing powers are not being used, the reasons must be understood rather than assuming that the barrier can only be resolved elsewhere.

This is part of the contention in my Public Service Reform Advice Note for aligning policy, legislation, funding, data and accountability around keeping the promise. Local partners need those arrangements to work together, with routes to resolve barriers that they cannot remove themselves. Otherwise, national ambitions continue to depend on repeated local workarounds.

6. Resources that sustain support and enable prevention

Essential support can be vulnerable to short funding periods. Separate budgets can obstruct a shared response. The organisation paying for earlier help may not be the one that benefits financially. These arrangements affect what people can provide, sustain and change.

Moving towards prevention requires decisions about current need alongside the investment needed to reduce future harm. Services must not withdraw support from people who need it now in anticipation of benefits that have yet to be realised. There may need to be a period of additional investment whilst existing provision continues.

Nor does reducing future demand automatically release money that can be redirected. The cost of staff, premises and other responsibilities may remain. Decisions about investment and disinvestment need to account for where the costs and benefits sit, when benefits may arise and what would allow resources to be released.

My Advice Note on Prevention Investment examines these relationships. The visits provide an opportunity to test how wider funding and accountability arrangements affect decisions in practice: what enables earlier support to be sustained, what prevents resources being used differently, and how costs and benefits are distributed when change spans organisations.

The visits provide a way to test that work against the conditions affecting delivery, with policy, finance and practice considered together. Including what would be needed to sustain effective family support, how earlier help could reduce the need for later intervention, and what decisions across organisations would allow resources to follow that change.

Resources also include the time and capability of the paid and unpaid workforce. Recruitment and retention pressures, shortages of specialist staff and foster carers, and the additional demands of rural, remote and island geography all affect what can be provided.

These need attention alongside avoidable demands created by duplicated processes, fragmented support and repeated attempts to resolve the same problems. Some additional capacity may come from organising work differently and reducing unnecessary reporting. Other shortages require more people and resources.

The workforce cannot indefinitely compensate for arrangements that make keeping the promise harder.

7. What next

My follow-up with places I have been and next stage of visits will connect recurring barriers to the decisions needed to resolve them and inform Plan 24-30 route maps and Promise Story of Progress. This will build a clearer understanding of what can be changed through existing arrangements, where responsibility and authority sit, and where further collective or national consideration may be needed. Where questions remain, the visits will help identify what needs to be better understood to inform the next steps.

To support this, The Promise Scotland has followed up with all local areas covered in this report to develop learning stories. The first of these have been published, with more in development. All are themed under the ten vision statements in the Promise Story of Progress, to make it easier for people to find learning which can help them. These stories are an opportunity to hear not just about what is working well, but for others to understand how they could apply the learning in their context

Learning from places where difficulties have been overcome will help establish whether the barrier has been removed or worked around, and what would make that change possible elsewhere. Where resolution requires collective or national action, my advice will identify the decisions needed and those responsible for taking them.

Babies, infants, children, families and care experienced adults must influence that work. Their experiences can reveal consequences that organisational accounts miss. They must be able to shape the changes being considered and say whether those changes have made a difference. This means actively seeking out quieter voices that are too often overlooked, including babies and infants and those with different communication needs.

Local Area Visits Report 2:
Learning at the halfway point
October 2026

Fiona Duncan, Independent Strategic Advisor – the promise

The visits must build on what is already known, including through The Promise Story of Progress as it is updated. What is learned from locality visits must be examined alongside available data, research, statutory and scrutiny reports, with attention to wider societal changes affecting children, families and care experienced adults. Including the continuing effects of COVID on babies, infants, children and young people, which are not yet fully understood.

Looking across these sources will help distinguish individual accounts from recurring patterns, identify emerging risks and understand where accounts differ or information is missing. This will inform advice on what must change now and what Scotland needs to prepare for. Gaps in information must be made explicit but cannot become a reason to leave concerns about harm unanswered.

Continued engagement with CoSLA, SOLACE and wider partners will help take forward what can be resolved locally and collectively, and identify the national decisions required. Learning developed with The Promise Scotland will inform advice and challenge to those with the authority to act.

The third report will examine what could overcome the recurring barriers identified through the visits, including whether proposed changes address their underlying causes or only mitigate their consequences, and what implementation would require. This will include continuity of family support, care and support across boundaries, education and support into adulthood, and moving resources towards prevention, connected to the wider work on Public Service Reform.

They do not redefine the promise or replace the commitments in Plan 24–30, which are and will continue to evolve and change to drive and reflect change.

The fourth report will draw together all actions and insights. Across the four reports it must be possible to follow how learning from the visits has been examined, developed into conclusions and used to inform advice. And, as decisions are taken, whether they change what children, families and care experienced adults experience.

That learning will continue to inform the wider advice on how Scotland must organise itself to keep the promise.

By 2030, the changes called for by the Independent Care Review must have been achieved and sustained. The visits are showing both what change can look like and how progress may be constrained by arrangements around delivery. Understanding why those barriers persist is an essential step towards making Scotland's interconnected systems work together as a coherent, fit-for-purpose whole, enabling the paid and unpaid workforce to keep the promise for everyone, every day, everywhere.

The promise does not end on 31 December 2030.

Local Area Visits Report 2:
Learning at the halfway point
October 2026

Fiona Duncan, Independent Strategic Advisor – the promise

Keeping it must become what Scotland does, with public services organised around meeting the needs of people, in places. Prevention translated into practice and accountability driving improvement. With the arrangements in place to ensure children, families and care experienced adults continue to receive the consistent, compassionate care and support they were promised.