Building the Promise Story of Progress

Learning and next steps

Contents

1. Introduction

The Promise Story of Progress is built upon strong foundations: what was heard by the Independent Care Review over three years; the development of the What Matters questions that reflect what over 5,500 voices (principally children, families and care experienced adults) told the Review about what was important to them; and the work of change since the promise was made.

It aims to illustrate how a range of existing evidence is being used to create a more holistic understanding of change, one that remains firmly grounded in what matters most to children, families and care experienced adults.

Both the creation and the ongoing development of the Promise Story of Progress are integral to keeping the promise – providing new ways of understanding change and its impact, supporting improved ways of working and different actions, and acting as a barometer for culture change. The Promise Story of Progress will evolve through to 2030.

2. Why the Promise Story of Progress matters for Plan 24-30

By bringing together national evidence and organisational information with lived experience, the Promise Story of Progress builds a holistic picture. One that includes what changes organisations are making, what change are happening to outcomes for the care community and critically how these changes are being experienced and felt in the day-to-day lives of children, families and care experienced adults. It does so without creating new reporting burdens.

This structured approach to bringing together different forms of data and evidence will help Scotland understand where progress is and isn't having the intended impact on the lives of the children, families and care experienced adults to whom the promise was made. The Promise Story of Progress will provide valuable insights into what changes are and aren't working, where challenges remain and will surface issues that need increased or sustained attention. This learning will inform the content of Plan 24-30 which sets out what needs to happen, by who, where and when.

As a coherent and consistent approach to understanding change, the Promise Story of Progress will guide ongoing work to keep the promise rather than acting as a performance tool. Critically, it will help maintain connection to what children, families and care experienced adults said mattered most to them during the Independent Care

Review.
This will provide a richer story of progress with a depth of understanding that includes insights into the lives of children, families, and care experienced adults. As the work of change evolves though to 2030, so too will **the Promise Story of Progress**, and the What Matters questions toolkit.

3. A holistic approach to understanding progress

Understanding progress across the breadth and depth of the promise requires very different types of data, collected and analysed at different levels, at different frequencies, and in different ways. Three questions need to be answered for Scotland to understand progress:

Does the care community feel the impact of the promise being kept?

How is Scotland doing in its progress towards keeping the promise?

How are organisations doing in their work to keep the promise?

This means that three kinds of data will be drawn on, each offering a different perspective:

- experiential data shows what change ***feels like*** for children and families, and care experienced adults;

- organisational learning data shows ***how change is happening;***
- national quantitative data shows aggregated patterns and ***outcomes.***

Although each data source is equally important in terms of analysis, it is the inclusion of experiential data that both makes the Promise Story of Progress different and provides the most important insights.

In the **'Delivering The Promise Report'** the Auditor General and the Accounts Commission recognised, in keeping with the Independent Care Review, that the experiences of children, young people and care experienced adults must be at the heart of any interpretation of successful delivery of the promise.

This can only be achieved by placing experience – not system and setting – at the heart of accountability and scrutiny, a shift away from traditional approaches. It demands a different approach to and understanding of responsibility which reflects collective leadership. Both illustrate the need for wider systemic changes.

Bringing experiential data together with sector data to be analysed as a whole will enable Scotland to develop a broad understanding of 1) what changes are being made to keep the promise, 2) how outcomes are changing as a result and 3) how these changes are being experienced and felt by children, young people, families and care experienced adults.

One of the Independent Care Review's seven concluding reports, **the plan**, was clear that:

> **"To make The Promise a reality, an equally radical new approach to design and implementation is required."**

This established that the old ways would be insufficient: The Promise Story of Progress is designed to offer an alternative. It is intended to help identify how change is responding to the needs of children, families, and care experienced adults. It will show where the obstacles are and where closer involvement in Plan 24–30 is needed so all fully understand their role in keeping the promise.

It will also highlight whether responding to lived experience is – or is not - reflected in daily practice.

For Scotland to be confident it is keeping the promise, there must be ever fewer stories that echo those heard during the Independent Care Review. Where stories are heard, insights must help identify what is getting in the way. This will make sure any barriers that continue to slow or block progress are understood, with action to address them contained in the relevant route maps within **Plan 24-30.**

What will be learnt will help shape the changes Scotland will make over the next five years. It will demonstrate that the feelings and experiences of the care community continue to matter most. Every day, children, families, and care experienced adults are held accountable by systems - yet there is no equivalent way to hold systems to account in return. Keeping the promise is not only about improving systems and services – it also demands cultural change.

Insights from people's experiences will help Scotland understand how culture is shifting, where more is needed to make sure people are listening and acting with care and compassion to keep the promise; and the impact this has on children, families, and care experienced adults.

4. Vision Statements

To provide a common structure and set of focal points, the Promise Story of Progress has been developed around ten vision statements, all of which were taken directly from the promise, and relate to areas of life that matter most to children, young people, care experienced adults and families. They show where change needs to be seen and measured:

Promise Story of Progress: Vision Statements

1. **Supporting children to stay with their families.** Where children are in their families and feel loved, they must stay— and families must be given support together to nurture that love and overcome the difficulties which get in the way. *(Promise report, Page 71)*
2. **Carers and stability.** Scotland must limit the number of moves that children experience and support carers to continue to care. *(Promise report, Page 67)*
3. **Education.** Schools in Scotland must be ambitious for care experienced children and ensure they have all they need to thrive, recognising that they may experience difficulties associated with their life story. *(Promise report, Page 71)*
4. **Brothers and sisters.** Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so— and belong to a loving home, staying there for as long as needed. *(Promise report, Page 9)*
5. **Physical restraint.** Scotland must strive to become a nation that does not restrain its children. *(Promise report, Page 85)*
6. **Mental health and wellbeing.** Scotland must seek to uphold the wellbeing of care-experienced children and young people and ensure that there is timely access to mental health support before crisis point so that children can enjoy good mental health. *(Promise report, Page 84)*
7. **Health.** Care experienced children and young people have access to support ensuring that their health needs are fully met and potential for good health is maxmised. *(Promise report, Page 89)*
8. **Justice.** Where children are in their families and feel loved, they must stay— and families must be given support together to nurture that love and Scotland must stop locking up children who have often experienced the failures of the state in the provision of their care. *(Promise report, Pages 9 and 91)*
9. **Aftercare.** Young adults for whom Scotland has taken on parenting responsibility must have a right to return to care, and have access to services and supportive people to nurture them. *(Promise report, Page 92)*
10. **Support for care experienced adults.** Care experienced adults must have a right to access to supportive, caring services for as long as they require. Those services and the people who work in them must have a primary focus on the development and maintenance of supportive relationships that help people access what they need to thrive. *(Promise report, Page 92)*

The Vision Statements sit within and work alongside the 25 route maps in **Plan 24-30**, which make up Scotland's shared plan to keep the promise by 2030. Route maps show what needs to change, who will do it and when. The Promise Story of Progress shows if these changes are making a real difference nationally, in organisations and most importantly for children, families, and care experienced adults. The insights from the Promise Story of Progress can then loop back to strengthen and focus the route maps, highlighting where more change is needed, and where the impact of the promise is being felt.

5. Understanding what matters to children and families: The What Matters questions

The Independent Care Review was clear that Scotland's measures of success must shift away from what matters to the system and instead focus on what really matters to children and families. Children, young people and care experienced adults told the Independent Care Review that what made the biggest difference to their lives were their relationships and experiences: being loved, understood, and supported by people they could trust.

The best way to understand what matters to children and families is through trusting, caring relationships, where people feel safe, heard, and understood. It is at this point of connection that listening can truly happen, and where information about what matters most should be recognised and used to shape the way care and support are given.

However, the promise also called for systemic listening - an approach where the voices of children, families, and the people who matter to them are woven through every part of how care in Scotland is designed and improved. The voices of children, families and care experienced adults, collected over years of participation, research, and advocacy, already hold the answers to many of the questions Scotland continues to ask. It is incumbent on the so-called 'system' to listen, and most importantly, to act.

The What Matters questions **What Matters questions** offer a way of rooting the understanding of progress in what is important to children and families themselves. They act as a cross-cutting thread through the Promise Story of Progress, connecting the experiential, organisational, and national questions, with users own learning and development. They are a reflective guide for developing Scotland's systems, services, and data in a way that truly reflect what matters most, that can be used by leaders, managers and practitioners in their specific contexts. The What Matters questions toolkit will continue to refine between now and 2030. For an illustration of how these questions can be applied in practice, **click here.**

- grounding each vision statement and outcome in lived experience, not system priorities;
- ensuring that the evidence gathered through the Promise Story of Progress continues to honour the testimonies of children and families shared with the Independent Care Review and since;
- and encouraging everyone involved in keeping the promise to act on what has already been heard, using it to guide practice, learning, and improvement.

6. Developing the 'How?'

Creating ways to answer the three questions

Because each part of the Promise Story of Progress is suited to different kinds of data, evidence and information, the approaches detailed have been developed by:

- Assessing what kinds of data, information, and evidence are best suited to answering each question.
- Identifying suitable ways of finding, collecting, and presenting the data.
- Ensuring that what is produced is fit for purpose, and useful in practice.

This means that working collaboratively with partners and stakeholders across sectors to draw on existing expertise, ensure quality and consistency, and build shared ownership is essential. This will continue as learning grows and as the Promise Story of Progress develops over time.

Principles

All work to develop the Promise Story of Progress is underpinned by five key principles:

1. **Insights, not targets, driven**

   To help all those with a responsibility towards keeping the promise understand where and how progress is being made, The Promise Story of Progress is intended to be used and contextualised within organisations' own settings. It brings together different kinds of data and evidence to enable a richer understanding of progress and to support shared accountability across Scotland.

2. **Focused on use and burden reduction**

   The Promise Story of Progress brings information and evidence from multiple existing sources into one place to aid understanding. Rather than setting up any new reporting requirements, it makes use of data and insights that already exist, reducing the need for new data collection and ensuring that information is gathered and used purposefully.

3. **Non-exhaustive**

   The Promise Story of Progress has been developed using available data and evidence from multiple sources, but it is intended to evolve and expand as data quality improves and understanding deepens. Over time, it will incorporate new insights from experiential, organisational, and quantitative evidence, alongside research and evaluation.

4. **Aligned**

   Through alignment with pre-existing frameworks and approaches, The Promise Story of Progress places data and evidence about children, families and care experienced adults within the wider context of family and community wellbeing. This alignment includes national and local outcomes frameworks, improvement programmes, and participation and learning approaches that already guide work across Scotland. These connections ensure that progress is understood within the broader landscape of wellbeing, policy, and practice.

5. **Expansive**

   The Promise Story of Progress draws on information from across health, social work, education, justice, inspection, and wider social policy areas such as poverty, housing, and substance use, recognising the many factors that influence whether the promise is being kept. Wherever possible, it uses information collected since at least 2020 and continues to integrate data and evidence from multiple sources and at different levels.

Methods

The methods and approaches to develop The Promise Story of Progress have been shaped by Scotland's commitment to Doing Data Differently, and the principles outlined above. Throughout, particular care has been taken to respect the emotional labour involved in sharing lived experience and generating insights that support learning rather than performance management. This methodology was designed to support shared understanding and improvement, building a platform that can deepen over time as evidence, learning and system capacity grow.

The Promise Story of Progress works through the ten Vision Statements, which act as a shared organising spine across all parts. They provide coherence without constraining interpretation, and allow diverse materials (quantitative data, lived experience and organisational learning) to sit within a common thematic frame.

A core commitment of this work was not to generate new data or reporting. All analysis draws on existing publications: research, evaluations, organisational learning reviews, participation outputs, qualitative testimonies and published statistics. This approach respects the contributions already made by children, families and organisations and avoids duplication or burden.

This methodology establishes a long-term approach to understanding Scotland's progress towards keeping the promise. It will develop further as partnerships strengthen, infrastructure grows and additional evidence becomes available. The principles will remain consistent: low-burden, aligned, ethically grounded and focused on insight that supports learning and action.

Limitations

By focussing on existing data, at a point in time when the work to change the data landscape in Scotland is still shifting to focus on what really matters to children, families, and care experienced adults, there are inherent gaps and limitations to this work.

These limitations are recognised as ongoing areas for development as the Promise Story of Progress develops.

7. Does the 'care community' feel the impact of the promise being kept?

What does experiential data tell us?

The voices and lived experiences of children, young people, families and care experienced adults provide stories that numbers alone cannot capture. They centre people's experiences as essential to understanding progress, by showing how change feels and grounding other evidence in reality. Experiential data cannot measure progress on its own, but it reveals meaning, highlights gaps, and ensures that the care community's perspectives shape how progress is judged and understood.

Collecting and using experiential data is not about measuring performance. When people's experiences are gathered and used in ways that genuinely value and respond to what they say, the process drives learning and reflection rather than compliance. This means rethinking the purpose of collecting and reporting information so that it supports change as well as supports accountability.

It will also show whether lived experience is reflected in daily practice. Some stories may echo those heard during the Independent Care Review. These may be fewer and more isolated, but still too close to past experiences. Insights will help identify remaining national and local barriers that continue to slow or block progress and must be addressed within Plan 24–30.

Methods

A purposeful search was carried out to identify experiential materials published since 2020 in Scotland. This included reports and outputs from advocacy bodies, third sector organisations, inspectorates, research centres and public agencies. Materials were included if they contained lived experience, participatory testimony, qualitative findings or reflective accounts that spoke directly to any of the Vision Statements.

In addition, **Who Cares? Scotland** and **The Why Not? Trust** provided targeted analysis of their existing evidence for this work. Both organisations shared material which they mapped to the relevant vision statements and contributed insight into how their internal data, participation activity, and qualitative evidence could inform the experiential strand of the Promise Story of Progress.

Analysis

Experiential evidence was coded thematically in MAXQDA (a qualitative analysis tool). Using a coding framework drawn from the vision statements, multiple people working on analysis supported reliability, reduced the influence of individual assumptions, and brought different forms of expertise to the analysis. Synthesis followed a consistent three-part frame:

1. What people are talking about?

2. How experiences are described, including feelings, tone and relational meaning?

3. What do these accounts tell us about what experiences of care feels like, when considered together?

This frame keeps the analysis close to lived experience while avoiding over-interpretation.

Outputs

To honour the integrity of the experiences shared, the experiential part of the Promise Story of Progress does not use direct quotations. Quotes can easily be taken out of context or contribute to stigma when detached from their original purpose. Instead, shared themes are expressed through an experience lens, in language that is grounded in the feelings and sentiments expressed in the materials and reflects the themes that appeared consistently across the evidence.

Person-centred statements are used to help bring the emotional dimensions of lived experience into view without identifying individuals or fragmenting their narratives. These statements were developed from coded thematic clusters and reviewed collectively to ensure they remained faithful to the spirit and meaning of the original testimony.

Boundaries

The experiential part of the Promise Story of Progress does not:

- Assess performance
- Measure progress over time
- Claim to represent the full population; or
- Infer causality between experience and system-level trends.

Its purpose is to ground understanding in the human reality of the 'care system' and the conditions that help or hinder children and young people to grow up loved, safe and respected, so they can realise their full potential.

The first phase of this work focused on testing an initial method, or way, of answering the question, "does the care community feel the impact of the promise being kept", using existing qualitative data from across Scotland, collected since 2020. This involved working with organisations who held existing data, such as real stories from children, young people and families, independent evaluations, advocacy reports, academic research and inspection findings. Starting with existing data meant The Promise Scotland did not need to ask the care community to repeat what they have already shared.

The experiential analysis offers valuable insight, but it also reveals important gaps.

Some vision statements are well supported by lived experiences that have been captured, while others statements represent fewer experiences, and some certain voices remain under-represented. These gaps largely reflect the uneven availability of existing research and participation work rather than a lack of experiences.

Learning

A collaborative event was held on 13 November 2025 to focus on the use of experiential data. Participants highlighted the **value** that experiential data and voice bring:

- Help understand what's working and what can be improved.
- Narratives and contextual stories support understanding numbers and trends.
- Help build relationships.
- Funders highlighted that they encouraged this as part of learning and monitoring to understand what change felt like.

Participants highlighted the **value** that experiential data and voice bring:

- There can be a desire to use experience to evidence outcomes, despite this not always being appropriate.
- Despite holding data on experience, it is not always stored in a way that can be interrogated.
- Even when it can be interrogated, organisations do not have the capacity to undertake rigorous analysis.
- Many organisations are limited in what they can share of this data and the purposes that they can use it for, due to privacy and consent issues around how it was collected.
- Gaps remain around those who are under-represented or not accessing services.
- When data was included as part of funding reports, grantees weren't always clear what was being asked for and how it would be used.

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They also described **key considerations and challenges** around using experiential data to understand change:

- Onerous reporting requirements leading to stories and experiences being used multiple times in reports and feedback.
- Experiential data is often used selectively to reinforce a particular narrative, rather than being used in a fuller, more balanced way that supports deeper storytelling, learning, reflection, or reporting.
- Some organisations prioritise continuity and relationship-based insight over formal quantitative data analysis. This, however, often isn't valued in the same way as numerical information.
- Experience must reflect intersectionality.
- Sharing stories without sufficient care for the individuals concerned is stigmatising and potentially traumatising.

Telling stories of experience is only of value if leaders authentically listen and respond to what is being said.

Learning & Reflections: Who Cares? Scotland

The process prompted Who Cares? Scotland to ensure careful consideration in how they presented their data. This involved clarifying limitations and contextual information to avoid misinterpretation, while highlighting the key areas which require further investigation when monitoring the impact of the promise.

"The work has really made us think about how our data is read, and what we may need to adapt in future."

Their learning now focusses on considering how future data collection could best support this type of analysis.

Learning & Reflections: Why Not Trust

The Why Not Trust reflected that working through their qualitative material required careful judgement about how best to organise and summarise insights in a way that aligned with the promise vision statements. The process prompted them to think about how they currently track themes and how their information is presented for wider use.

They noted that this work highlighted areas where small adjustments could make future evidence easier to interpret while remaining faithful to the nature of their support work.

"Going through this helped us reflect on how we share our data and what might make this more straightforward next time."

Their learning points toward practical refinements in how data is organised and communicated, supporting clearer understanding of their impact over time.

8. How is Scotland doing in its progress towards keeping the promise?

What does quantitative data tell us?

High-quality national data is crucial for understanding outcomes and identifying where progress is being made. When data is consistent, robust, and well linked across services, it can provide powerful insights into the lives and outcomes of children and families over time. Bringing together different data sets allows Scotland to build a clearer picture of people's journeys and to understand how experiences in education, health, and care intersect. Making best use of existing data reduces duplication and burden, helping ensure that every data point collected has a clear purpose and value.

The Promise Progress Framework brings together existing sources of data from across Scotland to help show how wider social and structural factors influence whether the promise is being kept. It draws not only on data directly about children, adults and families with care experience, but also on contextual information about poverty, housing, homelessness, substance use, and other issues that shape family life and wellbeing. Looking at these areas together helps build a more connectedunderstanding of how Scotland is supporting people in the context of their communities, rather than viewing them in isolation. Over time, this understanding will grow and strengthen as data quality improves, gaps are filled, and connections across systems become clearer.

Methods and Assurance

Technical Advisory Group

Quality assurance of the data presented in the Promise Progress Framework has benefited from a Technical Advisory Group approach. The National Performance Framework Technical Advisory Group (NPFTAG) have led the quality assurance of the data presented.

Using this established group and approach has ensured that the Promise Progress Framework is aligned to the approach taken for other national reporting frameworks and is embedded in the existing processes of national statistical accountability.

Building on this learning, a separate and dedicated Promise Technical Advisory Group will be established in January 2026, chaired by the Chief Statistician. This will connect professional analytical teams across Government portfolios to oversee and provide assurance on the data that is presented in the Promise Progress Framework. Going forward this will support regular and timely updates of the data in line with publication of relevant national statistics.

Technical Advisory Group Principles

The initial quality assurance process, focused only on baseline selection and supporting narratives for each indicator, agreed to the following principles.

Principles for Baseline Selection

The Promise Progress Framework is designed to monitor progress towards keeping the promise made to care experienced children, young people and adults in Scotland. A consistent and meaningful baseline is essential to understanding change over time.

Default Baseline

In the Promise Progress Framework published on 18 December 2024, the year 2020 was adopted as the default baseline across the Framework. This reflects the year the promise was made and provides a reference point for assessing progress. Following the quality review of the framework the Technical Advisory Group noted the following:

i. COVID-19 Disruption: across the wide range of areas covered by the PPF, indicators have seen impacts of varying magnitudes and at different points throughout the pandemic period. Without the inclusion of a pre-COVID baseline figure across all indicators, it is difficult for users to understand how indicators changed (if at all) at the onset of the pandemic, and trends since.

ii. Need for flexibility: certain indicators follow a non-annual publication cycle (i.e. every other year, or quarterly), and others do not have a time series which extends back to prior to 2020. The relevant reporting periods that different data collections cover also vary across the framework, including but not limited to those that report by calendar year, financial year, or school year. For this reason, these principles need to allow for discretion to be exercised where appropriate, rather than stipulating a particular year as the default baseline.

Baseline Recommendations

The Technical Advisory Group has made the following recommendations for the baseline in December 2025 update of the Promise Progress Framework:

i. The most recent pre-COVID data point is adopted as the default baseline across the Framework. The amended baseline avoids misleading comparisons and supports more meaningful interpretation of trends. A common baseline promotes consistency and simplifies interpretation for users, particularly where indicators are conceptually or methodologically linked.

ii. Where data is published more frequently than annually (e.g. quarterly), the Framework reports on indicators annually unless there is a strong rationale to do otherwise. A single quarter is selected as the baseline (following guidance set out above), and subsequent progress should be monitored using the same quarter in each following year. This approach supports consistency and comparability while reducing the risk of seasonal variation distorting trend analysis.

Principles for Supporting Narrative

The supporting narrative accompanying each indicator plays a critical role in helping users understand the latest position and trends over time. In line with the Code of Practice for Statistics, the narrative must aid interpretation, ensure consistency with other government outputs, and support transparency and public confidence.

The supporting narrative includes:

i. How the indicator has changed since the last datapoint

ii. Change compared to the baseline

iii. Where appropriate, how trends for care experienced children compare to the overall population.

iv. Any additional context that aids responsible interpretation. This includes legislative or policy changes or impacts of COVID-19 which may have affected trends over this period.

9. How are organisations doing in their work to keep the promise?

Why this type of data?

Organisational learning data is a key part of understanding how organisations are making and sustaining change, what they are learning about change, and how they are improving practice. This kind of data goes beyond performance measures to focus on how change happens in real settings, helping to build understanding of what supports progress, and what gets in the way.

Organisations carry the responsibility for making the changes needed to keep the promise. To do this well, they need data that supports reflection and improvement alongside information that tracks activity or performance. When the data collected and shared focuses on what is being tried, what is working, and what has been learned, it helps organisations adapt, innovate, and collaborate. Quantitative data can show whether something has changed, but it cannot show how or why that change happened, or whether it has made a real difference for children and families. Looking at qualitative and quantitative data together begins to help pose the questions and develop the insights necessary for change.

By focusing on learning and reflection, organisations can be open and honest about what is working, what is not, and what they are doing about it. This approach encourages transparency and responsibility for improvement, recognising that genuine progress depends on understanding and developing practice, not just reporting outcomes.

Methods

This first iteration deliberately focuses on members of The Promise Collective, recognising that these organisations hold statutory, strategic, and practice leadership roles across the ten Vision Statements. The organisations included were:

- Who Cares? Scotland
- Care Inspectorate
- CELCIS
- Police Scotland
- Scottish Fire and Rescue Service
- Public Health Scotland
- Improvement Service
- Scottish Government
- COSLA

Focusing on The Promise Collective ensured that the organisational evidence captured was both strategically relevant and aligned to the core responsibilities underpinning the promise. Members of The Promise Collective were asked to identify any relevant existing publications that could support understanding around organisational learning.

This included:

- Internal or public-facing reports, evaluations, or learning summaries.
- Reflective materials describing lessons learned, barriers, or enablers of change.
- Information about improvement or collaboration initiatives that provided insight into how learning is being embedded.

insight into how learning is being embedded.

Additional documents which had originally been identified to support understanding of experiences were also included where they contained substantial reflection on organisational change. Several organisations also returned reflective feedback forms to capture their reflections on what they were learning about change:

Police Scotland – Learning Through Listening

Police Scotland described how direct engagement with young people shaped their new 2024–2027 Corporate Parenting Plan. Working with the Scottish Youth Parliament, including youth workers with care experience, brought forward feedback that was sometimes challenging but essential to include. As they reflected:

“Some did not put Police Scotland in good light, telling us of their own experiences with the Police so it was integral they were included.”

This marked a significant shift in how young people’s voices informed strategic planning. Police Scotland noted that their learning now centres on responding to this feedback and embedding changes that strengthen relationships and trust over time.

The Care Inspectorate – Strengthening How Children Are Heard

The Care Inspectorate highlighted how their own practice is evolving in response to what children and young people say matters to them. This includes clearer information about inspectors, new feedback tools co-designed with young people, and testing these approaches across a wider range of services. They described this work as part of a continuous learning process, noting:

"We are continuously reflecting on what we see and hear in our inspection work so that we can share good practice… and amplify awareness of the gaps and what needs to change at a national level."

Their experience shows how organisational learning can support both improvement.

Although Who Cares? Scotland is a member of The Promise Collective, most of their evidence was included within the experiential strand rather than the organisational learning strand. This reflects both their core role as a national voice and advocacy body for care experienced people, and the fact that they had already provided data and insight for the experiential question in the Promise Story of Progress. Their publications therefore contribute most strongly to understanding how care experienced children, young people and adults feel the impact of change, rather than to organisational learning evidence.

Analysis

Organisational materials were coded in MAXQDA using a parallel but distinct analytical frame to the experiential analysis, focused on:

1. What are organisations doing?

2. What are organisations learning?

3. What this shows about what helps and hinders change across the system?

Organisational reflections are often produced for learning and improvement rather than scrutiny, and the analysis respected this by avoiding judgement or assumptions about performance. Instead, the synthesis identifies the patterns that organisations themselves describe as enablers, barriers and areas of adaptation. Approaching the material in this way helps surface practical insight into how change is being attempted and what supports it, offering understanding that is useful for ongoing improvement rather than assessment.

10. Bringing the Promise Story of Progress together

How the three parts of the Promise Story of Progress work together

Each part of The Promise Story of Progress brings a different perspective, and only by bringing them together through the lens of what matters to children, families and care experienced adults, can Scotland understand whether the promise is being kept:

- At a national level, the data shows what is changing over time
- At an organisational level, learning shows how those changes are happening
- The experience lens shows whether those changes are being felt

The What Matters questions sit upfront and alongside the three parts of the Promise Story of Progress. They are a useful tool for learning and improvement, helping us move beyond numbers, exploring what 'good' looks and feels like from the perspective of children, families and care experienced adults, not what 'good' looks like to the system.

Why this matters?

When viewing the Promise Story of Progress, and bringing all these parts together, it's important to remember that Scotland made the promise. Everyone is part of that national picture, with a role to play in ensuring the data and information is going in the right direction.

The insights gathered from the Promise Story of Progress, when looked at with the What Matters questions, become a practical tool for reflection. They can help practitioners, leaders and organisations check whether their current practice is making a difference, understand what is working well, and see where change is still needed by keeping the focus on what matters to children, families and care experienced adults.

11. Priorities for 2026 and beyond

The Promise Story of Progress has been designed from the outset to enable it to develop and grow. This reflects the need to shift from the current data landscape to one that reflects what matters to children and families, and to learn and evolve to be as useful as possible.

Hosted on the Plan 24-30 website, it too is Scotland-owned, and therefore the approaches used must be sustainable and able to evolve over the long term. The website format also ensures that the Promise Story of Progress functions as a usable planning tool rather than a static source of information.

This means that the following next steps must happen:

2026

- Continued work to strengthen the evidence base across the entirety of the Promise Story of Progress.
- The Scottish Government Chief Statistician will establish a Promise Dedicated Technical Advisory Group who will update the Promise Progress Framework as statistics are released throughout the year.
- There will be inclusion of additional health related indicators to the Promise Progress Framework.
- Improved accessibility and usability of the web structure, including navigating by vision statement to enable viewing of the Promise Story of Progress in full.
- Support to organisations and partners to use the Promise Story of Progress confidently.
- A new iteration of the approach to understanding experience, drawing on the learning gathered in 2025.

- A new iteration of the approach to understanding organisational change, working initially with a small group of multi-agency stakeholders.
- Further collaborative workshops on data and voice in partnership with CYPIC.

Appendix

Vision Statement advocacy reports by Who Cares? Scotland (abridged)

The Promise Story of Progress:
Vision Statement advocacy reports by Who Cares? Scotland (abridged)

17 December 2025

This is a compilation of the ten analytical reports created by Who Cares? Scotland to inform the Promise Story of Progress. The original reports have been abridged for length and to meet anonymity standards and are combined here as an appendix to the December 2025 Promise Story of Progress update—this document is arranged by vision statement and includes (1) analysis of Who Cares? Scotland's individual advocacy data and (2) links to collective advocacy publications.

Who Cares? Scotland is a national independent membership organisation for care experienced people, dedicated to supporting, empowering and amplifying the voices of Scotland's care community. Through advocacy, advice and empowerment, Who Cares? Scotland helps care experienced people navigate systems and assert their rights and creates spaces where they can connect with one another. The organisation uses what it hears directly from care experienced people to inform research, evidence and campaigning; and influence policy, legislation and public attitudes to improve systems and services. Who Cares? Scotland also actively creates opportunities for care experienced people to develop skills, access education and leadership experiences, and participate in civic life; and works to build communities that understand care experience, challenge stigma, and support care experienced people in everyday life.

The following documents reflect advocacy work carried out between 1st January 2020 and 30th June 2025, during which time Who Cares? Scotland advocacy workers supported around 4,800 individuals. Materials from these activities were gathered and analysed in response to the Promise Story of Progress question "Does the care community feel the impact of the promise being kept?". The findings do not represent the experience of every care experienced individual in Scotland, and this analysis cannot support causality, however, it illustrates a clear indication as to the issues which require further investigation when monitoring the impact of the promise.

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Supporting children to stay with their families

Where children are in their families and feel loved, they must stay- and families must be given support together to nurture that love and overcome the difficulties which get in the way.

Executive Summary

At Who Cares? Scotland we are able to gather evidence on the lives of people with care experience, their outcomes and whether they receive the support they need to thrive.

Between 1st January 2020 and 30th June 2025, our advocacy workers supported around 4,800 individuals to raise over 28,000 issues. Of these, over 2,500 individuals were supported to raise around 8,600 issues pertaining to 'supporting children to stay with their families' (30.5% of all issues).

This paper provides an overall summary of key themes regarding 'supporting children to stay with their families' and provides a high-level, snap-shot comparison between the periods 1st Jan 2020 – 30th June 2020 and 1st January 2025 – 30th June 2025. Key areas of concern raised during this period included:

- Contact and quality family time
- Parent-like relationships and requests to stay outwith the family home
- Support to remain with parents
- Support for Care Experienced parents

The snapshot comparison shows that advocacy related to this vision statement has increased over time. Relationships with parents remained the most common concern. Qualitative analysis revealed fewer requests for increased family contact, stable levels of reduced contact requests, consistent advocacy to remain with parents, and a slight rise in support for Care Experienced parents.

This paper then analyses collective advocacy evidence from six reports from 2021 to 2025, involving 279 Care Experienced people, followed by a comparative analysis. These reports highlighted varying themes, such as:

- Separation and lack of family time
- Families needing support, not removal
- The need for early intervention
- The importance of family connections and belonging

Understanding our data

- This evidence relates to individuals supported by Who Cares? Scotland's individual and collective advocacy.

- It is based on a summary analysis of our data, combining quantitative figures with qualitative thematic insights and limited comparative analysis. Recording practices have become more comprehensive over time, so older data may contain fewer details.

- Individuals receiving individual advocacy and participating in collective advocacy are informed and provide consent, at first engagement and in an age- and stage-appropriate manner, that any information they provide may be anonymised and aggregated to prevent identification, and used to support Who Cares? Scotland's influencing work. For further information, please refer to our Privacy Notice.

- Not all of our evidence relates solely to Care Experienced people. Our advocacy services also support individuals without care experience to help them realise their rights. In particular, our work within the Children's Hearing System, Child Protection processes, and Additional Support Needs often reaches people beyond the Care Experienced community.

- Contract volumes and specifications have changed over time. Therefore, this should be taken into account when interpreting the data, particularly with respect to raw numbers, age, and living arrangements. Any numerical or demographic changes among those supported must be considered within this context. This also impacts on the issues analysed, as the pool of people who access advocacy is higher for children and young people than adults. Where some issues tail off for adults, this may be because they don't have access to advocacy and therefore the issue isn't recorded, rather than the issue improving.

- Data from 2020–2021 should be interpreted in the context of the COVID-19 pandemic and lockdowns, which required changes to how advocacy was delivered to ensure safety and influenced the types of issues we supported. It is challenging to draw meaningful comparisons between experiences during the pandemic and those that followed. Where the pandemic is referenced, it is primarily in relation to its longer-term effects.

- During the pandemic, Who Cares? Scotland launched a First Responder Helpline to address the urgent needs of Care Experienced individuals and those who support them. This included distributing Scottish Government funds to those requiring assistance. In 2022, recognising the lifelong impact of care experience, the service evolved into the Lifelong Helpline, offering rights-based support to Care Experienced people of all ages. This expansion has broadened the scope of issues we address.

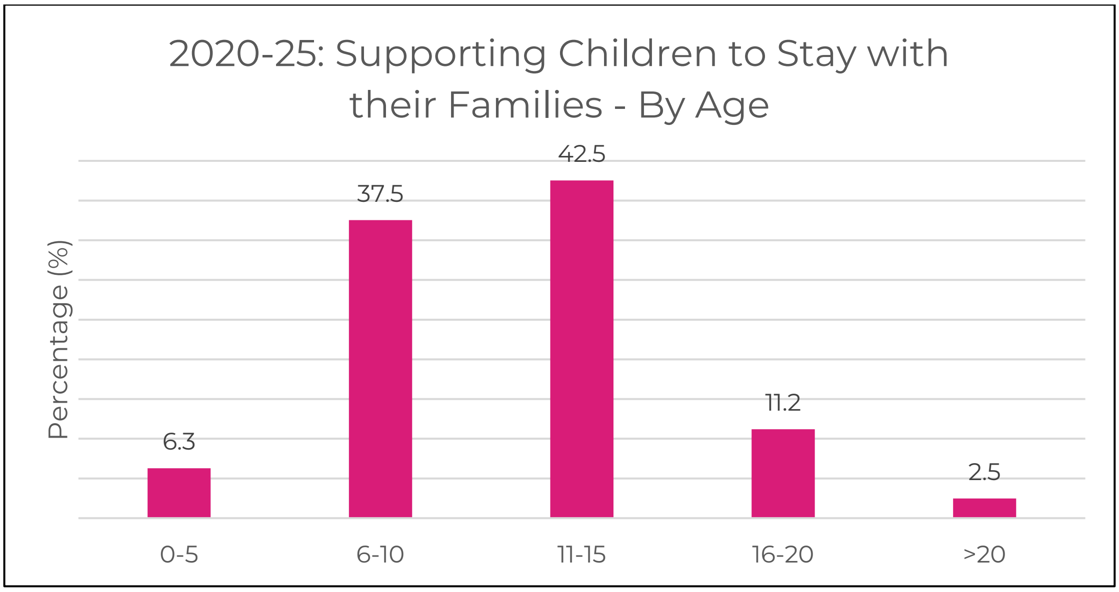
Supporting children to stay with their families

- The evidence analysed from individual and collective advocacy of varying sample sizes, and in the context of collective advocacy, methodologies (e.g. online survey vs. in-person workshop) will not necessarily relate to the experience of every Care Experienced individual in Scotland, and our analysis cannot support causality. However, this illustrates a clear indication as to the issues which require further investigation when monitoring progress towards keeping the promise.

Individual advocacy evidence 2020 - 2025

Quantitative data

Age Distribution



Between January 2020 and June 2025, the ages of individuals raising advocacy issues relating to this vision statement ranged from 5 months[1] to 35 years, with a mean age of 11.4 years. Over two-fifths of those supported were in the 11–15-year-old category.

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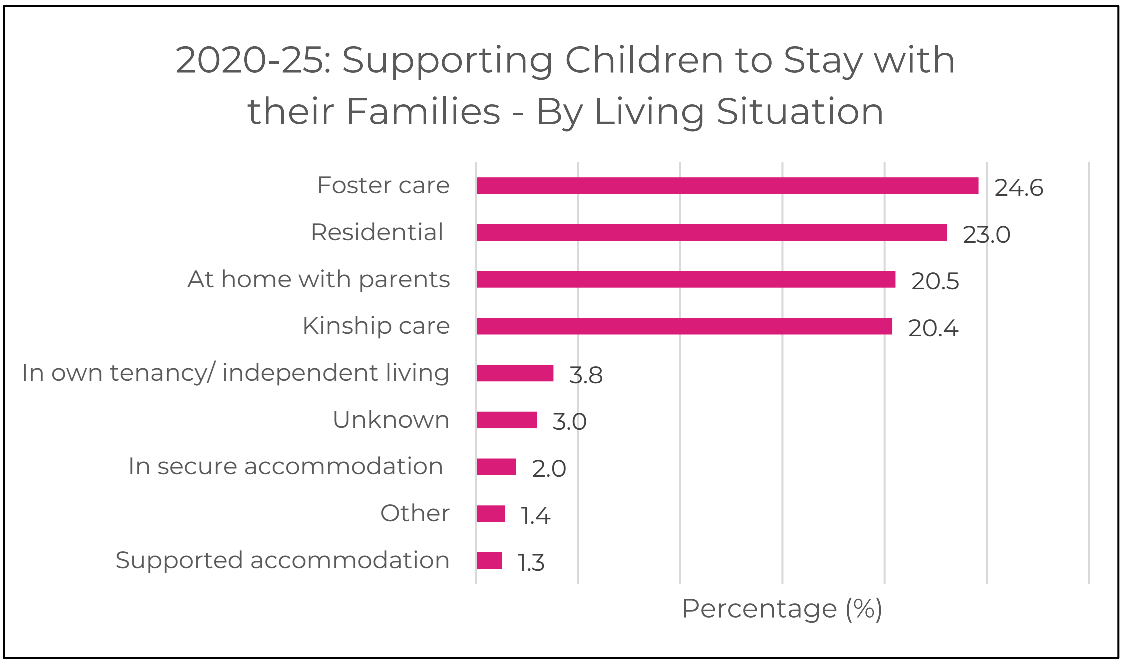
[1] Non-instructed advocacy.

Supporting children to stay with their families

Living Situation



Between January 2020 and June 2025, advocacy issues relating to this vision statement were recorded across 13 different living situations. The largest proportion came from individuals living in foster care, making up just under a quarter of cases, followed closely by those in residential care. Approximately one in five were living at home with parents, with a similar proportion in kinship care. Slightly over one in ten were living in other settings.

Qualitative data

The issues explored were qualitatively analysed to identify broad themes and nuanced insights. Many issues overlapped, as a single case could encompass multiple themes. Across all advocacy requests linked to this vision statement, the core principles of respecting the views of those involved, actively listening to their voices, and ensuring they are informed and included were evident.

Although the specific advocacy requests varied, the analysis revealed several key themes, presented below in approximate order of frequency.

Increased contact or quality family time

Almost 80% of the ‘care experienced’ individuals receiving individual advocacy during this period lived apart from their families. Many sought support to request additional or improved family time – most often through children’s hearings or other decision-making bodies – to rebuild or strengthen positive relationships. Requests typically related to the form, frequency, and quality of contact. Common themes included: shifting from indirect to face-to-face contact; extending the duration or frequency of visits; and seeking greater discretion over when and how contact occurred, rather than following prescriptive orders.

Supporting children to stay with their families

Advocacy workers also supported young people seeking additional family time around significant occasions, such as birthdays and Christmas, which families traditionally celebrate together.

Requests for increased family time often reflected a desire to return home.

Facilitating quality time and enabling rehabilitation often required active collaboration from social work services, including supervision, venue changes, and travel assistance.

Other specialist organisations were also frequently involved, providing parenting and family support, mental health care, and behaviour management services.

A smaller number of advocacy requests focused on seeking information or contact with biological parents previously unknown or long estranged. These were often underpinned by a desire to explore or affirm personal identity.

Reduced contact or family time

Whilst many of those supported with advocacy feel relationships with their biological parents should be fostered, a significant proportion sought support to pause, reduce, or end family time altogether. These requests often reflected concerns about the emotional or practical impact of ongoing contact, where it was not experienced as beneficial.

Where the young person requested no contact, some also sought advocacy support to limit the exercise of parental rights.

Other young people emphasise the importance of taking greater control over the form of contact – transitioning, for example, from direct visits to online or letterbox communication.

Parent-like relationships and requests to stay living outwith the family home

Many of the issues raised under this vision statement reflect that those supported do not feel safe and loved in their biological or adopted families. Instead, they have found stability and affection in alternative care environments such as kinship or long-term foster care. In such cases, advocacy was often focused on supporting requests to remain in these nurturing environments, ensuring that young people’s voices were heard in decisions about their long-term living arrangements.

Support to remain with parents

Some young people already living with their biological or adoptive parents, with ongoing or previous social work involvement, sought advocacy to remain at home. These requests were commonly expressions of satisfaction with family life and a desire for stability. Advocacy also played a role in helping to secure support from social work or partner agencies to address difficulties that might otherwise threaten family stability.

Supporting children to stay with their families

On occasion, young people requested respite or shared care arrangements to help sustain their ability to remain at home over the longer term – at least part time.

Support for Care Experienced parents

Who Cares? Scotland supports Care Experienced individuals of all ages, including parents. During this period, over 100 Care Experienced parents sought advocacy to strengthen their relationships with their children and overcome barriers to positive family life. Analysis highlighted that these parents often face multiple challenges, such as poverty, limited support networks and unstable living conditions, which can make parenting particularly difficult.

Requests from parents fell broadly into four categories, in approximate order of frequency: family time, support with meetings and assessments (such as pre-birth and parenting), requests for children to remain in or be returned to their care, permanence and adoption process.

Family Time

Advocacy workers frequently supported parents seeking increased or improved time with their babies and children – often as part of rehabilitation plans. Requests sometimes included preferred venues or activities. Advocacy also assisted parents in obtaining relevant information and liaising with legal representatives.

As above, achieving quality family time often required coordination with social work and specialist support services.

Support with meetings and assessments

Care Experienced parents often face multiple formal and informal meetings – such as case conferences and parenting assessments – which can be triggering or re-traumatising due to previous care experiences. Advocacy support provided commonly included: explaining processes and reports; ensuring understanding of rights; and helping parents express their views effectively before, during, and after meetings.

Maintaining or regaining care of children

Many parents requested advocacy support to retain or regain care of their children. All parents need support to ensure their children thrive, and due to circumstances and life experiences, Care Experienced parents may need additional services, support and training to excel. Advocacy workers often helped ensure that parents could demonstrate their commitment to developing positive parenting skills and access appropriate supports and training.

Permanence and adoption

Supporting children to stay with their families

Advocacy workers also supported parents navigating permanence and adoption processes, ensuring they understood proceedings, were aware of their rights, and that their voices were represented.

2020 and 2025 comparison

Individual advocacy snap-shot comparison 2020 v 2025

	Jan-June 2020	Jan-June 2025
No. individuals supported to raise issue re 'Supporting Children to Stay with Families'	281	478
No. issues raised re 'Supporting Children to Stay with Families'	441	794
Relevant issues as % of all issues raised over period	19.6%	29.4%

The number of individuals supported to raise advocacy issues relating to 'supporting children to stay with their families' increased from 281 in 2020 to 478 in 2025. Over the same period, the total number of relevant issues raised also grew, rising from 441 to 794. This category of issues now make up a larger share of all advocacy issues raised, increasing from 19.6% in 2020 to 29.4% in 2025.

Individual advocacy qualitative comparison | 2020 v 2025

The content of these two datasets (January-June 2020 and January-June 2025) was qualitatively analysed to identify broad themes as well as more nuanced details, some of which overlap – for example, a single issue may encompass multiple themes. Particular attention was given to the to the main similarities, differences, and emerging trends between the datasets. In light of the caveats noted at the outset, it was considered appropriate and proportional to highlight only a few high-level trends. This process identified the following key themes:

Contact or quality family time

- In 2025, there were proportionally fewer requests for increased contact or quality family time than in 2020, which may indicate young people are, increasingly, being supported to foster relationships with their parents.

- The proportion of young people requesting to pause, stop, or decrease the amount of contact or family time they have with their parents remained relatively stable between time periods.

Requests to live outwith the family home

- In 2025, there was a slight decrease in requests to stay in alternative living environments. Little can be drawn from this due to the numbers involved.

Supporting children to stay with their families

Support to remain with parents

- Requests for advocacy to stay with parents remained broadly consistent across both periods.

Support for Care Experienced parents:

- There was a slight increase in requests for parental advocacy in 2025, likely linked to the introduction of the lifelong helpline service.

Further reading: collective advocacy publications

- Who Cares? Scotland, December 2024 – Belonging and Connection Issue Paper
- Who Cares? Scotland, March 2024 – Member Committee Evidence Session
- Who Cares? Scotland, 2023 - Staying Together and Connected Brothers and Sisters Participation Project Flyer
- Who Cares? Scotland, June 2022- Paving the Way Report
- Who Cares? Scotland, 2022- Digital Wellbeing Report
- Who Cares? Scotland, June 2022- Believe in Us Report
- Who Cares? Scotland, February 2022 – Mental Health Annual Participation Programme Report
- Who Cares? Scotland, February 2021 - COVID Recovery Planning - Views from our Care Experienced Membership (Full Report)

Carers and stability

Scotland must limit the number of moves that children experience and support carers to continue to care.

Executive Summary

At Who Cares? Scotland we are able to gather evidence on the lives of people with care experience, their outcomes and whether they receive the support they need to thrive.

Between 1st January 2020 and 30th June 2025, our advocacy workers supported around 4,800 individuals to raise over 28,000 issues. Of these, over 1,900 individuals were supported to raise around 4,200 issues pertaining to carers and stability (14.8% of all issues).

This paper provides an overall summary of key themes supported with pertaining to 'carers and stability', and provides a high-level, snap-shot comparison between the periods 1st Jan 2020 – 30th June 2020 and 1st January 2025 – 30th June 2025. Key areas of concern raised during this period included:

- Requests to stay
- Requests to move
- Continuing care

The snapshot comparison shows that advocacy related to this vision statement has remained consistent over time. However, in 2025, requests to stay significantly outnumbered requests to move – a reversal from 2020, when requests to move was the most common issue. This shift may suggest a greater recognition of the need for stability. Qualitative analysis further shows that the underlying reasons for both staying and moving have remained relatively consistent, while issues related to continuing care declined.

This paper then analyses collective advocacy evidence from twelve reports from 2020 to 2025, involving 610 Care Experienced people, followed by a comparative analysis. These reports highlighted varying themes, such as:

- Difficulties in accessing continuing care and remaining in a placement;
- Moving placements causing difficulties in other aspects of a Care Experienced person's life;
- Asks for carers to be better equipped to handle difficult conversations or behaviour to prevent relationship breakdown;
- Sensitive and trauma informed support for Care Experienced parents and carers to keep families together;

Carers and stability

- Particular needs for children and young people being cared for by kinship carers;
- Relationship stability.

Understanding our data

- This evidence relates to individuals supported by Who Cares? Scotland individual and collective advocacy.
- It is based on a summary analysis of our data, combining quantitative figures with qualitative thematic insights and limited analysis. Recording practices have become more comprehensive over time, so older data may contain fewer details.
- Not all of our evidence relates solely to Care Experienced people. Our advocacy services also support individuals without care experience to help them realise their rights. In particular, our work within the Children's Hearing System, Child Protection processes, and Additional Support Needs often reaches people beyond the Care Experienced community.
- Contract volumes and specifications have changed over time. Therefore, this should be taken into account when interpreting the data, particularly with respect to raw numbers, age, and living arrangements. Any numerical or demographic changes among those supported must be considered within this context. Where some carer and stability issues tail off for adults in the individual advocacy section, this may be because they don't have access to advocacy and therefore the issue isn't recorded, rather than the issue improving.
- Data from 2020–2021 should be interpreted in the context of the COVID-19 pandemic and lockdowns, which required changes to how advocacy was delivered to ensure safety and influenced the types of issues we supported. It is challenging to draw meaningful comparisons between experiences during the pandemic and those that followed.
- During the pandemic, Who Cares? Scotland launched a First Responder Helpline to address the urgent needs of Care Experienced individuals and those who support them. This included distributing Scottish Government funds to those requiring assistance. In 2022, recognising the lifelong impact of care experience, the service evolved into the Lifelong Helpline, offering rights-based support to Care Experienced people of all ages. This expansion has broadened the scope of issues we address.
- The evidence analysed from individual and collective advocacy of varying sample sizes, and in the context of collective advocacy, methodologies (e.g. online survey vs. in-person workshop) will not necessarily relate to the experience of every Care Experienced individual in Scotland, and our analysis cannot support causality. However, this illustrates a clear indication as to the issues which require further investigation when monitoring progress towards keeping the Promise.

Carers and stability

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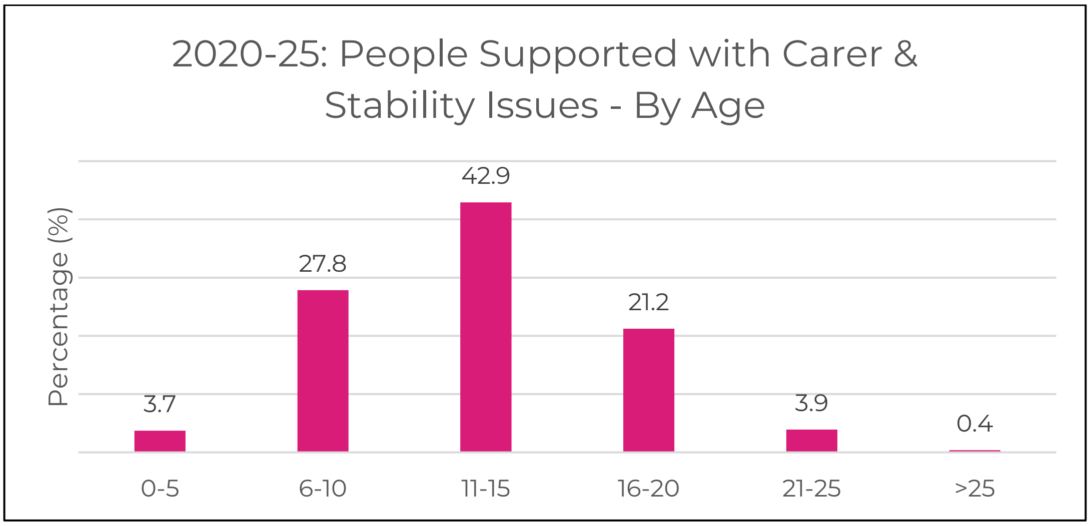
Individual advocacy evidence 2020 - 2025

Quantitative data

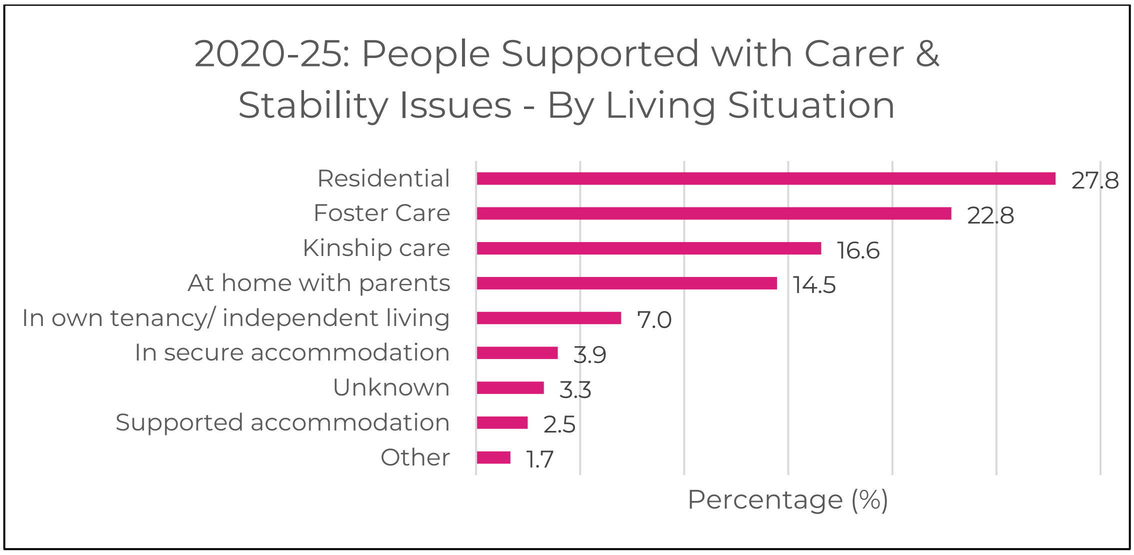
Age



Between January 2020 and June 2025, the ages of people raising carer and stability-related advocacy issues ranged from 4 months to 33 years, with a mean age of 12.8.

Carers and stability

Living Situation



Between January 2020 and June 2025, people raising carer and stability-based advocacy issues were recorded across thirteen living situation categories. The most common living situation was residential care, accounting for over a quarter of cases. This was followed by those living in foster care, which accounted for over a fifth of cases, and individuals living in kinship care, accounting for one in six cases.

Qualitative data

The issues explored were qualitatively analysed to identify broad themes and nuanced insights. Many issues overlapped, as a single case could encompass multiple themes. Across all advocacy requests linked to this vision statement, the core principles of respecting the views of those involved, actively listening to their voices, fostering their loving relationships and ensuring they are informed and included were evident.

Although the specific advocacy requests varied, the analysis revealed several key themes, presented below in approximate order of frequency.

Requests to stay

Approximately 70% of the people supported under this vision statement did not live with a family member, and over half of the issues raised related to requests to remain in their current placement. This perhaps suggests that staying put is a key concern for many individuals. This focus also emerged as the most common high-level qualitative theme in the data. A closer analysis shows that, following general requests to stay, the two most frequently cited reasons were: maintaining or fostering relationships, connections, and a sense of stability; and seeking information about care planning.

Carers and stability

General

Many of the issues recorded under this theme involved general requests to remain in the current placement. In numerous cases, brief references were also made to family members, carers, and both short- and long-term plans.

Similarly, many people we supported expressed a broader desire for ‘things to stay the same’ or to avoid change, with remaining in their current placement being a key aspect of this preference.

Relationships, connections, and feelings of stability

Under this vision statement, the most commonly cited reason for wanting to remain in the current placement was to maintain or foster relationships and connections, which contribute to a sense of “home” and belonging, as well as psychological and physical stability for the people we support.

Relationships cited as important reasons for staying included those with foster carers and ‘parent-like’ figures:[2]

Siblings:

Kinship carers:

As well as residential staff and peers:

Non-human connections also serve as important anchors for the people we support, often forming the basis for requests to remain in their current placement. These connections may include ties to education, employment, or community clubs.

Requests to remain in the current placement and for ‘things to stay the same’ reflect a strong need for stability, security, and safety, both psychological and physical. Related considerations included a desire to avoid multiple placement moves, requests for permanence, reluctance to return home, and feeling unprepared to move.

Care planning

The third, though less frequent, main theme among requests to remain in the current placement was a need for information regarding care planning. This included seeking reassurance about the ability to stay, wanting clarity on current and future plans, and addressing related anxieties and concerns.

Requests to move

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[2] Evidence on this theme in relation to biological parental relationships is covered in the ‘supporting children to stay with their families’ paper.

Carers and stability

Although less frequent than requests to stay,[3] requests to move placement also feature prominently in our evidence under this vision statement, accounting for approximately one-third of all issues raised. Beyond general requests to move, the reasons are more diverse than those for staying and can be grouped into six broad themes, listed here in approximate order of frequency:

- Relationships and connections
- Access to information and choice
- Challenges related to environment, location, safety, and health
- Requests to move to a different area; a desire to return home
- In the case of secure care placements, disagreement with placement criteria.

General

As with requests to remain in the current placement, the most common theme among requests to move is a general desire to leave or go elsewhere, typically reflecting general dissatisfaction or unhappiness with the current placement.

Relationships and connections

Similar to requests to stay, the next most prominent theme in requests to move or change placement relates to relationships and connections. In this context, these relationships can influence the decision in one of two ways. First, individuals may seek to move due to the perception of more positive or stronger relationships and connections at another placement or care setting.

Second, individuals may request to move or leave due to difficulties with, or a lack of, positive relationships and connections in their current placement.

Having information and choices

When some of the individuals supported under this vision statement were to move placement – whether by choice or not – a key associated advocacy task was ensuring they had access to all relevant information, plans, and options, enabling them to make informed decisions about their future.

Environment, location, safety and health

Another prominent theme among requests to move placement involved dissatisfaction with the current environment or location and, relatedly, requests to move to protect personal safety and support physical or mental health.

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[3] This has changed over time – see comparative analysis, below.

Carers and stability

Returning home[4]

Requests to return 'home' (wherever that is deemed to be) are also captured in our evidence, either as an explicit request, or as a long-term goal with intermediate steps:

Secure care: disagreement with placement criteria

Finally, many individuals supported in secure care settings requested to move because they disagreed with the placement criteria, either believing they should not have been placed there initially or feeling that their circumstances had improved since entering secure care.

Continuing care

The third and final high-level theme in our advocacy data under this vision statement relates to continuing care, to which all individuals on a Compulsory Supervision Order (CSO) on their 16th birthday are entitled. Experiences within this category are diverse; however, for brevity, most issues fall under one or both of the following areas: housing and independent living, and entitlements and supports – financial and otherwise – available to those in continuing care.

Housing and independent living

Individuals in continuing care commonly raise issues with their advocacy workers related to housing, including transitioning to independent living, support with household management and tenancies, and the development of independent living skills.

Entitlements & supports

Advocacy issues related to continuing care also involve requests for entitlements or supports, including access to throughcare/aftercare services, physical or material assistance, or financial resources such as Section 29 funds.

2020 and 2025 comparison

Individual advocacy snap-shot comparison 2020 v 2025

	Jan-June 2020	Jan-June 2025
No. individuals supported to raise issue re carers and stability	208	264
No. issues raised re carers and stability	304	342
Carers and stability issues as % of all issues raised over period	13.5%	12.7%

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[4] This theme is also covered in the 'supporting children to stay with their families' paper.

Carers and stability

The number of individuals supported to raise issues pertaining to this vision statement increased modestly from 208 in 2020 to 264 in 2025. Over the same period, the total number of issues raised also rose, from 304 to 342. As a proportion of overall advocacy issues, carer- and stability-related concerns showed a slight decrease, from 13.5% in 2020 to 12.7% in 2025.

Individual advocacy qualitative comparison | 2020 v 2025

The content of these two datasets (January-June 2020 and January-June 2025) was qualitatively analysed to identify broad themes as well as more nuanced details, some of which overlap – for example, a single issue may encompass multiple themes. Particular attention was given to the to the main similarities, differences, and emerging trends between the datasets. In light of the caveats noted at the outset, it was considered appropriate and proportional to highlight only a few high-level trends. This process identified the following key themes:

- Requests to stay vs requests to move: the most notable high-level trend in our data relates to the proportion of requests to stay compared with requests to move. In 2020, requests to move were most common, whereas by 2025, requests to stay had significantly outnumbered them. This shift may indicate that placements and carers are now better suited to the needs of the people we support, resulting in greater stability and a preference for fewer moves.

- Reasons for wanting to stay: the main reasons for wanting to stay remained broadly consistent; however, in 2025, references to relationships and connections, as well as to stability, security, and safety, became more prominent.

- Reasons for wanting to move: the primary reasons for wanting to move remained broadly consistent across both periods.

- Continuing care: between January and June 2025, we raised proportionally fewer issues related to continuing care compared with the same period in 2020. Little can be drawn from this due to the numbers involved.

Further reading: collective advocacy publications

- 'Exclusion labelled as support' report – June 2025
- Who Cares? Scotland, December 2024 - Belonging and Connection Issue Paper
- Who Cares? Scotland, October 2024 - Moving On Consultation response
- Housing Issue Paper, Lifelong Rights Series – June 2024
- Who Cares? Scotland, March 2024 – Member Committee Evidence Session

Carers and stability

- Summer of Participation evidence within the response to the Scottish Human Rights Bill Consultation – October, 2023
- Who Cares? Scotland, June 2022- Paving the Way Report
- Citizen Participation and Public Petitions Committee - Informal discussion with Care Experienced people on PE1958: Extend aftercare for previously looked after young people, and remove the continuing care age cap – April 2023
- Tend our Light - Annual Participation Programme Mental Health Report – August 2022
- Sexual Health and Healthy Relationships Project, Final Report – December 2022
- Sexual Health and Relationships, Annual Participation Programme – August 2022
- Who Cares? Scotland, June 2022- Believe in Us Report
- Covid-19 Recovery Planning – Views from Our Care Experienced Membership – February 2021

Education

Schools in Scotland must be ambitious for Care Experienced children and ensure they have all they need to thrive, recognising that they may experience difficulties associated with their life story.

Executive Summary

At Who Cares? Scotland we are able to gather evidence on the lives of people with care experience, their outcomes and whether they receive the support they need to thrive.

Between 1st January 2020 and 30th June 2025, our advocacy workers supported approximately 4,800 individuals to raise over 28,000 issues. Of these, around 1,500 individuals were supported to raise nearly 2,900 issues pertaining to education (10%).

This paper provides an overview of the key education themes that individuals were supported with, alongside a high-level snapshot comparison between the periods 1st Jan 2020 – 30th June 2020 and 1st January 2025 – 30th June 2025. Key areas of concern raised during this period included:

- Relationships
- Appropriateness of educational provision
- Requests for professional or specialist support
- Finance and
- Transitions

The snapshot comparison highlights the consistent importance of relationships and appropriate educational provision over time. However, it also shows that the way these needs were met shifted, with fewer requests to move placements and more requests to remain in current placements where individual educational and relational needs were being met.

This paper then analyses collective advocacy evidence from thirteen reports from 2020 to 2025, involving 758 Care Experienced people, followed by a comparative analysis. These reports highlighted varying themes, such as:

- Stigma and differential treatment
- Formal and informal exclusions
- Need for community support

Understanding our data

- This evidence relates to individuals supported by Who Cares? Scotland individual and collective advocacy.

- It is based on a summary analysis of our data, combining quantitative figures with qualitative thematic insights and limited analysis. Recording practices have become more comprehensive over time, so older data may contain fewer details.

- Individuals receiving individual advocacy and participating in collective advocacy are informed and provide consent, at first engagement and in an age- and stage-appropriate manner, that any information they provide may be anonymised and aggregated to prevent identification, and used to support Who Cares? Scotland's influencing work. For further information, please refer to our Privacy Notice.

- Not all of our evidence relates solely to Care Experienced people. Our advocacy services also support individuals without care experience to help them realise their rights. In particular, our work within the Children's Hearing System, Child Protection processes, and Additional Support Needs often reaches people beyond the Care Experienced community.

- Contract volumes and specifications have changed over time. Therefore, this should be taken into account when interpreting the data, particularly with respect to raw numbers, age, and living arrangements. Any numerical or demographic changes among those supported must be considered within this context. This also impacts on the issues analysed, as the pool of people who access advocacy is higher for children and young people than adults. Where some education issues tail off for adults, this may be because they don't have access to advocacy and therefore the issue isn't recorded, rather than the issue improving.

- Data from 2020–2021 should be interpreted in the context of the COVID-19 pandemic and lockdowns, which required changes to how advocacy was delivered to ensure safety and influenced the types of issues we supported. It is challenging to draw meaningful comparisons between experiences during the pandemic and those that followed. A more comprehensive discussion of the pandemic's impact on education can be found in Who Cares? Scotland's submission to the Scottish COVID-19 Inquiry (R8-WO - P4-01).

- During the pandemic, Who Cares? Scotland launched a First Responder Helpline to address the urgent needs of Care Experienced individuals and those who support them. This included distributing Scottish Government funds to those requiring assistance. In 2022, recognising the lifelong impact of care experience, the service evolved into the Lifelong Helpline, offering rights-based support to Care Experienced people of all ages. This expansion has broadened the scope of issues we address.

Education

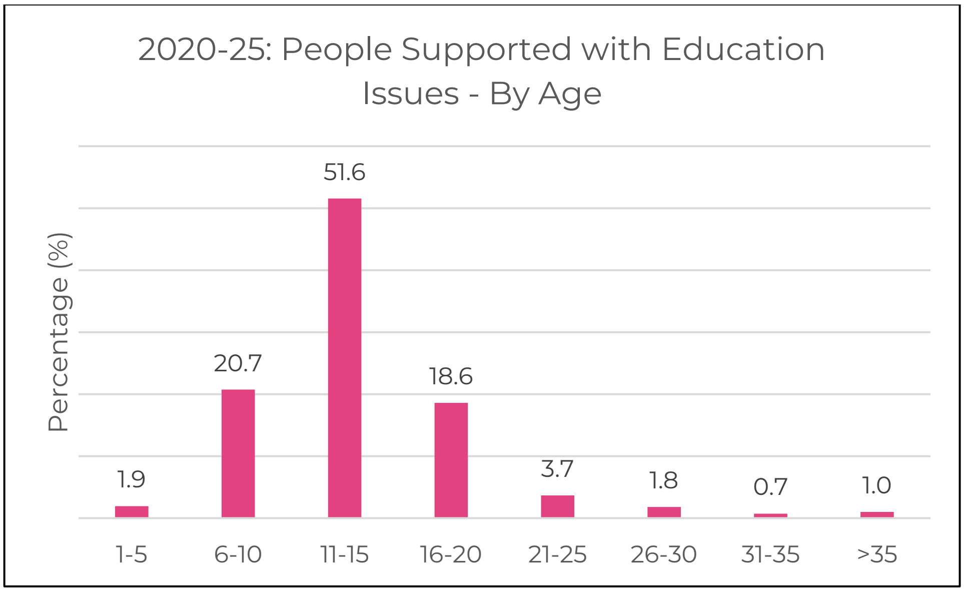
- Most of the reports in our collective advocacy evidence on education were from 2020-22 when we were running our Annual Participation Programme which received specific funding until 2022. These reports focussed on specific aspects (e.g. sexual and mental health, digital wellbeing) rather than the general school experience.

- The evidence analysed from individual and collective advocacy of varying sample sizes, and in the context of collective advocacy, methodologies (e.g. online survey vs. in-person workshop) will not necessarily relate to the experience of every Care Experienced individual in Scotland, and our analysis cannot support causality. However, this illustrates a clear indication as to the issues which require further investigation when monitoring progress towards keeping the Promise.

Individual advocacy evidence 2020 - 2025

Quantitative data

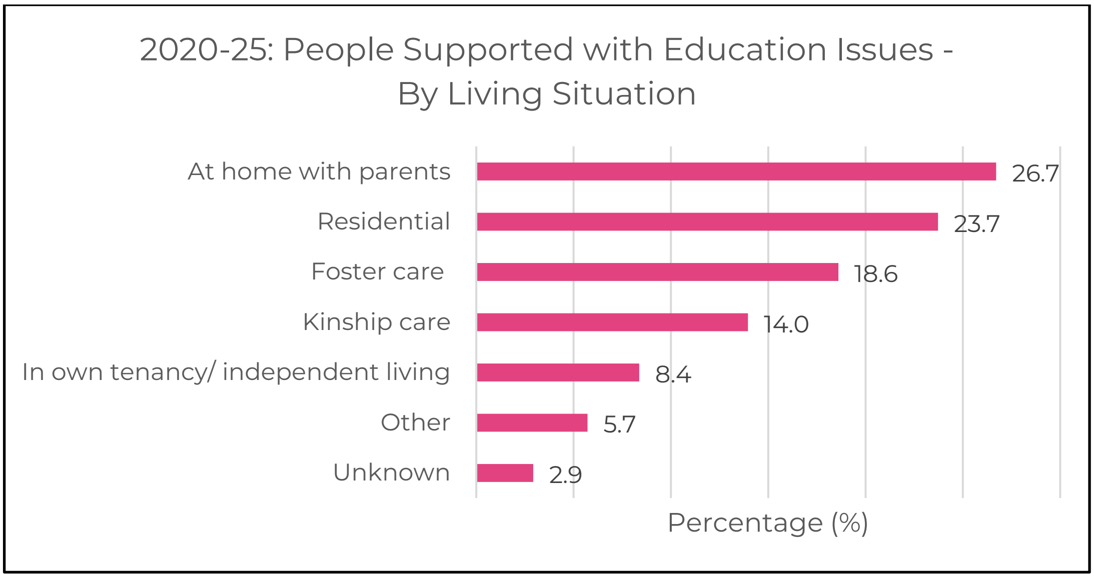
Age Distribution



Between January 2020 and June 2025, the ages of individuals raising education-based advocacy issues ranged from 4 to 61 years, with a mean age of 13.9. More than half of those supported were in the 11–15-year-old category.

Education

Living Situation



Between January 2020 and June 2025, individuals raising education-related advocacy issues were recorded across 13 living situations. The most common was living at home with parents, accounting for over a quarter of cases, closely followed by those in residential care. Almost one-fifth were in foster care, while around one in seven lived in kinship care. Fewer than one in ten individuals were in their own tenancy or living independently.

Qualitative data

The content of these issues was qualitatively analysed for broad themes and more nuanced details, some of which overlap i.e. one single issue can contain more than one theme. This gave rise to the following key themes (presented in broad order of frequency):

Relationships

At the heart of many education-related advocacy issues is the importance of strong relationships with peers, teachers, and family members.

Remain in current educational setting

When these positive relationships are already in place, advocacy workers often support individuals in requesting continuity of their current educational provision – even if their living arrangements or location change.

Often in these situations, the educational placement is seen to be a protective factor:

Change in educational setting

Conversely, where these important relationships have been disrupted – for example, by a change in living situation – or where individuals face challenging personal circumstances, such as bullying, advocates often support them in requesting a change of educational setting. This may involve moving to a placement closer to their new home, or in some cases, returning to a previous setting:

Appropriateness of educational provision

In addition to relationships, the suitability of educational provision is often central to these advocacy requests.

Changes to individualised support

People who use our advocacy service often request changes to how their education is delivered on an individual level. These requests may include adjustments to their subjects, learning environment, additional academic support, or variations in the amount of time spent in school. Although rarely stated explicitly, cases where individuals receive very limited provision (e.g., minimal timetabled hours) can amount to 'informal exclusion.' Where this occurs, Advocacy Workers can, at the individual's request, challenge such practices using a strong rights-based approach. This theme includes:

- Changes to timetables or subjects

Additional academic support

- Personal support provisions

Change in educational setting

When individuals feel they are not receiving the right kind of support, and believe their current setting is unsuitable, advocacy workers help them express their wish to move to a different educational provision. This may involve transferring between mainstream and specialist schools or units, requesting homeschooling or virtual education, moving to college, or, in some cases, moving out of education into an apprenticeship, training programme, or employment. This theme includes:

- Mainstream
- Alternative provision
- Homeschool
- College, apprenticeship, work

At times, when young people do not receive the support they require, advocacy workers provide assistance in making complaints or lodging appeals, should the young person wish to do so. These may be directed to the educational institution, the local authority, or statutory bodies such as SAAS.

Education

Remain in current educational setting

In contrast, where individuals feel properly supported to reach their potential, advocacy workers are frequently asked to help them express their wish to remain in their current setting.

Education

Requests for professional or specialist support

Similarly, to ensure they receive the support needed to reach their full potential in education, individuals often seek advocacy assistance in accessing professional or specialist services. Such requests may include advocacy at education meetings, support in accessing services such as Educational Psychology, guidance in obtaining legal advice or representation, and referrals to dedicated Care Experienced support services within schools, colleges and universities.

Finance

For many of the individuals we support – particularly through the Helpline – a key concern is securing funding for post-16 education and covering associated living costs. This frequently includes queries about eligibility, guidance on accessing all available financial support, signposting to relevant services, and assistance with completing funding applications.

Proof of care experience

To access much of the funding available to Care Experienced individuals, applicants are required to provide 'proof of care experience.' This process can be complex and challenging, and some individuals seek advocacy support to help them navigate it.

Care Experienced Bursary

Many of the finance-related education issues we encounter relate to understanding and applying for the Care Experienced Bursary.

Other benefits, grants and discretionary funds

Advocacy workers also assist Care Experienced individuals in understanding and accessing additional funding for which they may be eligible, such as the Education Maintenance Allowance, accommodation grants, and universal benefits including Universal Credit and housing support.

Transitions

Transitions in education can be difficult for everyone, and many of the people we support will go through more transitions than most. This can feel unsettling, and often people ask their advocacy worker to get reassurance about what will happen, ask for additional support, or for information about their options. This theme includes:

- Into further or higher education
- Primary to secondary education
- Class / school changes
- Returning to education after an absence

2020 and 2025 comparison

Individual advocacy snap-shot comparison 2020 v 2025

	Jan-June 2020	Jan-June 2025
No. individuals supported to raise issues re education	127	219
No. issues raised re education	158	286
Education issues as % of all issues raised over period	7%	11%

The number of individuals supported to raise education-related issues increased from 127 in 2020 to 219 in 2025. Over the same period, the total number of issues raised also grew, rising from 158 to 286. Education now makes up a larger share of all advocacy issues, increasing from 7% in 2020 to 11% in 2025.

Individual advocacy qualitative comparison | 2020 v 2025

The content of these two datasets (January-June 2020 and January-June 2025) was qualitatively analysed to identify broad themes as well as more nuanced details, some of which overlap – for example, a single issue may encompass multiple themes. Particular attention was given to the to the main similarities, differences, and emerging trends between the datasets. In light of the caveats noted at the outset, it was considered appropriate and proportional to highlight only a few high-level trends. This process identified the following key themes:

- Appropriateness of educational provision and relationships: Appropriateness of educational provision and relationships remained equally important to individuals supported by advocacy workers across both time periods. However, the way in which appropriate provision and positive relationships were realised differed somewhat between the two periods:

- Requests for professional and specialist support to facilitate educational potential remained fairly stable.

- In 2020, there were proportionally more requests for advocacy support related to moving educational placements than in 2025.

Education

- In 2025, proportionally more requests were focused on staying in the current placement, reflecting satisfaction with the educational and relational environment.
- Support with change and educational transitions: Support with change and transitions between educational placements and school levels was similarly important across both time periods.
- Impact of COVID-19 on educational support: COVID-related issues were frequently reported in 2020 but were no longer a significant concern in 2025.
- Education-related financial support: Education-related finance issues, including proving eligibility, understanding entitlements, and applying for funding to support attendance at further or higher education, were proportionally higher in 2025.

Further reading: collective advocacy publications

- Who Cares? Scotland, June 2025- "Exclusion labelled as support" Care Experienced children in Scotland's education system
- Who Cares? Scotland response to the Human Rights Bill public consultation here (2023, 4-5).
- Who Cares? Scotland, March 2024 – Member Committee Evidence Session
- Scottish Parliament's Citizen Participation and Public Petitions Committee, April 2023 – Notes from Informal Discussion with Care Experienced people
- Who Cares? Scotland, December 2022- Sexual Health and Healthy Relationships Project, Final Report
- Who Cares? Scotland, June 2022- Paving the Way Report
- Who Cares? Scotland, February 2022 – "Tend our Light" Mental Health Report
- Who Cares? Scotland, February 2022- "Being human" The Bairns Supper Report, National Care Service consultation with people with care experience
- Who Cares? Scotland, 2022- Digital Wellbeing Report
- Who Cares? Scotland, August 2021 – Annual Participation Programme, Sexual and Reproductive Health
- Who Cares? Scotland, February 2021- Covid-19 Recovery Planning
- Who Cares? Scotland, 2021- Supporting Care Experienced People with Certification and Appeals
- Who Cares? Scotland, 2020 – Navigating the World of Rights Report

Education

- Who Cares? Scotland, August 2020 – “I’m scared I’m Going to Die” Impact of Lockdown on Care Experienced young people in Aberdeen

Brothers and sisters

Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed.

Executive Summary

At Who Cares? Scotland we are able to gather evidence on the lives of people with care experience, their outcomes and whether they receive the support they need to thrive.

Between 1st January 2020 and 30th June 2025, our advocacy workers supported around 4,800 individuals to raise over 28,000 issues. Of these, over 870 individuals were supported to raise around 1,850 issues pertaining to brothers and sisters (6.5% of all issues).

This paper provides an overall summary of key brothers and sisters themes and provides a high-level, snap-shot comparison between the periods 1st Jan 2020 – 30th June 2020 and 1st January 2025 – 30th June 2025. Key areas of concern raised during this period included:

- Amount of contact
- Changes to conditions of contact
- Staying with brothers and sisters
- Issues with contact

The snapshot comparison indicates a significant increase over time in advocacy support related to brothers and sisters. However, general satisfaction with the management of contact between brothers and sisters appears to have improved, while requests to stay or live with brothers and sisters has remained consistent.

This paper then analyses collective advocacy evidence from seven reports from 2021 to 2025, involving 281 Care Experienced people, followed by a comparative analysis. These reports highlighted varying themes, such as:

- Brothers and sisters still being separated.
- Care Experienced people calling for better accountability and work to uphold sibling rights.
- Family time with siblings being poor quality.
- Relationships with siblings impacting on mental health.

Understanding our data

- This evidence relates to individuals supported by Who Cares? Scotland individual and collective advocacy.
- It is based on a summary analysis of our data, combining quantitative figures with qualitative thematic insights and limited analysis. Recording practices have become more comprehensive over time, so older data may contain fewer details.
- Not all of our evidence relates solely to Care Experienced people. Our advocacy services also support individuals without care experience to help them realise their rights. In particular, our work within the Children's Hearing System, Child Protection processes, and Additional Support Needs often reaches people beyond the Care Experienced community.
- Contract volumes and specifications have changed over time. Therefore, this should be taken into account when interpreting the data, particularly with respect to raw numbers, age, and living arrangements. Any numerical or demographic changes among those supported must be considered within this context. This also impacts on the issues analysed, as the pool of people who access advocacy is higher for children and young people than adults. Where some education issues tail off for adults, this may be because they don't have access to advocacy and therefore the issue isn't recorded, rather than the issue improving.
- Data from 2020–2021 should be interpreted in the context of the COVID-19 pandemic and lockdowns, which required changes to how advocacy was delivered to ensure safety and influenced the types of issues we supported. It is challenging to draw meaningful comparisons between experiences during the pandemic and those that followed. A more comprehensive discussion of the pandemic's impact on education can be found in Who Cares? Scotland's submission to the Scottish COVID-19 Inquiry (R8-WO - P4-01).
- During the pandemic, Who Cares? Scotland launched a First Responder Helpline to address the urgent needs of Care Experienced individuals and those who support them. This included distributing Scottish Government funds to those requiring assistance. In 2022, recognising the lifelong impact of care experience, the service evolved into the Lifelong Helpline, offering rights-based support to Care Experienced people of all ages. This expansion has broadened the scope of issues we address.
- The evidence analysed from individual and collective advocacy of varying sample sizes, and in the context of collective advocacy, methodologies (e.g. online survey vs. in-person workshop) will not necessarily relate to the experience of every Care Experienced individual in Scotland, and our analysis cannot support causality. However, this illustrates a clear indication as to the issues which require further investigation when monitoring progress towards keeping the Promise.

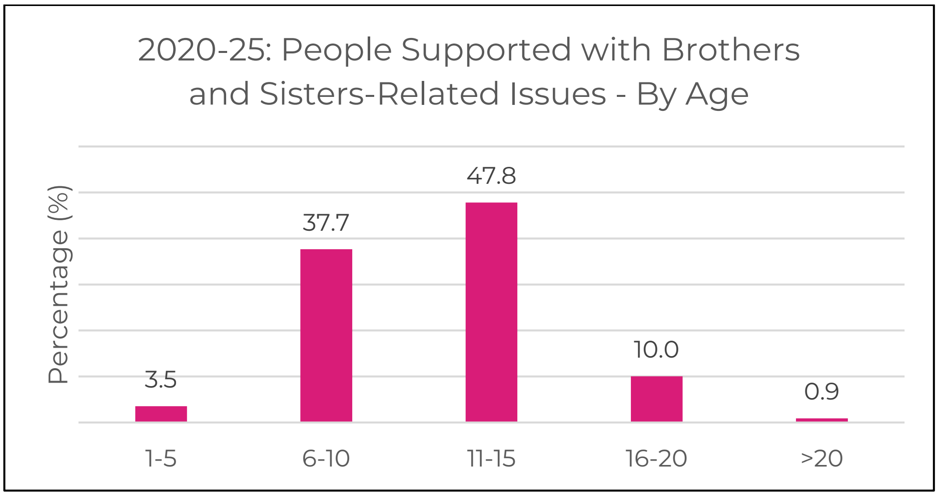
Brothers and sisters

- Individuals receiving individual advocacy and participating in collective advocacy are informed and provide consent, at first engagement and in an age- and stage-appropriate manner, that any information they provide may be anonymised and aggregated to prevent identification, and used to support Who Cares? Scotland's influencing work. For further information, please refer to our Privacy Notice.

Individual advocacy evidence 2020 - 2025

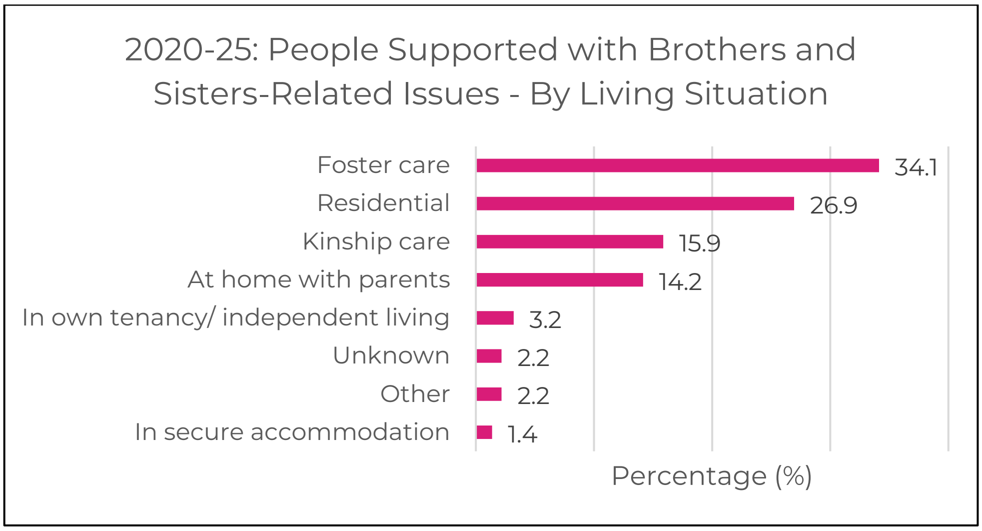
Quantitative data

Age Distribution



Between January 2020 and June 2025, the ages of people raising brothers and sisters-related advocacy issues ranged from 1 to 29 years, with a mean age of 11.4.

Living Situation



Between January 2020 and June 2025, people raising brothers and sisters-based advocacy issues were recorded across eleven living situation categories. The most common living situation was foster care, accounting for just over a third of people supported. This was followed by those living in residential care, which accounted for over a quarter of people supported, and individuals living in kinship care, accounting for just under 1 in 6.

Qualitative data

The content of these issues was qualitatively analysed for broad themes and more nuanced details, some of which overlap i.e. one single issue can contain more than one theme. This gave rise to the following key themes (presented in broad order of frequency):

Amount of contact[5]

The most prominent high-level advocacy issue concerning brothers and sisters relates to requests for changes in the amount of family time/contact when they do not live together. These requests can be grouped into five categories, listed in approximate order of frequency: increased family time, some contact, the same level of contact, no contact, and reduced family contact.

Requests to have more family time with brothers and sisters

Advocacy workers frequently support individuals in requesting more frequent or extended family time with their brothers and sisters. Such requests accounted for over half of the issues raised in relation to brothers and sisters during the period 2020–25. While some issues reflect straightforward requests for increased family time, many also specify particular conditions, including preferred days and times, venues, methods of communication, supervision requirements, and activities.

Requests for some contact with brothers and sisters, where there is none currently

In situations where there is no contact between brothers and sisters, or where family time has been discontinued, advocacy workers often support with requests for at least some level of contact to be established. This may include cases in which brothers and sisters have never previously met and are seeking opportunities to build and develop a relationship.

Happy with the amount of contact with brothers and sisters/want things to stay the same

In many cases, the individuals we support are satisfied with their current level of contact with their brothers and sisters and ask advocacy workers to represent these views to ensure that the arrangements remain unchanged.

Requests for no contact with brothers and sisters

Less frequently, advocacy workers have supported individuals who wish to have no contact with their brothers and/or sisters. This decision can stem from a range of factors, including

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[5] ‘Family time’ refers specifically to direct interactions between people, either in person or virtually. In contrast, ‘contact’ covers all types of communication, including non-physical methods such as letterbox exchanges. It’s important to note that young people may have different preferences when it comes to terminology – some may choose to use the word “contact” for all forms of interaction.

challenging memories or emotions, past conflicts, complex family dynamics, or mental health considerations.

Requests for less contact with brothers and sisters

Occasionally, requests are made to reduce contact with brothers and/or sisters,

Changes to conditions of contact

Another key high-level qualitative theme in our evidence on brothers and sisters concerns requests to modify the conditions of contact. These requests generally fall into four main categories, presented here in order of overall frequency:

Requests for family time to be supervised/unsupervised

Formalised family time between siblings is typically initially supervised by social workers and/or parents and carers, which many of those we support report can feel ‘unnatural.’ Advocacy workers often raise requests on behalf of individuals who wish future contact to be unsupervised, or, less commonly, to involve a higher level of supervision.

Requests for changes to activity or medium of contact

Another common type of request regarding changes to contact conditions relates to the activities undertaken during family time or the medium through which contact occurs, such as video calls or face-to-face meetings.

Requests for overnights or sleepovers

Progression of family time between brothers and sisters who do not live together can also include the introduction of overnight stays or ‘sleepovers,’ and requests of this kind are also reflected in our evidence.

Requests for changes to venue

Finally, requests may be made to change the venue for family time with brothers and sisters. These requests typically reflect dissatisfaction with the current location or the location proposed for future family time.

Staying with brothers and sisters

Legislation came into force July 2021 to support siblings in care stay together. Part 13 of the Children (Scotland) Act 2020 and the Looked After Children (Scotland) Amendment Regulations 2021 mean local authorities have a duty to ensure siblings are supported to stay together, where appropriate. Where it is not appropriate for brothers and sisters to live together, steps should be taken to help them stay in regular touch with each other and to nurture their relationships.

Our qualitative evidence includes several specific requests related to this theme.

Brothers and sisters

Requests to stay/live with brothers and sisters
The most common of these requests are for brothers and sisters to stay or live together, regardless of whether they currently reside together or apart.

Concerns for brothers and sisters' wellbeing
Similarly, though less frequently, when brothers and sisters do not currently live together, advocacy workers may be approached with concerns regarding their wellbeing. These concerns can include questions about their living arrangements, the care they are receiving, and requests to secure services for the brothers and/or sisters.

Issues with contact

The final key high-level theme in our evidence on brothers and sisters concerns issues individuals' experience with contact, which fall into two specific types.

Issues with consent and unsupported family time
The most common of these issues relate to consent for contact or a perceived lack of support. This may include parents not consenting to contact, or situations where parents, carers, or social workers are perceived as unsupportive or, in some cases, as actively preventing contact from occurring.

Issues with transport
Less frequently, individuals raise concerns with advocacy workers about transport to and from family time with brothers and sisters, which is perceived as a barrier.

2020 and 2025 comparison

Individual advocacy snap-shot comparison 2020 v 2025

	Jan-June 2020	Jan-June 2025
No. individuals supported to raise issue re brothers and sisters	58	140
No. issues raised re brothers and sisters	76	186
Brothers and sisters issues as % of all issues raised over period	3.4%	6.9%

The number of individuals supported to raise issues about brothers and sisters increased from 58 in 2020 to 140 in 2025. Over the same period, the total number of relevant issues raised also grew, rising from 76 to 186. Brothers and sisters now make up a larger share of all advocacy issues raised, proportionally more than doubling from 3.4% in 2020 to 6.9% in 2025.

Brothers and sisters

Individual advocacy qualitative comparison | 2020 v 2025

The content of these two datasets (January-June 2020 and January-June 2025) was qualitatively analysed to identify broad themes as well as more nuanced details, some of which overlap – for example, a single issue may encompass multiple themes. Particular attention was given to the to the main similarities, differences, and emerging trends between the datasets. In light of the caveats noted at the outset, it was considered appropriate and proportional to highlight only a few high-level trends. This process identified the following key themes:

- Greater satisfaction with contact: Relationships with brothers and sisters appeared to become increasingly important to individuals supported by advocacy workers over the periods examined, accounting for a higher proportion of all issues raised. However, detailed analysis suggests differences in satisfaction levels with this contact:

- In 2020, a higher proportion of advocacy requests related to wanting more contact with brothers and sisters.

- In 2025, proportionally more requests focused on maintaining current levels of contact or reflected satisfaction with how contact was proceeding. This could be an indication of an increase in support for fostering relationships with brothers and sisters, following the introduction of the sibling rights created via the Children (Scotland) Act 2020. It should be noted, however, that we only record issues as they are raised. Experienced staff have suggested that some young people may no longer request increased family time with their siblings, as they have become accustomed to the current arrangements and do not believe such requests would be successful.

- Fewer requests for specific changes to contact: In 2025, there was a slight decrease in requests for specific changes to contact arrangements (e.g., supervision, overnight stays, venue), which may indicate an overall improvement in satisfaction with contact.[6]

- Requests to stay with brothers and sisters: Request to live with brothers and sisters remained similarly important across both time periods. However, there was an increase in concerns raised about brothers and sisters' wellbeing between 2020 and 2025.

Further reading: collective advocacy publications

- Who Cares? Scotland, December 2024 – Belonging and Connection Issue Paper

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[6] As per the caveats stated at the outset, these findings should be viewed in the context of the COVID-19 pandemic – the dataset in 2020 may be skewed by the fact that face-to-face contact between brothers and sisters was not possible in many cases.

Brothers and sisters

- Who Cares? Scotland, March 2024 – Member Committee Evidence Session
- Who Cares? Scotland, June 2023 - Staying Together and Connected Brothers and Sisters Participation Project Flyer
- Who Cares? Scotland, June 2022- Paving the Way Report
- Who Cares? Scotland, February 2021 - COVID Recovery Planning - Views from our Care Experienced Membership (Full Report)

Physical restraint

Scotland must strive to become a nation that does not restrain its children.

Executive Summary

At Who Cares? Scotland we are able to gather evidence on the lives of people with care experience, their outcomes and whether they receive the support they need to thrive.

Between 1st January 2020 and 30th June 2025, our advocacy workers supported around 4,800 individuals to raise over 28,000 issues. Of these, around 20 individuals were supported to raise approximately 30 issues pertaining to physical restraint (0.1% of all issues). It is important to note that we only record issues as they are raised. Therefore, these figures do not capture every instance of physical restraint experienced by the people we support.

This paper provides a brief summary of the key themes related to physical restraint. Due to the small number of cases, it is not possible to present meaningful snapshot comparisons. Key areas of concern identified during this period include:

- Support to escalate the incident or make a complaint
- Pain or excessive force experienced during physical restraint
- Physical restraint contributing to the escalation of challenging situations

This paper then analyses collective advocacy evidence from three reports from 2022 to 2024, involving 108 Care Experienced people. Similarly, due to the limited evidence, a comparative analysis from 2020-2025 was not possible. However, these reports highlighted common themes, such as:

- Trauma and harm caused by restraint
- Inappropriate use of restraint
- Calls for increased accountability on restraint

Understanding our data

- This evidence relates to individuals supported by Who Cares? Scotland individual and collective advocacy.
- It is based on a summary analysis of our data, combining quantitative figures with qualitative thematic insights and limited analysis. Recording practices have become more comprehensive over time, so older data may contain fewer details.
- Individuals receiving individual advocacy and participating in collective advocacy are informed and provide consent, at first engagement and in an age- and stage-appropriate manner, that any information they provide may be anonymised and

aggregated to prevent identification, and used to support Who Cares? Scotland's influencing work. For further information, please refer to our Privacy Notice.

- Not all of our evidence relates solely to Care Experienced people. Our advocacy services also support individuals without care experience to help them realise their rights. In particular, our work within the Children's Hearing System, Child Protection processes, and Additional Support Needs often reaches people beyond the Care Experienced community.

- Contract volumes and specifications have changed over time. Therefore, this should be taken into account when interpreting the data, particularly with respect to raw numbers, age, and living arrangements. Any numerical or demographic changes among those supported must be considered within this context. This also impacts on the issues analysed, as the pool of people who access advocacy is higher for children and young people than adults. Where some restraint issues tail off for adults, this may be because they don't have access to advocacy and therefore the issue isn't recorded, rather than the issue improving.

- Data from 2020–2021 should be interpreted in the context of the COVID-19 pandemic and lockdowns, which required changes to how advocacy was delivered to ensure safety and influenced the types of issues we supported. It is challenging to draw meaningful comparisons between experiences during the pandemic and those that followed.

- During the pandemic, Who Cares? Scotland launched a First Responder Helpline to address the urgent needs of Care Experienced individuals and those who support them. This included distributing Scottish Government funds to those requiring assistance. In 2022, recognising the lifelong impact of care experience, the service evolved into the Lifelong Helpline, offering rights-based support to Care Experienced people of all ages. This expansion has broadened the scope of issues we address.

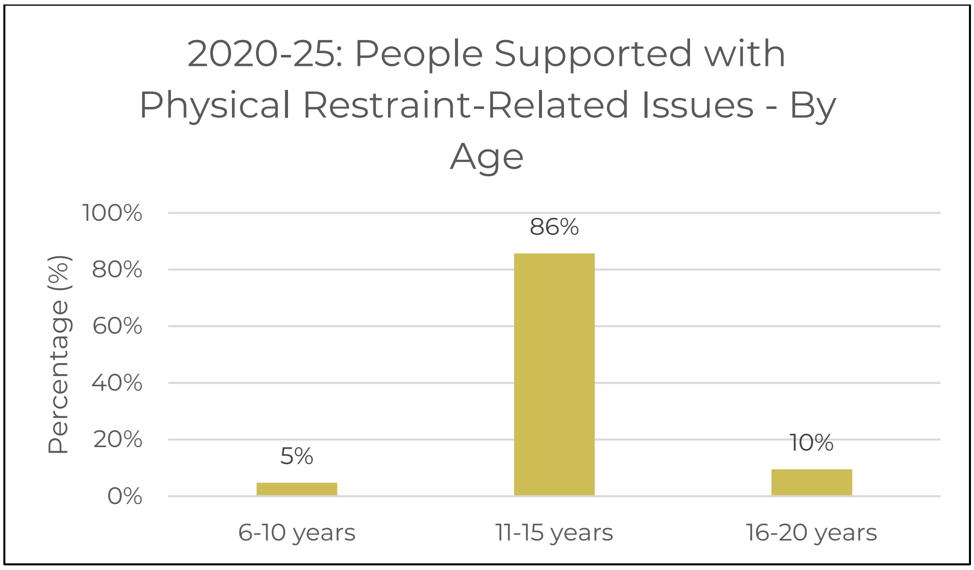
- The evidence analysed from individual and collective advocacy of varying sample sizes, and in the context of collective advocacy, methodologies (e.g. online survey vs. in-person workshop) will not necessarily relate to the experience of every Care Experienced individual in Scotland, and our analysis cannot support causality. However, this illustrates a clear indication as to the issues which require further investigation when monitoring progress towards keeping the Promise.

Physical restraint

Individual advocacy evidence 2020 - 2025

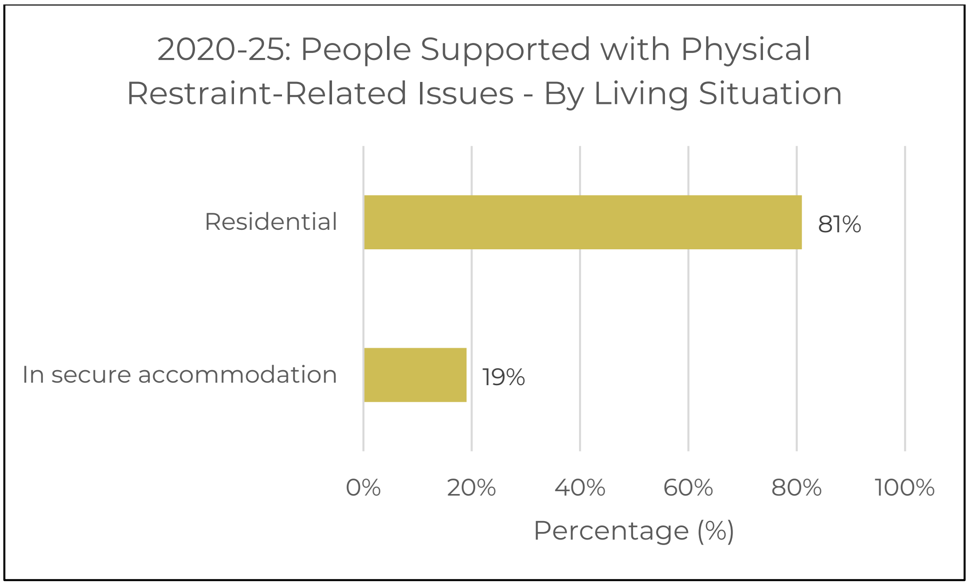
Quantitative data

Age Distribution



Between January 2020 and June 2025, the ages of people raising physical restraint-related advocacy issues ranged from 9 to 17 years, with an average age of 13.3 years.

Living Situation



Between January 2020 and June 2025, individuals raising relevant advocacy issues were recorded across five living situation categories. As might be expected, the most common living situation was residential care, accounting for over four-fifths of the people supported. This was followed by secure accommodation, which represented nearly one-fifth of those supported.

Physical restraint

Qualitative data

The content of these issues was qualitatively analysed for broad themes, some of which overlap i.e. one single issue can contain more than one theme. To preserve anonymity, and given the limited number of issues available for analysis, this section presents high-level reflections only. The following key themes were identified, presented in approximate order of frequency:

Support to escalate the incident or make a complaint

Many issues recorded under this theme related to requests for advocacy to escalate an incident or submit a formal complaint following an occurrence of physical restraint contested by the individual supported.

Pain or excessive force experienced during physical restraint

Many requests for support to escalate incidents also highlighted what the individual involved perceived as pain or the excessive use of force during physical restraint.

Physical restraint contributing to the escalation of challenging situations

Some young people requested advocacy support to express to service providers, social workers, and decision-makers that, based on their own experiences, the use of physical restraint intensifies the challenging situations they are involved in, rather than helping to de-escalate them. Some also expressed a desire to actively participate in shaping strategies used to support positive behaviour management.

General

Finally, some issues recorded under this theme simply involved notification that the individual had experienced physical restraint, without any specific subsequent advocacy request related to the notification.

Further reading: collective advocacy publications

- Who Cares? Scotland, December 2024 – Belonging and Connection Issue Paper
- Who Cares? Scotland, March 2024 – Member Committee Evidence Session
- Care Experienced Parents Report - Believe in Us, August 2022

Mental health and wellbeing

Scotland must seek to uphold the wellbeing of care-experienced children and young people and ensure that there is timely access to mental health support before crisis point so that children can enjoy good mental health.

Executive Summary

At Who Cares? Scotland we are able to gather evidence on the lives of people with care experience, their outcomes and whether they receive the support they need to thrive.

Between 1st January 2020 and 30th June 2025, our advocacy workers supported approximately 4,800 individuals to raise over 28,000 issues. Of these, around 675 individuals were supported to raise nearly 1,400 issues pertaining to mental health (5% of all issues).

This paper provides an overview of the key mental health themes that individuals were supported with, alongside a high-level snapshot comparison between the periods 1st Jan 2020 – 30th June 2020 and 1st January 2025 – 30th June 2025. Key areas of concern raised during this period included

- Getting support
- Experiencing symptoms

The snapshot comparison indicates that there was no significant change in the level of recording of mental health issues, and the balance between references to requests for support and the experience of symptoms remained largely consistent. However, in 2020, the type of mental health symptoms reported were slightly more diverse, with a fairly even distribution, whereas in 2025 the most frequently mentioned symptoms were processing trauma and anxiety.

This paper then analyses collective advocacy evidence from seventeen reports from 2020 to 2025, involving 850 Care Experienced people, followed by a comparative analysis. These reports highlighted varying themes, such as:

- A wide range of issues and barriers related to care experience impacting on mental health.
- Lack of support, understanding and trauma-informed practice from professionals.
- Desire for proactive, non-judgemental and lifelong mental health support, particularly for Care Experienced parents.

Understanding our data

- This evidence relates to individuals supported by Who Cares? Scotland individual and collective advocacy.

- It is based on a summary analysis of our data, combining quantitative figures with qualitative thematic insights and limited analysis. Recording practices have become more comprehensive over time, so older data may contain fewer details.

- There is often overlap between mental and physical health concerns. The quantitative data presented on individual advocacy may include individuals whose primary or sole support needs relate to physical health, as it was not possible to separate the statistics by qualitative theme. The qualitative sections of this paper focus exclusively on issues related to mental health, while matters concerning physical health are examined in detail in the Health Vision paper.

- Trigger warning: some of the qualitative themes cover sensitive issues such as suicide and self-harm. When discussing sensitive topics like this, it is important to acknowledge the emotional responses that can occur. If needed, we invite you to practice self-care and connect with someone supportive, like family/friends, professionals, or support lines such as Breathing Space (0800 838587), Samaritans (116 123) or NHS24 (111).

- Individuals receiving individual advocacy and participating in collective advocacy are informed and provide consent, at first engagement and in an age- and stage-appropriate manner, that any information they provide may be anonymised and aggregated to prevent identification, and used to support Who Cares? Scotland's influencing work. For further information, please refer to our Privacy Notice.

- Not all of our evidence relates solely to Care Experienced people. Our advocacy services also support individuals without care experience to help them realise their rights. In particular, our work within the Children's Hearing System, Child Protection processes, and Additional Support Needs often reaches people beyond the Care Experienced community.

- Contract volumes and specifications have changed over time. Therefore, this should be taken into account when interpreting the data, particularly with respect to raw numbers, age, and living arrangements. Any numerical or demographic changes among those supported must be considered within this context. This also impacts on the issues analysed, as the pool of people who access advocacy is higher for children and young people than adults.

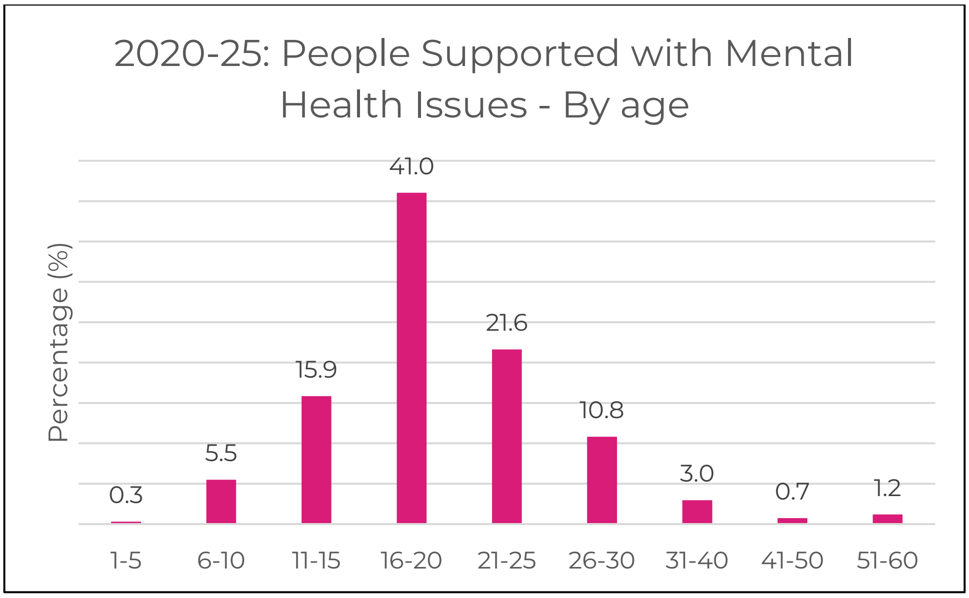
- Data from 2020–2021 should be interpreted in the context of the COVID-19 pandemic and lockdowns, which required changes to how advocacy was delivered to ensure safety and influenced the types of issues we supported. It is challenging to draw meaningful comparisons between experiences during the pandemic and those that followed.

- During the pandemic, Who Cares? Scotland launched a First Responder Helpline to address the urgent needs of Care Experienced individuals and those who support them. This included distributing Scottish Government funds to those requiring assistance. In 2022, recognising the lifelong impact of care experience, the service evolved into the Lifelong Helpline, offering rights-based support to Care Experienced people of all ages. This expansion has broadened the scope of issues we address.
- The evidence analysed from individual and collective advocacy of varying sample sizes, and in the context of collective advocacy, methodologies (e.g. online survey vs. in-person workshop) will not necessarily relate to the experience of every Care Experienced individual in Scotland, and our analysis cannot support causality. However, this illustrates a clear indication as to the issues which require further investigation when monitoring progress towards keeping the Promise.

Individual advocacy evidence 2020 - 2025

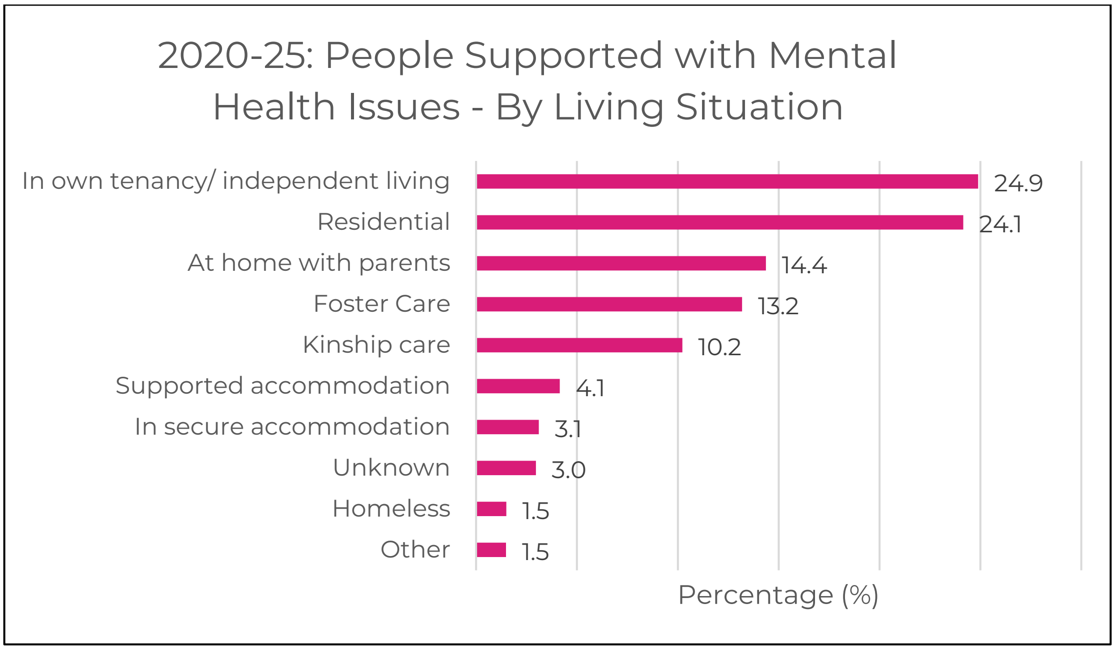
Quantitative data

Age Distribution



Between January 2020 and June 2025, the ages of individuals raising mental health-based advocacy issues ranged from 3 to 59 years, with an average age of 19.9 years. Individuals aged 16–20 made up the largest proportion of those supported, representing around two in five.

Living Situation



Between January 2020 and June 2025, individuals raising mental health–related advocacy issues were recorded across 17 different living situations. The most common were those living in their own tenancy or independently, making up around a quarter of cases, followed closely by those in residential care. Around one in seven lived at home with their parents, while roughly one in eight were in foster care.

Qualitative data

The issues explored were qualitatively analysed to identify broad themes and nuanced insights. Many issues overlapped, as a single case could encompass multiple themes. Across all advocacy requests linked to this vision statement, the core principles of respecting the views of those involved, actively listening to their voices and ensuring they are informed and included were evident.

The majority of concerns raised by individuals we supported under this vision statement related broadly to mental health. Upon closer analysis, all identified issues could be grouped into two overarching themes: *accessing support* and *experiencing symptoms.*[7] These themes, along with their subcategories, are outlined below in approximate order of frequency.

Getting support

Requests for mental health support emerged as the most common theme in this data. Six distinct types of support were identified, in addition to general requests: counselling or

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[7] It should be noted from the outset that many issues detail both symptoms being experienced, and requests for support.

talking therapies; referrals or assessments; support from GPs, nurses or CPNs; medication-related requests; issues or complaints involving healthcare professionals; and group therapy or special interest groups.

Counselling/talking therapies

Many people find counselling and other talking therapies to be effective forms of support for improving mental health, and Care Experienced individuals are no exception. Requests for these types of support most often referred to experiences in care – such as abuse or placement moves, whether historic or current – as reasons for seeking help. Some individuals also noted that counselling had been beneficial to them in the past.

Individuals we support also frequently request the continuation of their current talking therapies, highlighting the positive impact these sessions have had on their wellbeing.

Finally, some entries in our database under this vision statement include examples of individuals’ thoughts and feelings, with counselling or simply ‘talking to someone’ identified as a potential form of support.

General need for support

Many issues recorded under this theme involved general requests for mental health support, including waiting for appointments or seeking more specific assistance, such as help with independent living skills or anger management. Entries also often referenced both the causes and effects of mental health difficulties.

Referral and assessment

Referral to, and assessment for, mental health services is also a common issue raised by the people we support. This includes dissatisfaction with the length of time referrals or assessments take, requests for assistance in making, querying, or completing a referral, as well as requests for, or issues with, assessments themselves.

GP/nurse/CPN

General practitioners (GPs) are typically the first point of contact for individuals experiencing mental health difficulties. Our advocacy workers have supported people in arranging and attending GP or nurse appointments. It is important to note that processing trauma is often closely linked to these healthcare needs.

Medication

Relatedly, individuals we support may already be receiving medication for their mental health or may be requesting that medication be considered. Key sub-themes include accessing, taking, or discontinuing medication, as well as changes to medication type or dosage.

Issues with healthcare professionals

We support Care Experienced individuals in raising issues and complaints regarding the services they receive. Under this vision statement, the majority of concerns related to healthcare workers.[8] Examples include individuals feeling patronised, requests for a change of worker, and concerns about attendance or communication.

Group therapy and special interests

Less frequently, individuals request access to group therapy or extracurricular activities as a means of supporting their mental health.

Experiencing symptoms

The second major theme identified in our data under this vision statement is the experience of mental health symptoms.[9] The eight most common sub-themes, presented below in approximate order of frequency, are: processing trauma, grief, and PTSD; general symptoms of poor mental health; anxiety, worry, and stress; depression and loneliness; suicidal ideation and psychosis; substance misuse; self-harm; and issues related to appearance, diet, and sleep.

Processing trauma

The most commonly reported mental health-related symptom among the people we support falls under processing trauma. This includes current or historic traumatic experiences, both within and outside of care, as well as grief and bereavement, which can lead to PTSD-like symptoms such as flashbacks, intrusive thoughts, and changes in behaviour. Examples include individuals confronting or coming to terms with historic trauma, including through accessing their care records, dealing with bereavement or loss, as well as experiences that are ongoing or more recent.

General poor mental health

Individuals we support frequently report general poor mental and emotional health to their advocacy workers, often described in records as ‘ongoing issues’ or ‘not feeling myself’. Impacts on areas such as education, employment, and finances are sometimes also noted.

Anxiety, worry and stress

Anxious thoughts, worry about the past or future, and general experiences of stress are common themes within this vision statement, often arising when individuals are seeking support or wish to have their views heard.

More specific examples of contributing factors include placement-related issues and stress associated with formal processes.

Depression and loneliness

Positive relationships are essential for wellbeing. For some Care Experienced individuals, being in or having been in care can contribute to feelings of loneliness or a lack of

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[8] The majority of these issues are classified as ‘Dissatisfaction with Service – Health in the quantitative analysis; however, only those explicitly mentioning mental health were examined qualitatively.

[9] Again, it is important to note that there is considerable crossover between these issues and the theme of accessing support, and most recorded entries contain elements of both.

connection with others. Struggles with depression or low mood – whether formally diagnosed or not – often accompany these experiences, as reflected in our evidence. Experiences in care can play a significant role in these challenges.

Suicidal ideation and psychosis

At the most serious end of the spectrum of symptoms are suicidal ideation, suicide attempts, and psychosis. Advocacy support in these cases includes safeguarding the individual's safety, amplifying their views, and facilitating referrals or signposting to appropriate services.

Substance misuse

While not always directly linked to mental health, substance misuse and addiction are mentioned in some entries within our mental health and wellbeing data. These issues may present as either contributing factors or symptoms of mental health difficulties.

Self-harm

Occasionally associated with suicidal ideation, self-harm is another mental health-related symptom experienced by some of the people we support.

Appearance, diet and sleep

Finally, similar to substance misuse, changes in appearance, diet, and sleep are not always directly linked to an individual's mental health. However, they can act as contributing factors or indicators of underlying issues. These changes are often associated with concerns about family members or current stressors.

2020 and 2025 comparison

Individual advocacy snap-shot comparison 2020 v 2025

	Jan-June 2020	**Jan-June 2025**
No. individuals supported to raise issues re mental health	79	71
No. issues raised re mental health	108	96
Mental health issues as % of all issues raised over period	4.8%	3.6%

The number of individuals supported to raise mental health–related issues decreased slightly, from 79 in 2020 to 71 in 2025. Similarly, the total number of issues recorded fell from 108 to 96 over the same period. As a result, mental health now represents a slightly smaller proportion of all advocacy issues, declining from 4.8% in 2020 to 3.5% in 2025.

Individual advocacy qualitative comparison | 2020 v 2025

The content of these two datasets (January-June 2020 and January-June 2025) was qualitatively analysed to identify broad themes as well as more nuanced details, some of which overlap – for example, a single issue may encompass multiple themes. Particular attention was given to the to the main similarities, differences, and emerging trends between the datasets. In light of the caveats noted at the outset, it was considered appropriate and proportional to highlight only a few high-level trends. This process identified the following key themes:

- No change in level of recording of mental health issues. Although quantitative analysis suggests a slight relative decrease in mental health issues between 2020 and 2025, this is not reflected qualitatively. This discrepancy is primarily due to human error, such as inaccurate recording.

- Getting support and experiencing symptoms remained consistent: the balance between references to requests for support and the experience of symptoms remained largely unchanged between the two periods.

- Diversity of symptoms: in 2020, mental health symptoms mentioned within issues were slightly more diverse, with a fairly even distribution. In 2025, however, the most frequently mentioned symptoms were processing trauma and anxiety.

Further reading: collective advocacy publications

- 'Exclusion labelled as support' report – June 2025

- Who Cares? Scotland, January 2025 -Developing a Definition of Care Experience Consultation

- Who Cares? Scotland, December 2024 - Belonging and Connection Issue Paper

- Who Cares? Scotland, October 2024 – Finance Issue Paper

- Who Cares? Scotland, October 2024 - Moving On Consultation response

- Who Cares? Scotland, June 2024 – Housing Issue Paper

- Who Cares? Scotland, March 2024 – Member Committee Evidence Session

- Summer of Participation evidence within the response to the Scottish Human Rights Bill Consultation – October, 2023

Mental health and wellbeing

- Citizen Participation and Public Petitions Committee - Informal discussion with Care Experienced people on PE1958: Extend aftercare for previously looked after young people, and remove the continuing care age cap – April 2023
- Care Experienced Parents Report, August 2022 - Believe in Us
- Who Cares? Scotland, June 2022- Paving the Way Report
- Who Cares? Scotland, February 2022, Tend our Light Report
- Who Cares? Scotland, February 2022- “Being human” The Bairns Supper Report, National Care Service consultation with people with care experience
- Who Cares? Scotland, 2022- Digital Wellbeing Report
- Who Cares? Scotland- COVID Recovery Planning - Views from our Care Experienced Membership (Full Report), February 2021
- Who Cares? Scotland, Navigating the World of Rights report – December 2020
- Aberdeen Care Experience Group – ‘I’m scared I’m going to die’ COVID report, August, 2020

Health

Care experienced children and young people have access to support ensuring that their health needs are fully met and potential for good health is maximised.

Executive Summary

At Who Cares? Scotland we are able to gather evidence on the lives of people with care experience, their outcomes and whether they receive the support they need to thrive.

Between 1st January 2020 and 30th June 2025, our advocacy workers supported around 4,800 individuals to raise over 28,000 issues. Of these, around 600 individuals were supported to raise around 1,000 issues pertaining to health (3.6% of all issues). It is important to note that not all of these issues are directly relevant to this vision paper.[10]

This paper provides an overall summary of physical health themes and provides a high-level, snap-shot comparison between the periods 1st Jan 2020 – 30th June 2020 and 1st January 2025 – 30th June 2025. Key areas of concern raised during this period included:

- Getting support and experiencing symptoms
- Diet and nutrition
- Exercise
- Support with complaints or dissatisfaction with health service

Given the limited number of relevant issues, the only substantive comparison that can be drawn between the two periods is that requests for support with health-related matters appear to have remained stable over time.

This paper then analyses collective advocacy evidence from nine reports from 2020 to 2025, involving over 400 Care Experienced people, followed by a comparative analysis. These reports highlighted varying themes, such as:

- Stigma and judgment from professionals
- The need for trusted relationships
- Lack of trauma-informed care

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[10] Our review included all potentially relevant database categories to ensure comprehensive qualitative coverage. Only about one-third contained qualitative insights relevant to this vision paper, and due to system limitations, corresponding quantitative or demographic data cannot be isolated; therefore, while provided for completeness, the quantitative data is not recommended for further analysis.

Understanding our data

- This evidence relates to individuals supported by Who Cares? Scotland via individual and collective advocacy.
- It is based on a summary analysis of our data, combining quantitative figures with qualitative thematic insights and limited analysis. Recording practices have become more comprehensive over time, so older data may contain fewer details.
- There is often overlap between physical and mental health concerns. The quantitative data presented on individual advocacy may therefore include individuals whose primary or sole support needs relate to mental health or general recreation, as it was not possible to disaggregate the statistics by qualitative theme. The qualitative analysis in this paper focuses exclusively on issues related to physical health, while matters pertaining to mental health are addressed in detail in the "Mental Health" vision paper.
- Trigger warning: some of the qualitative themes cover sensitive issues such as physical and sexual abuse. When discussing sensitive topics like this, it is important to acknowledge the emotional responses that can occur. If needed, we invite you to practice self-care and connect with someone supportive, like family/friends, professionals, or support lines such as Breathing Space (0800 838587), Samaritans (116 123) or NHS24 (111).
- Individuals receiving individual advocacy and participating in collective advocacy are informed and provide consent, at first engagement and in an age- and stage-appropriate manner, that any information they provide may be anonymised and aggregated to prevent identification, and used to support Who Cares? Scotland's influencing work. For further information, please refer to our Privacy Notice.
- Not all of our evidence relates solely to Care Experienced people. Our advocacy services also support individuals without care experience to help them realise their rights. In particular, our work within the Children's Hearing System, Child Protection processes, and Additional Support Needs often reaches people beyond the Care Experienced community.
- Contract volumes and specifications have changed over time. Therefore, this should be taken into account when interpreting the data, particularly with respect to raw numbers, age, and living arrangements. Any numerical or demographic changes among those supported must be considered within this context. This also impacts on the issues analysed, as the pool of people who access advocacy is higher for children and young people than adults. Where some health issues tail off for adults, this may be because they don't have access to advocacy and therefore the issue isn't recorded, rather than the issue improving.

Health

- Data from 2020–2021 should be interpreted in the context of the COVID-19 pandemic and lockdowns, which required changes to how advocacy was delivered to ensure safety and influenced the types of issues we supported. It is challenging to draw meaningful comparisons between experiences during the pandemic and those that followed.

- During the pandemic, Who Cares? Scotland launched a First Responder Helpline to address the urgent needs of Care Experienced individuals and those who support them. This included distributing Scottish Government funds to those requiring assistance. In 2022, recognising the lifelong impact of care experience, the service evolved into the Lifelong Helpline, offering rights-based support to Care Experienced people of all ages. This expansion has broadened the scope of issues we address.

- The evidence analysed from individual and collective advocacy of varying sample sizes, and in the context of collective advocacy, methodologies (e.g. online survey vs. in-person workshop) will not necessarily relate to the experience of every Care Experienced individual in Scotland, and our analysis cannot support causality. However, this illustrates a clear indication as to the issues which require further investigation when monitoring progress towards keeping the Promise.

Individual advocacy evidence 2020 - 2025

Quantitative data

Please note: To ensure comprehensive qualitative coverage, we expanded our review parameters to include all database categories that could potentially be relevant – for example, 'hobbies' as some individuals indicated a desire to join clubs for physical health reasons. The quantitative data presented in this section pertains to approximately 600 individuals and over 1,000 recorded issues. Of these, only about one-third contained qualitative information relevant to this vision paper. Due to system limitations, it is not possible to isolate the quantitative or demographic data corresponding solely to those relevant issues. Consequently, this section has been excluded from this report.

Qualitative data

The content of these issues was qualitatively analysed to identify both broad themes and more detailed nuances relevant to this vision statement. Some overlap was observed, as individual issues often encompassed multiple themes. Across all advocacy requests linked to this vision statement, the core principles of respecting individuals' views, actively listening to their voices, and ensuring they were informed and included were consistently evident.

Analysis of all relevant issues indicated that requests generally aligned with four overarching themes: getting support and experiencing symptoms, diet and nutrition, exercise, and support with complaints or dissatisfaction with health services. These themes are outlined below in approximate order of frequency.

Health

Getting support and experiencing symptoms[11]

Requests for various forms of support with physical health concerns and symptoms represented the most common theme in the data. Five main types of support were evident: registering with a health practitioner and receiving support at appointments; assistance with disabilities; issues relating to medications, prescriptions and recovery; support with women's health issues; and support with assessments and diagnoses.

Registering with a health practitioner and support at appointments

Registering with a health practitioner

Many individuals encounter challenges with everyday administrative tasks, such as registering with healthcare providers, including doctors and dentists. Care Experienced individuals often require additional support from advocacy workers during the initial registration process. This support sometimes includes assistance with transferring or locating previous health records, as well as help in communicating aspects of their personal background and specific support needs.

Support with appointments

Advocacy support is also commonly requested for scheduling and attending health appointments. This is often due to feelings of fear or anxiety, or a perception that their concerns may not be fully heard or understood.

Whilst many requests are of a generic nature, there were several requests for support in scheduling and attending health appointments related to sleep issues, as highlighted in the "Mental Health" vision paper.

Support with disabilities[12]

Disabled children and young people are among the most marginalised groups in society, and recent research indicates that they are overrepresented within the care system. Advocacy support is frequently provided to help ensure that the physical health needs of disabled individuals are met. In addition to promoting the health and well-being of those supported, this assistance also helps families remain together where possible or ensures a stable and nurturing living environment.

Issues with medications, prescriptions and recovery

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[11] There is considerable crossover between these seeking support and experiencing symptoms and most recorded entries contain elements of both.

[12] Please note that some of the issues outlined below relate to individuals with significant disabilities, some of whom may not have care experience. However, they may be classified as being 'on the edges of care,' requiring support to remain safely with their families.

Health

Sometimes, advocacy support is requested to help Care Experienced individuals understand their medications, request alternative or more suitable treatments, or ensure they are receiving the therapies they require.

Care Experienced specific issues

Care Experienced individuals often have limited support networks, which can create additional challenges when they experience poor health or are recovering from illness or injury. Advocacy support is therefore sometimes requested to help identify and secure alternative, appropriate sources of support.

Women's health

Women with care experience may require advocacy support to navigate healthcare appointments and connect with organisations that can offer additional assistance – particularly when they lack wider personal support networks.

Support with assessments and diagnoses

Advocacy support is also sought by Care Experienced individuals who wish to obtain formal assessments and diagnoses, enabling them to access the appropriate help, support, and medical interventions necessary to manage their condition or symptoms.

Diet and nutrition

Maintaining a healthy diet and adequate nutrition is a key determinant of good physical health, representing the second overarching theme identified in the data. Advocacy workers frequently support individuals in improving their diet and nutritional intake. The primary categories under this theme, presented in approximate order of prevalence, are: the quality and provision of food in residential or supported living environments; food insecurity; and support for developing cooking skills.

Food provided in residential or supported living environments

Many of the issues raised under this theme relate to the quality, variety, and availability of food within care settings. Advocacy support is frequently sought to help raise these concerns with care providers.

Food insecurity

Advocacy workers often refer individuals to organisations such as food banks and assist in ensuring that Care Experienced children receive all the support to which they are entitled.

Support to develop cooking skills

Young people preparing to transition out of care often request support in developing independent living skills, such as preparing healthy meals. Advocacy workers assist by raising these requests with relevant providers to ensure opportunities for skill development are made available.

Exercise

Regular exercise is another important factor in maintaining good physical health, representing the third overarching theme identified in the data. Advocacy workers sometimes support individuals to access opportunities for physical activity. The predominant category under this theme relates to support in accessing leisure centres and exercise classes. Additionally, some issues highlighted a perceived lack of opportunities for exercise within residential care environments.

Accessing leisure centres and exercise classes

Some Care Experienced individuals seek advocacy support to obtain gym or leisure passes to which they may be entitled.

Exercise within residential care environments

Finally under this theme, some young people sought advocacy support to raise concerns about a perceived lack of opportunities for exercise and choice of activities within residential settings.

Support with complaints or dissatisfaction with health services

The final overarching theme identified relates to advocacy support in addressing concerns about health services. In some cases, individuals sought assistance to raise complaints about the care they had received, either formally or informally.[13] Additionally, some young people sought advocacy support to secure necessary health-related assistance for their parents.

Support with complaints

Many of the health-related complaints raised with advocacy workers focused on individuals feeling that they were not listened to, respected, or cared for appropriately.

Requests for health support for parents

Finally, some young people sought advocacy support to obtain health-related assistance for their parents, aiming to ensure they could continue living at home in a safe and supportive environment.

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[13] The majority of these issues are classified as 'Dissatisfaction with Service – Health' in the quantitative analysis; however, only those explicitly mentioning physical health were examined qualitatively.

2020 and 2025 comparison

Individual advocacy snap-shot comparison 2020 v 2025

Due to the systems limitations noted above, it is not possible to present meaningful snapshot comparisons for this vision paper.

Individual advocacy qualitative comparison | 2020 v 2025

The content of the two datasets (January–June 2020 and January–June 2025) was examined qualitatively. However, due to the small number of relevant issues identified (fewer than 30 in each period), no meaningful trends can be established.

Notwithstanding this limitation, overall requests for support with health-related issues appeared consistent across the two time periods. Given the limited data, no definitive conclusions can be drawn from these findings.

Further reading: collective advocacy publications

- Who Cares? Scotland, January 2025 -Developing a Definition of Care Experience Consultation
- Who Cares? Scotland, December 2024 – Belonging and Connection Issue Paper
- Who Cares? Scotland, October 2024- Finance Issue Paper
- Who Cares? Scotland, December 2022- Sexual Health and Healthy Relationships Project, Final Report
- Who Cares? Scotland, June 2022- Paving the Way Report
- Who Cares? Scotland, June 2022- Believe in Us Report
- Who Cares? Scotland, February 2022 – 'Being Human' The Bairns Supper Report
- Who Cares? Scotland, August 2021 – Annual Participation Programme, Sexual and Reproductive Health
- Who Cares? Scotland, February 2021 – Covid-19 Recovery Planning, Views from our Care Experienced Membership
- Aberdeen Care Experience Group – 'I'm scared I'm going to die' COVID report, August, 2020
- Who Cares? Scotland, December 2020 – Navigating the World of Rights Report, Views from our Care Experienced Membership

Justice

Scotland must stop locking up their children who have often experienced the failures of the state in provision of their care.

Executive Summary

At Who Cares? Scotland we are able to gather evidence on the lives of people with care experience, their outcomes and whether they receive the support they need to thrive.

Between 1st January 2023 and 30th June 2025, our advocacy workers supported around 2,800 individuals to raise around 13,700 issues. Of these, around 109 individuals were supported to raise over 170 issues pertaining to “criminal justice”(hereinafter referred to as “justice”) (1.3%). Twenty six of these related to Deprivation of Liberty Orders, which concern cross-border placements.

This paper provides an overview of the key criminal justice themes that advocacy workers supported individuals with, and offers a high-level snapshot comparison between the periods 1st January 2023 – 30th June 2023 and 1st January 2025 – 30th June 2025. Key areas of concern raised during this period included:

- Supporting witnesses and victims
- Sanctions and legal orders
- Ongoing legal proceedings
- Current and historic charges
- Experiences of police

The snapshot comparison shows that support provided to witnesses and victims remained consistent over time. However, issues relating to sanctions and legal orders, as well as requests for support with ongoing legal proceedings, became proportionally more common in 2025. By contrast, demand for support concerning current and historic charges declined.

This paper then analyses collective advocacy evidence from four reports from 2020 and 2023, involving 47 Care Experienced people. These cover support for Care Experienced police officers, experiences with police during COVID-19 lockdown, transport to secure care, and experiencing stigma from the wider community respectively.

Understanding our data

- This evidence relates to individuals supported by Who Cares? Scotland through individual and collective advocacy.
- It is based on a summary analysis of our data, combining quantitative figures with qualitative thematic insights and comparative analysis. Recording practices have become more comprehensive over time, so older data may contain fewer details.

- Individuals receiving individual advocacy and participating in collective advocacy are informed and provide consent, at first engagement and in an age- and stage-appropriate manner, that any information they provide may be anonymised and aggregated to prevent identification, and used to support Who Cares? Scotland's influencing work. For further information, please refer to our Privacy Notice.

- Not all of our evidence relates solely to Care Experienced people. Our advocacy services also support individuals without care experience to help them realise their rights. In particular, our work within the Children's Hearing System, Child Protection processes, and Additional Support Needs often reaches people beyond the Care Experienced community.

- Contract volumes and specifications have changed over time. Therefore, this should be taken into account when interpreting the data, particularly with respect to raw numbers, age, and living arrangements. Any numerical or demographic changes among those supported must be considered within this context. This also impacts on the issues analysed, as the pool of people who access advocacy is higher for children and young people than adults. Where some justice issues tail off for adults, this may be because they don't have access to advocacy and therefore the issue isn't recorded, rather than the issue improving.

- Data from 2020–2021 should be interpreted in the context of the COVID-19 pandemic and lockdowns, which required changes to how advocacy was delivered to ensure safety and influenced the types of issues we supported.

- As issues related to "criminal justice" were only fully coded in our internal advocacy database from 2022 onwards, the 2023 dataset has been selected as the first suitable point of comparison.

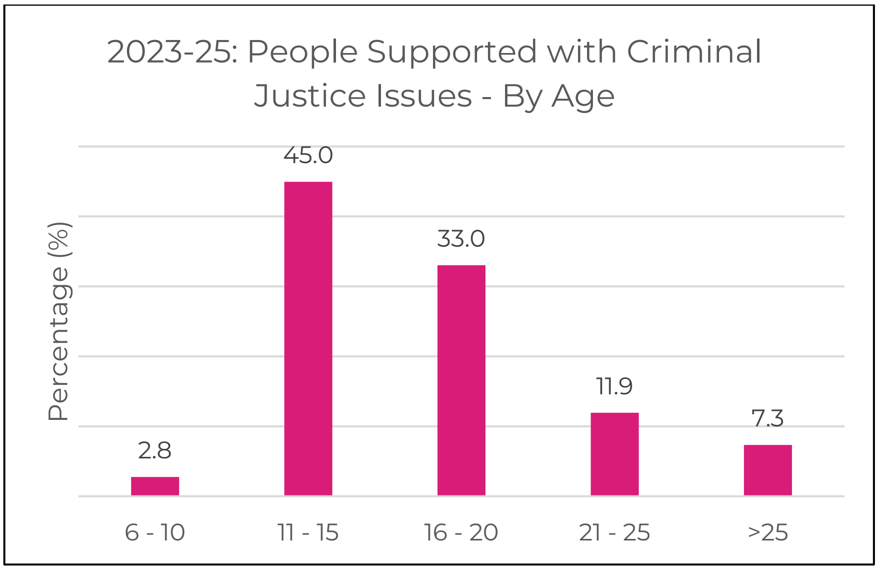
- Our collective advocacy evidence on justice in the timeframe is limited. As explained at the end of this report, direct qualitative comparison was not possible due to the differing nature of topics and participants.

- The evidence analysed from individual and collective advocacy of varying sample sizes will not necessarily relate to the experience of every Care Experienced individual in Scotland, and our analysis cannot support causality. However, this illustrates a clear indication as to the issues which require further investigation when monitoring progress towards keeping the Promise.

Individual advocacy evidence 2020 - 2025

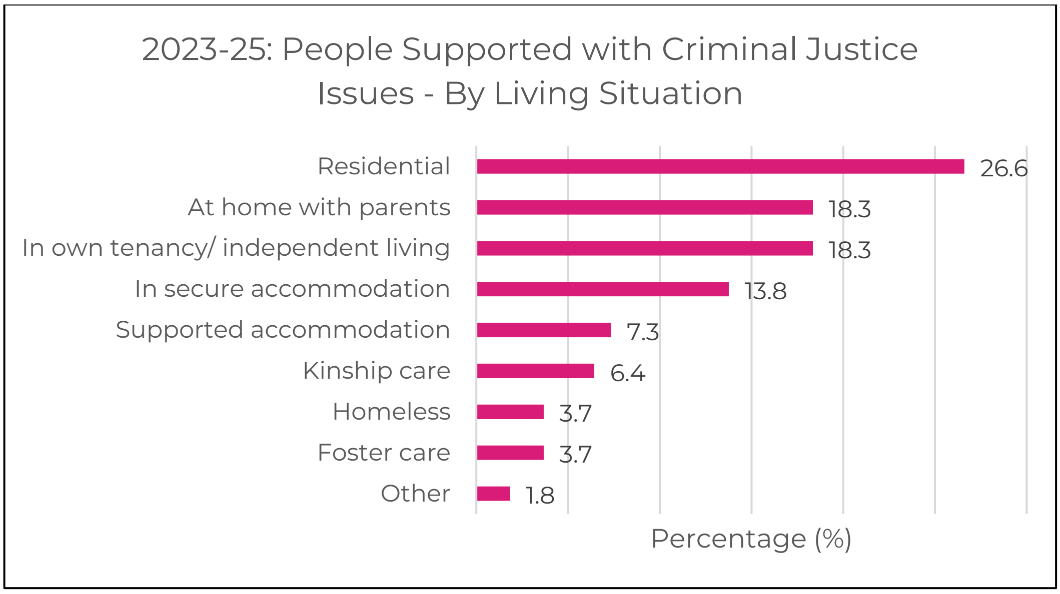
Quantitative data

Age



Between January 2023 and June 2025, the ages of individuals raising justice-related advocacy issues ranged from 8 to 58 years, with a mean age of 17.4.

Living Situation



Between January 2023 and June 2025, individuals raising justice-related advocacy issues were recorded across ten different living situations. The most common was residential care, accounting for just over a quarter of cases. This was followed by those living at home with parents and those in their own tenancy or living independently, each representing around one-fifth of cases. Approximately one in seven individuals were living in secure accommodation.

Qualitative data

The content of these issues were qualitatively analysed for broad themes and more nuanced details, some of which overlap i.e. one single issue can contain more than one theme. This gave rise to the following key themes (presented in broad order of frequency):

Supporting witnesses and victims

Advocacy workers provide support in various ways for individuals who are witnesses or victims of crime. This support can include assisting with attendance at court and/or giving evidence, signposting to relevant support services, and providing information on rights and procedures related to their case.

Sanctions and legal orders

Advocacy workers support individuals who are experiencing challenges in complying with various legal sanctions and orders within the justice system, most notably including Deprivation of Liberty Orders, bail conditions, and custodial sentences or periods of remand.

Ongoing legal proceedings

For those involved in ongoing legal proceedings, advocacy workers provide assistance by liaising with social workers, connecting or signposting them to legal assistance and ensuring the impact of the proceedings on their lives are recorded and conveyed to other services.

Current and historic charges

Advocacy workers assist individuals facing criminal charges by helping them understand the charges and the associated legal processes. For those with historic charges, advocates provide information and signposting to help them access their records and understand the implications of these charges.

Experiences of police

Care Experienced Individuals who interact with the police may seek advocacy support from us to raise issues, including reporting crimes, providing statements, and making complaints about the service. This theme includes:

- Supporting people to report crimes, give statements and take part in interviews
- Complaints with treatment/service

Justice

2020 and 2025 comparison

Individual advocacy snap-shot comparison 2020 v 2025

	Jan-June 2023	Jan-June 2025
No. individuals supported to raise issue re justice	31	29
No. issues raised re justice	50	42
Justice issues as % of all issues raised over period	1.6%	1.6%

The number of individuals supported to raise justice-related issues decreased slightly, from 31 in 2023 to 29 in 2025. Over the same period, the total number of issues raised also declined, from 50 to 42. Justice issues accounted for 1.6% of all advocacy issues in both 2023 and 2025.

Justice

Individual advocacy qualitative comparison | 2020 v 2025

The content of these two datasets (January-June 2023 and January-June 2025) was qualitatively analysed to identify broad themes as well as more nuanced details, some of which overlap – for example, a single issue may encompass multiple themes. Particular attention was given to the main similarities, differences and apparent trends between the datasets. Given the small sample size in this case, we chose to highlight a few high level trends only. This gave rise to the following key themes:

- Support for witnesses and victims remained stable: Issues such as attending court and/or giving evidence, signposting to relevant support services, and providing information on rights and procedures remained broadly consistent across both time periods.

- Issues relating to sanctions/orders more common: Issues which include the need for support around sanctions and orders (e.g. Deprivation of Liberty Orders, bail conditions, custodial sentences and remand) were more commonly raised proportionately with our advocacy workers in 2025 when compared to 2023.

- Support for ongoing legal proceedings more common: Advocacy support around various legal proceedings, including accessing legal advice, liaising with professionals or getting updates on live cases, was more commonly provided by our advocacy workers in 2025 when compared with 2023.

- Less need for support around current and historical charges: Proportionately fewer issues including requests around current or historic charges were evident in the 2025 dataset. In 2023, the majority of these were people seeking information or support around current charges.

Further reading: collective advocacy publications

- Who Cares? Scotland, 2023 – Response to the Scottish Human Rights Bill consultation

- Who Cares? Scotland, 2022 - Response to the policy proposals of the Children (Care and Justice) (Scotland) Bill

- Who Cares? Scotland, June 2022- Paving the Way Report

- Who Cares? Scotland, 2020- Care Experienced Officers Group

- Aberdeen covid report – August, 2020

Aftercare

Young adults for whom Scotland has taken on parenting responsibility must have a right to return to care and have access to services and supportive people to nurture them.

Executive Summary

At Who Cares? Scotland we are able to gather evidence on the lives of people with care experience, their outcomes and whether they receive the support they need to thrive.

Between 1st January 2020 and 30th June 2025, our advocacy workers supported approximately 4,800 individuals to raise over 28,000 issues. Of these, over 270 individuals were supported to raise around 370 issues pertaining to aftercare (1.3% of all issues).

This paper provides an overview of the key aftercare themes that individuals were supported with, alongside a high-level snapshot comparison between the periods 1st Jan 2020 – 30th June 2020 and 1st January 2025 – 30th June 2025. Key areas of concern raised during this period included:

- Leaving care
- Getting support
- Dissatisfaction with service

The snapshot comparison indicates a relative decrease in the recording of aftercare issues between 2020 and 2025. In 2025, fewer issues were related to leaving care, while more concerned access to support. Recorded levels of dissatisfaction with aftercare services remained largely unchanged between the two periods.

This paper then analyses collective advocacy evidence from ten reports from 2020 to 2024, involving over 637 Care Experienced people, followed by a comparative analysis. These reports highlighted varying themes, such as:

- Inadequate preparation for independent living
- Poor transitions from child to adult services, with abrupt loss of support and relationships
- The lifelong impact of care experience and need for support beyond arbitrary age limits
- Social isolation and feelings of abandonment after transitioning to adult services

Understanding our data

- This evidence relates to individuals supported by Who Cares? Scotland individual and collective advocacy.

- It is based on a summary analysis of our data, combining quantitative figures with qualitative thematic insights and limited analysis. Recording practices have become more comprehensive over time, so older data may contain fewer details.

- Individuals receiving individual advocacy and participating in collective advocacy are informed and provide consent, at first engagement and in an age- and stage-appropriate manner, that any information they provide may be anonymised and aggregated to prevent identification, and used to support Who Cares? Scotland's influencing work. For further information, please refer to our Privacy Notice.

- Some overlap exists between the data and evidence presented in this report and that contained in the Carers and Stability paper. In addition, 'Aftercare' is not a distinct data category within our database, meaning that certain categories included in the Adult vision paper may also relate to Aftercare.

- Not all of our evidence relates solely to Care Experienced people. Our advocacy services also support individuals without care experience to help them realise their rights. In particular, our work within the Children's Hearing System, Child Protection processes, and Additional Support Needs often reaches people beyond the Care Experienced community.

- Contract volumes and specifications have changed over time. Therefore, this should be taken into account when interpreting the data, particularly with respect to raw numbers, age, and living arrangements. Any numerical or demographic changes among those supported must be considered within this context. This also impacts on the issues analysed, as the pool of people who access advocacy is higher for children and young people than adults.

- Data from 2020–2021 should be interpreted in the context of the COVID-19 pandemic and lockdowns, which required changes to how advocacy was delivered to ensure safety and influenced the types of issues we supported. It is challenging to draw meaningful comparisons between experiences during the pandemic and those that followed.

- During the pandemic, Who Cares? Scotland launched a First Responder Helpline to address the urgent needs of Care Experienced individuals and those who support them. This included distributing Scottish Government funds to those requiring assistance. In 2022, recognising the lifelong impact of care experience, the service evolved into the Lifelong Helpline, offering rights-based support to Care Experienced people of all ages. This expansion has broadened the scope of issues we address.

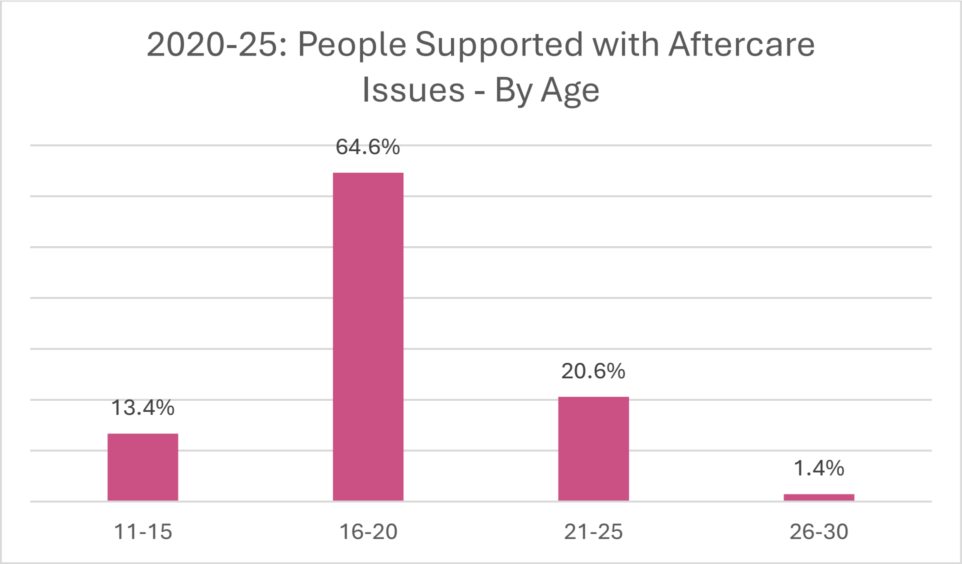
- The evidence analysed from individual and collective advocacy of varying sample sizes, and in the context of collective advocacy, methodologies (e.g. online survey vs. in-person workshop) will not necessarily relate to the experience of every Care

Experienced individual in Scotland, and our analysis cannot support causality. However, this illustrates a clear indication as to the issues which require further investigation when monitoring progress towards keeping the Promise.

Individual advocacy evidence 2020 - 2025

Quantitative data

Age Distribution



Between January 2020 and June 2025, the ages of individuals raising aftercare-based advocacy issues ranged from 11 to 29 years,[14] with an average age of 18.4 years. Individuals aged 16–20 made up the largest proportion of those supported, representing around two thirds.

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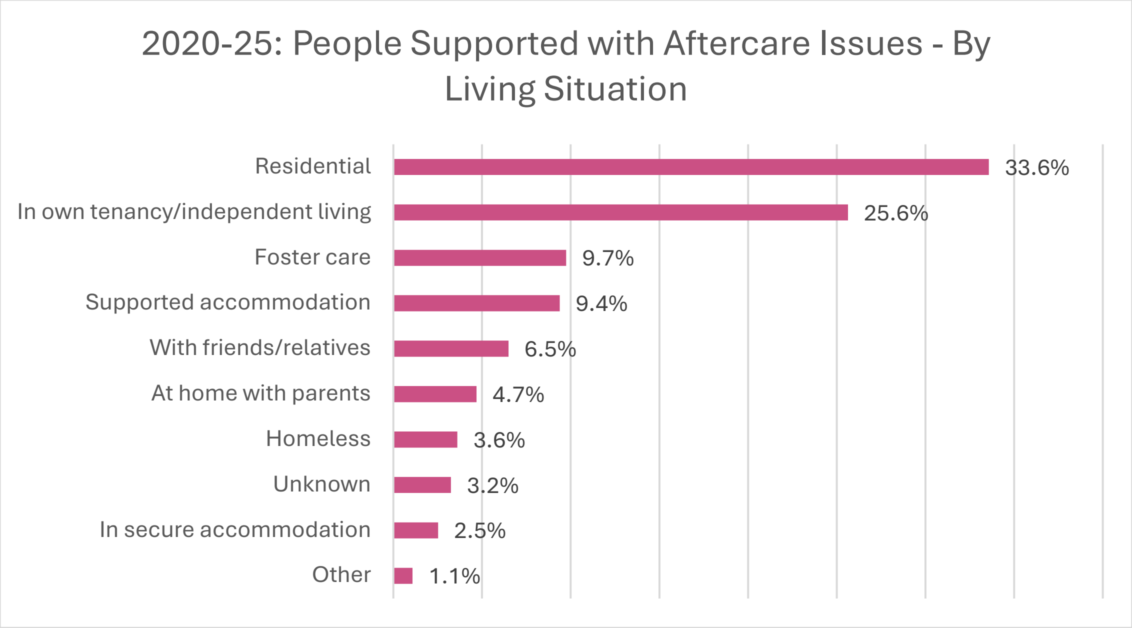
[14] Whilst unusual for an 11-year-old to raise an issue related to aftercare, this was investigated and appears to be correct.

Aftercare

Living Situation[15]



Between January 2020 and June 2025, individuals raising aftercare–related advocacy issues were recorded across 16 different living situations. The most common were those living in residential care, making up around a third of cases, followed by those in their own tenancy or living independently. Around one in ten lived in foster care, with around the same number in supported accommodation.

Qualitative data

The issues explored were qualitatively analysed to identify broad themes and nuanced insights. Many issues overlapped, as a single case could encompass multiple themes. Across all advocacy requests linked to this vision statement, the core principles of respecting the views of those involved, actively listening to their voices and ensuring they are informed and included were evident.

The majority of concerns raised by individuals we supported under this vision statement related broadly into three overarching themes: leaving care, getting support and dissatisfaction with services.[16] These themes, along with their subcategories, are outlined below in approximate order of frequency.

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[15] Living situation is originally captured upon referral and may not always be updated as circumstances change over time.

[16] It is important to note that these themes are crosscutting – many issues will include aspects of multiple themes.

Aftercare

Leaving care

The average age people leave care is lower than the average age people leave home,[17] and with this can come a multitude of issues and requests. Issues related to leaving care emerged as the most common theme in this data, with care planning and requests to leave, moving to supported accommodation, issues around compulsory supervision orders and requests to stay being the most prominent subthemes respectively.

Requests to leave and care planning

Many people we have supported with issues under this vision statement plan to leave formalised care when they are able to. For some, this is with a particular move in mind, for example, moving into their own tenancy, moving in with a parent, with a sibling, friend, or other family member:

Relatedly, many others would like to leave care, but do not yet have a specific plan or destination in mind. They are undecided and would like more information about care planning. In other words, they would like to explore their options:

Moving to supported accommodation

For some, leaving formalised care altogether can feel like too big a step. Instead, they would prefer to move to a supported living placement – often seeing this as a 'stepping stone' towards independent living.

Compulsory supervision orders (CSOs) and returning to care

In some cases under this theme, Compulsory Supervision Orders (CSOs) are specifically mentioned in the request. The reasoning typically relates either to a perceived need for less support, for example, the removal of the order:

Less commonly, a need for more support, such as the resumption of an order or a request to return to care, is made:

Requests to stay

Finally, regarding issues around leaving care, some people we support do not feel ready or willing to leave and request to remain in their current placement. Reasons for this may relate to education, employment, health, or similar circumstances, for example:

Getting support

Requests for different types of support and information emerged as the second most common overarching theme in the data. Three distinct areas were identified, roughly in order of frequency: aftercare entitlements; physical and mental health; and housing. Underpinning many requests for support was a concern about independent living skills:

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[17] CELCIS (2024) - https://www.celcis.org/our-work/key-areas/throughcare-and-aftercare/our-throughcare-and-aftercare-work (Accessed 7.11.25)

Aftercare

Aftercare entitlements
For those who are leaving care, entitlements – whether financial or otherwise – can be confusing and difficult to navigate. Many people we support turn to their advocacy worker for guidance on what they are entitled to and how to access these entitlements:

Physical and mental health
Some of the issues raised under this vision statement include requests for support, either directly or indirectly, with physical or mental health and wellbeing:

Housing issues
In other cases, requests for support relate specifically to housing, whether material or financial.

Dissatisfaction with services

The final overarching theme identified relates to advocacy support in addressing concerns about aftercare services. In some cases, individuals sought help to raise complaints about the care they had received, either formally or informally. Most of these concerns related to issues with worker(s) or to a general sense of insufficient support.

Issues with worker(s)
The most common source of dissatisfaction with services related to complaints or concerns about staff. These were most frequently directed toward social workers or throughcare workers, though occasionally involved staff from other services. The issues raised typically concerned treatment and communication, as well as requests for a change of worker.

Lack of support (general)
Less frequently, expressions of dissatisfaction related more broadly to the service itself, most commonly concerning social services:

2020 and 2025 comparison

Individual advocacy snap-shot comparison 2020 v 2025

	Jan-June 2020	**Jan-June 2025**
No. individuals supported to raise issues re aftercare	35	22
No. issues raised re aftercare	39	25

Aftercare

Aftercare issues as % of all issues raised over period	1.7%	0.9%

The number of individuals supported to raise aftercare–related issues decreased from 35 in 2020 to 22 in 2025. Similarly, the total number of issues recorded fell from 39 to 25 over the same period. Aftercare-related issues now represent a smaller proportion of all advocacy issues, declining from 1.7% in 2020 to 0.9% in 2025.

Individual advocacy qualitative comparison | 2020 v 2025

The content of these two datasets (January-June 2020 and January-June 2025) was qualitatively analysed to identify broad themes as well as more nuanced details, some of which overlap – for example, a single issue may encompass multiple themes. Particular attention was given to the to the main similarities, differences, and emerging trends between the datasets. In light of the caveats noted at the outset, and the relatively small sample size, it was considered appropriate and proportional to highlight only a few high-level trends. This process identified the following key themes:

- Fewer issues related to leaving care. A comparatively lower number of issues concerning leaving care were recorded in the first half of 2025 than during the same period in 2020, consistent with the quantitative findings.

- Increase in issues related to accessing support. Qualitative analysis of the two datasets indicated a higher proportion of issues involving requests for support as part of advocacy cases, whether or not these were directly connected to aftercare.

- No significant change in dissatisfaction with aftercare. Explicit dissatisfaction with aftercare services remained relatively stable across the two periods.

Further reading: collective advocacy publications

- Who Cares? Scotland, October 2024 – Response to the Scottish Government Moving on from Care into Adulthood Consultation
- Who Cares? Scotland, October 2024 – Finance Issue Paper
- Who Cares? Scotland, June 2024 – Housing Issue Paper
- Who Cares? Scotland, March 2024 – Member Committee Evidence Session
- Who Cares? Scotland, March 2024 – Social Security (Amendment) (Scotland) Bill response
- Who Cares? Scotland, June 2022- Believe in Us Report
- Who Cares? Scotland, February 2022 – 'Being Human' The Bairns Supper Report
- Who Cares? Scotland, February 2021 – Covid-19 Recovery Planning, Views from our Care Experienced Membership
- Who Cares? Scotland, December 2020 – Navigating the World of Rights Report, Views from our Care Experienced Membership

Support for care experienced adults

Care experienced adults must have a right to access to supportive, caring services for as long as they require. Those services and the people who work in them must have a primary focus on the development and maintenance of supportive relationships that help people access what they need to thrive.

Executive Summary

At Who Cares? Scotland we are able to gather evidence on the lives of people with care experience, their outcomes and whether they receive the support they need to thrive.

Between 1st January 2020 and 30th June 2025, our advocacy workers supported approximately 4,800 individuals to raise over 28,000 issues. Of these, nearly 1,200 individuals aged 18 and over were supported to raise over 5,300 issues (18.9% of all issues).

This paper provides an overview of the key themes that individuals aged 18 and over were supported with, including a qualitative analysis of the five most common themes alongside a high-level snapshot comparison between the periods 1st Jan 2020 – 30th June 2020 and 1st January 2025 – 30th June 2025. Key areas of concern raised during this period included:

- Finance
- Health & wellbeing
- Housing
- Dissatisfaction with services
- Legal
- Cross-cutting themes
- Support as a parent
- Support with meetings and hearings

The snapshot comparison highlights differences in advocacy requests between 2020 and 2025, with fewer issues raised by Care Experienced adults overall and marked changes across key themes. Financial concerns were more prominent in 2020, while 2025 saw proportionally more requests related to health and wellbeing, housing, dissatisfaction with services, and legal matters – particularly around records access and Redress. The COVID-19 context and related service changes significantly shaped patterns of support-seeking.

Support for care experienced adults

This paper then analyses collective advocacy evidence from thirteen reports from 2020 to 2025, involving over 591 Care Experienced people, followed by a comparative analysis. These reports highlighted varying themes, such as:

- Abrupt transitions and lack of preparation for independent living
- Need for lifelong support beyond arbitrary age limits
- Lack of trust in services

Understanding our data

- This evidence relates to individuals supported by Who Cares? Scotland individual and collective advocacy.
- It is based on a summary analysis of our data, combining quantitative figures with qualitative thematic insights and limited analysis. Recording practices have become more comprehensive over time, so older data may contain fewer details.
- Individuals receiving individual advocacy and participating in collective advocacy are informed and provide consent, at first engagement and in an age- and stage-appropriate manner, that any information they provide may be anonymised and aggregated to prevent identification, and used to support Who Cares? Scotland's influencing work. For further information, please refer to our Privacy Notice.
- Some of the data and evidence presented in this report overlaps with information included in many of the other papers. Given the breadth and diversity of the available data from individual advocacy, this report provides a qualitative analysis focused on the five most prominent themes.
- Not all of our evidence relates solely to Care Experienced people. Our advocacy services also support individuals without care experience to help them realise their rights. In particular, our work within the Children's Hearing System, Child Protection processes, and Additional Support Needs often reaches people beyond the Care Experienced community.
- Contract volumes and specifications have changed over time. Therefore, this should be taken into account when interpreting the data, particularly with respect to raw numbers, age, and living arrangements. Any numerical or demographic changes among those supported must be considered within this context. This also impacts on the issues analysed, as the pool of people who access advocacy is higher for children and young people than adults.
- Data from 2020–2021 should be interpreted in the context of the COVID-19 pandemic and lockdowns, which required changes to how advocacy was delivered to ensure safety and influenced the types of issues we supported. It is challenging to

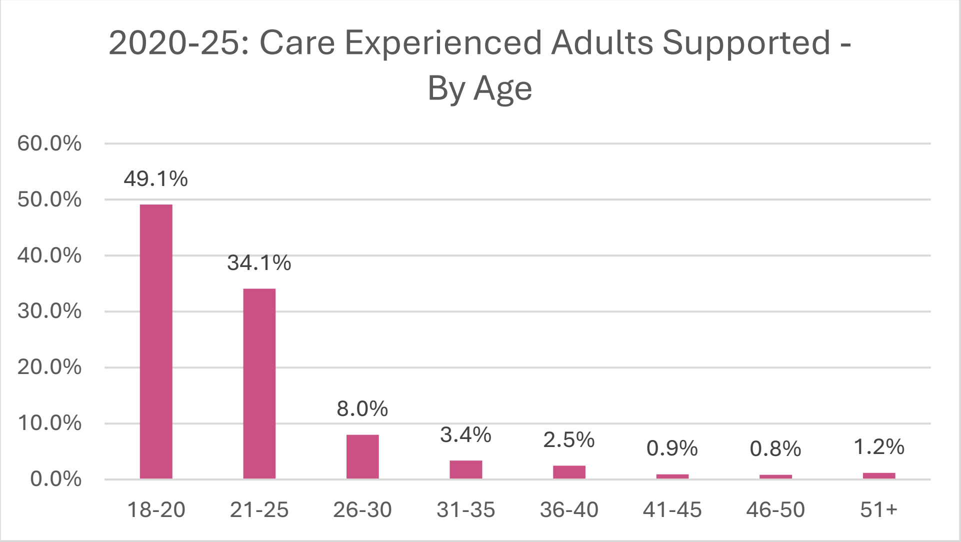
draw meaningful comparisons between experiences during the pandemic and those that followed.

- During the pandemic, Who Cares? Scotland launched a First Responder Helpline to address the urgent needs of Care Experienced individuals and those who support them. This included distributing Scottish Government funds to those requiring assistance. In 2022, recognising the lifelong impact of care experience, the service evolved into the Lifelong Helpline, offering rights-based support to Care Experienced people of all ages. This expansion has broadened the scope of issues we address.
- The evidence analysed from individual and collective advocacy of varying sample sizes, and in the context of collective advocacy, methodologies (e.g. online survey vs. in-person workshop) will not necessarily relate to the experience of every Care Experienced individual in Scotland, and our analysis cannot support causality. However, this illustrates a clear indication as to the issues which require further investigation when monitoring progress towards keeping the Promise.

Individual advocacy evidence 2020 - 2025

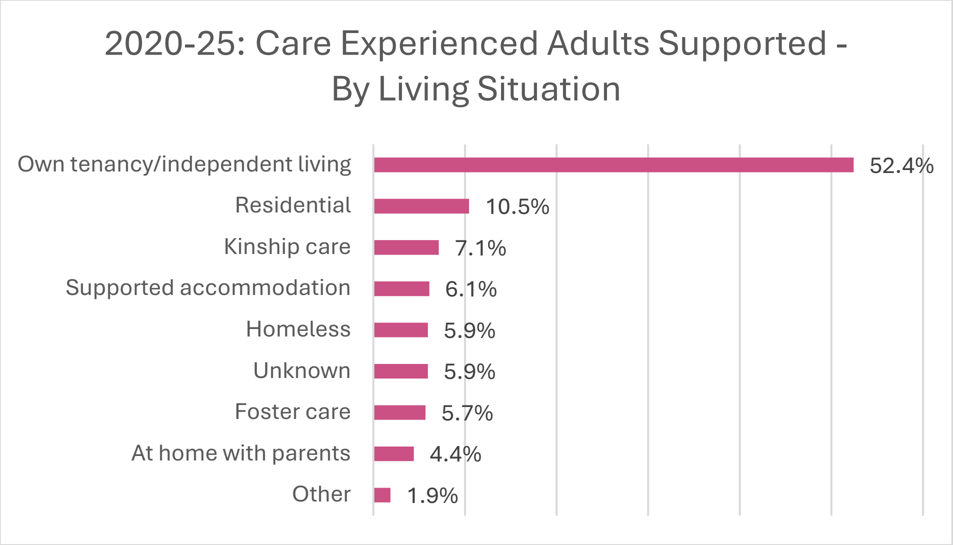
Quantitative data

Age Distribution



Between January 2020 and June 2025, the ages of adults raising advocacy issues ranged from 18 to 63 years, with an average age of 22.6 years. Individuals aged 18–20 made up the largest proportion of those supported, representing just under half. Those aged 26 and over made up around one in six adults supported (16.8%).

Living Situation[18]



Between January 2020 and June 2025, Care Experienced adults raising advocacy issues were recorded across 18 different living situations. The most common living arrangement by far was independent living or holding one's own tenancy, accounting for more than half of all cases. The next most frequent was residential care, representing approximately one in ten cases.

Qualitative data

Issues falling within the top five categories were analysed qualitatively to identify both overarching themes and more nuanced insights. Many issues were interrelated, as a single case often spanned multiple thematic areas. Notably, Care Experienced adults most frequently sought advocacy support during periods of significant life change or challenge – times when their non-Care Experienced peers might typically rely on family assistance. These situations included financial crises, moving and furnishing a new home, managing health needs, becoming parents, and navigating legal matters.

Finance

Finance emerged as the most common presenting theme for those aged 18 and over, appearing almost twice as frequently as the next most common theme. Requests for support generally fell into three broad categories, listed in approximate order of frequency: support with financial entitlements; support at times of financial crisis; and support with bills, debts and budgeting.

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[18] Living situation is originally captured upon referral and may not always be updated as circumstances change over time.

Support for care experienced adults

Support with financial entitlements

Financial support systems and entitlement frameworks in Scotland are highly complex. Understanding the full range of available provisions can be challenging, and many Care Experienced adults seek advocacy support to ensure they are receiving all benefits and supports for which they are eligible. These entitlements broadly fall into two domains: entitlements as a Care Experienced adult; and general/universal entitlements.

Entitlements as a Care Experienced adult

Requests within this category commonly relate to enquiries about supports specifically designed for Care Experienced individuals, such as the Care Experienced Bursary (CEB), Section 29 funding, and the council tax exemption.

General / universal entitlements

The most commonly queried universal benefits and entitlements include Universal Credit and disability-related payments. Many Care Experienced adults are unfamiliar with eligibility criteria, the combinations of benefits for which they may qualify, and the application processes. Advocacy support is often required to assist with completing complex paperwork and to provide guidance and representation in cases where benefits are sanctioned or discontinued.

Support at times of financial crisis

The ongoing cost of living crisis has left many individuals with minimal savings to manage significant life events, such as moving home or becoming a parent, or to cope with unexpected setbacks, such as job loss or the impacts of the pandemic. For Care Experienced individuals, the absence of a reliable personal support network can exacerbate these challenges. In such situations, advocacy support is frequently sought to identify sources of emergency assistance, including funding, food, and clothing.

Support with bills, debts and budgeting

Closely related to financial crisis support, Care Experienced adults often seek individual advocacy assistance when facing debt, difficulties in paying bills, or needing guidance with budgeting – a fundamental life skill. In these cases, advocacy workers frequently make referrals to social work services or specialist income maximisation agencies to provide additional support and resources.

Health & wellbeing

After financial concerns, the next most commonly reported issues among Care Experienced adults relate to health and wellbeing. These findings align closely with the themes outlined in the Health and Mental Health & Wellbeing vision papers. The issues identified can be broadly categorised, in order of prevalence, as: **request for support;** and **mental health symptoms**.[19]

Request for support[20]

As highlighted in both health-related vision papers, requests for support emerged as the most prevalent theme in this data. This category encompasses **assistance with registering with health and wellbeing professionals**, **obtaining referrals**, and **receiving support during appointments and assessments**.

Registration and referrals

Many individuals face challenges with routine administrative tasks, such as registering with healthcare providers or following up on referrals, particularly when long waiting lists are involved. Care Experienced adults often require additional support from advocacy workers during the initial registration and referral processes to ensure timely access to services.

Support with appointments and assessments

Advocacy support is frequently requested to assist with scheduling and attending health appointments related to illnesses, medical conditions, or medications. Such support is often needed due to feelings of anxiety or fear, or a concern that the individual's health issues may not be fully acknowledged or understood.

Care Experienced adults also seek advocacy support when pursuing formal assessments and diagnoses, which enable them to access appropriate care, support, and medical interventions necessary to manage their conditions or symptoms effectively.

Mental health symptoms[21]

As highlighted in the Mental Health vision paper, many individuals receiving support presented with issues including trauma processing, grief, and PTSD; general symptoms of poor mental health; suicidal ideation; substance misuse; and self-harm.

Housing

In May 2024, the Scottish Government declared that Scotland was experiencing a housing emergency. Access to safe, affordable, and high-quality housing is fundamental to providing

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[19] It should be noted from the outset that many cases describe both the symptoms being experienced and specific requests for support. For further information, refer to the Mental Health & Wellbeing and Health vision papers. Issues relating to mental health occur far more frequently than those concerning physical health; therefore, physical health symptoms are not presented as a separate sub-section and are instead addressed within the Request for Support category.

[20] See Mental Health & Wellbeing and Health vision papers for further detailed information.

[21] See Mental Health & Wellbeing vision paper for further detailed information.

individuals with the best opportunities in life. Many Care Experienced adults face significant challenges in securing suitable housing and frequently seek advocacy support for related issues. Requests within the housing category generally fall into three broad areas, in order of frequency: **support with getting a tenancy**; **support to equip or maintain a tenancy**; and **continuing care and pathway planning**.

Support with getting a tenancy

Many Care Experienced adults require advocacy support to secure their first suitable tenancy upon leaving care, while others seek assistance in transferring to a more appropriate home.

Securing first tenancies

Advocacy workers often support Care Experienced adults by assisting with housing applications, liaising with Throughcare Aftercare services, and following up on placing requests. Some individuals in this group are currently homeless, frequently relying on temporary, inappropriate arrangements, such as ‘sofa surfing’ or staying in hotels or B&Bs.

Moving request

Advocacy support is also sought to secure more appropriate accommodation, often due to personal or relational factors. Some individuals request a move because of difficulties with neighbours, while others seek to relocate closer to support networks. In other cases, moves are prompted by changes in personal circumstances, such as becoming a parent or encountering accessibility needs.

Placements outwith responsible local authority

In some cases, cross-boundary issues arise when Care Experienced individuals are unable to access housing outside the local authority responsible for them, even if they have lived in another area for many years and have established support networks there.

Support to equip or maintain a tenancy

Creating a home that feels safe, secure, and comfortable can be both complex and costly. For Care Experienced adults, who may lack strong support networks and disposable income, these challenges can be particularly pronounced. Advocacy support is frequently sought to assist with sourcing furnishings and essential appliances, managing relationships with neighbours, and addressing utilities, maintenance, and repairs.

Continuing care and pathway planning[22]

Care Experienced young adults often seek advocacy support to understand their eligibility for, and exercise their rights in relation to, Continuing Care and Pathway Planning. In these situations, advocacy workers frequently act as intermediaries between social work services

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[22] See Carers and Stability vision paper for further details on this topic.

and the young person, ensuring that the individual's views and preferences are clearly represented and considered.

Dissatisfaction with Services

A recurring theme across many vision papers is that the services received by Care Experienced individuals are not always satisfactory. Care Experienced adults frequently seek advocacy support to raise complaints – both informal and formal – regarding a range of services. In broad order of prevalence, these include: social work, including Throughcare Aftercare; residential care; health; and other services.

Social work (including Throughcare Aftercare)

The majority of concerns relate to the support provided by social work services, including Throughcare Aftercare. Common issues include poor communication and a perception that the individual is not being included, respected, or listened to. Other concerns involve potential errors in case management and requests for consistent allocation of workers. Advocacy plays a key role in amplifying the voices of Care Experienced adults and ensuring their rights are upheld.

Some concerns relate to the transition that occurs when individuals 'age out' of services.

Residential care

Some young adults express concerns regarding the support they receive in residential care. These issues often relate to poor communication and a perception of not being heard, while others focus on limitations to their independence. Advocacy workers play a key role in ensuring that these perspectives are acknowledged and taken seriously.

Occasionally, advocates are approached regarding concerns about historical treatment.

Health

Advocacy support is also provided to Care Experienced adults experiencing challenges with the healthcare they receive. Most commonly, advocacy workers are requested to help expedite appointments, assessments, or treatments, particularly in relation to mental health services.

Other services

Advocacy workers also support Care Experienced adults who have concerns or issues with other services, including **social security and funding bodies**, **criminal justice**, **education**, and **foster or adoptive care**. Support is often provided to challenge decisions and ensure the individual's rights and perspectives are represented.

Legal[23]

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[23] See also Justice vision paper.

Support for care experienced adults

The final of the 'top five' themes examined qualitatively is Legal. Most adults require legal support and advice at certain points in their lives, often during periods of heightened stress. Care Experienced adults frequently need legal guidance to represent them in formal processes and proceedings. They also require assistance with related matters, such as accessing records and obtaining proof of care experience or identity.

Requests within the legal category generally fall into four broad areas, in order of frequency: support to request legal assistance; support to access records and apply for Redress; support with proof of care experience and identification; and support with housing.

Support to request legal assistance

Care Experienced adults seek legal assistance for a variety of reasons, including challenging or requesting legal orders, support as a victim of crime, or support as a suspect.

Legal orders

Advocacy workers are asked to support Care Experienced adults in instructing legal representation to challenge or request legal orders. Relevant orders here include permanence orders, guardianship orders, and powers of attorney. In some instances, advocacy support is also provided in relation to mental health orders.

Support as a victim of crime

Children and adults who have experienced Adverse Childhood Experiences (ACEs) are more likely to become victims of crime than those without such experiences (Justice Analytical Services, 2018). Care Experienced individuals, who are likely to have encountered ACEs, therefore have an increased risk of victimisation. Some Care Experienced adults who have been victims of crime seek legal advice and advocacy support throughout the legal process. Where appropriate, advocacy workers also provide referrals and signposting to additional services that are better suited to the individual's needs.

Support as a suspect

Care Experienced adults who are suspected of, or charged with, an offence occasionally seek advocacy support. This support includes guidance to seek independent legal advice and to help them understand the nature of the charges and the associated legal processes.

Support to access records and apply for Redress

During the reporting period, some Care Experienced adults sought advocacy support to access their records, most commonly their social work care records. Accessing these records is often the first step in understanding their care journey and can precede applications to the Redress Scheme, for which advocacy workers also provide specialised guidance and support.

Accessing social work records

Support for care experienced adults

Advocacy support includes assisting individuals to access their records, following up on outstanding requests, and raising queries regarding any omissions or errors in the files, in line with the wishes of the person being supported.

Accessing other types of records

Occasionally, Care Experienced adults seek access to other types of records. This may relate to specific incidents or be required to support applications for Redress or other forms of compensation.

Support with Redress

Advocacy support is provided to Care Experienced adults throughout the Redress process. This includes signposting or referring individuals to specialist agencies for application assistance, preparing supporting statements, and providing guidance during appeals.

Support with proof of care experience and identification

Advocacy is provided to Care Experienced adults who need to verify their status in order to access the services and supports to which they are entitled. This often involves advocacy workers liaising with social work departments to obtain documentation confirming the individual's care experience or involvement.

Similarly, some Care Experienced adults require advocacy support to obtain official identification.

Housing

Finally, under this theme, some Care Experienced adults require legal advice and support related to their housing or homelessness situation.

Cross-cutting themes

Two additional themes emerged from the qualitative analysis conducted for this vision paper: **support as a parent** and **support with meetings and hearings**. These themes are considered 'cross-cutting,' as they were evident across issues within each of the five primary themes.

Support as a parent[24]

Becoming a parent, whether for the first time or with subsequent children, represents a significant life event. It impacts finances, housing, and health and wellbeing, and often necessitates engagement with multiple statutory agencies. For Care Experienced adults, these interactions can involve formal processes independent advocacy support (and often, independent legal advice) are required.

Support with meetings and hearings

Care Experienced adults are frequently required to attend numerous meetings, particularly during periods of transition or significant life changes. Many seek advocacy support to

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[24] See also Supporting Children to Stay with their Families vision paper.

ensure they understand the proceedings, that their views are heard and considered, and that their rights are fully respected.

2020 and 2025 comparison

Individual advocacy snap-shot comparison 2020 v 2025

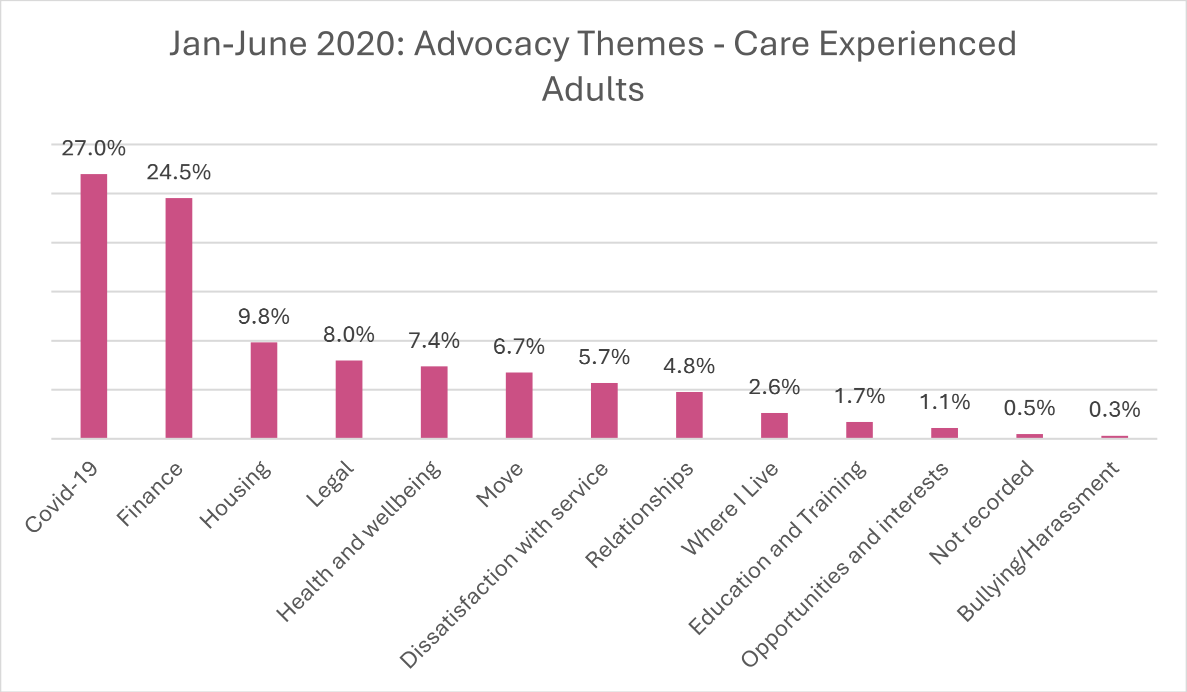
	Jan-June 2020	Jan-June 2025
No. Care Experienced adults supported to raise issues	255	177
No. issues raised by Care Experienced adults	652	447
Adult issues as % of all issues raised over period	29%	17%

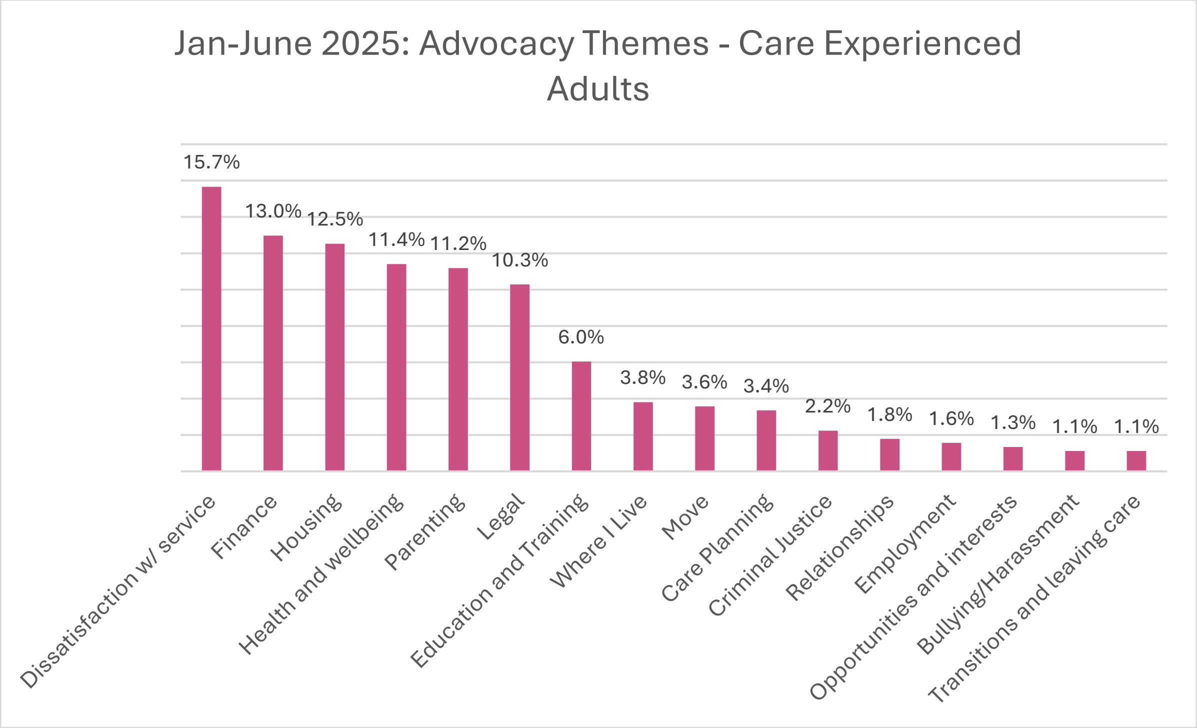
The number of Care Experienced adults supported to raise issues decreased from 255 in 2020 to 177 in 2025. Similarly, the total number of issues recorded fell from 652 to 447 over the same period. Issues raised by Care Experienced adults now represent a smaller proportion of all advocacy issues, almost halving from 29% in 2020 to 17% in 2025. This is very likely the impact of the COVID-19 pandemic, during which, the challenges existing for Care Experienced adults were exacerbated.

Support for care experienced adults

Individual advocacy quantitative comparison 2020 v 2025

Advocacy Themes





Between January and June 2020, 12 categories of advocacy issues were recorded for Care Experienced adults. By 2025, this had increased to 16 categories, reflecting improvements in recording processes. In 2020, the most common issues were related to Covid-19 and finance,[25] each accounting for roughly a quarter of all concerns raised. By 2025, the distribution of issues had become far more varied, with dissatisfaction with services emerging as the most common theme, followed closely by finance, housing, health and wellbeing, parenting, and legal matters.

Individual advocacy qualitative comparison | 2020 v 2025

Given the breadth of available data, only the top five themes were selected as the sample for qualitative comparison across the two periods (January–June 2020 and January–June 2025). The content of these datasets was analysed to identify both broad themes and more nuanced details, recognising that many issues overlap and may relate to multiple themes. Particular attention was paid to the main similarities, differences, and emerging trends. In line with the methodological approach outlined earlier, only high-level trends are highlighted here. This analysis identified the following key themes:

- Fewer issues raised by Care Experienced adults – in 2025, there were proportionally fewer requests for advocacy from Care Experienced adults. The impact of the pandemic and Who Cares? Scotland's activities in 2020, including the direct provision of financial aid to those supported, are likely to have influenced this outcome.

- Finance – in 2020, a significantly higher proportion of issues pertained to financial concerns, often involving requests for support during crises.

- Health & Wellbeing – proportionally, there were slightly more requests for advocacy support related to health and wellbeing in 2025. However, some issues in 2020 may have been recorded under the 'COVID-19' category, which was not included in the qualitative analysis, limiting direct comparison.

- Housing – there were proportionally more requests for housing support in 2025. While this may reflect the wider housing crisis, comparisons with 2020 must take account of the temporary service suspensions and special accommodation measures introduced during the pandemic.

- Dissatisfaction with services – requests concerning dissatisfaction with services, particularly social work, were proportionally higher in 2025. Interpretation remains limited, as similar concerns in 2020 may have been categorised under 'COVID-19' and therefore excluded from the qualitative review.

- Legal – in 2025, there was an overall increase in requests under the legal theme; however, the composition of these requests varied:

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[25] This should be viewed as circumstantial in light of both the pandemic and Who Cares? Scotland's activities during it (when direct financial aid was administered to the people we support). Issues related to Covid-19 stopped being recorded at the end of 2022.

Support for care experienced adults

- There were proportionally fewer requests for general legal support compared with 2020.
- Conversely, there were proportionally more requests for support to access records and apply for Redress than in 2020.
- Cross-cutting issues – in 2025, there were proportionally fewer requests for support related to parenting or attending meetings or hearings. Again, these trends should be viewed in the context of pandemic-related disruptions, which likely influenced the 2020 dataset.

Further reading: collective advocacy publications

- Scottish Parliament, March 2025 – Informal session with the Education, Children and Young People Committee and our members
- Who Cares? Scotland, October 2024 – Response to the Scottish Government Moving on from Care into Adulthood Consultation
- Who Cares? Scotland, October 2024 – Finance Issue Paper
- Who Cares? Scotland, June 2024 – Housing Issue Paper
- Who Cares? Scotland, March 2024 – Member Committee Evidence Session
- Who Cares? Scotland, October 2023 – Lifelong Rights Report
- Who Cares? Scotland, June 2022- Believe in Us Report
- Who Cares? Scotland, June 2022- Paving the Way Report
- Who Cares? Scotland, February 2022 – 'Being Human' The Bairns Supper Report

Who Cares? Scotland, December 2020 – Navigating the World of Rights Report, Views from our Care Experienced Membership

Bibliography

100 Days of Listening. Scottish Throughcare and Aftercare Forum (Staf), 2024. https://www.staf.scot/Handlers/Download.ashx?IDMF=36c14562-d65a-4866-b6bf-685d0462974b.

Abell, Dawn, and Heather Ottaway. Staying Together and Connected: Getting It Right for Sisters and Brothers - National Implementation Group Final Report. Final Report. Scottish Government, 2023. https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2023/06/siblings-staying-together-connected-national-implementation-group-executive-summary-report/documents/staying-together-connected-national-implementation-group-final-report/staying-together-connected-national-implementation-group-final-report/govscot%3Adocument/staying-together-connected-national-implementation-group-final-report.pdf.

Aberdeen City Council, Champions Board of West Dunbartonshire Council, The City of Edinburgh Council, Future Pathways, Social Work Scotland, and Who Cares? Scotland. Accessing Records in Scotland: What People with Care Experience Tell Us about the Right of Access. Social Work Scotland, 2024. https://socialworkscotland.org/wp-content/uploads/2024/07/RTA-LONGFORM-REPORT-15-12-23-1.pdf.

Aberlour Mother & Child Recovery Houses: Annual Review December 2023 – December 2024. Aberlour, 2025. https://www.aberlour.org.uk/publications/mother-child-recovery-houses-annual-review-2023-24.

Aberlour Response to the Scottish Government’s National Discussion on Scottish Education. Aberlour, 2022. https://www.aberlour.org.uk/publications/national-discussion-on-education.

‘Aftercare 2020-2025’. Who Cares? Scotland, November 2025.

Allik, Mirjam, Denise Brown, Edit Gedeon, Alastair H Leyland, and Marion Henderson. Children’s Health in Care in Scotland (CHiCS): Main Findings from Population-Wide Research. Project Report. University of Glasgow, 2022. https://doi.org/10.36399/gla.pubs.279347.

Alternative Routes Impact Report 2024-2025. Aberlour, 2025. https://www.aberlour.org.uk/publications/alternative-routes-cashback-impact-report-2024-2025.

APS Group Scotland. Fairer Futures Partnerships Evaluation Strategy: Equality and Welfare. Social Research Series. Scottish Government, 2025.

Ayed, Nadia, Suzanne Fitzpatrick, Peter Mackie, and Ian Thomas. Upstream Scotland Pilot Evaluation. Interim Report. Rock Trust, 2025. https://www.rocktrust.org/download/upstream-scotland-pilot-evaluation-2025/.

Bettencourt, Michael. CELCIS's Response to the Scottish Government's 'Prescribing the Minimum Annual Number of Learning Hours: Consultation.' CELCIS, 2023. https://www.celcis.org/knowledge-bank/search-bank/response-celcis-scottish-governments-prescribing-minimum-annual-number-learning-hours-consultation.

Bettencourt, Michael, Kimberley Keenan, Larissa Gordon, et al. Virtual School Head Teachers in Scotland: Practice Case Studies. CELCIS, 2022. https://www.celcis.org/knowledge-bank/search-bank/virtual-school-head-teachers-scotland-practice-case-studies.

Bettencourt, Michael, and Leanne McIver. 'Learning More about Scotland's Virtual Schools'. CELCIS, 1 May 2024. https://www.celcis.org/knowledge-bank/search-bank/blog/learning-more-about-scotlands-virtual-schools.

Blyth, Marc. 'Working Together to Strengthen Practice in Residential Child Care: Key Learning from Our Change Journey'. CELCIS, 21 January 2025. https://www.celcis.org/knowledge-bank/search-bank/blog/working-together-strengthen-practice-residential-child-care-key-learning-our-change-journey.

Blyth, Marc. 'Working Together to Strengthen Practice in Residential Child Care: Laying the Groundwork for Change'. CELCIS, 7 January 2025. https://www.celcis.org/knowledge-bank/search-bank/blog/working-together-strengthen-practice-residential-child-carelaying-groundwork-change.

Blyth, Marc. 'Working Together to Strengthen Practice in Residential Child Care: The Power of Observation, Reflection and Feedback'. CELCIS, 14 January 2025. https://www.celcis.org/knowledge-bank/search-bank/blog/working-together-strengthen-practice-residential-child-care-power-observation-reflection-and-feedback.

'Brothers & Sisters 2020-2025'. Who Cares? Scotland, 23 October 2025.

Brown, D, E Gedeon, M Henderson, A Leyland, P Wilson, and A Mirjam. 'Mortality Outcomes of Children and Young People Who Have Spent Time in Care: Evidence from Children's Health in Care in Scotland, a Population-Wide Administrative Data Cohort Study'. Pub Med, June 2025. https://pubmed.ncbi.nlm.nih.gov/40473467/.

Callaghan, Prof. Jane, Tanya Beetham, and Chris Gray. The Implementation of “Attain”: A Mentoring Scheme for Care Experienced Young People and Young People on the Edge of Care in Renfrewshire. A report produced for Aberlour and Renfrewshire Council. Aberlour; Renfrewshire Council, 2022. https://www.aberlour.org.uk/publications/implementation-attain-renfrewshire.

‘Care Inspectorate- Org Form Response.Pdf’. Care Inspectorate, November 2025.

‘Carers and Stability 2020-2025’. Who Cares? Scotland, 30 October 2025.

CELCIS. ‘“I Just Wanted Somebody to Be Kind” Providing Early Support to Families in East Lothian’. October 2024. https://stories.celcis.org/families-together-programme/.

CELCIS. ‘The “Bright Spots” Programme Scottish Pilot Commenced in Early 2022 with Three Local Authorities.’ Accessed 11 November 2025. https://www.celcis.org/Brightspots.

CELCIS, Aberlour, Care Inspectorate, and Includem. Love InC Final Project Report. CELCIS, 2022. https://www.celcis.org/knowledge-bank/search-bank/love-inc-project-final-report.

CELCIS Video Transcript - Making Change Happen: Reflections and Impact from the Brights Spots Programme Scottish Pilot. CELCIS, 2023. https://www.celcis.org/Brightspots.

CELCIS Video Transcript - Truly Listening: Learning from the Bright Spots Programme. CELCIS, 2022. https://www.celcis.org/Brightspots.

Children and Young People Monitoring Report 2023-24: Admissions of Young People under the Age of 18 to Non-Specialist Wards in Scotland. Mental Welfare Commission for Scotland, 2024. https://www.mwcscot.org.uk/news/continuing-fall-numbers-young-people-admitted-adult-wards-mental-health-treatment-scotland.

Children and Young People’s Contact with the Police- Public Briefing. Scottish Police Authority, 2023. https://www.spa.police.uk/publication-library/children-and-young-people-s-contact-with-the-police/.

Complaints about Care Services in Scotland 2019-20 to 2024-25. Care Inspectorate, 2025. https://www.careinspectorate.com/images/documents/8222/Complaints_about_care_services_in_Scotland_2019-20_to_2024-25.pdf.

Continuing Care Focus Area Findings – Inspection Year 2024-25. Care Inspectorate, 2025. https://www.careinspectorate.com/images/documents/Continuing_care_findings/Continuing_care_focus_area_findings_inspection_year_2024-25.pdf.

Cross Border Thematic Review: July 2024. Care Inspectorate, 2024. https://www.careinspectorate.com/index.php/news/7674-cross-border-thematic-review.

Cummings Aimee, and Katherine Shelton. 'The Prevalence of Mental Health Disorders amongst Care-Experienced Young People in the UK: A Systematic Review'. Children and Youth Services Review 156 (January 2024). https://www.sciencedirect.com/science/article/pii/S0190740923005637.

Cusworth, Linda, Linda Hooper, Gillian Henderson, Helen Whincup, and Karen Broadhurst. Born into Care in Scotland: Circumstances, Recurrence and Pathways. 1 Centre for Child and Family Justice Research, Lancaster University 2 Scottish Children's Reporter Administration 3 Faculty of Social Sciences, University of Stirling, 2022. https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2022/04/born-care-scotland-circumstances-recurrence-pathways/documents/born-care-scotland-circumstances-recurrence-pathways/born-care-scotland-circumstances-recurrence-pathways/govscot%3Adocument/born-care-scotland-circumstances-recurrence-pathways.pdf.

'Dalkeith Parents and Carers: Whole Family Support Feedback Session - June 2025'. Children First, 18 June 2025.

Deacon, Dr Kirsty. Staying Connected: Care-Experienced Children and Young People with a Sibling in Prison or Secure Care. Scottish Children's Reporter Administration (SCRA), 2023. https://www.scra.gov.uk/2023/12/staying-connected-research-published/.

Deeley, Sarah, and Kyle Fleming. 'A Promising Change'. Scottish Journal of Residential Child Care 22, no. 2 (2023). https://doi.org/10.17868/STRATH.00087199.

Dennell, Brandi Lee Lough, Robert B Porter, and Micky Anderson. 'Non-Compulsory Care for Children and Young People: Learning from Research on Section 25 Arrangements. What Is next for Scotland?' Scottish Journal of Residential Child Care 23, no. 2 (2024). https://www.celcis.org/section25.

Disabled Children and Young People's Experiences of Social Work Services: A Thematic Review. Care Inspectorate, 2024. https://www.careinspectorate.com/images/documents/7714/Thematic%20review%20of%20services%20for%20disabled%20CYP.pdf.

Dr Alex McTier. Are Disabled Children Visible in Scotland's Children's Statistics. Understanding the Data: A Review of Scotland's Statistics. CELCIS, 2024. https://www.celcis.org/knowledge-bank/search-bank/new-analysis-shows-disparity-statistics-collected-about-disabled-children-scotland?utm_medium=email&utm_campaign=CELCIS%20Connects%20May%202024&utm_content=CELCIS%20Connects%20May%202024+CID_70517f7319e6b67a92e6ef34256c1bb4&utm_source=Email%20marketing%20software&utm_term=Read%20the%20report.

Dr Alex McTier, Mihaela Manole, Jane Scott, et al. Children's Services Reform Research: Scotland's Children's Services Landscape: The Views and Experiences of the Children's Services Workforce. CELCIS, 2023. https://www.celcis.org/knowledge-bank/search-bank/childrens-services-reform-research-scotlands-childrens-services-landscape-views-and-experiences-childrens-services-workforce.

Dr Joanna Soraghan and Dr Robert Porter. Growing Up in Kinship Care. CELCIS, Scottish Centre for Administrative Data Research (SCADR), 2024. https://www.celcis.org/news/news-pages/new-research-highlights-need-increased-support-scotlands-kinship-families.

'Education 2020-2025'. Who Cares? Scotland, 23 October 2025.

Ellis, Sioned, and Natalie Williams. State of the Nation's Foster Care: Spotlight on Scotland Report 2024. The Fostering Network, 2025. https://www.thefosteringnetwork.org.uk/policy-and-campaigns/state-of-the-nations/state-of-the-nations-foster-care-2024/.

Engagement with Care Experienced Young People: Results and Recommendations to Inform Police Scotland's 2024-27 Corporate Parenting Plan. Scottish Youth Parliament, 2024. https://syp.org.uk/project/engagement-with-care-experienced-young-people/.

Evaluation of the Hub for Success. The Hub for Success, 2024. https://hubforsuccess.org/wp-content/uploads/2024/02/HfS-Evaluation-2024-FINAL.pdf.

Families Outside, dir. Sibling Voices - Staying Connected Project. 2023. PT00H04M11S. https://vimeo.com/891383774.

‘Family Pictures on the Wall and a Strong Sense of Self – Growing up in Kinship Care’. CELCIS, 19 March 2025. https://www.celcis.org/knowledge-bank/search-bank/blog/family-pictures-wall-and-strong-sense-self-growing-kinship-care.

Fostering and Adoption Statistical Bulletin 2024-2025. Care Inspectorate, 2025. https://www.careinspectorate.com/images/documents/fostering_and_adoption/Fostering_and_adoption_statistical_bulletin_2024-2025.pdf.

Fowler, Dr Nadine, and Dr Robert Porter. Evaluation of the Lifelong Links Trial in Scotland. CELCIS, 2024. https://www.celcis.org/knowledge-bank/search-bank/evaluation-lifelong-links-trial-scotland.

Galloway, Susan, and Rachel Love. #Keeping the Promise to Infants, 0-3 Years. NSPCC Scotland, 2023. https://learning.nspcc.org.uk/research-resources/2023/keeping-the-promise-to-infants-in-scotland.

Graham, Seonaid, Marie Duncan, Jenni Kerr, Imogen Wootton, Katie Quinn, and Jess Corbett. ‘How Nurturing Is Our Children’s House? Glasgow’s Multi-Agency Model of Care’. Scottish Journal of Residential Child Care 23, no. 1 (2024): 169–79.

Guinchard, Sydney. ‘Experiences of Parents in “The Village,” an Online Support Network for Care- Experienced Parents: A Thematic Analysis’. Scottish Journal of Residential Child Care 23, no. 2 (2024).

Guinchard, Sydney. ‘Why Not? Trust Response to “Promise Story of Progress: Data Information Form (Care Community)”’. The Why Not? Trust, 5 November 2025.

‘Health 2020-2025’. Who Cares? Scotland, 7 November 2025.

Howard, K, and S McQuarrie. ‘Perspectives of Care Experienced Young People Regarding Their Academic Experiences in Further Education’. Frontiers in Education, March 2022. https://www.frontiersin.org/journals/education/articles/10.3389/feduc.2022.821783/full.

Impact Evaluation Phase 5 (2020 to 2023) CashBack For Communities Final Report. CashBack for Communities, 2023. https://cashbackforcommunities.org/wp-content/uploads/2023/12/CashBack-Phase-5-Final-Evaluation.pdf.

In Safe Hands yet? A Progress Report on the Campaign to Regulate the Use of Seclusion and Restraint in Scotland's Schools. ENABLE Scotland, 2022. https://www.enable.org.uk/wp-content/uploads/2022/10/InSafeHandsYet-Report-Oct-2022-FINAL-1.0-2.pdf.

Irvine, Jackie. Regulating for Better Outcomes: The Role of Oversight in Fostering. Care Inspectorate, 2025.

Irvine, Sheena, and Ruth Emond. '"They Feel like Another Child in Care Has Their Back": An Exploration of Peer Support between Looked after Children in Scotland'. Child and Family Social Work 30, no. 2 (2025). https://doi.org/10.1111/cfs.13084.

Joint Inspections of Services for Children and Young People at Risk of Harm: Review of Findings from the Joint Inspection Programme 2021 – 2025. Care Inspectorate, 2025. https://www.careinspectorate.com/images/documents/8239/RevFindings_JISCYP_2021-2025.pdf.

Jones, Lucas, Emily Blackshaw, Mia Johnson, Narendra Bhalla, and Amaka Udeagbaja. Sibling Time Activity Day Pilot: Evaluation Report. Coram Institute for Children, 2024. https://www.coram.org.uk/resource/sibling-time-report-april-2024/.

'Justice 2020-2025'. Who Cares? Scotland, 30 October 2025.

Kohli, Ravi KS, Sharon McGregor, Paul Sullivan, Emma Dixon, and Samantha Fiander. 'How Young Refugees Rebuild Their Lives in New Countries and How We Can Learn from Their Stories'. Scottish Journal of Residential Child Care, ahead of print, Strathprints - University of Strathclyde, 2023. https://doi.org/10.17868/STRATH.00085412.

Learning Reviews for Children and Adults in Scotland: Summary Report 2025. Care Inspectorate, 2025. https://www.careinspectorate.com/images/documents/8204/Learning_reviews_for_children_and_adults_in_Scotland_Summary_report_2025_Aug_2025.pdf.

Long, Tony, Kelly Lockwood, Nancy Loucks, et al. 'Improving Outcomes for Children Affected by Parental Involvement with the Criminal Justice System in Scotland'. Applied Research in Quality of Life 17 (June 2022). https://link.springer.com/article/10.1007/s11482-021-10012-0.

Manole, Mihaela, Laura Quinn, and Gemma Watson. ‘Observing High Quality Children’s Residential Care: Reflecting on an Implementation Approach’. Scottish Journal of Residential Child Care 24, no. 1 (2025): 174–80.

Matter of Focus. Impact Report Year 3: Includem’s ADAPT for Cashback Project. Includem, 2024. https://www.matter-of-focus.com/wp-content/uploads/2024/01/Includem-ADAPT-for-CashBack-Evaluation-Report-22-23.pdf.

McGhee, K, and S Deeley. ‘Emerging Adulthood: Exploring the Implications for Care Experienced Young People and Those Who Care for Them’. Scottish Journal of Residential Child Care: An International Journal of Group and Family Care Experience 21.1 (April 2022). https://www.celcis.org/application/files/4616/5054/2796/2022_Vol_21_No_1_McGhee_K_Deeley_S_Emerging_Adulthood_Exploring_the_implications_for_care_experienced_young_people_and_those_who_care_for_them.pdf.

McMellon, Christina, Pearse McCusker, Autumn Roesch-Marsh, Lauren Hall, Thomas Bartlett, and Rachel McDermott. ‘Reconceptualising Coproduction as Activism Together’. Children & Society 38, no. 3 (2024): 804–22. https://doi.org/10.1111/chso.12788.

McTier, Dr Alexander, Carol Ann Anderson, and Emma Young. Births to Care Experienced Teenagers and Women Aged 14-24 in Scotland: An Estimation. Final Report. CELCIS, 2023. https://www.celcis.org/knowledge-bank/search-bank/births-care-experienced-teenagers-and-women-aged-14-24-scotland.

‘Mental Health 2020-2025’. Who Cares? Scotland, 7 November 2025.

Mitchell, Mary, Camille Warrington, John Devaney, Peter Yates, and Jennifer Lavoie. North Strathclyde Bairns Hoose Evaluation: Phase One Report. 2023. https://researchonline.gcu.ac.uk/ws/portalfiles/portal/92593848/92438102.pdf.

Morris, Mary. ‘Reasons to Be Cheerful: Factors Making a Positive Difference to Children in Residential Care in Scotland’. Scottish Journal of Residential Child Care 22, no. 2 (2023).

Morris, Mary. ‘Seldom Seen Sibling Support: Exploring the Changing Experiences of Siblings in Scottish Residential Childcare Services’. Scottish Journal of Residential Child Care 21, no. 2 (2022): 9.

Morris, Mary, and Anthony O'Malley. Keeping The Promise in Regulation: Our Revised Approach to How We Regulate and Inspect Services for Children and Young People. 23, no. 2 (2024): 86–93.

Ottaway, Dr Heather, Dr Nadine Fowler, Dr Leanne McIver, and Linda Davidson. Towards Modernising Adoption in Scotland: A Focused Mapping Review. CELCIS, 2024. https://www.celcis.org/knowledge-bank/search-bank/towards-modernising-adoption-Scotland-focused-mapping-review.

Ottaway, Heather, Alexander McTier, Mihaela Manole, et al. Children's Services Reform Research: Learning and Implications for Scotland. Concluding Report. CELCIS, 2023. https://www.celcis.org/knowledge-bank/search-bank/childrens-services-reform-research-concluding-report.

'Paraphrased Transcriptions of Interviews with Parents in The Village from April 2024'. The Why Not? Trust, 23 October 2024.

Pasternak, Laura. 'Who Cares? Scotland Response to "Promise Story of Progress: Data Information Form (Care Community)"'. Who Cares? Scotland, 25 November 2025.

Physical Intervention in Schools Guidance Consultation Response by the Scottish Physical Restraint Action Group (SPRAG). Consultation Response. Scottish Physical Restraint Action Group (SPRAG), 2022.

'Physical Restraint 2020-2025'. Who Cares? Scotland, 30 October 2025.

'Police Scotland- Org Form Response.Pdf'. Police Scotland, November 2025.

Policy Briefing: Wellbeing in the Lives of Young Refugees in Scotland. Drawing Together Project, 2024. https://www.drawingtogetherproject.org/.

Process Evaluation of Siblings Reunited (STAR): Final Report. Association for Fostering, Kinship and Adoption (AFKA) Scotland, 2023. https://www.standupforsiblings.co.uk/2023/12/20/star-siblings-reunited-project-evaluation/.

'Promise Data.Xlxs'. The Why Not? Trust, 23 October 2024.

Promise Partnership Insights. Corra Foundation, 2025.

Public Health Scotland: Corporate Parenting Vision and Plan 2025-2028. Public Health Scotland, 2025.

Raab, Gillian, Joanna Soraghan, Cecilia Macintyre, Janice McGhee, and Patricio Troncoso. Infants Born into Care in Scotland (2008-2021). Scottish Centre for Administrative Data Research (SCADR), 2023. https://www.scadr.ac.uk/news-and-events/news-updated-report-infants-born-care-scotland.

Re: Proposed Restraint and Seclusion (Prevention in Schools) (Scotland) Bill. Consultation Response. Scottish Physical Restraint Action Group (SPRAG), n.d. Accessed 11 November 2025. https://www.celcis.org/application/files/3517/0972/1557/Proposed_Restraint_and_Seclusion_Prevention_in_Schools_Scotland_Bill_Consultation__SPRAG_response.pdf.

Reaching Back Earlier for Care Experienced Learners: An Evaluation of the Learning Explorers Pilot. The Hub for Success, 2022. https://hubforsuccess.org/wp-content/uploads/2025/04/LE-evaluation-report.pdf.

Reimagining Secure Care - Final Report: A Vision for the Reimagined/Future World. Children and Young People's Centre for Justice (CYCJ), 2024. https://www.cycj.org.uk/wp-content/uploads/2024/09/Reimagining-Secure-Care-Final-Report.pdf.

Restrictive Practice 2024. A statistical bulletin. Care Inspectorate, 2025. https://www.careinspectorate.com/images/documents/8207/Restrictive_practice_statistical_bulletin_2024.pdf.

Roesch Marsh, Autumn, and Karen Cooper. 'Care Experience, Mental Health and Social Media: Implications for Practice from Conversations with Professionals and Care Leavers'. Journal of Technology in Human Services 42, no. 4 (2023). https://doi.org/10.1080/15228835.2024.2396808.

Roesch-Marsh, A, K McGhee, and F Gillon. The Digital Divide: The Impact on the Rights of Care Leavers in Scotland. 2021. https://www.celcis.org/application/files/5516/1158/7905/The_digital_divide_The_impact_on_the_rights_of_care_leavers_in_Scotland_Inform.pdf.

Roesch-Marsh, Autumn, Marissa Roxburgh, Thomas Bartlett, and Donna Nicholas. 'The Protective Power of Friendship, Advocacy and Activism: A Short Report on the Experiences of Who Cares? Members and Allies'. Child Abuse Review 32, no. 3 (2023). https://onlinelibrary.wiley.com/doi/10.1002/car.2823?msockid=33377bbcb380697b3a776e0fb28c68ac.

Russell, Linda, Fiona Turner, Ruchika Gajwani, and Helen Minnis. '"Everything Is Fear Based": Mothers with Experience of Addiction, Child Removal and Support Services'. Child and Youth Services Review 170 (March 2025). https://www.sciencedirect.com/science/article/pii/S0190740925000441?via%3Dihub.

Scottish Fire and Rescue Service Corporate Parenting Plan 2023-2026. Scottish Fire and Rescue Service, 2023.

Scottish Mentoring Leadership Programme-Interim Report-Qualitative Process Impact Assessment. Scottish Government, 2024. https://www.gov.scot/publications/smlp-interim-report-qualitative-process-impact-assessment/.

Scottish Physical Restraint Action Group (SPRAG) Care & Justice Bill Consultation Response. Consultation Response. Scottish Physical Restraint Action Group (SPRAG), n.d. Accessed 11 November 2025. https://consult.gov.scot/children-and-families/childrens-care-and-justice-reforms/consultation/view_respondent?uuId=287690777.

Scottish Police Authority Corporate Parenting Plan 2024-2027. Scottish Police Authority, 2025. https://www.spa.police.uk/publication-library/corporate-parenting-plan-2024-27/.

Secure Care Pathway Review. Care Inspectorate, 2023. https://www.careinspectorate.com/images/documents/7293/Secure%20care%20pathway%20review%202023.pdf.

Sen, R, and K Ellis. 'Meeting the Challenges of Participation? Care Experienced People's Involvement in Social Work Practice and Policy Development'. European Journal of Social Work 28, no. 4 (2024). https://www.tandfonline.com/doi/full/10.1080/13691457.2024.2418874.

Sen, Robin, Andrew Burns, and Autumn Roesch-Marsh. Understanding the Housing Needs of Kinship Families: A Knowledge Exchange Project. 2024. https://www.sps.ed.ac.uk/sites/default/files/assets/pdf/research-projects/Kinship_care_Report_digital_2024.pdf.

Social Marketing Gateway (SMG). Glasgow People Achieving Change (PAC) Mental Health Research: Final Report February 2022. Glasgow City Health and Social Care Partnership (GCHSCP), 2022. https://glasgowcity.hscp.scot/publication/glasgow-pac-mental-health-research-2022.

Social Value Lab. Evaluation of Tayside Family Financial Wellbeing Project: A Report for Aberlour Children's Charity. Aberlour, 2024. https://www.aberlour.org.uk/publications/aberlour-family-financial-wellbeing-tayside-pilot-evaluation.

Social Value Lab. Evaluation of the Falkirk Intensive Perinatal Support Service. Aberlour, 2024. https://www.aberlour.org.uk/publications/intensive-perinatal-evaluation-2024.

Social Value Lab. Helping to Keep the Promise That Scotland Must Strive to Become a Nation That Does Not Restrain Its Children: Evaluation of The Promise – Rethinking Restraint Pilot – Report for Aberlour Childcare Trust and Kibble. Aberlour; Kibble, 2023. https://web-backend.aberlour.org.uk/wp-content/uploads/2023/05/The-Promise-Report-Final-V3.pdf.

Spolander, Gary, Janine Bolger, and Joanna Santos-Petiot. Family Group Decision-Making Evaluation Report: Children 1st and Scottish Borders Council Pilot Project. Children First, 2024. https://www.childrenfirst.org.uk/media/io2lisn0/fgdm-evaluation-report-280224.pdf.

Steckley, Laura, Sarah Deeley, and Gemma Watson. The Reflection and Action Learning Forum (RALF). CELCIS, 2025. https://www.celcis.org/knowledge-bank/spotlight/Scottish-Physical-Restraint-Action-Group/reflection-action-learning-forum.

Steckley, Laura, Lee Hollins, Sarah Deeley, and Michael Bettencourt. An Appreciative Inquiry into Holding in Residential Child Care : Pilot Report. Scottish Physical Restraint Action Group (SPRAG), 2023. https://www.celcis.org/news/news-pages/new-pilot-report-holding-residential-child-care.

'Support for Care Experienced Adults 2020-2025'. Who Cares? Scotland, November 2025.

'Supporting Children to Stay with Their Families 2020-2025'. Who Cares? Scotland, 23 October 2025.

The Challenges Facing Scottish Schools and Children's Mental Health. Place2Be, 2024. https://www.place2be.org.uk/media/ylhimahc/place2be-education-briefing.pdf.

The Lines Between. Evaluation of Wee BREATHERS. Final Report. Scottish Attachment in Action, 2025. https://scottishattachmentinaction.org/wee-breathers-2/.

Thomson, Lizzie. 'Perspectives from the Frontline: Exploring the Implementation of Legislative Change into Social Work Practice for Brothers and Sisters in Care in Scotland'. The British Journal of Social Work 55, no. 4 (2025): 1657–74. https://doi.org/10.1093/bjsw/bcaf015.

Tinner, L, and A Alonso Curbelo. 'Intersectional Discrimination and Mental Health Inequalities: A Qualitative Study of Young Women's Experiences in Scotland'. International Journal for Equity in Health 23, no. 45 (2024). https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-024-02133-3.

Transitions for Care Experienced Young People: A Thematic Review. Care Inspectorate, 2024. https://www.careinspectorate.com/index.php/news/7820-transitions-for-care-experienced-young-people-a-thematic-review.

Treanor, Professor Morag. How Public Debt and Arrears Are Experienced by Low-Income Families. Aberlour, 2023. https://www.aberlour.org.uk/publications/how-public-debt-and-arrears-are-experienced-by-low-income-families.

'Update on Progress: Correspondance to Fiona Duncan- The Promise'. Police Scotland, 31 January 2024.

'Update on Progress: Email Response from the Scottish Police Authority'. The Scottish Police Authority, 31 January 2024.

'Update on Progress: #KeepingThePromise PHS Contribution February 2024'. Public Health Scotland, 31 January 2024.

'Update on Progress: Update on the Promise Plan'. The Scottish Fire and Rescue Service, 31 January 2024.

Whincup, Helen, Linda Cusworth, Maggie Grant, et al. Permanently Progressing? Building Secure Futures for Children: Phase 2 Middle Childhood. Key-Findings from Phase 2: final report. University of Stirling, 2024. https://permanentlyprogressing.stir.ac.uk/key-findings-from-phase-2-final-report-and-accessible-summaries/.

Whitelaw, Dr Ruby, and Ross Gibson. Preparing to Keep The Promise: A Comparative Study of Secure Care and Young Offender Institutions in Scotland. Children and Young People's Centre for Justice (CYCJ), 2023. https://www.cycj.org.uk/resource/preparing-to-keep-the-promise-a-comparitive-study-of-secure-care-and-young-offender-instituions-in-scotland/.

Who Cares? Scotland. “Exclusion Labelled as Support”: Care Experienced Children in Scotland’s Education System. Children and Young People’s Commissioner Scotland, 2025. https://www.celcis.org/news/news-pages/care-experienced-children-struggling-access-right-education-scotland.

Whole Family Wellbeing Funding Programme East Lothian Collaborative Partnership Summary of Learning. Children and Young People’s Improvement Collaborative (CYPIC), 2025. https://cypic.co.uk/focus/family-support/.

Whole Family Wellbeing Funding (WFWF) Programme Year 2 Process and Impact Evaluation Full Report. Scottish Government, 2025. https://www.gov.scot/publications/whole-family-wellbeing-funding-wfwf-programme-year-2-process-impact-evaluation-full-report/.

Whyte, Dr Emily, and Dr Lisa Craig. CYCJ Reimagining Youth Justice: A Learning Account. Corra Foundation, n.d.

Whyte, Dr Emily, and Dr Lisa Craig. Cyrenians Youth Justice and Rights and a Supportive Workforce: Two Learning Accounts. Corra Foundation, n.d.

Whyte, Dr Emily, and Dr Lisa Craig. Dundee Kinship Care Team: A Learning Account. Corra Foundation, n.d.

Whyte, Dr Emily, and Dr Lisa Craig. Insight Briefing: Shining a Light on Practice. Corra Foundation, 2025.

Whyte, Dr Emily, and Dr Lisa Craig. Scottish Attachment in Action Wee BREATHERS: A Learning Account. Corra Foundation, n.d.

Whyte, Dr Emily, and Dr Lisa Craig. Why Not? Trust Thinking Space: A Learning Account. n.d.

Wilson, Charlotte. ‘Adjusting the Volume: Reflections on Engagement with Autistic Young People Living in Secure Care’. Scottish Journal of Residential Child Care 23, no. 2 (2024). https://strathprints.strath.ac.uk/91142/.

Your Voice Matters: A Peer Led Research Project to Explore the Experiences of Unaccompanied Asylum Seeking Children in Scotland. Scottish Refugee Council, 2024. https://scottishrefugeecouncil.org.uk/wp-content/uploads/2024/08/Your-Voice-Matters-YPV-Report.pdf.