

Success – whose definition counts? A co-designed framework by and for young people leaving care

**Dr Áine Kelly, Dr Nikki Luke, Dr Georgia Hyde-
Dryden & Teresa Williams**

11 November 2025



BECOME IN CARE.
LEAVING CARE.
WE CARE.

Contents

Foreword from the <i>Future of Care</i> Design Group	4
Acknowledgements	5
Executive Summary.....	6
<i>About the project.....</i>	6
<i>What we learned</i>	7
The limitations of current performance measures	7
What success <i>really</i> looks like to care-experienced young people	7
<i>A new success survey.....</i>	8
<i>What needs to change</i>	8
<i>Final word.....</i>	10
1. About the project.....	11
1.1 <i>Commissioning with purpose: rethinking success for care leavers</i>	11
2. Approach	13
2.1 <i>Rethinking success, together: the aims and approach of a co-designed project.....</i>	13
2.2 <i>From vision to implementation: putting co-design into practice</i>	14
Led by experience: the Young People's <i>Future of Care</i> Design Group	14
Creating space for real influence.....	15
Inside the <i>Future of Care</i> Design Group meetings: Structure and activities	16
2.3 <i>Turning design into research: Gathering perspectives on success, developing the success survey and piloting.....</i>	17
Stakeholder perspectives on measuring success: What is collected, what is missing, and what is needed	17
Defining and refining success: Focus groups with young care leavers.....	17
Round one focus groups with young people: Exploring definitions of success.....	18
Developing the structure of the success survey	19
Table 1: The structure of the success survey	19
What makes the success survey unique?.....	20
Round two focus groups with young people: Testing and refining the success survey	22
From design to reality: Piloting the new success survey	22
Exploring implementation: Conversations with leaving care services	23
3. Defining success: key findings and insights	24
3.1 <i>In search of success: Care leaver definitions</i>	24
Success as a personal, evolving journey	25
Pride in surviving and breaking the cycle.....	27
Communities of connection, not isolation: Redefining independence	28
Everyday functioning and independent living: Success in the small things	29

A place to call home: Redefining accommodation as a measure of success	31
Financial success as control, freedom, and growth	32
Rethinking career success for care leavers	33
No one size fits all: Rethinking success in education	34
Spaces for recovery, growth and expression	36
Mental health and well-being: Surviving, processing and healing	37
Being yourself: Identity, authenticity, and letting go of expectations	38
Stability: A foundation for growth across all areas of life	39
Health, leisure and daily life	40
Citizenship and contribution	40
Parenthood and seeking asylum: Defining success within life-altering realities	41
Summary	43
3.2 Professionals' definitions of success: A practical lens	43
Conclusion: A narrow system, broad realities	47
4. Ways forward to address the gap	49
4.1 How the new co-designed success survey worked	49
4.2 Considerations for improving the success survey	53
Interpreting language	53
Emotional responses	54
Attention and cognitive load	54
4.3 Considerations for embedding a new success survey in practice	55
Personal Adviser views	55
Views of service leaders	56
Table 2: Comparison of coverage of different tools for understanding the 'success' of care leavers. 57	
4.4 Conclusion and recommendations	60
Addressing the gap will require coordination and support	60
Specific recommendations	62
Appendices	66
Appendix 1: Literature review	66
Rapid Review search strategy	66
Bibliography	68
Appendix 2: Summary of research approach	71
Appendix 3: Detailed approach to working with the Future of Care Design Group	74
Meeting structure	74
Co-writing the evidence: The article subgroup	80
Appendix 4: Designing the success survey	82
Approach and format	82
Domains of success	85
Feedback from focus groups on the first draft of the success survey	90
Appendix 5: The Future of Care success survey	93

Foreword from the *Future of Care Design Group*

Why this study is important to us

This project tackles an important but complex topic: how to define ‘success’ for care leavers in a way that is meaningful for us, as well as useful to national and local government. Too often, the benchmarks chosen by professionals are limited to statistics. While these are important, they overlook what matters to us, whether that’s feeling safe, being valued or being supported. This study is important as it shifts that narrative. Professionals sometimes attach labels to us, but these labels don’t reflect everything about us as people. Also, if our social worker sees us as ‘troubled teenager’, or a teacher congratulates us on our grades as being ‘brilliant ... for someone in care’ that can knock us back and limit what we become.

Our experiences of taking part

This project has taken four years. In a way, it has been the most constant aspect of our lives, lasting longer than most placements! We’ve learned from each other and it’s been inspiring to share honesty and insights through the Design Group. Participation has made us feel part of something bigger and given us the confidence to challenge assumptions. In reflecting on our earlier experiences, we can recognise our own growth and resilience and have been able to share our success with others. We have felt consulted and heard. Even if nothing else changes, that has been worthwhile.

What we want readers to take forward

We want a shift from an approach that mainly serves professionals, to one that centres young people’s voices. Please check and recheck language and meaning, so everyone can understand. We want professionals to recognise that success is not ‘one size fits all’ and to stop making assumptions based on only parts of our lives. If we are struggling in one part of our lives, this isn’t necessarily the whole story. Please see us as whole people: in daily interactions, in planning services, and in measuring success.

Acknowledgements

This report is based on research funded by Allan & Gill Gray Philanthropies. The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of Allan & Gill Gray Philanthropies.

The research team would like to thank past and present staff members at Become for facilitating the work with the *Future of Care* Design Group: Sam Turner, Helen Donohoe, Mark Paul, Jo Petty and particular thanks to Henrietta Imoreh. We are grateful to Matt Blow and Clare Bracey for their co-management of the project, including regular input on progress and findings and invaluable support.

We thank Professor Julie Selwyn for her support with the initial research design of the project and advice on cognitive interviewing, and colleagues at the Rees Centre for feedback on research design and findings. Helen Trivedi's tireless efforts in securing local authority interviews are also acknowledged.

In the five participating local authorities, we extend our thanks to the Leaving Care teams for facilitating all of the data collection and for inviting us to practice meetings to discuss the project. Special thanks to the London Innovation and Improvement Alliance for promoting the project to its members. Thank you to all of the personal advisers and managers who took part in interviews. Thanks also to our interviewees at the Department for Education (DfE).

Most of all, we would like to thank all of the care-experienced young adults who have been part of this project. First, we celebrate the 13 amazing members of the *Future of Care* Design Group, whose contributions to the research design, analysis and write-up exceeded all expectations. Secondly, this report would not have been possible without the input of all of our care-experienced research participants. We thank them for their dedication, for trusting us with their words, and for their frank and invaluable feedback on the success survey. We hope that we have done their input justice.

Executive Summary

About the project

'Success – whose definition counts?' set out to better understand how care-experienced young people define success – by asking them directly. Through this co-designed project, care leavers worked with researchers to challenge the assumptions built into existing practice and data systems and develop an alternative framework grounded in lived experience. Their work encourages professionals to reconsider what is being measured and why.

Commissioned by Become and carried out by the Rees Centre at the University of Oxford, the project highlighted how limited and disconnected existing outcome measures are and offers a new approach – shaped by care-experienced young people – that reflects the complexity, context, and realities of their lives.

The methodology comprised a literature review on how success is defined for young adults in the general population, a series of interviews with local and national professionals to assess existing outcome measures for care leavers and focus groups with 26 care-experienced young people to consider what success looks like for them.

The findings were used to develop and test in five local authority areas a new interactive success measurement tool (the success survey) – to be completed by care leavers with their personal advisers (PAs) – that better reflects the goals, values and progress that matter most to care-experienced young people. Further focus groups (with 16 care leavers) and two cognitive interviews in the same local authorities helped to further refine the success survey and gather feedback on its completion. Throughout the project the research was shaped by a design group – named the *Future of Care* Design Group by its members – of 13 brilliant care-experienced young people.

What we learned

The limitations of current performance measures

Professionals recognised the limitations of the current national framework, which prioritises easily measurable outcomes and defines success by the absence of failure: avoiding being not in education, employment or training (NEET), not being homeless, not being in trouble. Many acknowledged that success – as experienced by young people – is rarely captured by these metrics:

“I don't think it adequately captures what we as aspiring corporate parents wish for our young people.”

The content and format of Pathway Plans varied between participating LAs. Some local authorities had undertaken positive work to re-develop Pathway Plans to support more meaningful conversations with care leavers, but had not yet had the capacity to consider the potential to generate more holistic insights about young people's progress or service effectiveness.

What success *really* looks like to care-experienced young people

Care leavers described success as personal, and non-linear, and shaped by individual context – not fixed milestones – as one young person explained:

“Success isn't a destination that others impose on us. It's a journey we define for ourselves”

Key themes included: survival and resilience; peace of mind and contentment; everyday achievements; progress at your own pace; authenticity and belonging, particularly for LGBTQ+, disabled, neurodivergent, or asylum-seeking care leavers; and support and community over forced independence.

“You should be proud because you've been through hell and back and you're still standing.”

Many success indicators (e.g. housing, work, education) carried additional weight for the care leavers we spoke to in the focus groups – achieved without a safety net, and often while managing the long-term impacts of instability and trauma. Furthermore, stability was consistently seen as central to how young people defined success: providing a foundation for growth across all areas of life.

A new success survey

The researchers worked with the *Future of Care* Design Group to develop a 'success survey' reflecting what care-experienced young people said success looks like (see Appendix 5).

The co-designed approach introduces three important features which together create a unique approach to supporting pathway planning discussions between young people and their PAs. First, young people were presented with ranked scenarios for each topic (e.g. housing or finance) and were asked to say which situation was most like theirs. This offered a less intimidating way to initiate a conversation about certain aspects of their life, as it asks the care leaver to align themselves with a particular story, and provides prompts for discussion about their own situation. Second, the questions allowed young people to self-report how well things are going for them using rating scales. And third, young people were asked which topic was most important to them right now, so that discussions with PAs focus on their priorities.

In combination, these features could enable service leaders to undertake analysis of care leavers' needs in a more consistent and structured way to inform future service planning and assess effectiveness. As we were unable to fully pilot the success survey in this study, these are potential features to include in future approaches rather than being ready to roll-out as they are.

What needs to change

Although we were unable to fully test the new success survey, our work with care leavers and practitioners revealed a number of ways in which policy and practice needs to change to better reflect what they told us:

1. **Invest in measures that reflect what matters** – Success needs to be defined more broadly and measured in ways that better reflect care leavers' lived realities and are not confined to the existing service indicators like education, employment and training (EET) or housing status. **There is an opportunity for the Department for Education (DfE) to address this in the next iteration of the Children's Social Care Dashboard¹.**

¹ See: [Children's social care dashboard - GOV.UK](#)

2. **Improve consistency in the design of Pathway Plans** – so that they support PAs in working relationally with care leavers, while at the same time generating voice-rich information for strategic analysis locally and consistent national data on the effectiveness of care leaving services. **We would like to see a review of Pathway Plans by DfE and/or regional improvement agencies, drawing on these findings and other recent research – including the Children’s Information Project², funded by the Nuffield Foundation – to ensure Pathway Plans fulfil the purpose of informing individual support and aggregate outcome reporting.**
3. **Invest in relationships, not just tools** – No tool will be effective without consistent, trusted relationships. PAs are often the only stable adult in a young person’s life – tools must support, not replace, that connection. **We would like local authorities (LAs) to ensure the design of Pathway Plans and associated guidance supports relationship-based practice.**
4. **Give young people control over their own story** – young people should be able to define success and have greater ownership of how their data is used and shared. Professionals may collect data, but young people want to own their narratives. **LAs can draw on some of the approaches developed in the success survey to give young people more control over their story, but in addition could revisit whether their privacy notice and associated processes offer sufficient opportunity for young people to understand how and why their information is used, and to be consulted on future changes.**
5. **Recognise the value of co-design** – Care-experienced young people shaped this work from start to finish. Their insights revealed perspectives and priorities often missed in standard practice. **This approach should become standard, not exceptional.**
6. **Address workforce capacity, professional development and culture** – Resistance to change is not due to lack of care, but lack of time, capacity and skills, and systemic support. Sustainable change requires shifts in culture, practice and systems that prioritise relational, meaningful work. **There should be more investment in high-quality and standardised**

² See: <https://www.childrensinformationproject.org.uk/>

**training for personal advisers and managers of care leaving services,
with the messages in this report incorporated into induction and ongoing
professional development.**

Final word

Success – whose definition counts? highlights how the focus of information collected changes when we stop designing systems *for* young people and start building them *with* them. It calls on funders, policymakers, and professionals to listen differently, challenge the status quo for assessing performance, and invest in approaches that reflect young people's real lives – not just those outcomes we find easiest to count. If we continue to capture only a small subset of what is important, we will continue to build systems that are insufficiently holistic, and equitable and which may miss opportunities to respond effectively to care leavers' needs. Care-experienced young people deserve more – especially from their corporate parents:

"The government should be proud of us and not just using us for statistics all the time. They're trying to measure success against the things they want to see. They only care about processes, not our success."

1. About the project

1.1 Commissioning with purpose: rethinking success for care leavers

Back in 2020, Become set out to uncover what the existing evidence revealed – and overlooked – about young people leaving care. The charity had undertaken an initial literature review that looked at how young people were experiencing the transition from care to independence, the barriers they were facing, and how well services were responding to their needs. One of the key findings was that ‘success’ was usually defined in quite narrow terms – mainly around things like employment or education.

Become felt that professionals – whether they were carers, teachers, policymakers or others – often made assumptions about what a successful adult looked like and then shaped systems and services around those assumptions. Even where there were official outcome measures for care leavers, the data were patchy and did not provide a full picture of care leavers’ lives. It was felt the published government statistics³ offered a fragmented and incomplete picture of success – focusing exclusively on whether an LA is in touch, if a young person’s accommodation is suitable, or if they are in EET – when compared to the measures young care leavers themselves prioritise.

There was therefore a concern that the national measures lacked ambition as they did not reflect how young people themselves defined success – or what they were proud of, aiming for, or working towards. There were no measures based on care leavers’ own goals or criteria for success, with the risk that outcomes may be imposed on care leavers rather than chosen by them.

Young people in or leaving care have their own hopes, ambitions and ideas about what makes a good life – but these are not always recognised or understood. Projects like Coram Voice’s Bright Spots⁴ have helped build a better understanding of care leavers’ emotional well-being. But Become wanted to go further. They wanted to explore what care leavers themselves think a successful

³ See: [Children looked after statistics 2020 – GOV.UK](#)

⁴ See: [Bright Spots Programme – Coram Voice](#)

life looks like – and to use that knowledge to challenge how success is measured, including who gets to define it.



In 2021, Become commissioned the Rees Centre to help fill that gap. The aim was to work alongside young people to co-develop a way of understanding and measuring success – one that is shaped by the young people who know what it really means. To this end, the charity convened a design group made up of care leavers and named *The Future of Care Design Group* by its members. The members of the *Future of Care Design Group* advised on the project throughout, and co-produced some key elements, including the design of a new interactive success measurement tool (the success survey). They also actively supported engagement with and dissemination of the work: for example, by facilitating a workshop with policymakers and practitioners held in July 2024 and contributing to the resulting Policy Brief⁵, and co-authoring a journal article about how success is measured for young people in the general population and how these measures compare to official statistics and lived experience of the care system⁶.

⁵ See: [Care-Leaver-Outcomes-Policy-Brief.pdf](#)

⁶ See: [Measuring success for care leavers in England: Whose definition counts?](#)

2. Approach

2.1 Rethinking success, together: the aims and approach of a co-designed project

The overarching aim of this study was to better understand how care leavers define success and how it can be meaningfully measured. To do this, we aimed to answer the following questions:

- How is success currently measured for care leavers?
- How do different stakeholders (DfE, LA care leaving service managers, PAs who work with care leavers, young people) view success? Where do views align and differ, and how does this influence what is measured?
- What does 'success' mean to care-experienced young people?
- Who should measure success – professionals, young people, or both?
- How and when should success be measured and over what period in a young person's life? Is there an upper age limit?

The study was originally designed in four phases incorporating mixed methods, with each phase underpinned by guidance from the *Future of Care* Design Group who would co-produce research materials and outputs.

- **Phase 1:** gather professional stakeholders' views on how success is currently defined, measured and used to inform services.
- **Phase 2:** a literature review to understand how success is defined for young adults in general (see Appendix 1 for details of the search terms and a list of references identified), followed by focus groups with care-experienced young people in five LAs to explore how care leavers define success. Involvement of the *Future of Care* Design Group to consider similarities and differences to the general population. The focus groups also explored how young people's views about success might change and how this might be captured.
- **Phase 3:** synthesis of findings to inform development of the success survey, review by the *Future of Care* Design Group followed by piloting in five LAs. A

small number of cognitive interviews to capture care leavers' and PAs' in-the-moment experiences of completing the survey.

- **Phase 4:** larger scale testing in 10 LAs involving a total of approximately 120 young people.

However, due to lower-than-expected engagement in the Phase 3 piloting across five LAs (only four young people and their PAs completed the success survey), Phase 4 was revised. Instead of further testing in 10 LAs, we focused on understanding the barriers to uptake within the five original LAs and exploring whether and how the success survey could be embedded more effectively into practice.

A summary of the Research Plan is provided at Appendix 2.

2.2 From vision to implementation: putting co-design into practice

Led by experience: the Young People's *Future of Care* Design Group

The Rees Centre and Become share a commitment to upholding young people's right to be heard, valuing their lived experience and creating as much agency as possible in the research process. These values shaped the project from the outset and led us to embed co-production throughout the research process.

The *Future of Care* Design Group was established to guide the work from design to dissemination. Care-experienced young people were not just consulted but actively involved in shaping the project, shifting the power dynamic that can often exist between researchers and participants, especially young people. Become, with their experience of running youth-led advisory groups, led the recruitment process. The Rees Centre supported the review of applications and selection of candidates. Become managed meeting logistics, provided ongoing support, and – critically – ensured that young people were paid directly by bank transfer.

Offering direct payment recognised young people's time and expertise, reinforcing the project's commitment to valuing co-production.

To support recruitment, a Question & Answer session was held with Become for potential candidates. Eighteen young people aged 18–25 applied. Thirteen were selected based on their availability, commitment, and motivation to take part. The

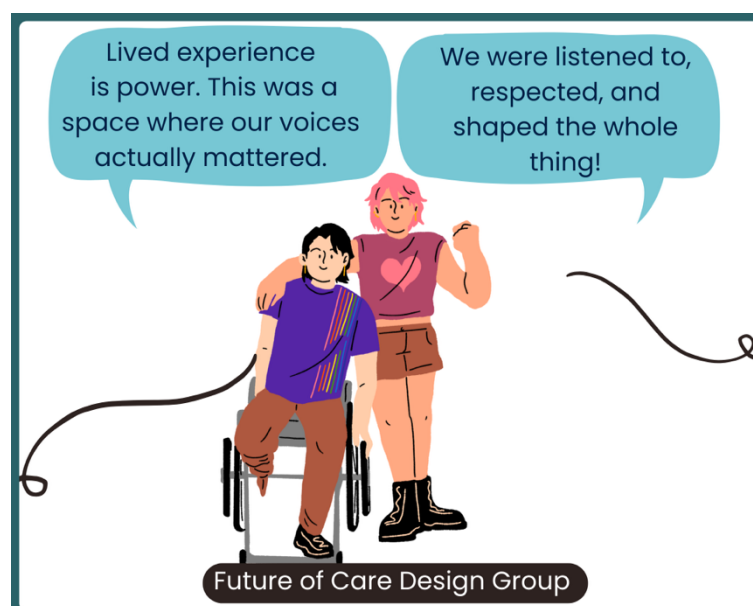
group was intentionally diverse, with representation from different ethnic backgrounds and experiences, including residential care, unaccompanied asylum-seeking, disability, and young parenthood – as well as a range of educational backgrounds (from those who left education during compulsory school age to those who were still in higher education).

Creating space for real influence

From the outset, the project team (comprising the researchers from the Rees Centre and Become officers) were committed to ensuring young people's involvement felt meaningful – not tokenistic. It was essential that *Future of Care* Design Group members felt genuinely listened to, respected, and involved in shaping the project.

The first meeting focused on building relationships and creating a safe, supportive space. The group got to know one another, co-developed group rules to promote trust and openness, and discussed what research skills they were interested in learning to help build confidence in their role.

One of the researchers working with the *Future of Care* Design Group was themselves care experienced, and this helped build trust and rapport. The care-experienced researcher's role went beyond facilitation – they served as a bridge between research and lived experience, offering relatable examples, encouraging open discussion, and helping the group feel heard and understood.



One of the participation officers from Become supporting the *Future of Care* Design Group was also care-experienced, further reinforcing a sense of shared understanding. These roles helped rebalance traditional power dynamics and created a more equal, collaborative space. Meetings were also co-chaired by group members, who had extra preparation time with the researchers. As a result, young people viewed the project as something done *with* them, rather than *to* them.

Inside the *Future of Care* Design Group meetings: Structure and activities

Thirteen meetings of the *Future of Care* Design Group were held in total between March 2022 and May 2025. During the first year, meetings focused on forming the group, building secure relationships and ways of working, learning about the research process and applying this learning to co-design a visual research method for exploring what success means to care-experienced young people, and associated ethical considerations. In the second year, the Design Group planned the methodology for focus groups with care leavers, refining the approach following the initial focus groups, and using the output to design the success survey. In the third year, the Design Group reviewed feedback from a second round of focus groups with care leavers, using it to refine the success survey before piloting over the summer of 2024. The Design Group also explored ways of using the final phase of research to improve engagement with the success survey, given the limited number of survey completions. In a final session, following interviews with LA managers responsible for care leaving services, Design Group members revisited the key findings and refined some of the key messages they wanted to convey. Their key messages are captured in the images featured throughout this report.

Early in year two, *Future of Care* Design Group members were invited to join a subgroup to co-author an academic article identifying how success is defined in the literature for young people in the general population and comparing this with outcome measures for care leavers. This article was published in October 2025⁷.

⁷ See: [Measuring success for care leavers in England: Whose definition counts?](#)

More detail on the work of the *Future of Care* Design Group and article sub-group is included in Appendix 3.

2.3 Turning design into research: Gathering perspectives on success, developing the success survey and piloting

Stakeholder perspectives on measuring success: What is collected, what is missing, and what is needed

Researchers conducted seven interviews with key stakeholders from the DfE, Ofsted, and LA leaving care services. The interview questions were developed by the Future of Care Design Group in *Session 2: Research Interviews*, where they focused on creating thoughtful, well-structured questions. Stakeholders later praised the depth and quality of the questions, reflecting the group's careful planning.

The interviews aimed to understand how success is currently measured in the care system and identify any gaps. Stakeholders were asked what data are collected on care leavers, who collects them, how, and why. They also discussed what happens to the data after a case is closed, how long it is kept, whether care leavers have rights over it (such as requesting deletion), and what information would be useful in their roles. The discussions also explored how the data are used – both to monitor LA performance and by the DfE. These conversations revealed considerable disconnect between what national policy and local service managers value and record, and what care leavers themselves see as meaningful indicators of success.

Defining and refining success: Focus groups with young care leavers

These focus groups were distinct from the *Future of Care* Design Group and involved different young people, all of whom were in the process of leaving care. While the Design Group had an ongoing role in shaping and co-producing the project, the focus groups were held to gather a broader range of perspectives of success. Researchers held two rounds of focus groups: one prior to developing the success survey and another to later refine it. Focus group participants were recruited and supported by the 'voice' or 'participation' teams in three of the five LA partners participating in the project.

Round one focus groups with young people: Exploring definitions of success

The first round of focus groups aimed to understand how care leavers defined success. The *Future of Care* Design Group created the activities used in the sessions. A focus group was held in three of the five participating LAs. A total of 26 young people took part: four from LA 1, four from LA 3, and 18 from LA 5. Sessions lasted 30–60 minutes, depending on participants' needs and engagement.

- **LA 1 & 3:** Participants attended in person with an LA worker, while the researcher joined online. In LA 1, young people had submitted images, and one a video, representing success. These sparked rich discussions. In LA 3, participants faced greater challenges in engagement than anticipated due to life circumstances and neurodivergence, so the session was adapted and shortened in response. The leaving care manager facilitated discussion and supported participation.
- **LA 5:** This group was diverse, including several asylum-seeking young people. Four participants joined online from their shared home with staff support (two with limited English, whose contributions were later translated). One participated online with their PA, while the rest attended in person with LA staff support. This session reflected the differing experiences of asylum-seeking and non-asylum-seeking care leavers.

Developing the structure of the success survey

The researchers and members of the *Future of Care* Design Group co-produced the draft success survey. Part of the survey is shown in Appendix 5 and full details of how it was developed can be found in Appendix 4. The piloted version of the success survey asks about different areas of life and is structured as shown in Table 1.

Table 1: The structure of the success survey
Core areas covered There are 11 ‘core’ areas that everyone should try to answer, though respondents can choose to skip individual questions or whole areas. The core areas are: • Accommodation • Finances • Work • Education or training • Relationships with family • Relationships with friends • Relationships with romantic partners • Hobbies and activities • Being yourself • Mental health • Living skills And two other areas that individuals should only answer if they are applicable: • Parenting • Seeking asylum
Questions asked for each area 1. Which of these sounds most like your situation right now? • They are shown 5 scenarios about care leavers in different situations and asked to choose the best fit to their own circumstances. 2. How are things going for you in this area? • A Likert scale ranging from (1) ‘I don’t feel great about this’ to (7) ‘I feel pretty great about this’ 3. How does this compare to 6 months ago? • A choice of (1) ‘Things are going downhill’, (2) ‘It’s about the same’, or (3) ‘Things are going uphill’ 4. How stable are things for you in this area? • A Likert scale ranging from (1) ‘Not at all stable’ to (7) ‘Extremely stable’ 5. How important is this area of life for you right now?

- A Likert scale ranging from (1) 'Not at all important' to (7) 'Extremely important'

After each question, respondents see a text box with the heading: 'Care to elaborate?' If they want to, they can use this box to make a note of anything else they think is relevant to that question. For example, they might want to explain why they chose a particular answer or give more detail about their current situation. It is up to them whether they use these boxes, and how much they write in them.

After respondents have completed questions on all the areas of life they want to, they are asked to select up to 5 of the 13 areas in the survey that are most important to them right now.

Personal goals, barriers and support needed to reach those goals

Respondents are asked to list up to 3 goals, and for each, say:

1. How close are you to meeting this goal?
 - A Likert scale ranging from (1) 'Goal not met at all' to (7) 'Goal met'
2. What are the barriers to meeting this goal?
 - Free-text response
3. What support do you need from your PA to reach this goal?
 - Free-text response

What makes the success survey unique?

There are three important elements of the success survey that combined, make the approach unique:

1. **Scenarios – which one sounds most like you?** A less intimidating way of starting the conversation as it asks the care leaver to align themselves with a particular story. They can then have a conversation about why they chose that scenario. In one of the cognitive interviews, a PA reminded a care leaver about a particular aspect of their situation that helped them decide which scenario was the best fit. The scenarios were written in such a way that they would produce ordinal data, with certain options representing more objectively 'successful' outcomes.
2. **Self-report ratings** A way of capturing the care leaver's own views, as opposed to those of their PA. We started with an 11-point scale, the *Future of Care* Design Group wanted fewer points and so we compromised on 7 so there would still be some nuance for research analysis purposes.

3. **The 'how important is this area to you right now?'** This question is not currently being asked of care leavers.

This combination of elements (along with the questions about perceived progress over time and the opportunity to elaborate on choices with free-text responses) offered various benefits for LAs:

- The success survey could be used by practitioners in their regular one-to-one meetings with care leavers. It would act as a prompt for conversations about how they were getting on in various areas of life; the scenarios would offer a less intimidating introduction to topics such as mental health and relationships; and there would be some discussion about the answers they had chosen and why. Service managers recognised the opportunity to use the success survey as a structured approach to gathering the information they needed for Pathway Plans, for identifying need and as a result, offering tailored support.
- Responses could also be used at an aggregate level, both by the LA and for research purposes:
 - To see how well care leavers (in an LA) were getting on in the areas of life that have been prioritised by government (education, employment and training, accommodation) – with both the scorable scenarios and self-report items.
 - To see how care leavers were doing in a range of other areas of life that they had told us were important parts of being 'successful'.
 - To compare average scores on scenarios vs. self-report, to see if there was agreement or any discrepancy.
 - To rank the 'top 3' areas of life that local care leavers said were most important to them right now (this was unlikely to fit neatly with the government's focus on education, employment and training, and accommodation).
 - Using the 3 survey elements enumerated above in combination, to see how well local care leavers were doing on the areas of life they had said were most important to them – thus enabling strategic conversations about services and support.

Round two focus groups with young people: Testing and refining the success survey

The second round involved 16 young people from LAs 1, 2, and 4. Local authority 1 had also participated in round one, offering continuity, while the others brought fresh perspectives. This combination helped assess whether the success survey, co-created by the *Future of Care* Design Group, reflected how care leavers define success. Focus group participants reviewed the survey's structure, content, and wording, offering feedback on its relevance and clarity. Due to delays in recruitment, LA 1 took part first. Based on their input, the *Future of Care* Design Group revised several questions that they had worked on in *Session 10: Refining the Wording of the Tool*. The two subsequent focus groups tested this updated version. Their feedback was then brought back to the Design Group in *Session 11: Final revisions to the Tool*, where further changes were made, or decisions not to revise were documented with clear reasoning. Part of the success survey is included at Appendix 5.

From design to reality: Piloting the new success survey

The success survey was shared with five LAs, with the aim of piloting it with around 120 young people. The team also planned to conduct a small number of cognitive interviews, where participants talk through their thoughts while completing the survey, to understand how the questions are interpreted, and identify any issues. Hosted on Qualtrics, the success survey was made available via an online link and an optional paper version. Local authorities were regularly reminded to share the link with their care leavers. To support the rollout, a researcher attended LA leaving care service meetings to promote the project, introduce the survey to PAs, and explain how they could assist young people in completing it. Despite these efforts, participation was very limited. LA 1, LA 4 and LA 5 submitted no responses or interviews. LA 3 submitted one response, and LA 2 submitted three responses – two of which were cognitive interviews conducted by a researcher.

The cognitive interviews involved running through the success survey with a care leaver and their PA by sharing the screen during a Microsoft Teams call, in order to capture whether the experience of completing the survey 'worked' in practice. Participants were asked to 'think out loud' while completing the survey. After each question, they were also asked:

- What do you think this question is trying to find out?
- How easy or difficult was it to pick an answer?
- How did you decide what your answer would be?
- How did you feel about being asked this question?

Exploring implementation: Conversations with leaving care services

Due to low uptake during the pilot, the team re-contacted participating LAs in February 2025 to understand the challenges they had faced. The goal was to identify barriers to engaging PAs and supporting young people in completing the success survey, and to explore whether further piloting might be possible within a revised fieldwork deadline of end of April 2025. A researcher followed up via email and phone, eventually securing interviews with five professionals from four LAs: two leaving care team managers, one Associate Director, one Senior Personal Adviser, and one Service Manager. These interviews took place in March and April 2025. Although none of these LAs were able to assist in further pilot testing, they shared important insights about barriers to further piloting and the potential for embedding the co-designed success survey into practice.

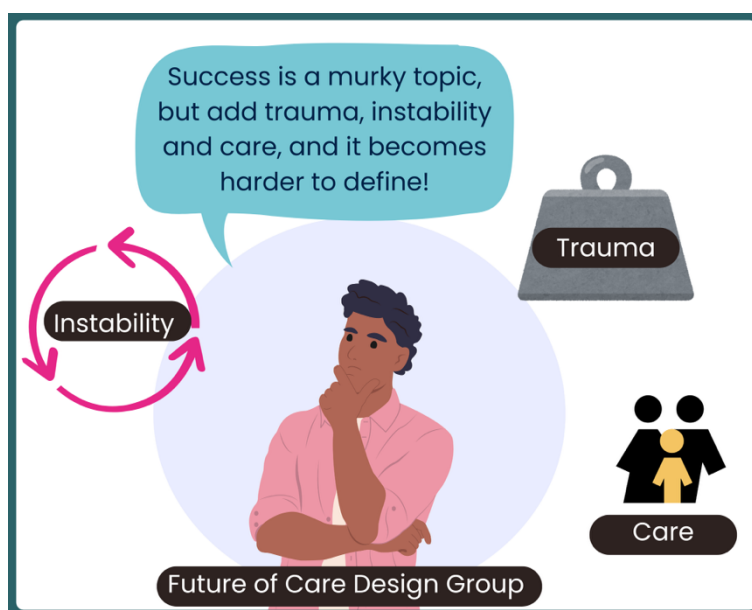
The fifth LA had experienced high staff turnover during the pilot, and time constraints prevented re-engagement in this final phase of the research.

3. Defining success: key findings and insights

3.1 In search of success: Care leaver definitions

This section explores how the care-experienced young people in this project defined success. Where possible, we also reflect on how their definitions align with or differ from the way success is conceptualised in the wider literature on young people in the general population. To facilitate comparison, the research team initially coded the definitions of success emerging from the focus groups and literature separately and then cross checked the two. While there are broad areas of overlap, care leavers consistently framed success through the lens of lived experience – emphasising survival, stability, dignity and small daily wins, often in contrast to the linear and outcome-focused benchmarks used in policy and academic literature.

Care-experienced young people conceptualised success in complex, personal, and nuanced ways – often shaped by experiences of instability, stigma and survival. While there is some overlap with broader societal understandings of success among the general youth population, care leavers consistently placed emphasis on emotional well-being, day-to-day survival, and step-by-step progress. These priorities were deeply rooted in their experiences of adversity and the resilience developed in response.



Success as a personal, evolving journey

Young people in the general population literature were often portrayed as having clear goals, ambitions, and personal passions. While care leavers also expressed aspirations, they frequently challenged the expectation of always striving toward the next achievement. Instead, they emphasised the importance of present contentment and day-to-day stability, particularly in the aftermath of trauma or prolonged uncertainty. For many care-experienced young people, success was not a fixed achievement to be reached and held. Instead, it was a continuous, evolving journey shaped by growth, setbacks, resilience and change. This idea came through in metaphors, personal reflections, and a clear rejection of rigid, outcome-driven definitions of success. One young person described it like climbing a mountain:

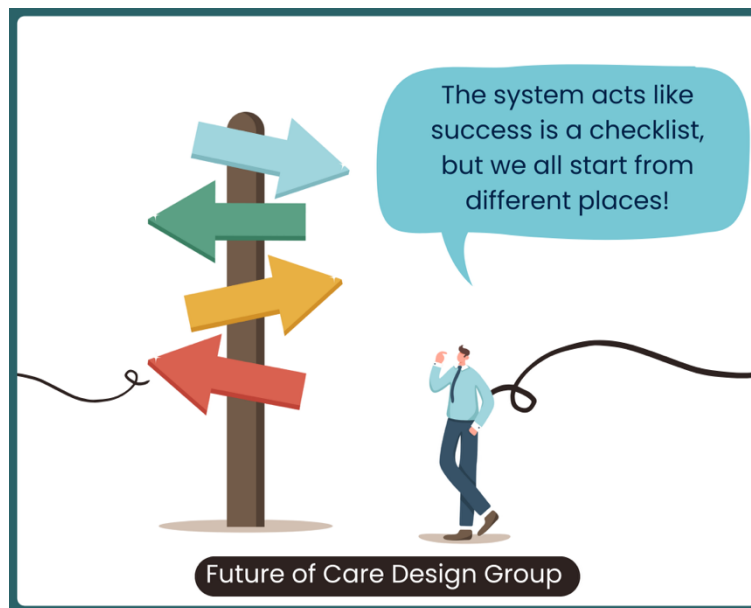
“You always start off at the bottom of the mountain. You might slip sometimes, but you get back up and carry on until you reach the top.”

Others questioned whether there even was a ‘top’. For them, success was not about reaching a final destination, but about ongoing learning and development:

“The journey never ends – we’re always learning, always growing.”

Success was therefore typically seen as fluid, personal, and non-linear – a strong contrast to the literature on young people in the general population who often frame success through forward-planning, goal-setting, and long-term ambition. For some, success meant simply getting through the day or functioning while coping with trauma. For others, it meant naming and pursuing a goal, no matter how small:

“Success isn’t something you just ‘do’ and then it’s finished. It’s about making steps and goals – even if that goal is just to make your bed today.”



Focus group participants emphasised that success looks different for everyone – and even for the same person, it can change across time. There was a strong rejection of the idea that success follows a single, one-size-fits-all path. Some had long-term aspirations, while others found contentment in the present:

“People always ask what I want to do next. But I’m happy just living. I can afford things; I can care for my pets. That’s success for me.”

Many also expressed frustrations at being expected to have big goals, especially when those goals were shaped by societal or professional expectations. For some, success was not defined by future milestones, but by small, meaningful acts of self-care – such as brushing their teeth, getting out of bed, or feeling able to leave the house. These everyday accomplishments reflected resilience and were valued as significant in their own right. The pressure to “*give back*” or “*prove them wrong*” weighed heavily. Several noted that success should not be about comparison to others, including other care leavers, but about recognising personal growth:

“There’s no ruler you can use to measure how far a care leaver’s come.”

This message was clear: success is deeply personal, non-linear, and shaped by lived experience. It may be slow or quiet, but that does not make it any less meaningful.

Pride in surviving and breaking the cycle

For many young people, success was rooted in survival – in enduring trauma, instability, rejection, and stigma. Simply reaching adulthood felt like a major achievement. As one put it:

“You should be proud because you’ve been through hell and back and you’re still standing.”

Success was not defined by being unscarred, but by living with those scars and moving forward. Some saw surviving care as a victory, especially when others had not made it. As one said:

“Just becoming a care leaver in itself is a success... some young people don’t make it to 18.”

Many were determined to break generational cycles; to be the first in their family to finish school, avoid prison, or have a safe home. In their words:

“Breaking the cycle – that’s what success is.”

They sought to define success on their own terms, rejecting pity or low expectations. They did not want to be seen as “successful for a care leaver,” but as successful full stop. At the same time, they wanted their achievements recognised in context; what might seem small to others, like buying a fridge or taking a holiday, were meaningful milestones of independence and dignity. For some, success meant learning to make their own choices. One reflected:

“Being a successful care leaver is being able to be yourself without being judged... not comparing yourself to other care leavers, but to a previous version of yourself.”

Ultimately, success was about resilience, healing and personal growth, not qualifications or jobs. Many wanted those supporting care leavers to understand that sometimes, simply surviving and being here is success.

Communities of connection, not isolation: Redefining independence

Both groups valued relationships, support and a sense of belonging. Among the general population, this often took the form of popularity, maintaining a desirable image, or accumulating social capital. In contrast, care leavers emphasised the importance of deep, meaningful, and consistent relationships. There was a strong rejection of superficial markers of social success, and a clear desire for authentic connection – particularly in the absence of parental support. Support and encouragement were seen as essential to success by both groups. For care leavers, however, this support needed to be consistent, reliable, and actively offered. Many expressed the belief that success was unattainable without a dependable support network. In one focus group, the idea of being able to depend on others emerged as especially important.

Related to this, care leavers in our focus groups challenged the idea that success means total independence. Instead, they emphasised the need for ongoing, consistent support – people who check in, stick around, and genuinely care. For them, independence without support often felt like isolation.

“We didn’t ask to be put in foster care. We didn’t ask for this life. So why are we expected to get through it without any help?”

Young people highlighted the unrealistic expectations placed on them compared to their peers who had stable family networks:

“Other young people can call their mum or dad when things go wrong. We have to figure it out alone – or rely on a PA who might change three times in a year.”

They expressed a longing for community and lasting relationships, not just time-limited professional support. One spoke of “co-dependence,” not in its clinical sense as ‘dysfunctional’, but as healthy, mutual reliance:

“It shouldn’t be called independence – it should be co-dependence. We need a community. But we need help to build one.”

This perspective stands in stark contrast to the language of policy, which often frames independence as the ultimate goal.

Consistent, practical, emotional support was a recurring theme, not out of dependence, but recognition that everyone needs others to thrive:

"I need someone I can call when I'm in crisis, or just when I need to talk. Someone who knows me and encourages me."

Many called for support that continued beyond age thresholds like 18 or 21:

"Everyone falls over. We just need to know that someone will be there to help us get back up – no matter our age."

They also criticised how "independence" was taught – often theoretical and out of touch with reality. Lessons in budgeting did not help when there was no money to budget. Many faced debt and confusion about bills.

The message was clear: care leavers want a more realistic, relational model of success. Independence should not mean being left to sink or swim but learning to navigate life with the steady support of people who do not disappear when time runs out.

Everyday functioning and independent living: Success in the small things

For many young people leaving care, success was not defined by big milestones like university degrees, full-time jobs, or home ownership. Instead, it was about managing everyday life on their own terms. Functioning emotionally, practically, and independently were seen as key markers of success, especially in the absence of the support many of their peers take for granted. This meant showing up for yourself in small, consistent ways despite trauma, instability, or isolation: making a meal, or tidying your home. These seemingly minor tasks carried deep significance. As one young person put it:

"Some days it's hard just to brush your teeth or get out of bed."



Others shared pride in small achievements that marked steps toward independence:

"I'm proud of getting my first mop."

For these young people, functioning was success. Progress was measured against their own past, not society's expectations. Yet, these hard-won victories were often invisible to systems focused on predefined outcomes. Government statistics may track education or employment, but they do not reflect whether someone is managing their mental health, staying fed, or learning how to run a home. Young people emphasised that success is personal and shaped by individual capabilities and circumstances:

"You can't group care leavers as one. They are all at different stages – functional ability, capabilities etc."

Many felt unprepared for independence, even with basic training. Some pushed back against the pressure to be fully self-reliant so soon:

"Success is feeling prepared/confident to be independent."

"We're still young."

Their stories reveal that independence and everyday functioning look different for everyone. Success is often quiet and personal, not found in visible milestones, but

in daily resilience: showing up, keeping going, and building a life, one task at a time.

A place to call home: Redefining accommodation as a measure of success

Both the care leavers in this project and the wider literature on young people emphasised the importance of safe, age-appropriate housing. However, for care leavers, accommodation held particular significance – it was central to their understanding of success. It symbolised independence, personal pride, and the shift from being looked after to becoming self-sufficient. Experiences of unsuitable housing – such as living in hostels with individuals facing addiction – stood in stark contrast to the more aspirational and stable living situations often assumed in the general literature.

For many care leavers, accommodation is more than a tick-box for “suitability.” It shapes their sense of stability, safety, autonomy, and belonging. Success is not defined by official standards alone, but by how their living space makes them feel – secure, settled, and in control. Young people described having their own space as a major milestone. One shared pride in *“buying your own fridge – even if it is in instalments,”* calling it *“one of my proudest moments.”* Another said that success meant *“being able to decorate your own home – putting pictures up.”*

Accommodation symbolised independence and choice. It allowed them to reclaim control over their environment. As one young person put it, success was:

“Doing something without someone telling you to do something.”

Yet, many noted the gap between what is labelled “suitable” and what actually meets their needs. Shared housing, temporary placements, or homes without basics like washing machines often fell short. *“Having a washing machine, being able to do your own washing”* was mentioned as a simple but vital marker of success.

The emotional impact of accommodation is especially significant. Young people spoke of needing a space to be themselves, find stability, and heal. Being denied housing or placed in inappropriate settings deepened feelings of exclusion.

This underscores the need for accommodation to be physically adequate, but also emotionally and socially affirming.

Financial success as control, freedom, and growth

Financial independence and security were valued by both groups. However, definitions differed in tone and emphasis. While the general population literature includes aspirations like “driving a luxury car” and “making lots of money,” care leavers highlighted the importance of being able to meet basic needs and feel in control of their lives (e.g., being able to purchase their own fridge and fill it with food).

For care-experienced young people, financial success was not about wealth or status. It was about independence, dignity, and self-determination – especially in contrast to the lack of control and limitations experienced while in care. For many, it meant being able to meet their own needs, enjoy small luxuries, and make financial mistakes without punishment. Young people spoke with pride about milestones that might seem modest to others but held deep personal meaning. One described financial success as:

“Buying stuff with your own money and being able to choose your own things – not having your PA buy or choose it for you.”

Another shared:

“I’ve been able to buy a holiday for my [family member] and me. I’m paying it off monthly but that feels like success to me.”

These experiences were not just about material gains, but about autonomy and self-worth. Financial success was seen as a learning journey. One person admitted using rent money for a concert, only realising the consequences after receiving an eviction notice, later reflecting:

“To be financially successful you need to work to live, not live to work.”

This reflects the tension between survival and enjoyment, something many navigate without a safety net. Several young people said they felt unprepared for financial independence. The sudden responsibilities, like council tax, were overwhelming:

"Paying council tax from 18 came as a shock later and now [I'm] in debt."

"We're taught to budget, but we have no budget to be able to budget. So, what we're taught before leaving care doesn't work in the real world."

A strong theme was the need for ongoing financial support. As one young person put it:

"We need to know we have somebody there when we fall down, no age limit, because everyone falls over."

Many also highlighted the insufficiency of current financial support:

"I never have enough money."

"Care leavers should get the over 25 rate of Universal Credit."

"You try living on £67.20 a week."

For these young people, financial success is not about ticking boxes like employment or budgeting. It is about stability, confidence, and the freedom to make choices, however small, that reflect their identity and aspirations.

Rethinking career success for care leavers

Both groups recognised employment as an important domain of success. In the general population, success was framed in terms of professional achievement, leadership, high income, and status. For care-experienced young people, career success often differs from traditional ideas of steady jobs and linear progression. Instead, success was more likely to be defined by enjoyment, autonomy, meaning, and how well work fits with their mental health and life circumstances, not just income or status. Many spoke about the value of doing something they genuinely enjoyed:

"Since I was little, I've always wanted to find joy, and I find joy by expressing myself using my musical talent... success is being able to do that in front of people."

For this young person, success meant creative expression and fulfilment, not titles or pay. Others challenged conventional career expectations:

"Success is also about finding a job that doesn't feel like a job. Some people get paid but sometimes it's more of a hobby – like musicians. Career success isn't always about getting a job. It might be having a dream to become a music producer and having a job to fund my expensive hobby. Your career doesn't need to be a job."

Young people also questioned how employment is defined in national statistics:

"When people want to know if you're in employment, education or training – education is a waste of time and money, training depends on what you want to do, and employment is more about what people class as employment. Some people are self-employed. Is it just about getting money for what you do?"

Barriers to employment were especially stark for former unaccompanied asylum-seeking children (UASC):

"Give UASC the chance to work. We want to work; we don't always want free money."

These quotes reflect both motivation and frustration – young people want to work but are blocked by systemic barriers. While some had clear long-term goals, others pushed back against the pressure to have a set path:

"As care leavers, everyone is always forward planning for us and it puts too much pressure on us to have dreams and aspirations... People always ask if we'll become a foster carer or a social worker."

For many care leavers, careers are about choice, identity, and stability, not becoming a "model care leaver" in a 'nine-to-five' job. Success can mean freelance work, creative pursuits, or jobs that reflect who they are and what they value.

No one size fits all: Rethinking success in education

Success in education was acknowledged by both groups. In the general population, the literature tends to emphasise academic attainment, higher education, and formal education. In contrast, care leavers expressed more mixed views, likely shaped by experience of disrupted education and bullying related to the stigma of being in care. This highlights how education systems can be

perceived as exclusionary or misaligned with the needs and priorities of young people who have experienced care.

For care-experienced young people, education and training are deeply personal journeys shaped by opportunity, expectation, and, at times, disillusionment. Their definitions of success often challenge conventional metrics, prioritising relevance, accessibility, and emotional readiness over formal qualifications. Many expressed frustrations with narrow views of education in formal systems, where standard pathways did not always reflect their interests or abilities. Even those who valued education often described encountering significant barriers or disappointments.

One young person, for instance, had long aspired to be a teacher and completed a university degree, but ultimately chose a different career that did not require a qualification. Despite this, they felt fulfilled. Their story reflects a broader theme: happiness and contentment were often valued more than meeting traditional academic or career milestones. The pressure to constantly “aim higher” was seen as a systemic burden placed unfairly on care leavers. Others described education as a potential springboard, but not the only one:

“Being in education because it is a base for moving on in life.”

This highlights how the value of education depends on individual goals, available support, and lived context. Similarly, training was seen as useful only when it aligned with personal ambitions:

“Training depends on what you want to do.”

Young people spoke about emotional and practical barriers that made education difficult – especially when coping with trauma or unmet needs. In these cases, attending college or completing training could feel unmanageable.

Their reflections make clear that success in education cannot be measured by enrolment or qualifications alone. It must be understood in terms of personal relevance, support systems, and how learning fits into a young person’s life.

Spaces for recovery, growth and expression

For many young people, success meant more than survival – it meant living fully. Hobbies and activities played a vital role in supporting self-expression, joy, and mental well-being. These interests were not seen as luxuries but as essential parts of a good life. When asked what they would do if money was not a barrier, care leavers listed activities like sports (e.g., boxing, football, volleyball, swimming), courses (e.g., learning a new language, cooking lessons), and playing an instrument.

These were not just hobbies – they reflected values like physical health, creativity, skill-building, and social connection. Hobbies gave young people purpose, helped them connect with others, and supported their self-esteem. While in care, many were encouraged to explore these interests, which fostered confidence and belonging. But this support often disappeared after leaving care:

“We used to do loads of stuff when we were in care – football, gym, youth club. Then we leave and it just stops. You’re used to doing all this stuff and then suddenly there’s nothing, unless you can pay for it yourself.”

Without financial or practical support, many young people struggled to continue the activities that helped them thrive. Barriers ranged from the cost of equipment to a lack of support for issues like smoking cessation:

“I stopped playing football because of smoking.”

This young person was not offered help to quit smoking but said they would have accepted it if offered. Others wanted clearer guidance on where to find support, like buying sports gear. For care leavers, hobbies were not about passing time, they were about identity, joy, and feeling part of a community. Losing access to these opportunities after the age of 18 meant losing a source of stability and self-worth. Continued support for hobbies in adulthood was not considered a luxury but a key part of sustaining their well-being, connection, and personal growth beyond care.

Mental health and well-being: Surviving, processing and healing

For many care leavers, mental health and well-being was not seen as a separate aspect of life but as a thread running through everything, shaped by trauma, struggles to access support, and the need for healing. It was rarely named directly but emerged through reflections on survival, emotional processing, and seeking peace. In the general population, success in mental health and well-being is often associated with concepts such as self-esteem, optimism, and personal fulfilment. For care leavers, however, identity and self-acceptance took centre stage – framed more through the lens of resilience and authenticity. One young person illustrated this through an image representing their idea of success:

“The picture represents that moment of peace and being able to quiet all the voices in my head, ignoring my past experiences, and being able to function.”

Others described the emotional complexity of their journeys:

“We experience another level of gratitude when we find success. We appreciate things in a different way. But it’s more of a delayed gratitude – it comes with that process – being angry, processing it, then grateful for being taken out of a situation.”

There was also an awareness that healing is not linear. Emotions about entering, or spending time in care could be mixed:

“Is it gratitude or something else? I’m not happy it happened, but I’m glad I’ve learnt from it.”

Young people felt that systems often expected a neat recovery that did not reflect their reality. Instead, they wanted their ups and downs to be acknowledged:

“Success is a journey and you never really reach success. A successful care leaver is someone you can sit down with and say, ‘what do you want to do?’ – ‘Hey, I want to make my bed today.’ It’s about making steps and goals.”

They urged professionals to focus less on diagnosis and more on day-to-day functionality.

Professionals often missed the lasting impact of trauma:

"When people come out of care they have scars, you're in care for a reason, nobody comes out unscathed."

Ultimately, mental health success was not about being symptom-free, but about surviving and continuing on your own terms:

"Being a successful care leaver is just becoming a care leaver in itself. It doesn't matter how you get through it, which path you take, if you've gotten through it, you're successful."

Being yourself: Identity, authenticity, and letting go of expectations

For many care leavers, success was not just about achievements, it was about living authentically and no longer being defined by others' expectations. Self-acceptance and embracing their identity were central themes. One young person described success as:

"Being able to be yourself without being judged, getting to where you need to be, and being proud of yourself."

Another reflected on personal growth:

"Being in a place where you can look back on your own journey. Not comparing yourself to other care leavers but comparing yourself to a previous copy of yourself."

Some felt that simply transitioning out of care was success. Others resisted being seen only through the lens of care experience or trauma:

"Success is about being valued for who you are and not just what you've been through."

Authenticity also meant separating identity from their care label and recognising personal effort:

"Care leavers' success shouldn't be any different to any other person because I don't want to be considered 'successful' just because I'm a care leaver... it's because I worked hard to get to where I am."

For some, identity brought additional challenges. One young person shared:

"I am transgender and for me success is difficult because to me being successful is more about being accepted by others."

Others spoke of the stigma they faced:

"Places look at you, and just because you've been in care, they look at you like you're some sort of dirty child."

Essentially, success was about reclaiming identity, defying stigma, and living with pride. For care leavers, simply being themselves was a profound and powerful type of success.

Stability: A foundation for growth across all areas of life

Stability emerged as a recurring theme among both the care leavers in this project and the broader literature on the general population. In the general population, it is often framed as a by-product of other forms of success – such as sustained employment or secure housing. For care leavers, however, stability was a goal in itself and a key marker of success. The emphasis on stability reflects the persistent instability many faced during and after their time in care, positioning it not merely as a pathway to success, but as a meaningful achievement in its own right.

Across all of the focus groups, stability consistently emerged as central to how young people defined success, spanning accommodation, finances, mental health, relationships, and daily life. For many, progress meant the absence of chaos:

"Success is having a good life – finding it easy to pay the rent and bills. No drama."

Others linked stability to emotional well-being, describing it as a state of calm after trauma:

"Not having to worry and not being [in] the same situation as before (prior to care)."

Consistency also mattered, whether in routines, relationships or environments:

"Success to me is consistency – not having to change things."

Stability shaped how young people viewed their futures. It meant more than just having a place to live or a job, it meant not fearing sudden collapse, and having the steady support needed to sustain progress. This kind of stability was seen as hard-won and rarely achieved alone. For these young people, stability was not a destination but a quiet, enduring condition. It was the scaffolding that supported every other kind of success they hoped to achieve.

Health, leisure and daily life

Both groups associated success with health and overall quality of life. However, care leavers were more likely to describe participation in hobbies and leisure activities as something that diminished once they left care, often due to a loss of structured support. They also reported barriers to maintaining physical health through diet and exercise, citing obstacles such as cost, inaccessible locations, or lack of ongoing support – for example, being unable to afford sports kits or access services like smoking cessation programmes. Notably, while there is ample evidence showing that care leavers experience significantly poorer health outcomes compared to their peers in the general population, they did not typically describe themselves as being unhealthy. This may be because some experienced an improvement in their health upon entering care, or because repeated exposure to clinical assessments – such as the annual health checks required for looked after children – left them feeling over medicalised. In this context, health may be framed less as a deficit and more as something quietly managed or normalised, rather than openly problematised.

Citizenship and contribution

Themes of citizenship, activism, and giving back featured more prominently in the literature on the general population. While some care leavers expressed pride in roles such as parenting or a desire to support others, there was also a strong undercurrent of frustration about being portrayed as symbolic success stories or reduced to statistics. As one young person put it:

“The government should be proud of us and not just using us for statistics all the time.”

Many care-experienced young people who took part in the focus groups used the project as a platform to express political concerns – particularly on issues such as

immigration, poverty, and inequality. However, these contributions were framed more as acts of advocacy and resistance rather than person indicators of success. Some care leavers also reflected on the pressure to 'give back' in very specific ways – such as becoming a foster carer, social worker, or care advocate – if they were seen as successful. This expectation was often experienced as limiting and uncomfortable, reinforcing the idea that their value was conditional on helping others within the system they had left behind, rather than being free to pursue their own interests.

Parenthood and seeking asylum: Defining success within life-altering realities

Not all care leavers became parents or sought asylum, but for those who did, these experiences fundamentally reshaped how they defined success. These were not just milestones, they were transformative realities that defined what was possible, necessary, and meaningful. Their stories challenge narrow, inflexible measures of success, showing that for them, success was inseparable from survival, identity, responsibility, and rights – areas often overlooked by existing systems.

Redefining success through parenthood

For some young people, becoming a parent reshaped their sense of achievement. Parenthood brought pride, purpose, and new priorities. But it also revealed the lack of support young parents often received. One young person shared:

“My first child wasn’t even meant to happen. But I love him and that.”

Parenthood for these care-experienced young people, was not about meeting conventional standards of success. It was about emotional connection, responsibility, and forging a new path. Yet many felt let down by services. One asked:

“Has every young parent been offered a parenting class?”

Many said care proceedings were triggered before they had a real chance to prove themselves. They felt judged for their age and background, and unsupported after their children were removed from their care. Some said that corporate parents stepped back when they became parents, shifting focus to the

baby, and leaving them without the guidance their peers would receive from family:

"We need to be supported in child protection meetings about our children."

For these young parents, success meant more than providing. It meant being seen, supported, and empowered. Their stories call for a broader, more compassionate definition of success, one that reflects the realities and resilience of parenting after care.

Seeking asylum: Barriers, belonging and the fight to succeed

Seeking asylum profoundly shaped the experiences of young people leaving care, introducing unique restrictions, emotional strain, and delays that redefined what success looked like. Many described facing prolonged uncertainty during the asylum process:

"Speed up the immigration process – why does it take so long?"

These delays made it impossible for them to plan for the future. Without the right to remain, young people were often unable to work, had minimal financial support, and were excluded from activities that promote growth and well-being:

"We're not allowed to become professional sports players or compete in sport."

Language barriers further hindered access to services, and in some cases, translation was required just to participate in decisions about their own lives. However, asylum-seeking young people often found solidarity and belonging in shared housing, forming close bonds that felt like family. This sense of community stood in stark contrast to the experiences of non-asylum-seeking care leavers, who were frequently placed alone in hostels or B&Bs with little support and no opportunity to connect:

"They got to live together like a family, but I was left alone living with people who did drugs."

This contrast created tension in one focus group and highlighted a broader issue of services failing to account for the different needs within the care leaver population.

Despite the challenges that this group of care leavers faced, many remained determined. For them, success meant securing the right to remain, stable housing, the ability to work and feeling accepted. Yet, for some asylum seekers, that success was often on hold. Dreams and long-term goals remained out of reach until their immigration status was resolved:

"It took nine years to get my status. Only when I got that could I look at the bigger picture."

Summary

There are clear overlaps between care leavers and the general population in the broad domains considered important for success – such as education, employment, financial security, well-being, and relationships. However, care leavers often defined success in more contextual and nuanced ways, shaped by experience of systemic disadvantage, stigma, and instability. For many, success was not about reaching conventional milestones but about navigating daily challenges and achieving moments of stability, safety, and self-acceptance.

3.2 Professionals' definitions of success: A practical lens

An initial round of interviews with LA professionals explored how they would define success for care leavers, and the extent to which these definitions were reflected in national and local data collection. The professionals recognised that national reporting systems represented a narrow definition of success that did not necessarily reflect what was important to care leavers. Their own definitions of success overlapped somewhat with those given by care leavers, recognising that the meaning of success is complex and differs between individuals; but lacked the examples of self-acceptance and meaning-making that were so important to the care leavers in our focus groups.

Like care leavers themselves, the majority of the professionals we interviewed recognised that success is a personal journey:

LA 2: *"Everybody has different starting points and, you know, some, somebody going to university, that might be more accessible to one person than another person who's had a very different start, who may have just learned to read, or who, you know, has had other issues and hasn't had a lot of school attendance. Maybe that young person having their child in their care is more of a success."*

LA 4: *"Someone might come across that person and think that they don't seem as stable [mentally], for example, as someone else might be. But actually, given what they've come through... they may have got really far from where they could have been or where they were to begin with."*

They also appreciated the importance of communities of connection to provide the context in which resilient outcomes might be achieved:

LA 3: *"I think my definition would be that success is a young person saying, 'I am where I want to be, with a clear path to take things even further forward, and I feel cared about and supported, and I feel that I have what I need, might not have everything, but I have what I need'. I think for me that's really important that they have people in their life, whether that's us or somebody else who cares about them and they have people who love them. So, we can't manufacture love from thin air, but we can make sure they have people that make them feel loved."*

LA 3: *"We all know that in our own lives, when rubbish happens, it's the people around us that enable us, even if we don't draw on them in that moment, they enable us to kind of push through."*

Like the care leavers in our focus groups, the professionals emphasised the need for a more nuanced understanding of success in relation to the topics focused on for national data collection, such as employment:

LA 4: *"It won't necessarily look the same across the board... So you could say because you've got a job, then you're successful, but you might, I don't know, hate that job or only keep it for two months or whatever. You might not feel that's a successful thing for you or having a job for the sake of having a job."*

Similarly, they felt success in relation to accommodation meant that care leavers *"are living somewhere they feel happy to live and they feel safe to live."* (**LA3**)

However, their definitions of success in this area lacked some of the examples given by care leavers that showed the importance of a sense of belonging and meaning-making in their accommodation, such as purchasing their first mop or choosing their own décor.

Beyond the definition of accommodation, professionals also recognised the importance of ‘success in the small things’:

LA 3: *‘Success for one young person might be that they’ve turned up to their training programme on time for a week or that they managed to get out of the house and turn up for an appointment.’*

Like care leavers, the professionals also noted that success might look different for particular groups, such as young parents, former UASC, and transgender care leavers.

The topics of mental health and well-being, although touched on, were less present in professionals’ definitions of success than in those of care leavers. Care leavers’ definitions also focused on identity, belonging, personal growth, and pride in surviving adversity, none of which were mentioned by the professionals we interviewed. This disconnect highlights the need for more holistic, person-centred outcome frameworks that reflect lived experience. Current professional definitions risk missing some of the emotional and aspirational aspects of what it means to truly thrive after care.

Professionals across all four local authorities identified a key flaw in national data practices: collection is driven by compliance, not by what matters to care-experienced young people.

The DfE requires reporting on:

- Whether the young person is in contact with services
- Whether their accommodation is classified as ‘suitable’
- Whether they are in EET

These metrics reflect service use but not well-being or personal success. The current national data framework fails to reflect what care-experienced young people define as success, including:

- Small daily wins
- Feeling emotionally safe and valued
- Supportive, trusting relationships
- Long-term healing and personal growth
- Having a say in their lives and choices

None of these are measured by existing national systems. As one care leaver put it:

"DfE and Ofsted measures are about the services, not about care leaver success. They are two very different things."

Professionals also acknowledged that national data is gathered to meet performance indicators, not to reflect young people's lived realities:

LA 2: *"I think it more measures our success than the young person's success."*

LA 4: *"I know there's more that young people think is more important."*

LA 5: *"I don't think it adequately captures what we as aspiring corporate parents wish for our young people."*

One local authority professional was especially aware of the shortcoming of the 'suitable accommodation' indicator:

LA 3: *"In reflecting on the whole picture of care leaver data and how we record it, my question would be what value does that have? Because it is a practitioner putting their judgement on it based on some arbitrary criteria. Is there not more value for the government, for us as a leaving care community nationally to actually say, 'Is the young person happy in their accommodation? Do they feel that this accommodation is where they want to stay for the next six months?' ... I don't think currently that question on suitability has any value whatsoever with regards to reflecting our young people's lived experience."*

The same professional questioned the national measures more broadly:

LA3: *"All of the well thought out articles about care experienced young people... talks about what the key issues are for care leavers: housing quality, loneliness, loving relationships, trauma. So why is the government asking us to report on the [things] they do ask us to report on? Because. you know what I mean, there's no correlation between what we know are the key issues for care leavers."*

Others noted the inability to capture the notion of success as a ‘journey’ in the current measures:

LA 5: *“I think the problem with the 903 is it’s an interesting kind of snapshot. It’s an interesting point in time, but it doesn’t capture the starting point for the individual young person or child. So there’s no relationship between the journey for that young person and the sort of distance travelled. And what can be just astronomical achievements can’t be captured because there’s no relationship to where they started.”*

Professionals’ awareness of this lack of alignment between the insights available through national data and care leavers’ perspectives reflects a shared understanding of systemic shortcomings, even among those responsible for maintaining the system.

Many professionals voiced a strong desire to redefine success for care leavers. Examples were given of how local information-gathering – primarily through Pathway Plans – allowed for a more nuanced picture of individuals’ success and progress, albeit this was still *“limited, but with slightly more contextual information”* (LA 3). Professionals in one local authority talked about presenting a quarterly report on care leavers’ achievements:

LA 5: *“It’s about a young person doing something that means a significant thing to them... They ran the spectrum of getting an unconditional offer to go to university, to actually coming to our centre and meeting their personal advisor for the first time in 12 months because they have social anxiety and leaving their house is a huge thing to them. And that is just as impressive as going to university!”*

These reflections reveal an awareness of the limitations of the current national data system, but also a workforce that care deeply, and is open to change, given the time, tools, and flexibility to do so.

Conclusion: A narrow system, broad realities

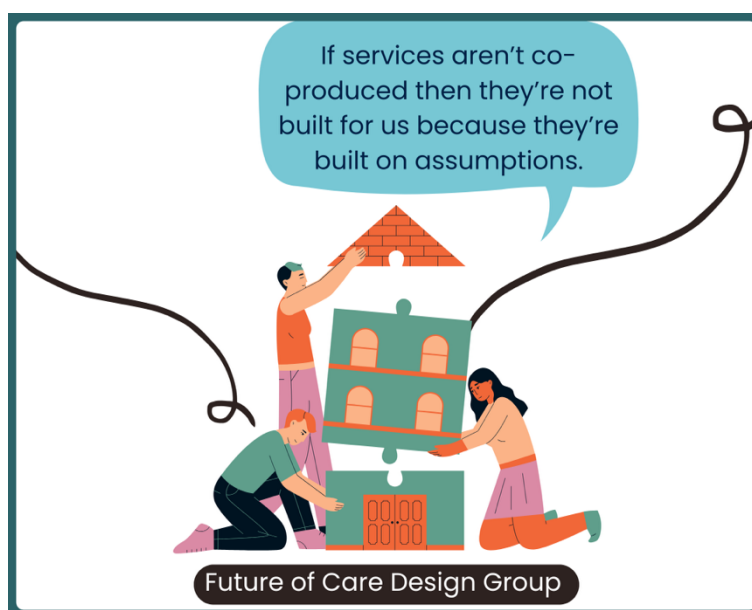
The current national data system captures what is easiest to measure, not what truly matters. It defines success by the absence of failure: not being NEET and not being homeless. But care leavers define success differently. For them, it means surviving and thriving on their own terms: through resilience, healing, meaningful

relationships, emotional safety, and a self-defined future. Their realities are rich, complex, and personal, far beyond the reach of existing national metrics. Local information-gathering captures some of this complexity, but practice differs between local authorities and professionals recognise that there is still room for improvement. Until the system evolves to reflect these broader definitions of success, it will continue to fall short of supporting the lives it aims to serve.

4. Ways forward to address the gap

4.1 How the new co-designed success survey worked

The new success survey was designed to support young people in articulating what matters to them – shifting the conversation from system-defined outcomes to personal reflections. Although fewer cognitive interviews were completed than hoped, the two completed interviews indicated that the success survey enabled deeper, more human conversations between young people and their PAs, due to its carefully considered structure, tone, and accessibility. The findings presented in this section are based on the second round of focus groups and the two cognitive interviews; they would need to be further tested in a wider roll-out.



Unlike traditional assessment tools that rely on blunt or clinical questions (e.g. “I am struggling with my mental health.”), the co-designed success survey used narrative prompts, relatable third-person scenarios, and accessible language. This approach appeared to reduce defensiveness, encourage empathy, and make space for young people to reflect without feeling judged. For example, rather than directly asking about mental health, the survey invites young people to choose a scenario such as “*Bailey has more bad days than good days.*” This indirect phrasing was intended to make it easier for young people to engage. As one young person said:

"That was actually good. It actually made more sense than most of the surveys you normally do because they don't actually cater for young people's words."



In both cognitive interviews, the success survey encouraged joint reflection and open dialogue. PAs reported that reading the survey aloud and guiding the young person through it section by section supported a more comfortable, paced, and collaborative interaction:

PA: *"I think it's helpful doing it alongside the young people rather than a PA just sending it out [...] I just think it works well having them conversations."*

This approach shifted the tone from formal assessment to relational support where PAs were able to reflect on how they had seen the young person progress. One young person commented:

"Yeah, because I would've been stuck there sometimes. I would've clicked something else, but then I was like 'No, I'm in a good place.'"

This move away from evaluation toward shared exploration helped young people reflect on how far they had come, even if they felt they still needed to work on some areas of their life. The success survey also included open-ended prompts ("care to elaborate?") after each section, giving young people space to add detail or explain their choices – further personalising the conversation and opening the door for goal setting.

PA: *"You might want to explain why you chose a particular answer or give more detail about your current situation. You could also use it to see how we could improve the score you've given yourself."*

Both PAs noted that the survey worked well for young people with literacy challenges or for whom English is not a first language. Reading the success survey aloud, clarifying language, and taking breaks allowed for greater engagement without drawing attention to difficulties:

PA: *"Chatting through, even comparing to their circumstances or remembering like, 'this is going well, but you were having a bit of a struggle with this.'"*

This flexible delivery meant the survey could meet young people where they were, regardless of support needs or communication styles.

The success survey added depth to statutory pathway planning by focusing on how young people felt – not just what they were doing. Rather than ticking boxes about EET status or housing arrangements, the success survey asked, *'How well do you think things are going for you?'* And *'What support do you need?'*

Design Group: *"This could help them [PAs] see what we actually care about, not just what they ask us every time."*



Young people responded positively to the survey's design and tone. They described it as easy to understand, non-threatening, and more reflective of how they think and speak.

Young person: *"I think it's actually good and gets you to elaborate more, because you know how I didn't have an option for one of them, I could put all my barriers, mental health and finances. So they realised it wasn't finances that were my barrier, it was something else."*

Young person: *"I liked it. I liked the layout. I liked that it gave you options and let you pick what felt most accurate."*



They also appreciated the story-based scenarios, which helped discussion of difficult issues without feeling exposed:

PA: *"Sometimes it's easier to look at someone else's story and see yourself in it."*

The success survey gave young people a voice in a process that is often dominated by external assessments.



4.2 Considerations for improving the success survey

While overall feedback was positive, the success survey was tested by far fewer young people and PAs than planned. However, the second round of focus groups provided valuable feedback for improvement, which was acted on by the Design Group. Subsequent to this, the two cognitive interviews surfaced a few further areas for refinement:

Interpreting language

Although overall the survey received positive feedback on its accessible and relatable language, a few items were initially unclear and overly formal. It was felt that this could affect comprehension and engagement, especially for young people with lower literacy:

Focus Group: *"I didn't get what that one meant – the wording's a bit weird."*

Focus Group: *"Some of the words are just a bit... not how I'd say it."*

This feedback was taken back to the Design Group, who revised the wording. There were no comments about clarity in the subsequent cognitive interviews.

Emotional responses

Some prompts could trigger discomfort, especially those related to emotional well-being. This underscores the need for sensitive delivery and follow-up support when using the survey. One personal adviser advocated for their young person asking to skip the section on family relationships, highlighting how completing the survey with a trusted person could avoid emotional distress:

PA: *"[Young person] doesn't have great relationships with [their] family... I think we should move past this one."*

Attention and cognitive load

Questions that required abstract reasoning or long-term thinking could be difficult for young people focused on daily survival or with neurodivergent processing styles. One young person went through the scenarios identifying similarities to their situation, stating:

Young person: *"I think what I said makes more sense. I think [that] says it like black and white."*

Another young person struggled to choose between the two ends of the scale when asked how important one of the domains were. Their PA highlighted:

PA: *"[Young person's] way of thinking, it's very black and white, matter of fact and I think... it's not important, it's just who he is... That's a hard one for [young person] to answer because of like your personality."*

This highlights the need for scaffolding when discussing aspirations or concepts like purpose.

While well-structured, the success survey was seen as overly long by one of the young people in the focus groups. They noted disengaging near the end:

Young person: *"It's long though, innit? Like it's alright, but I started to switch off."*

This suggests the need to explore adaptations – such as splitting the survey into parts or offering a shorter version. Young people who completed the survey were able to choose which areas of life they wanted to complete which worked well for them.

4.3 Considerations for embedding a new success survey in practice

The initial ambition behind the success survey was twofold: to collect information about a sufficiently large number of care leavers in a stand-alone pilot to be able to report on the substantive results; and to roll out the use of the success survey as a complement to existing information-gathering tools, so that PAs can build a more holistic understanding of the goals and desires of the young people they support.

By the end of the pilot fieldwork in September 2024, only four success surveys had been completed. Two of these incorporated a cognitive interview with the PA and care leaver to understand how they had found the process of completing it.

Personal Adviser views

Both PAs were very positive about the survey:

PA: *"It's helpful doing it... together rather than the young person just filling it in on their own... It's a nice positive picture of where you're at."*

"PA: *"I think it's dead easy to follow. The questions – you can fall into one, and if there's not you can just say, 'I don't.' It's well set out. You can do it online, which helps our young people that don't wanna sit with paper. I do think it's good and easy to follow. I like the multiple choice as well 'cause it's straight to the point and they can elaborate where they want to."*

The cognitive interviews demonstrated the survey's potential to enhance pathway planning by:

- Shifting from evaluation to collaboration
- Supporting open, youth-led conversations
- Making abstract concepts easier to explore
- Creating a more inclusive and accessible experience
- Validating care leavers' own definitions of success

Despite minor challenges initially with language, length, and abstraction, both young people and professionals found the success survey valuable, engaging, and empowering. With further adaption and thoughtful integration into practice,

this approach has the potential to improve how services understand and support care-experienced young people – not just by ticking boxes, but by listening to young people talking about their lives.

Views of service leaders

While the service leaders interviewed in Phase 4 of the research acknowledged the potential of the success survey to generate more meaningful, youth-centred conversations, there was some hesitancy about further testing or future embedding of the survey. Resistance was not framed as outright opposition to the success survey, but rather to do with timing and capacity – professionals spoke of being “*just very, very busy.*” One LA was emerging from a recent Ofsted inspection; in another, there had been a job handover during the timeframe of the project and information about survey participation had not been communicated.

Other barriers to engagement with the survey were typically framed in terms of practicality – such as duplication with existing Pathway Plans, time pressures on PAs, or limited capacity for change, particularly where staff were just coming to grips with the new templates for Pathway Plans. In one LA, there were concerns about over-burdening care leavers given several separate large-scale consultations:

LA 2: *“There was a lot of information asked of them... you have quite a small cohort of young people who are willing to do that thing, and they sort of get hammered. So I think it did get to be [survey] overload.”*

Each of the four LAs participating in this final phase of the research had already made, or were in the process of making, amendments to their existing pathway planning tools. They generously shared (either during or after the interviews) blank copies of their forms and associated guidance for PAs where this existed. The main driver for reviewing Pathway Plans was described as the introduction in January 2023 of a new, separate Ofsted judgement specifically about the experiences and progress of care leavers, as part of the inspection of LA children’s services. Other drivers included the need to upgrade case management systems, to support practice improvement and to increase levels of engagement by care leavers with pathway planning. In each case, the LAs had included some involvement of care leavers in the change process.

We analysed the updated pathway planning tools supplied by LAs to compare their coverage and approach with the basic requirements in national outcomes collated by government, the minimum requirements for Pathway Plans and the success survey designed by and for care leavers. The key similarities and differences are summarised in Table 2. The research team were particularly struck by the variability in approach between LAs, although two were located within the same region and had collaborated on developing their updated Plans with regional partners.

Table 2: Comparison of coverage of different tools for understanding the ‘success’ of care leavers.

National data collected by government	Minimum requirement for Pathway Plans: DfE Annex E Guidance⁴	Actual coverage of Pathway Plans in 4 LAs	What care leavers want to be asked about: <i>Future of Care</i> success survey
• Whether LAs ‘in contact’ with care leavers • Whether Pathway Plans up to date • Whether Health Needs assessment undertaken • Whether in EET • What type of accommodation and whether ‘suitable’	The Pathway Plan for relevant young adults should generally cover: • Accommodation • Life skills • Education and training • Employment • Specific support needs • Financial support Plus additional needs for asylum	• Care plan • Accommodation • Life skills • Education and training • Employment • Finances • Health (medication, allergies) • Needs assessment • All about me The amount of detail varied between LAs.	11 ‘core’ areas of life: • Accommodation • Finances • Work • Education or training • Relationships with family • Relationships with friends • Relationships with romantic partners • Hobbies and activities

	seekers and victims of trafficking	Some break sections down into structured subsections, while others have one open-ended question.	• Being yourself • Mental health • Living skills 2 additional areas (if applicable): • Parenting • Seeking asylum
--	------------------------------------	--	--

Professionals asserted that Pathway Plans already covered the domains included in the success survey: housing, health, education, employment, and personal development. Several noted that modern pathway planning now includes “hopes and dreams” and aims to reflect “wider life experiences.”

However, when examined more closely, the coverage of these plans focused on core information required for compliance with a ‘checklist’ approach, with minimal opportunities for direct input from the young person.

While professionals often assumed that the success survey duplicated what was “already covered,” the care leavers in our focus groups painted a different picture of success. They spoke of:

- Small but powerful achievements (e.g. brushing their teeth, leaving the house)
- Emotional safety
- Belonging
- Having trusted adults
- Feeling proud of surviving

These topics are not consistently captured in current pathway planning, and some are not recorded at all. Even where Plans do overlap, one manager noted:

LA 4: *“I think there's always room for improvement in developing the staff in their ability to have those conversations as sort of effectively and as nuanced as possible.”*

The same manager acknowledged that pathway planning content differs between LAs, meaning that broader definitions of success and the priorities of individual care leavers are not always captured:

LA 4: *"We're part of Partners in Practice and I know that we've done some work with some other local authorities whose pathway planning tools were much sparser than ours... and who had a very different mindset about the level of inclusion. So we, you know, our goal is that the young person is 100% included and you get as close to that as you could. And I'm aware that there were some local authorities where they weren't aiming to get any."*

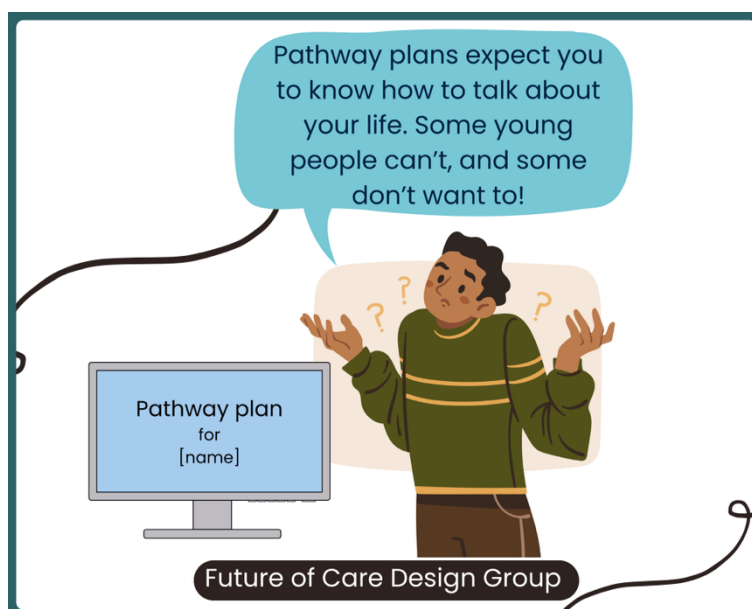
Professionals also commented on the potential added value of the survey for providing aggregate – as well as individual – information:

LA 4: *"We don't store [pathway planning information] in a way that would be extractable to give you quantitative data on you know, this percentage of young people feel that they're in a stable relationship, this percentage of young people feel that they don't have hobbies at the minute. We wouldn't be able to give data like that."*

Ultimately, although there was a sense that the development of participating LAs' Pathway Plans during the timeframe of the project meant they now embraced a broader definition of success, some of the topics that emerged from our focus groups with care leavers were still not being reflected. It was also apparent that the LAs who chose to participate in the project were already keen to develop their practice in this area, and that other LAs might not yet have consulted their local cohort of care leavers to find out how to enable their Pathway Plans to include more meaningful measures of success.

Even where the definition of success has broadened, the manner of asking about and recording this information is important. The success survey included a range of question types: scenarios to which care leavers could compare themselves, providing prompts for discussion and a more 'objective' assessment of success; self-rating scales to provide an indication of how things are going in a certain area of life, and how this compares to six months ago; and a question about how important each area of life is to the individual right now. Although the Pathway Plan templates we reviewed might have covered a number of the same topics as

the success survey (such as relationships, finances and well-being), they did not achieve the same range and depth of questioning on these topics.



Overall, this reveals a critical disconnect: while local information-gathering embraces a broader definition of success than national measures, in practice, Pathway Plans remain limited in the opportunities they provide to reflect some of the emotional, relational, and subjective dimensions of success that young people themselves prioritise.

4.4 Conclusion and recommendations

Addressing the gap will require coordination and support

This research has highlighted gaps between on the one hand, how care leavers themselves define success and would like to be asked about their goals and help to achieve them, and on the other hand, how pathway planning is practised and how performance is assessed at national and local levels. We hope the findings will spark meaningful conversations about how these gaps can be addressed.

The success survey developed by this project's *Future of Care* Design Group, with input from the focus groups involving a wider group of care leavers, offers one basis for moving forward. The success survey they designed is not ready for implementation yet. It would need to be more fully tested, and more consideration given to how some or all of the questions could be better integrated into existing Pathway Plan tools in a reportable way. This would ensure

that young people's voices and priorities are more consistently captured in practice and enable their views and experiences to more directly feature in local and national reporting frameworks.

A national project to redevelop Pathway Plan templates so that they are more consistent and voice-centred would be a valuable step forward. Ideally this would be complemented by the offer of support and training for PAs to underpin a more relational approach to completing them with young people. Improved capture and reporting of information would generate more meaningful service level information for LA managers. In addition to the thoughtful work of the *Future of Care* Design Group as part of this project, such a project could usefully draw on other current development work to improve how young people's voices are integrated into information systems – for example the North Yorkshire information use project being tested as part of the Children's Information Project⁴.

Embedding a new success framework will require more than just embedding the thinking from the success survey. It will demand a cultural shift, supported by:

- Senior leadership advocacy
- Realignment of statutory planning expectations
- Investment in staff capacity and training
- Recognition of the emotional labour and relational work at the heart of leaving care practice.

Crucially, it means listening to young people – not just about whether they are achieving government-defined goals, but how they define success on their own terms and what they need to get there. Measures of 'delivery' can then reflect what they say is important as part of a more meaningful accountability framework. The thinking behind the success survey offers some practical ways forward. But to succeed, it must be met with systems which support practitioners and their managers in their desire to work differently. To do so they will need the resources to invest in relational, reflective, and rights-based approaches to their work with young people and to capture more meaningful information that reflects their needs, results in effective support and gives managers and local and national leaders better information about service effectiveness.

Specific recommendations

Our work with care leavers, practitioners and the *Future of Care* Design Group throughout this project revealed a number of ways in which policy and practice needs to change to better reflect what they told us. We used this information to create a series of recommendations regarding data, practice and training that were discussed in an online workshop in October 2025 with a range of representatives of national government departments, local authority leaving care and policy teams, Ofsted, third sector organisations and leaving care researchers. These discussions have enabled us to produce six specific recommendations about what needs to change:

1. **Invest in measures that reflect what matters**

- Success needs to be defined more broadly and measured in ways that better reflect care leavers' lived realities and are not confined to the existing service indicators like EET or housing status.
- Many LAs collect much more information about care leavers' lives, but much of this information remains untapped and there is little consistency across authorities. Some have established outcomes dashboards with a more meaningful set of measures, including important focus areas for DfE such as relationships and mental health.
- **There is an opportunity for the DfE to address this in the next iteration of the CSC Dashboard⁸.**

2. **Improve consistency in the design of Pathway Plans**

- Pathway Plans should support PAs in working relationally with care leavers, while at the same time generating voice-rich information for strategic analysis locally and consistent national data on the effectiveness of care leaving services.
- LAs all use their own version of a Pathway Plan, with limited collaboration on content or format. There is room for shared learning – potentially as part of regional sector-level improvement – on what

⁸ See: [Children's social care dashboard – GOV.UK](#)

makes a 'good' plan, in terms of helping to support individual care leavers, capturing their individual journeys rather than just snapshots, and providing quality data for reporting.

- **We would like to see a review of Pathway Plans by DfE and/or regional improvement agencies, drawing on these findings and other recent research – including the Children's Information Project⁹, funded by the Nuffield Foundation – to ensure Pathway Plans fulfil the purpose of informing individual support and aggregate outcome reporting.**

3. **Invest in relationships, not just tools**

- No tool will be effective without consistent, trusted relationships. PAs are often the only stable adult in a young person's life – tools must support, not replace, that connection.
- Training for PAs should include a focus on relational practice, as well as equipping them to understand the lived experience of care leavers in different circumstances (parenting, in custody, seeking asylum, in housing crisis, etc.).
- **We would like LAs to ensure the design of Pathway Plans and associated guidance supports relationship-based practice.**

4. **Give young people control over their own story**

- Young people should be able to define success and have greater ownership of how their data is used and shared. Professionals may collect data, but young people want to own their narratives.
- In clarifying goals and recording information, care leavers' rights and adulthood need to be respected even if practitioners do not necessarily agree with their life choices. Pathway Plans should also document actions taken and the reasons for them – so that the link between information-gathering and support is made clear.
- **LAs can draw on some of the approaches developed in the success survey to give young people more control over their story, but in**

⁹ See: <https://www.childrensinformationproject.org.uk/>

addition could revisit whether their privacy notice and associated processes offer sufficient opportunity for young people to understand how and why their information is used, and to be consulted on future changes.

5. **Recognise the value of co-design**

- Care-experienced young people shaped this work from start to finish. Their insights revealed perspectives and priorities often missed in standard practice.
- Asking care leavers what is important to them regarding the topic of interest is a basic first step; gathering diverse views, checking our understanding of what they have said, and using an iterative process of co-design can ensure the development of tools and procedures is truly young person-led rather than tokenistic. This is as true of co-designing an individual care leaver's Pathway Plan as it is of developing new services or approaches.
- **This approach should become standard, not exceptional.**

6. **Address workforce capacity, professional development and culture**

- Resistance to change is not due to lack of care, but lack of time, capacity and skills, and systemic support. Sustainable change requires shifts in culture, practice and systems that prioritise relational, meaningful work.
- Baseline and top-up training should meet minimum standards set by national government, but with discretion for LAs to add training relevant to local circumstances. In the role, PAs need support to rebuild the network of professionals around the young person post-18, as well as receiving reflective supervision.
- **There should be more investment in high-quality and standardised training for personal advisers and managers of care leaving services, with the messages in this report incorporated into induction and ongoing professional development.**



Appendices

Appendix 1: Literature review

Rapid Review search strategy

Between January and March 2023, the two researchers from the Rees Centre conducted a time-limited literature review on how success is defined for young adults in the general population. The review aimed to capture a broad range of theoretical and empirical work published in English, rather than being fully systematic. Findings from the review were used in a *Future of Care* Design Group activity, where care-experienced young people used Maslow's hierarchy of needs as a framework to sort the identified domains of success. These domains were then compared with existing outcome measures for care leavers in England, from the DfE datasets (section OC3 of the SSDA903 data collection for looked after children and care leavers).

The search terms used in the literature review were:

1. "Success*" OR "accomplishment" OR "achievement" OR "prosper" OR "fruition" OR "do* well" OR "progress" OR "benefit" OR "maturation" OR "ascendency" OR "fortune" OR "flourish" OR "fortuitous" OR "thriv*" OR "blossom*" (must be included in the title)

AND

2. "theory" OR "concept*" OR "defin*" OR "understanding" (must appear in the abstract)

AND

3. "young adult*" OR "young people" OR "early adult*" (must appear in the abstract)

The literature search was conducted across five databases: Applied Social Sciences Index and Abstracts, International Bibliography of Social Sciences, PsychINFO, Scopus, and Web of Science.

Due to the high volume of results, the search was refined by limiting keywords to specific fields – titles for the first string and abstracts for the second and third. After removing duplicates, 985 records remained. Following title screening, 609 were excluded as irrelevant. Of the 376 abstracts reviewed, 339 were excluded, leaving 37 full-text papers. Fourteen of these were then excluded for the following reasons:

- 7 focused exclusively on care leavers
- 3 examined outcomes without the context of success (e.g. coping strategies, transition markers, general well-being)
- 4 used predefined success measures such as academic attainment, elite university access, or absence of criminal activity

The final review included 23 sources (journal articles, book chapters, and dissertations). Data were extracted and summarised in an Excel spreadsheet, capturing study methods and identified domains of success. Several studies used more than one method, which included:

- Textual analysis (news media:1; student research designs:1)
- Interviews: 10
- Reviews: 5
- Surveys: 6
- Participant observation/ethnography: 2
- Theoretical (no primary data): 2

The researchers grouped the domains of success into 11 broad areas: employment, finances, education, family, social relationships, citizenship, the self, way of life, goals and interests, external support, and health and leisure.

Bibliography

Benson, P. L., & Scales, P. C. (2009). The definition and preliminary measurement of thriving in adolescence. *The Journal of Positive Psychology*, 4(1), 85–104.

<https://doi.org/10.1080/17439760802399240>

Bradford, S., & Hey, V. (2007). Successful subjectivities? The successification of class, ethnic and gender positions. *Journal of Education Policy*, 22(6), 595–614.

<https://doi.org/10.1080/02680930701625205>

Callina, K. L. S. (2013). *Hope and thriving in adolescence and young adulthood: A relational developmental systems framework* (Doctoral dissertation, Tufts University).

Carrescia, S. G. (2012). *Defining success in young adults with emotional disabilities* (Doctoral dissertation, Northern Illinois University).

Cho, E., & Docherty, S. L. (2020). Beyond resilience: a concept analysis of human flourishing in adolescents and young adults with cancer. *Advances in Nursing Science*, 43(2), 172–189. <https://doi.org/10.1097/ANS.0000000000000292>

Doebler, M. K. (1998). *Successful outcomes for rural young women: A longitudinal investigation of social capital and adolescent development*. (Doctoral dissertation, The Pennsylvania State University).

Gill, A., Trask-Kerr, K., & Vella-Brodrick, D. (2021). Systematic review of adolescent conceptions of success: Implications for wellbeing and positive education.

Educational Psychology Review, 33(4), 1553–1582. <https://doi.org/10.1007/s10648-021-09605-w>

Joos, K. E. (2003). *What does it mean to be a success? The future goals and values of American teenagers* (Order No. 3096629). Available from ProQuest Dissertations & Theses Global. (305325253). Retrieved from

<https://www.proquest.com/dissertations-theses/what-does-mean-be-success-future-goals-values/docview/305325253/se-2>

Josic, J. (2011). *Critical understanding of US youths' citizenship: Community belonging and engagement of "successful citizens"*. (Doctoral dissertation, University of Minnesota).

Kelly, M. (2017). Searching for 'success': Generation, gender and onward migration in the Iranian diaspora. *Migration letters*, 14(1), 101-112.

<https://www.ceeol.com/search/article-detail?id=473939>

Killoren, S. E., Streit, C., Alfaro, E. C., Delgado, M. Y., & Johnson, N. (2017). Mexican American college students' perceptions of youth success. *Journal of Latina/o Psychology*, 5(2), 88-102. <https://doi.org/10.1037/lat0000063>

Lerner, R. M., Lerner, J. V., & Benson, J. B. (2011). Positive youth development: Research and applications for promoting thriving in adolescence. *Advances in Child Development and Behavior*, 41, 1-17. <https://doi.org/10.1016/B978-0-12-386492-5.00001-4>

Mitchell, B., & Lennox, R. (2020). You gotta be able to pay your own way. *The Canadian Journal of Sociology/Cahiers Canadiens de Sociologie*, 45(3), 213-238. <https://www.jstor.org/stable/27081273>

Nelson, L. J., Jorgensen, N. A., & Rogers, A. A. (2017). "I think, therefore I do": Cognitions related to flourishing in emerging adulthood. *Faculty Publications*. 4716. <https://scholarsarchive.byu.edu/facpub/4716>

Padilla-Walker, L. M., & Nelson, L. J. (2017). Flourishing in emerging adulthood: An understudied approach to the third decade of life. *Faculty Publications*. 4715. <https://scholarsarchive.byu.edu/facpub/4715>

Pao, M. (2017). Defining success in the transition to adulthood. *Child and Adolescent Psychiatric Clinics of North America*, 26(2), 191-198. <https://doi.org/10.1016/j.chc.2016.12.002>

Patel, L., Graham, L., & Chowa, G. (2020). Evidence of non-economic indicators as markers of success for youth in youth employability programs: Insights from a South African study. *Children and Youth Services Review*, 118, 105404. <https://doi.org/10.1016/j.childyouth.2020.105404>

Salmela-Aro, K. (2010). Personal goals and well-being: How do young people navigate their lives? *New Directions for Child and Adolescent Development*, 2010(130), 13-26. <https://doi.org/10.1002/cd.278>

Scales, P. C., Benson, P. L., Oesterle, S., Hill, K. G., Hawkins, J. D., & Pashak, T. J. (2016). The dimensions of successful young adult development: A conceptual and

measurement framework. *Applied Developmental Science*, 20(3), 150–174.

<https://doi.org/10.1080/10888691.2015.1082429>

Sichling, F., & Karamelic-Muratovic, A. (2020). ‘Makin’ it’ in the Heartland: Exploring perceptions of success among second-generation immigrant youth in St. Louis.

Journal of Adolescence, 82(1), 11–18.

<https://doi.org/10.1016/j.adolescence.2020.05.005>

Tolonen, T. (2008). Success, coping and social exclusion in transitions of young Finns. *Journal of Youth Studies*, 11(2), 233–249.

<https://doi.org/10.1080/13676260701851129>

Trask-Kerr, K., Chin, T. C., & Vella-Brodrick, D. (2019). Positive education and the new prosperity: Exploring young people’s conceptions of prosperity and success.

Australian Journal of Education, 63(2), 190–208.

<https://doi.org/10.1177/0004944119860600>

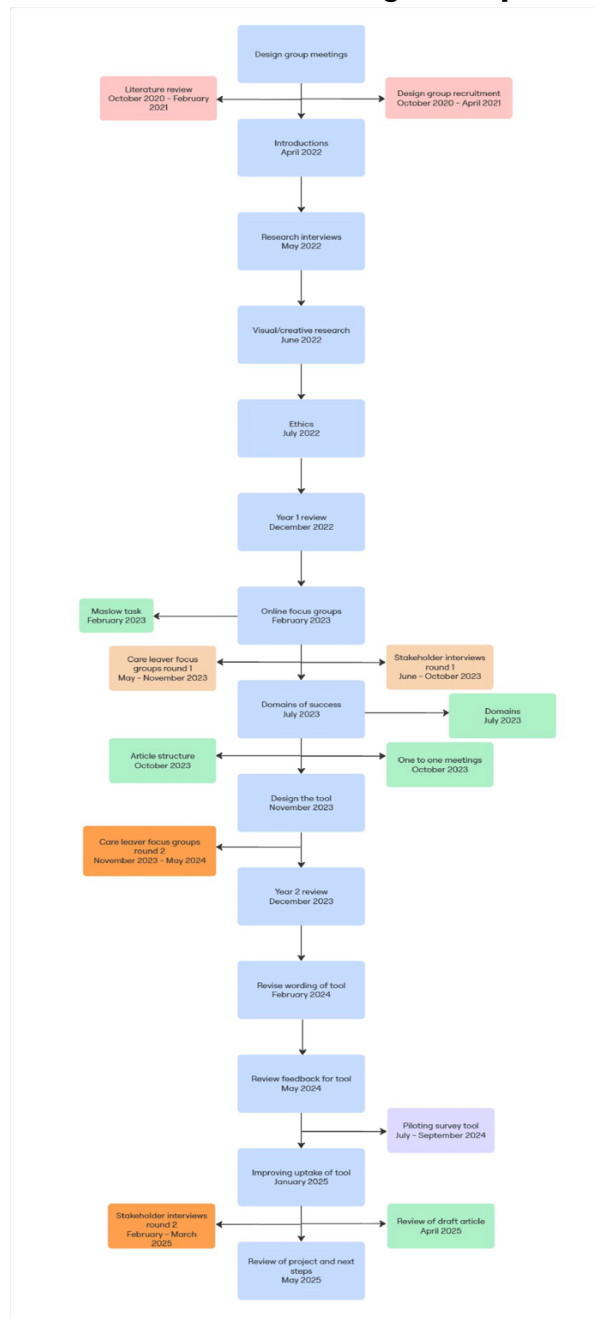
Volstad, C., Hughes, J., Jakubec, S. L., Flessati, S., Jackson, L., & Martin-Misener, R.

(2020). “You have to be okay with okay”: Experiences of flourishing among university students transitioning directly from high school. *International Journal of Qualitative Studies on Health and Well-being*, 15(1), 1834259.

<https://doi.org/10.1080/17482631.2020.1834259>

Appendix 2: Summary of research approach

Future of Care Design Group



DATA COLLECTION



STAKEHOLDER INTERVIEWS ROUND 1

June – Oct 23

- (Add role)
LA2
- (Add role)
LA3
- (Add role)
LA4
- (Add role)
LA5



CARE LEAVER FOCUS GROUPS ROUND 1

May – Nov 23

- (No) care
leavers
LA3
- (No) care
leavers
LA5
- (No) care
leavers LA1



CARE LEAVER FOCUS GROUPS ROUND 2

Nov 23 – May 24

- (No) care
leavers LA1
- (No) care
leavers
LA3
- (No) care
leavers
LA5



PILOTING SURVEY TOOL

July – Sept 24

- 3 survey
responses
including 2
cognitive
interviews
LA2
- 1 survey
response
LA3



STAKEHOLDER INTERVIEWS ROUND 2

Feb – Mar 25

- (Add role)
LA1
- (Add role)
LA2
- (Add role)
LA3
- (Add role)
LA4
- (Add role)
LA5

OTHER REES ACTIVITY



LITERATURE REVIEW

Oct – Feb 21



DESIGN GROUP RECRUITMENT

Oct – Apr 21

ARTICLE SUBGROUP MEETINGS



**MASLOW
TASK**

Feb 23



DOMAINS

July 23



**ARTICLE
STRUCTURE**

Oct 23



**ONE TO ONE
MEETINGS**

Oct 23



**REVIEW OF
DRAFT
ARTICLE**

Apr 25

Appendix 3: Detailed approach to working with the *Future of Care Design Group*

Meeting structure

The *Future of Care Design Group* met online for 90-minute to two-hour sessions, following a consistent structure to build routine and support confidence. One or two young people co-chaired each meeting, with preparation and guidance provided in advance. Co-chairing gave group members the chance to develop transferable skills – such as public speaking, facilitation, and leadership – that could support their future education, employment, or self-confidence.

There were 13 meetings of the Design Group in total, held between March 2022 and May 2025. Each session was attended by someone from Become, experienced in participation, and one or two researchers from the Rees Centre. Meetings typically began with an icebreaker – often designed by the co-chair – followed by a short training session (during the first year) on research methods. The rest of the session was used to share updates and work collaboratively on designing and shaping different aspects of the project.

What follows is a summary of the content covered in each of the 13 meetings.

Session 1: Introductory meeting (April 2022)

The first session focused on introductions, relationship-building, and setting the tone. Young people got to know each other, suggested names for the group, and began shaping a shared understanding of the group space.

Session 2: Research interviews (May 2022)

This session introduced the group to research interviews – their purpose, types, and the skills needed to conduct them. The group also learned about interview schedules and worked together to co-design one, which was later used to interview stakeholders from the DfE, Ofsted, and LAs.

Session 3: Visual and creative research methods (June 2022)

This session introduced the group to visual and creative research methods – what they are, why they are used, and their strengths and limitations. The discussion included examples, ethical considerations, and how such data are

analysed. Building on this, the group co-designed creative activities for use in focus groups exploring what success means to care-experienced young people.

These included: bringing an image that represents success, creating vision boards, ranking fictional success stories, discussing provocative statements on flip charts ('Backchat'), and reflecting on the lives of well-known care-experienced celebrities.

Session 4: Research ethics (July 2022)

This session focused on research ethics – what they are, why they matter, and key considerations when working with at-risk participants. The group discussed examples of unethical research, and explored how to handle sensitive topics, informed consent, confidentiality, and anonymity. They also considered specific ethical issues in visual and creative methods. As part of the session, they reviewed and edited the University of Oxford's information sheet and consent form templates to ensure they were clear and accessible for both young people and stakeholders.

Session 5: Reflecting on year 1 (December 2022)

This session reviewed the first year of the project. The team reflected on their initial hopes for young people's involvement and acknowledged that the group's contributions had far exceeded expectations. The group discussed what had gone well, what they had learned, and plans for year 2. The session also introduced a proposed academic article, with young people invited to be co-authors in ways that suited their interests and confidence levels.

Session 6: Planning online focus groups (February 2023)

This session focused on adapting the focus groups in response to recruitment challenges. The team explained the difficulties in securing participation from LAs and proposed moving the sessions online to widen access. The group revisited the creative activities they had developed and explored how to adapt them for a virtual setting.

Young people made thoughtful suggestions to help participants feel comfortable and engaged, including sharing images and stories about the *Future of Care* Design Group members to build trust; having the care-experienced researcher lead initial sessions; and asking participants to bring an image that represents

success (while recognising some may forget). They also proposed exploring language by asking what words come to mind when describing a successful care leaver and discussing what that success “looks like.” As a backup activity, they created a task using online facts about public figures (e.g. Eddie Murphy, Simone Biles, Steve Jobs, Pandora Christie), asking participants to rank them by perceived success and explain their reasoning.

Session 7: Defining domains of success (July 2023)

In this session, the research team shared findings from the first focus group, introduced existing outcome measures, and asked Design Group members to reflect on what a more meaningful framework might look like. Using quotes from participants, the group explored different definitions of success and developed a broad set of domains that reflected care leavers’ lived experiences and priorities, which were:

- **Health and well-being** – access to healthcare, mental health support, and emotional stability
- **Relationships and community** – family, friends, romantic partners, and social life
- **Education and work** – learning, employment, and personal development
- **Financial security and life skills** – budgeting, saving, and managing finances
- **Stability and independence** – housing, routines, and feeling safe
- **Personal identity and enrichment** – hobbies, passions, culture, and feeling heard
- **Basic needs** – access to food, medication, and daily essentials

Session 8: Designing the success survey (November 2023)

This session focused on developing a new tool to measure success from care leavers’ perspectives (the success survey). The team shared findings from the two additional focus groups, along with quotes that supported a refined set of domains shaped through earlier discussions with a subgroup of the Design Group members involved in writing an article for submission to an academic journal (see session 5). The domains included: finance, education, hobbies, accommodation, career, relationships, stability, mental health, identity, co-dependence, parenthood, seeking asylum, and goals, barriers and support.

To manage the task, the group was split into two, with each subgroup working on a sub-set of domains. Using Jamboard and focus group quotes, they identified key phrases and created five statements per domain to reflect varying levels of success – from struggling to thriving. The group also suggested using names in scenarios to make the survey more relatable – for example: “which one sounds more like you?” followed by individual scenarios such as “[Name] has no debt, some saving, and can afford to run their care.” This third-person format was designed to reduce discomfort and help young people reflect honestly without feeling exposed or judged.

Session 9: Reflecting on year 2 (December 2023)

This session was focused on reflection and celebration. The team acknowledged the group’s ongoing commitment over two years and reviewed what had been achieved and what remained for the final year. Feedback from the first group in the second engagement round was shared, including participants’ views on the success survey’s design, wording and structure. As it was December, the session ended with festive activities led by the co-chairs, giving everyone a chance to relax and celebrate together.

Session 10: Refining the wording of the survey (February 2024)

This session focused on refining the wording and structure of the success survey based on feedback from the first focus group in the second round of engagement. The group reviewed each question to simplify language and improve clarity and accessibility. They also revised the survey’s introduction to better explain its purpose and how it works, adjusted sections needing clearer instructions, and co-designed a feedback question to capture participants’ experiences during the pilot.

Session 11: Final revisions to the success survey (May 2024)

This session focused on final revisions to the success survey, drawing on feedback from three focus groups in the second round of engagement. The group revisited the survey’s structure – ten core life areas (domains), two optional areas, and a final section on personal goals, barriers, and support needs. Based on participant feedback, they simplified wording, added a free-text box to each domain with the prompt “Care to elaborate?”, and included a new question asking participants to select up to five domains most important to them. The “stability” domain was

removed and replaced with a follow-up question after each core area: “How stable is [e.g. accommodation] for you right now?”, answered on a scale from not at all stable to extremely stable.

The group also addressed participant feedback, including the absence of supported lodgings in the accommodation scenarios. They agreed the success survey was designed mainly for young people living independently and focused more on how they felt about housing – its safety, affordability, and stability – rather than type of placement. They also discussed the difference between student debt and debt from impulsive or difficult decisions. Rather than altering the survey’s wording, they felt this was best explored through conversations with PAs.

Several additional revisions were agreed:

- Clarifying that “work” includes both full-time and part-time roles
- Splitting “relationships” into two areas: family and friends, and romantic partners
- Revising “mental health” to focus on depression and anxiety, removing “stress”
- Dividing the mental health follow-up question to reflect on best and worst days in the past two weeks
- Rewording the “parenthood” section to focus on the parent’s experience rather than the child’s situation, and renaming it “parenting”

Finally, the group were invited to help lead a Rees Centre workshop (held in July 2024) with policymakers, charities, and LAs on measuring outcomes for care leavers. They were reassured they would receive full support throughout.

Session 12: Improving engagement with the success survey (January 2025)

This session explored ways to improve engagement with the new survey. Despite efforts, only four young people had completed it – two through cognitive interviews – well below the original target of 120. It was unclear whether this was due to the survey’s content, length, or how it was introduced to LAs. The group reviewed existing responses and suggested strategies to boost participation:

- Offering incentives (e.g. gift vouchers)

- Promoting the survey through Become or with LAs with an existing relationship with the charity
- Embedding it into pathway planning conversations
- Allowing young people to complete it independently
- Offering the option to complete it before their PA visit, to guide discussions
- Creating a short promotional video
- Hosting in-person workshops with food and activities, with the survey built in

The group also reflected on why the success survey matters, suggesting that it helps PAs understand what really matters to young people – beyond meeting basic needs or fulfilling statutory duties. While they acknowledged the success survey is longer than a typical survey, they felt shortening it would compromise its purpose. The content reflects care leavers' own definitions of success; removing elements would risk losing the meaning and depth that make it valuable.

Session 13: Final reflections and recommendations (May 2025)

The final session during the research fieldwork (further sessions will be held to support dissemination) focused on reflection, recognition, and ensuring the *Future of Care* Design Group's voices were central to the project's final output. The team revisited key findings – especially how care leavers defined success differently from current measures used by the DfE, Ofsted and LAs. Young people shared why they joined the project: to challenge narrow definitions of success, contribute to something more holistic, learn about research, or show that care leavers can succeed. Some had achieved traditional milestones, like education, while others valued using their lived experience to make a difference.

When asked what they wanted professionals to understand, the group emphasised the need for holistic, young person-led approaches that reflect different starting points and paths. They felt current systems often overlook everyday successes, leaving young people feeling inadequate. Success, they argued, should not be imposed – as they felt was the case with the current national reporting indicators – but should instead be defined by young people themselves. They reflected on what was lost when services did not use tools like theirs. They felt their success survey enabled richer, more meaningful conversations than standard Pathway Plans and used more relatable language.

They believed it could help care leavers recognise their own progress and built trust with professionals. They also believed that if young people felt truly listened to, they would be more likely to engage with leaving care services.

Co-writing the evidence: The article subgroup

As part of Session 5, Design Group members were invited to co-author an academic article. Five young people joined a subgroup to explore how success is defined for young people in the general population and how those definitions compare to current outcome measures for care leavers. The group aimed to show that existing government and LA measures do not reflect how care leavers define success or how success is measured among their peers in the general population – and should therefore be reconsidered. A key theme was the importance of meeting basic needs as a foundation for success in areas like education, employment, or relationships. While current measures focus on basic indicators (e.g. whether a young person is “in touch” with their LA or in “suitable accommodation”), the group felt these categories were too limited. They highlighted a disconnect between what is recorded and what young people actually experience. For example, whether support is meaningful or accommodation feels safe, stable and appropriate.

The subgroup met four times.

Meeting 1 introduced the literature review and Maslow’s Hierarchy of Needs, including a discussion of each level and what they represent. The group then reviewed the key themes from the literature and collaboratively mapped them onto the hierarchy.

Meeting 2 focused on completing the mapping exercise. Afterwards, the researchers created a summary table showing where each theme was placed. This was shared with the group in advance of the third meeting.

Meeting 3 focused on planning the article’s structure. The group discussed the main sections – methodology and key themes – and decided who would lead on each section. Where needed, or wanted, members had a follow-up one-to-one call to discuss their section in more detail. They could then choose to write up their part, or have the researcher write up the ideas they had shared. Four of the

five co-authors took up the one-to-one offer; for two of them, the researcher drafted their sections from the conversation, and they reviewed it.

Meeting 4 involved reviewing a draft version of the article and deciding on a title. The group also discussed what to include in the discussion section and how to maximise the article's impact.

Appendix 4: Designing the success survey

Approach and format

Mid-way through the first round of focus groups, the Rees Centre researchers discussed the findings that were emerging from the discussions with care leavers. We looked at existing measures used in research and practice with care leavers, to look at the fit with our findings: we did not want to create a new tool if a suitable one already existed. We were unable to find one tool that captured all the domains of success that were emerging from our focus groups with care leavers. The nearest matches were the Bright Spots 'Your Life Beyond Care' survey of subjective well-being (REF) and the Young Person's Outcome Star (REF) used by some LAs. However, there are limitations with both of these options: Bright Spots is completed anonymously and results are used at an aggregate level rather than to track individual progress; both options incur a charge to LAs to use; neither one measured the full range of definitions of 'success' mentioned in our focus groups; and crucially, neither of them ask care leavers how important it is to them to be doing well in particular areas of life.

Based on this discussion, we thought about various options for designing a new tool:

Option 1: An anonymous research-focused measure, for example a self-report questionnaire with a Likert scale and a number of questions on each domain of success – this would provide quantitative data for research use and could also be used by LAs to monitor changes at an aggregate level.

Option 2: An anonymous self-report survey similar in style to the Bright Spots 'Your Life Beyond Care' measure, with a mix of quantitative and qualitative responses – this would again offer data for research and practice but would enable more detailed responses than option 1.

Option 3: A practice-focused measure, for use in discussions with PAs – this would be completed by care leavers with input from PAs; it could feed into the creation of Pathway Plans, identify successes and support needs, be used to track individual progress, and would produce aggregate data for use by the LA and researchers.

We also discussed the pros and cons of different question formats. Research tools often use Likert scales: asking respondents to select a number on a scale provides quantitative data that can be quickly analysed and allows for easy comparisons over time and between groups, but do not allow for any nuance of expression. Survey questions eliciting qualitative responses enable more personal and meaningful expression, but their analysis is more resource-intensive and comparisons are more difficult. Likert scale response options can also often make obvious which end of the scale might be seen to be more 'positive' or 'negative', making respondents reluctant to choose particular answers. One of the team had previously used Susan Harter's Self-Perception Profile for Children, whose format offers a pair of descriptors of different types of people (e.g. "Some children are happy with the way they are" vs. "Some children wish they were different"): the format allows respondents to identify with a particular group of peers without singling out either descriptor as 'negative'. We felt that this kind of format might also be useful for the new tool.

At a meeting of the Rees Centre Research Group in June 2023, we presented some emerging findings from the first round of focus groups and the three options for what kind of format and approach the tool might take. We wanted feedback from this group of experienced researchers on both the feasibility and usefulness (for research and practice) of the available options. In particular, we were interested in:

- A possible format whereby each domain of success was measured in two or three ways:
 - A description of different 'types of person' – a number of scenarios, with the respondent to select which one sounds most like them at present
 - A possible separate self-rating on how 'well' they think they are doing on that domain
 - A separate self-rating on how important that domain is to them at present
- The practice-focused approach (Option 3 out of the 3 presented), asking for feedback on:
 - Would this work in practice?
 - What would the limitations/challenges be?

- o Could this also be a valid research tool?
- o How could we balance use with individuals (tracking own progress) vs. anonymous submission for study?

We received useful feedback, including the potential usefulness of a practice-focused approach and some suggestions around scoring options for Likert scales.

We then took these suggestions to the Design Group in July 2023 in *Session 7: Defining domains of success*, again presenting the 3 options and the possible question formats. We stressed that although we thought the practice-focused approach might be more useful, we wanted the group to decide on the best approach. At this point, we still had more focus groups to conduct and so did not have the full list of suggested domains, but we had mocked up some example questions around the domain of 'accommodation', since this had come up in the discussions held so far; first, we presented an example of how a set of scenarios might look:

Question 1 example: accommodation



Wording? Some people are/have... OR I am/have... OR name is/has...

- A. Homeless or under threat of eviction.
- B. A place to live but it either feels unsafe or unhygienic.
- C. A place to live that feels safe and hygienic, but it doesn't feel like home.
- D. A place to live that feels safe and hygienic, and feels like home, but is not somewhere they can live long-term.
- E. Some people have a place to live that feels safe and hygienic, feels like home, and is somewhere they can live long-term.

We talked about the need to make the different scenarios qualitatively distinct, representing a move from what might be considered 'more successful' to 'less successful' in a particular area of life, based on the focus group findings and the Design Group's own experience: for example, in the domains of education and employment we might want the scenarios to say something about financial security, enjoyment, getting something out of it, and getting you where you want to be in the future. In terms of the wording, the group felt that presenting the scenarios as descriptions of fictional care leavers with whom respondents could

identify, would be less ‘threatening’ than presenting them as “I am”-type questions.

We also discussed the wording and scale options for Likert-scale questions:

Question 2



Wording? E.g.

- On the subject of accommodation, how well do you think you're doing at the moment? / how successful? / how satisfied? / how well do you think this is going for you?


Really struggling


Surviving


Thriving

12345678910

Question 3



Wording? E.g.

- On the subject of accommodation, how important is this to you / how important is it for you to be successful / doing well in this at the moment?

OR should we ask people to rank the domains in order of importance?

Not at all important

A little important

Extremely important

12345678910

Domains of success

By November 2023, we had conducted 3 focus groups with care leavers. Using the themes described in Section 3.1, we noted that care leavers’ definitions of ‘success’ could be grouped under 12 domains. We presented these domains to the next meeting of the *Future of Care Design Group* in *Session 8: Designing the success survey*, giving a short summary of the findings around the domain and some example quotes:

1. Accommodation

Care leavers felt that being successful with accommodation included feeling safe and settled; choosing their own furniture and having everything they need; being able to decorate; being able to afford the rent and bills; being allowed pets; and living alone or with people who have similar experiences (depending on need/ stage of life).

Example quotes: “Being able to decorate your own home – putting pictures up”; “Living somewhere that you feel safe”.

2. Finances

There were mixed experiences in terms of learning how to budget before leaving care. Some were taught to budget but felt this was impossible after leaving care as they simply did not have enough money. Others were not

taught how to budget. They felt that success involved being able to afford the things they need/want. Some felt that success is not having debt, whereas others felt that you could still be successful if you had debt, as long as it was affordable.

Example quotes: "Success is having a good life – finding it easy to pay the rent and bills"; "Buying your own fridge – even if it is in instalments".

3. Work

Nobody liked the government's current measure of NEET. They felt that being successful could include wanting a job or volunteering. There was an overall consensus that it was important to have a job that you enjoy that also provided financial stability.

Example quotes: "Career success is that I have a job that is financially suitable and that I enjoy"; "What about volunteering, if that is what makes them happy?"

4. Education or training

The first two focus groups did not place any importance on education. Some had been to university but did not feel this made them successful. They felt that were different routes into employment and these did not always require an education. However, the third focus group felt that education was really important and that education was the base to all future goals/being successful.

Example quotes: "Success to me is having the opportunity to go to college"; "Education is a waste of time and money. Training depends on what you want to do".

5. Stability

All three focus groups felt success included having stability in their lives. This included relationships, housing and education/careers. They felt that success was about living a life where you are not required to keep changing things (having consistency in their lives).

Example quotes: "We need stability to be successful – maintaining relationships and stable housing"; Success is having consistency – not having to change things".

6. Relationships

All three focus groups felt that success included having positive relationships in their lives. These relationships could include PAs and previous carers. They discussed having someone who was reliable and dependable, someone they could talk to, and who did not bring drama into their lives. There was a consensus that being successful meant feeling like you are part of a community and feeling like you belong.

Example quotes: “Having friendships – making and keeping friends. Feeling like you belong”; “Having somebody in my life that I can depend on, who is there when I need them”.

7. Hobbies and activities

Care leavers felt that being successful meant being able to take part in hobbies and or activities. They wanted more opportunities to have hobbies or take part in activities and felt this also supports their mental health and relationships. They wanted to do boxing, football, volleyball, gym, play an instrument, horse-riding, courses like learning a language, cooking lessons. Finance seemed to be an issue, and many had given up the hobbies they had previously been encouraged to do while they were in care.

Example quotes: “Being able to afford the gym”; “We have lots of hobbies when we are in care but we aren’t supported to carry these on”.

8. Being yourself

Care leavers felt that success included finding themselves, and being and accepting themselves for who they are, seeing themselves positively. They also felt that success included being accepted and valued by others. However, many had experienced some form of discrimination.

Example quotes: “Being successful is being able to be yourself without being judged, getting to where you need to be and being proud of yourself”; “Success is about being valued for who you are and not what you’ve been through’.

9. Mental health

When discussing success there was a lot of conversation about being happy, enjoying life, and not feeling stressed, as well as having positive self-esteem and being able to reflect on past experiences.

Example quotes: “Being able to enjoy my life feels like success”; “It’s about being able to balance our lives. Not becoming stressed or feeling unhappy”.

10. Living skills

Many of the young people felt ill-equipped for independent life and felt that should have been taught more independent living skills prior to leaving care. These included paying council tax (some didn’t know they had to pay this), being taught about rent/taxes/bills, and being taught to budget. One group suggested a phase of co-dependence – living independently with lots of support while they adjust.

Example quotes: “Being able to manage your time”; “Knowing how to pay rent, council tax, and bills”.

11. Parenthood

Should there be any additional questions specifically for those who are parents? Parents discussed being supported to break the cycle, and wanted to be offered parenting classes. Even if their children had been removed from their care, they felt that just being a parent made them successful.

Example quotes: “I think it is also about knowing my kids are safe and well cared for even if they can’t live with me”; “Still having a say about what happens in my boy’s life”.

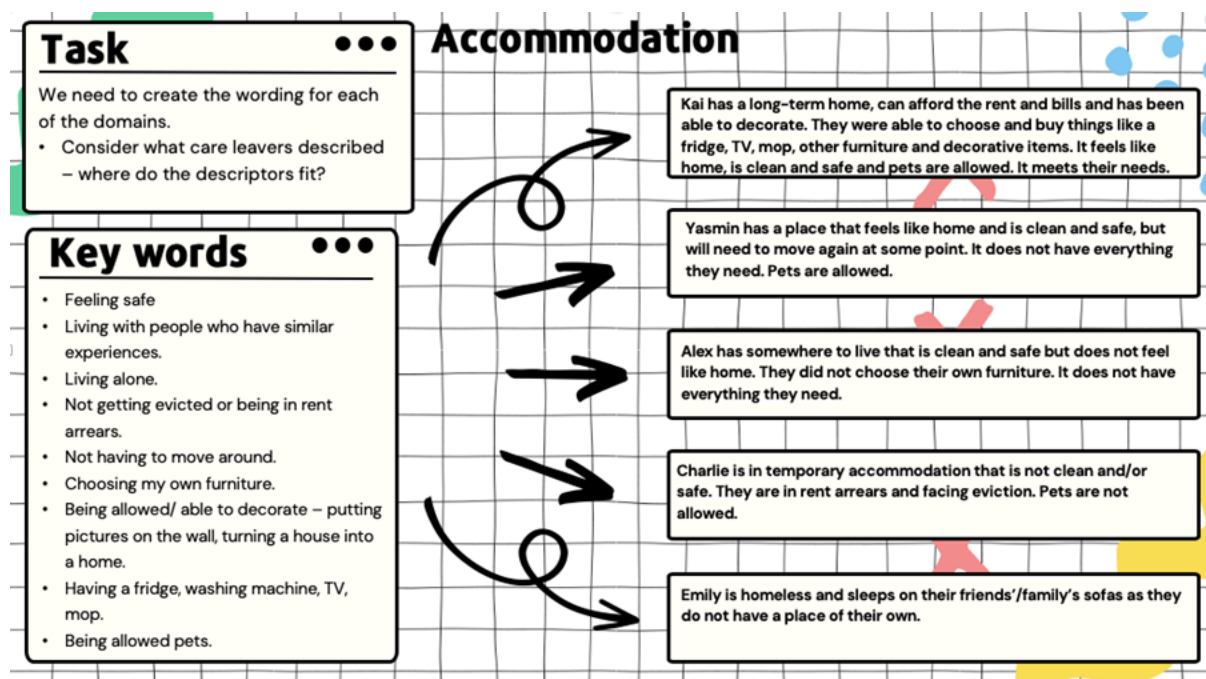
12. Seeking asylum

In the third focus group, care leavers spoke about their experiences of seeking asylum. They described feeling highly anxious and unable to think about their future until an asylum decision had been made. There were mixed experiences – one young person was granted asylum within two weeks. However, for another young person the decision had taken over nine years. Most were still waiting for a decision. Should there be additional questions for those seeking asylum? For example, on where in the process they are, whether they feel supported, and whether they have reached a point of being able to think about their future?

Example quotes: “Becoming a British citizen”; “Success to me can be defined by achieving my residence card which will allow me to stay in the UK, going to college every week which makes me feel very happy”.

This gave us 10 ‘core’ domains that could be completed by any care leaver, and two optional domains (parenthood and seeking asylum) that would only be completed where applicable.

We then conducted an online activity using Jamboard to create the scenarios for each domain. The task was to consider what care leavers in the focus groups had described and think about where the descriptors fit. We decided to create 5 scenarios for each domain, to allow for nuanced distinctions between the scenarios. We showed an example of what this might look like for the domain of ‘accommodation’:



We had already decided as a group that for each domain, the set of scenarios would then be followed by some Likert-scale questions:

- How well do you think things are going for you right now in the area of [e.g. accommodation]?
- How important is it for you right now to be doing well in the area of [e.g. accommodation]?

Finally, we discussed the fact that many of the care leavers in the focus groups had brought up the importance of being able to set personal, individualised goals, recognising that ‘success’ is a journey and that everyone is different. We also considered some of the quotes around barriers to success, and support from leaving care services. These aspects were combined to create a final survey section on ‘goals, barriers and support’ that asks:

- List up to 3 goals, and for each, say:
 - How close are you to meeting this goal? (Likert scale)
 - What are the barriers to meeting this goal? (Likert scale)
 - What support do you need from your PA to reach this goal?

Feedback from focus groups on the first draft of the success survey

We held a second round of 3 online focus groups with a total of 16 care leavers, ahead of which we sent through a copy of the draft version of the survey. In the sessions, we looked at the survey together on the screen, asking for specific feedback:

- Is everything easy to understand?
- Does any of the wording need to be clearer?
- Is the language respectful?
- Should anything be changed?
- Is there anything important missing from the survey?
- Are any of the questions hard to answer? Why?
- How long would this take to fill it in?
- Would you be comfortable talking about all of these things with your PA?
- How often would you want to be answering these questions? (every meeting, every 6 months, once a year?)
- Any thoughts on what order the 10 ‘core’ areas (i.e. excluding parenthood and seeking asylum) should appear in?

The feedback from the first of these focus groups was discussed with the *Future of Care Design Group* in *Session 10: Refining the wording of the survey*, where we looked in more detail at the wording of the questions. The researchers explained that this was important for several reasons:

- We wanted to make sure everyone interpreted the question in the same way
 - A question like “Are things stable at the moment?” might mean something different to different people
- So we are more likely to get the kind of information we are interested in
 - Do the instructions for any open text answers give a clear idea of what is on- and off-topic?
- This is especially important when we as researchers are not there to explain any of the questions to participants
 - We will be relying on PAs to help young people fill in the survey

We looked at the instructions for each question, discussing whether this was giving respondents enough information to help them choose their answer; whether we wanted to add anything; and if so, whether that would make the instructions too long. Some minor changes to wording were made as a result, and this revised version was used with the remaining 2 focus groups.

In terms of general feedback, the groups estimated that the success survey would take 20–60 minutes to complete, depending on individual and their relationship with their PA. They said that filling it in every 6 months felt about right but suggested adding a question at the end so care leavers could agree when next to review it, as some might want to do this more (or less) often. They had no preference on the order in which the core areas should appear, but felt it was probably best not to start with mental health or relationships. They also noted that the survey might open up areas that are triggering and care leavers might need follow-up support – we acknowledged that we would need to include this in instructions for PAs completing this with care leavers, as it is very important they are not left to deal with those feelings on their own.

Looking at the survey questions, the focus group participants suggested adding a free-text box to all questions where care leavers could choose to give more information about their current situation and why they had chosen a particular answer; they suggested the prompt for these boxes should read ‘Care to elaborate?’. There were some suggestions about minor changes to wording of the questions and responses, and some that would require more fundamental changes. For the questions about ‘How well do you think things are going?’, focus group participants suggested adding ‘going downhill’ and ‘going uphill’ as a

separate question about progress. On the area of 'Relationships', they suggested splitting this into questions about different types of relationships: with friends, families, and partners. They also thought the self-rating questions about 'Mental health' specifically should ask them to think about their 'best' and 'worst' days. One group pointed out that the scenarios on the topic of 'Parenthood' were all about the child's situation, rather than the experience of parenting, and asked that we focus on managing life with a child instead. Crucially, they felt that since the domain of 'stability' was something that actually cut across all areas of life, it would be more appropriate to ask a separate question about stability under each of the other domains.

All of these suggestions were presented to the *Future of Care* Design Group in *Session 11: Final revisions to the success survey*, and they decided how to incorporate the changes into the survey. All of the focus group suggestions were accepted and actioned; in addition, a further question was added asking respondents to 'select up to 5 areas of life are the most important for you right now'.

Appendix 5: The *Future of Care* success survey

The extract below shows the survey instructions, along with all of the questions for one domain of success and the closing questions on important domains and goals.

Copies of the full survey can be obtained free of charge by emailing nikki.luke@education.ox.ac.uk

About the Survey

As part of the Future of Care project, we have met with a number of care leavers to find out what 'success' means to them. Our care-experienced Design Group have taken what they told us and helped us to develop this survey. It asks questions about how you are getting on in different areas of life that care leavers have told us are important to them.

The survey can be filled in during your regular meetings with your personal adviser/support worker. Ideally you will fill it in together, so you can talk about which answers you chose and why. Your responses could be helpful for updating your Pathway Plan, and so your PA knows how best to support you.

Work through the survey at your own pace. Each question can be skipped if you don't want to answer it, and there is a 'care to elaborate?' box where you can add more information such as why you chose a particular response. There are no right or wrong answers to the questions – everyone is different, and you should give whatever answer is true for you.

You don't have to do the survey all in one go – you can complete part of it and then finish it later.

Don't forget, you can also speak with your PA or support worker afterwards if you want to talk about anything that came up.

Thank you!

Instructions

The survey will ask you about different areas of your life. There are 9 'core' areas that everyone should try to answer:

Accommodation* *Finances* *Work
Education or training* *Relationships* *Hobbies and activities
Being yourself* *Mental health* *Living skills

And 2 other areas that you should only answer if they apply to you:

Parenting* *Seeking asylum

For each of these areas you will be asked:

- Which of these sounds most like your situation right now? (5 options)
- How well do you think things are going for you in this area?
- How does this compare to 6 months ago?
- How stable are things for you in this area?
- How important is this area of life for you right now?

After each question you will see a text box with the heading:

Care to elaborate?

If you want to, you can use this box to make a note of anything else you think is relevant to that question. For example, you might want to explain why you chose a particular answer or give more detail about your current situation. You could also use it to say how we could improve the score you've given yourself, for example the kind of support that might be helpful. It's up to you whether you use these boxes, and how much you write in them.

The survey ends with a section to focus on personal goals, barriers and support needed to reach goals:

- List up to 3 goals, and for each, say:
 - How close are you to meeting this goal?
 - What are the barriers to meeting this goal?
 - What support do you need from your PA to reach this goal?

Relationships with family

Which one of these sounds most like your situation right now in relation to family relationships? If none of these are a perfect fit, pick the one you identify with most.

- Imani has positive, healthy relationships with all of the family members they are in touch with. They have at least one trusted family member, somebody to talk to if they are feeling lonely. They feel a sense of belongingness, part of a family that is reliable, dependable and accessible. They feel well supported by family and are in contact with them often.
- Taran might not speak to family on a regular basis but this doesn't affect their well-being. They feel well supported by most of their family and have at least one trusted family member, somebody to talk to if they are feeling lonely.
- Anwar is not speaking to family on a regular basis, and this affects their well-being. They might feel lonely, distant or disengaged. They might have no trusted family members, or they might have one who they trust but who is unreliable. They do not feel supported by most of their family.
- Sidney only had relationships with family members that made them unhappy. They have decided to break ties with those family members, but they are now feeling lonely. They have no trusted family members and do not feel supported by family.
- Hollis only has relationships with family members that make them unhappy. They feel they cannot trust family members or cannot depend on their support. They do not feel that they are part of the family.

How are things are going for you right now in relation to family relationships?

						
I don't feel great about this			I feel okay about this			I feel pretty great about this
1	2	3	4	5	6	7

How does this compare to how things were going for you 6 months ago in relation to family relationships?

		
Things are going downhill	It's about the same	Things are going uphill
1	2	3

How stable are things for you right now in relation to family relationships?

Not at all stable			A little stable			Extremely stable
1	2	3	4	5	6	7

How important are family relationships to you right now?

Not at all important			A little important			Extremely important
1	2	3	4	5	6	7

Family relationships: Care to elaborate?

.....

.....

.....