



SUMMARY: Local Area Visits Report 2: Learning at the Halfway Point

About this report

Since June 2026, I have visited local authority areas across Scotland to hear from those working to keep the promise and, critically, from babies, infants, children, families and care experienced adults. This second report builds on my [initial reflections report](#), to examine why barriers to change persist despite considerable effort, and how the arrangements around delivery enable or constrain progress.

Shared with

Scottish Government, COSLA and SOLACE

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Why this matters

Keeping the promise by 2030 requires Scotland's systems to work together, aligning responsibilities, authority and resources around the needs of babies, infants, children, families and care experienced adults.

Difficulties experienced locally do not always have local solutions. Some can be addressed using existing powers; others stem from wider arrangements for funding, policy, commissioning and accountability. Understanding why barriers persist and who can resolve them is essential to lasting change.

The learning so far

- ♥ **Barriers are connected.** Operational challenges, such as workforce capacity, are often reinforced by structural and systemic issues, including fragmented funding, unclear responsibilities and policies that work against one another. Local practice changes alone cannot resolve them all.
- ♥ **Continuity matters.** Babies, children, families and care experienced adults need reliable support and trusted relationships. Support can break down when funding ends, workers change, people reach age thresholds or responsibility transfers between services or areas.
- ♥ **Decisions must work together around people's lives.** Children and families experience the combined effects of decisions across care, education, health, housing and income. Progress in one area can be undermined by gaps elsewhere.
- ♥ **Communication is not enough.** Better coordination helps, but cannot resolve barriers created by incoherent policies, fragmented budgets, burdensome reporting, duties without sufficient resources or gaps in authority. The arrangements themselves sometimes need to change.
- ♥ **Authority must match responsibility.** Local leaders need to use their existing powers and support professional judgement. Where barriers exceed local authority, there must be clear routes to those with the power to act, including national bodies where their decisions contribute to the problem.



- 💡 **Prevention requires planned investment.** Funding and commissioning arrangements can make support insecure and discourage investment in early help. Costs and benefits may fall on different organisations, and savings may take time to emerge. Future benefits cannot justify withdrawing support from people who need it now.
- 💡 **The workforce cannot compensate for system-wide problems indefinitely.** Recruitment and retention, specialist workforce and foster carer shortages, and geographical challenges affect what support can be provided. Reducing duplication and unnecessary reporting may help, but some pressures require additional capacity and resources.

What happens next

The next stage of visits will examine how recurring barriers can be overcome, including whether proposed changes address their underlying causes or simply manage their effects. Learning from places where difficulties have been overcome will help establish what enabled change, what can be applied elsewhere, and where progress depends on collective or national action. Advice will identify the decisions needed and who is responsible for taking them.

This learning will inform Plan 24-30 route maps, the Promise Story of Progress and wider advice on public service reform. Considered alongside data, research and scrutiny findings, it will help identify recurring patterns, emerging risks and gaps in understanding. However, gaps in evidence must not become a reason to delay action where concerns about harm remain. The experiences of babies, infants, children, families and care experienced adults must shape the changes being considered and help establish whether they make a difference.

By 2030, the changes called for by the Independent Care Review must have been achieved and sustained. This requires Scotland's interconnected systems to work together around people's needs, prevention to be translated into practice, and accountability to drive improvement.

The promise does not end in 2030. The changes must become part of how Scotland works, so that babies, children, families and care experienced adults receive the consistent, compassionate care and support they were promised.

Status: visits underway / further learning to follow

Visits are ongoing. Findings and advice will continue to develop as further localities are visited and learning emerges.