





‘Mind the Gap’: Extending Outcome Measurement for Accountability and Meaningful Innovation

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Abstract

We examine the outcome measurement landscape in care leaver innovation, where many innovations to support transitions of young people leaving care fail to sustain beyond a fixed-term pilot, and fewer impact wider transition policies. Our empirical qualitative study comprises interviews with 31 senior UK children’s social care policy and practice professionals, 103 interviews across five innovation-focused case studies within England with a range of public and private providers. We consider these data

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in relation to evaluations from a nationally diffused social care innovation. We identified three measurement landscape challenges. First, we highlight the limits of the economically oriented measurement and identify an overlooked outcome measurement demand. Second, we emphasise a need to stratify care leaver population outcomes to better reflect individuals transition through different domains of life and trajectory. Third, we identify areas of precarity around the intended use of care leaver experience. We conclude that tensions exist between the pull towards a unified approach to outcome measurement and the reality of decoupled outcome requirements and legitimacy-seeking priorities which differ according to stakeholder. These tensions entrench stagnant innovation. Recognition of roles and legitimacies that exist across the process of care leaver innovation is warranted. Opportunities for action are discussed.

Keywords: care leaver innovation, outcomes, outcome measurement, social care innovation, social care policy, transition to adulthood

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Introduction

There has emerged policy emphasis globally upon innovation for public services (Osborne and Brown, 2011; Sorensen and Torfing, 2011; De Vries et al., 2016; Cinar et al., 2019), including in social care for children (Brown, 2007; Winter et al., 2021) reflecting global concerns about poor outcomes for care leavers—and growing interest in implementation and evaluation of extended care in different contexts. England, the focal setting for our study, is considered a ‘fast mover’ regarding innovation in social care (Sebba et al., 2017), with funding prioritised to support vulnerable children and families (Jones and Bristow, 2016). This is reflected in the Department for Education’s (DfE) Children’s Social Care Innovation Programme, which has invested £200mn in 98 local innovation projects in England since 2014 (Lefevre et al., 2023). A major focus of innovation investment is upon care leavers, a vulnerable population whose life outcomes have been shown as impoverished compared with their non-looked after peers (Stein and Munro, 2008; Atkinson and Hyde, 2019; Sacker et al., 2022). Following their investment, government agencies in England, such as the Department for Education (DfE), are keen to learn about outcomes of the front line innovations they invest in to inform decision-making about future priorities and funding (Fitzsimons and McCracken, 2020). Our study asks: *How, and with what effect, are outcomes measured from innovations funded by government to support care leavers’ transition into adulthood?* To address the challenge of measuring ‘meaningful’ outcomes of innovation for different stakeholders (Scarborough et al., 2015), we undertake a ‘realist analysis’ (Pawson and Tilley, 1997), to nuance our more general research question

and ask, ‘*What outcome measurement works for whom, in what circumstances?*’

In empirically addressing our research question, we undertook a three-phase qualitative study from 2020 to 2023. First, we considered evaluations funded by the DfE focused upon ‘Staying Close’, where care leavers from residential homes were supported to remain near former children’s homes, accommodation offers and maintaining relationships with staff once young people leave at eighteen with the aim of reducing the challenges associated with ‘accelerated and compressed’ transitions from care, reviewing them with our research question in mind. Secondly, we carried out thirty-one interviews with senior practice and policy professionals involved in innovation for care leavers across England to ascertain their views on outcome measurement and its effect. Finally, with a similar aim in mind, we carried out in-depth ethnographic case studies encompassing 103 interviews, 119-h observations of relevant meetings and associated documentation, of providers of care leaver services in England that benefitted from DfE funding for innovation. Through our study, we aim to provide nuanced empirical insight, thus far largely absent in more polemic accounts of outcome measurement, into how, and with what effect, outcomes are measured from innovations funded by the government to support care leavers’ transition into adulthood.

Literature review

There is a need to measure outcomes to ensure public service providers are accountable for funding from government agencies. In our empirical setting of children’s social care, such a demand is manifested in outcome measurement that focuses upon: ‘*key measures such as housing, health, employment [E] and continuing in education [E] and training post-16 [T]*’ (NICE Guideline [NG] 205, 2021)—the latter known collectively as EET. In England, these data are collected locally by service providers, with ‘local authorities’ the mainstay accountable organisation of such provision and returned annually to the DfE. Whilst the Governments’ desire to glean insight from evaluation of the outcomes of their innovation investment is laudable, there has emerged a critique of how this plays out, generally for public services innovation (Sanderson, 2002; Osborne and Brown, 2011; Arundel *et al.*, 2019; Bynner and Terje, 2021), and specifically to support care leavers’ transition into adulthood (Bakketeig *et al.*, 2020).

There exist significant challenges associated with quantitative measures in children’s social care evaluation, such as a lack of standardisation (Arundel *et al.*, 2019), inadequate time for effects on top-line outcomes to be observed and challenges of reporting cost-effectiveness (Arundel *et al.*, 2019; Suh and Holmes, 2022). These economically oriented

outcome measures insufficiently accommodate the journey of a care leaver's life; that is, they represent short-term measurement of outcomes from innovation for care leavers at one point in their complex journey through to adulthood. Relatedly, they do not accommodate the subjective experiences of care leavers in their transition journey, such as psychological outcomes of identity and attachment, but also everyday benefits that care leavers appreciate (Bakketeig *et al.*, 2020; Lynch *et al.*, 2021). Indeed, the current policy approach to children's social care innovation is inherently political, whereby improving outcomes for care leavers is precipitated by 'government's commitment to invest in children as citizen workers of the future' (Munro *et al.*, 2011). Thus, representing a narrowly defined hegemonic economic discourse of success that underplays care leavers' perspectives on what it means to 'do well' (Bakketeig *et al.*, 2020). A deficit discourse concerning poor outcomes amongst care leavers further entrenches stigmatisation without sufficient acknowledgement of the social and economic conditions that shape these outcomes (Bakketeig *et al.*, 2020).

There is a well-established critique of contemporary policy fetish for measuring economically oriented outcomes of investment in innovation for care leavers, with the broad argument being that measurement itself shapes how innovation progresses; in essence 'what gets measured gets managed' (Bevan and Hood, 2006; Kelman and Friedman, 2009). Thus, policy may not achieve its intended effect (Gron and Kristiansen, 2022). Following this, there is a call for a more inclusive and wide-ranging evidence base reflecting outcomes of innovation from the care leaver's perspective (Bakketeig *et al.*, 2020). Such a call, however, we suggest, lies at a more polemic level, with little empirical evidence to address how, and with what effect, outcomes are measured from innovations funded by the government to support care leavers' transition into adulthood. Our empirical study aims to address this question.

Methods

Data sources and analysis

Our study adopted an exploratory qualitative design to generate insight into our research concern (Stebbins, 2001; Hennink *et al.*, 2020). Table 1 summarises our data collection across its three phases, together comprising our national exploration of care leaver innovation. Table 2 details the Staying Close evaluations examined in this study. Table 3 details the types of stakeholders interviewed in phase 2. Table 4 details the case characteristics of phase 3 data collection, later referred to as case studies. Phases of the study were conducted sequentially, with each subsequent phase building on that which came before it.

Table 1. Phased data collection.

Phase of collection	Characteristics	Data collected
Phase 1	Staying Close commissioning brief and evaluation	Documentary analysis
Phase 2	Senior children's social care policy and practice professionals	Thirty-one policy stakeholders
Phase 3	Care leaver innovation providers across five cases	Three local authorities and two third sector providers Total interviews: 103

Table 2. Participant sampling distribution for focused interviews.

Level	Organisation type	Interviewees
National	Charity	4
	Social enterprise	3
	Government department/policy unit	4
Local	Local authority	10
	Partnership	1
	NHS	3
	Higher education	3
	Children's trust	1
	Charity	1
Other	Consultant	1
		31

In phase 1, we interrogated documentation from the DfE, specifically the commissioning brief for, and subsequent evaluation of, the £36million investment in the innovation programme ‘Staying Close’. This was a programme designed to support care leavers to live near their former children’s home through first, an accommodation offer and second, maintaining relationships with staff at the young person’s previous children’s home (Table 2) (www.gov.uk/government/publications/staying-close).

Our approach to phase 2 was derived from our critique of documentation and evaluation reports related to the ‘Staying Close’ innovation. We invited senior children’s social care policy and practice professionals, with a specific focus upon innovation for care leavers, to take part in semi-structured interviews. Thirty-one individuals participated representing national and local organisations identified via policy documents related to care leaver innovation, followed by snowball sampling, whereby interviewees identified relevant individuals from their professional networks. Sample diversity reflected stakeholders relevant to care leaver innovation, inclusive of the wider policy and practice landscape in which innovation and its measurement are enacted (Table 3).

Table 3. 'Staying Close' evaluation reports published in 2020.

Location	Authors	Evaluation data
North Tyneside	(Szfiris et al., 2020)	Mixed: descriptive statistics, interviews and surveys
Portsmouth	(Neagu and Dixon, 2020a)	Mixed: descriptive statistics interviews and economic analysis
Ealing and Hounslow	(Heyes et al., 2020)	Mixed: descriptive statistics, interviews and surveys
Bristol	(Allen et al., 2020)	Mixed: descriptive statistics, interviews and surveys
N. E. Lincolnshire	(O'Leary et al., 2020)	Mixed: descriptive statistics, interviews and surveys
Norfolk and East Cambridgeshire	(Dixon et al., 2020)	Mixed: descriptive statistics, focus groups, interviews, surveys and economic analysis
Suffolk	(Mitchell-Smith et al., 2020)	Mixed: descriptive statistics, interviews, surveys, focus groups and workshops
Hampshire	(Neagu and Dixon, 2020b)	Mixed: descriptive statistics, interviews, focus groups, surveys and economic analysis

In phase 3, potential cases were identified from phase 2 findings, and invited to participate, with five out of seven cases agreeing to and completing the study (Table 4). Case study findings were compared and contrasted with findings between phases 1 and 2, which allowed for a comprehensive picture of policy and practice to emerge after the synthesis of findings across all phases.

The coronavirus disease 2019 pandemic (2020) meant we encountered challenges to undertaking interviews and observations in phases 2 (policy interviews) and 3 (case study interviews and observations) due to researchers and participants working from home in accordance with Government guidelines. The majority of interviews and observations were therefore conducted online via Microsoft Teams (Gray et al., 2020). Ethical approval was granted from the University of Warwick ethics committee adhering to informed consent, anonymity and data protection standards and relevant professional ethical guidelines. Consent was recorded verbally and all interviews lasted between forty and sixty minutes. Interviews in phase 2 and interviews and observations in phase 3 were conducted by the study research team. Interviews were recorded and transcribed verbatim.

Phase 2 interviewees were invited to discuss the following: process and perspective surrounding measurement and evaluation of innovation; the relationship between front line innovation evidence and national policy-level outcomes; the extent to which innovation outcome findings and/or high-level outcomes collected about care leavers address needs and include voices of care-experienced young people and barriers and facilitators to implementation and scale-up of innovation, specifically outcome

Table 4. Phase 3 case studies.

Case	Case Characteristics	Innovation content	Data collection
Local Authority Hub (LAH)	Under improvement measures many years ago, but now considered high performance in recent inspection	Extended offering for care leavers through a physical hub in city centre	Seventeen interviews (five senior leaders, seven hybrid middle managers, three project managers, two front line professionals) Documentation: monthly project board minutes, outcome data
Local Authority Diffused Innovation (LADI)	Sound performance, not subject to inspection measures	Extended service focused upon ensuring care leavers remain within the community near their previous residential care	Nine-hour observation of project board meetings Documentation: one senior manager, three hybrid middle managers, four project managers, five front line professionals) Seven-hour observation of project meetings Documentation: Bid submission, quarterly reports to DfE, client population data
Local Authority Transition Service (LATS)	Under Department for Education improvement measure regime for some children's care delivery	Preparing vulnerable young people for adulthood intervention across the full range of life domains	Twenty-three interviews (seven senior managers, seven hybrid middle managers, two project managers, five frontline professionals, two service users) Forty-five-hour observation monthly programme board meetings One focus group with seven service users involved in co-production
Social Enterprise Housing (SEH)	Social enterprise	Local authorities take up extended housing offering for care leavers designed by social enterprise, which centred upon enhancing psychological outcomes	Thirty-one interviews (six senior leaders and four hybrid middle managers in social enterprise, eight senior leaders and five hybrid middle managers in local authorities, four front line professionals, four service users) Twenty-four-hours observation of strategic meetings in social enterprise and operational meetings in local authorities that deliver the care offer
Charity Co-Produced Projects (CCP)	Large charity	Care leavers-led intervention, facilitated by professionals, to identify and address a local, relevant problem	Documentation: annual report, evaluation report, introductory information sent to prospective local authority sites Nineteen interviews (1 senior manager, four hybrid middle managers, eight frontline professionals, six service users) Two focus groups with senior leadership team and other managers Thirty-four-hour observation of programme management meetings and project meetings/events

measurement. Such questions also informed observations and the taking of field notes.

Phase 3 case study interview topics explored innovation background, operation and culture, leadership, governance, stakeholder management, outcome measures, management and the innovation journey. Observations explored attitudes and perspectives of outcomes and their measurement. Observations comprised online meetings where researchers were present as participant-observers. Case study research took place concurrently between November 2021 and August 2023, with cases active between twelve and twenty months.

Analysis across phases 2 and 3 drew on an inductive thematic approach (Braun and Clarke, 2006). Initial coding derived a larger number of 'raw' first-order empirical codes, which were synthesised into a smaller number of second-order empirical codes, then discussed with the larger team collectively before translation into more theoretical third-order codes as set out in a 'boilerplate' for analysis of qualitative data (Pratt, 2009). We abductively maintained iterative dialogue and constant comparison between empirical data and the literature to help focus and explain our findings (Mantere and Ketokivi, 2013).

Findings

Three themes were identified. In our first theme, 'Effect of adapting economically oriented measurement', we highlight limits of the economically oriented measurement demanded by policy agencies. At the same time, we identify an overlooked outcome measurement demand, that of a need for a business case at the organisational level in the face of funding constraints. In our second theme, 'Effect of variability amongst target population', we emphasise a need to stratify the care leaver population in considering outcomes and that individuals transition through different domains of life at different points in their trajectory; otherwise, a stigmatising effect ensues. In our third theme, 'Effect of exploiting the subjective experiences of care leavers', our analysis may prove surprising, highlighting a pernicious 'side effect' of innovation with severe time and resource constraints.

Effect of adapting economically oriented measurement

Interviewees highlighted a range of outcome data asked for by national-level policymaking organisations, such as educational attainment; employment, education and/or training status (EET); 'suitable' accommodation, custodial status, and if care leavers are in contact with their local authority. Such data are shared with the DfE through SSDA903

annual returns. These top-line outcomes highlight candidate areas for intervention for national policymakers and local authorities. Yet according to most interviewees, these outcome measures do not capture outcomes perceived as important to care leavers:

Care leavers' outcomes are measured in fairly blunt way, just in terms of employment education, health... From a point of statute they have to be recorded, therefore these are outcome measures written in stone. (Social Enterprise Innovation Manager)

Local authorities are asked to collect data on young people in suitable accommodation but there tends to be a lot of subjectivity about what suitable is. (National Government Agency Policy Advisor)

The care leaver's group is actually labour market outcomes and quantitative measures of how they are getting on post leaving care... so we get things back like the quality of housing they're in and are they in touch. A kind of basic labour market status. (National Government Agency Data Specialist)

Evidence collected about care leaver's outcomes for DfE suggested an economic view of young people's transition to adulthood held by policymakers, and reflected that 'what gets measured gets managed':

We tend to performance manage on criteria that we've always managed on like educational attainment, occupation and things like that... and the number of moves a child has had. They're always the same ones. You've made me think, perhaps we should have a few different outcomes, you know hobbies. (Local Authority Elected Leader)

Documentary evidence collected from one innovation case study showed out of eleven Key Performance Indicators (KPIs), most were related to quality and timeliness, such as 'number of people screened within 48 hours'.

Historically, we've had lots of complaints about the time taken for people to receive a service, and the council want to reduce the number of complaints. (LATS case study interview Head of Service)

For any social care innovation, a business case proved important to sustain it beyond its pilot stage. In particular, in the face of financial constraints, front line practitioners had to recognise cost saving as an important component of the evidence generated for both central and local government. One interviewee stated:

To mainstream this we had to show its capability as an invest-to-save model in terms of showing the savings. It's cost avoidance but to show that to elected members [local government] is key in gaining sustainability. (Local Authority Children's Services Assistant Director)

In one of our sites, the business case for scrutiny by politically elected members and senior managers in the local authority highlighted

‘cashable benefits’ derived from the innovation pilot. Its future funding was then dependent on a pledge to save the council over £1.2 million in the first year if funding was to be extended beyond the pilot (LATS case study fieldnotes).

The ability to make the financial case and the values case at the same time is really important. You get different types of leaders in organisations but most children’s social care leaders are people for whom those two things connect, like you can’t be a DCS without keeping an eye on the money. I’ve not met one yet who isn’t interested deeply in improving outcomes for the young people in their care so I think the balance is being able to connect those two things. (SEH case study interview)

The above reflects how local authorities prioritise accountability through economic justification, an emphasis sometimes negatively viewed by front line professionals.

We went to the national policymaker and said, ‘you inspect us on the basis of what you want, so effectively that’s the number in education ... you’re not inspecting us in terms of doing a good piece of work’. (Local Authority Assistant Director)

That ‘what gets measured gets managed’ risks creating a cycle tying the sustainability of an innovation to its economically focused outcomes, reinforcing the need to attend to these types of outcomes in order for the innovation to survive. Yet, there was evidence within the adaption of innovations that integrating differentiated levels of measures was feasible and worthwhile. For example, to circumvent perceived limitations of economically oriented performance indicators for generating evidence about innovation, some interviewees revealed they adopted a hybrid approach, collecting parallel evidence to that typically produced for policymakers. Organisations implementing innovation constructed their own unique evidence frameworks based on ‘what we were advised by care experienced young people’ (National Charity Assistant Director) in evaluations of the Staying Close innovations funded by the DfE.

In addition to the obvious hard data, they used a model called Outcome Star which is based on discussions with young people and their personal advisor and where they’re at on key areas of their life. Self-esteem is a big part, practical skills, and whether they’re going forward or back and forth, so it captures the complexity of a transition for care leavers in a subjective way which outcome data collected by the Department of Education doesn’t. (Higher Education Academic Professor).

Although bespoke frameworks and a fine-grained approach to measuring innovation impact appeared favoured by practitioners working on the front line of innovation implementation, they are likely to pose limitations on mobilising innovation evidence for policymakers. An

interviewee explained what kind of evidence would be wanted by policymakers if innovation were to be translated into policy change.

To change policies you'd need over 50 local authorities doing it and seeing the outcomes and the evidence and the analysis. (National Government Policy Advisor)

In effect, policy impact from innovation is predicated on replication; to prove a given innovation works across multiple contexts: 'what sort of data can push this to be a widespread thing than just a few children' (National Government Agency Data Specialist). Yet if innovators use a wide array of subjectively derived and bespoke measures, comparability is weakened making it difficult for policymakers to justify the investment and translation of innovation evidence into wider policy. Thus, the potential plurality of evidence around outcomes generated by innovation presents a first key challenge for policymakers to manage, synthesise and justify for policy development and learning.

Effect of variability amongst target population

Interviewees suggested that high-level quantitative outcome data about care leavers used by policymakers do not account for variation amongst the target population of care leavers.

You'd see these figures where it looks as if their employability dips down but it was actually because they were pursuing higher education, so you've got ups and middles and all sorts of false positives and negatives in the data. (Social Enterprise Innovation Manager)

Such top-line outcome measures were perceived by interviewees as ultimately unhelpful for assessing how well innovations might be contributing to a care leaver's transition experience as a journey that happens at different rates for different young people across a longer life transition. Further reflecting the difficulty in determining what constitutes a 'good outcome', who decides and the importance of emotional, developmental and capability-focussed 'distance' travelled.

They're binary [DfE outcomes], you're either a success or failure, and most people on that model are a failure because it doesn't measure progress. (Higher Education Academic Professor)

Care leavers tend to do better later in life but it's not measured because they might not do it until they're ready. (National Government Agency Policy Advisor)

Reinforcing such an effect, there was an absence of stratification in higher-level data. One interviewee highlighted there was almost no publicly available evidence that specifically considered the needs and experiences of young people from black and minority ethnic backgrounds

(CCP case study). This reflects a tendency to present care leavers as a homogenous group without sufficient attention to how pre- and in-care experiences may shape their pathways and outcomes (Munro *et al.*, 2022). Meanwhile, one of the local authorities implementing the Staying Close pilot for care leavers included a number of young people who were unaccompanied asylum seekers (Neagu and Dixon, 2020a). Despite this, outcome measures for the innovation were the same for both groups prompting the evaluators to note.

It became apparent that the services and support provided to unaccompanied asylum seekers were different from those offered to the other young people from residential care. Although the project was able to tailor support to meet these different needs, it might consider whether two separate projects would maximise staff expertise and outcomes for young people from each group. (p. 40)

This situation was indicative of evidence about innovation that seeks to be maximally inclusive and generalisable but in doing so runs the risk of becoming decoupled from variability amongst care leaver individuals or groups engaged in innovation pilots.

In one of our cases, within which demographic data had been collected about young people using the innovation, this was not linked to any identified needs or outcomes achieved by service users, making it impossible to interrogate the distribution of needs and outcomes amongst the diverse population group.

A key narrative apparent within assumptions by policymakers and practitioners was the belief that care experience is a primary driver for poor outcomes amongst care-experienced young people when compared with non-care-experienced young people. Yet care leavers are far from a homogenous population, meaning their reasons for being in care and their care experiences are diverse, contributing to a high level of complexity and variability surrounding how innovations may work to improve their outcomes. Finding a way to both accommodate and understand variability in relation to the outcomes measured thus represents our second key challenge for policymakers attempting to maximise the impact of innovation across care leavers as a population (Munro *et al.*, 2022).

Effect of exploiting the subjective experiences of care leavers

In the discussion of variability above, consideration of the care leaver's subjective experience of transition for innovation to prove meaningful is apparent.

You need to understand the outcomes for your young people in order to be able to improve them. You need to understand the characteristics of

young people who end up with poorer outcomes in order to intervene ...
better data matters. (Social Enterprise Project Manager)

To facilitate a greater understanding of care leavers' and their experiences of transition, many of the interviewees discussed the importance of including care leavers as a practice that enhances innovation.

Their lived experience is really important at a research, policy and practice level, because the young people are able to identify what things really matter and what works for them. (Higher Education Academic Professor C)

If we don't take time to understand the perspectives of those individuals who will be affected we can miss the point of the innovation and that reduces impact. (Social Enterprise Innovation Manager).

When it didn't work well, there was an absence of young people's voices. (Independent Policy Consultant)

However, we found that such focus upon the subjective experience of individual care leavers may prove, in some instances, somewhat exploitative. Care leavers' subjective experiences were mediated through selective re-telling of their stories by others. In evaluation reports of *Staying Close*, authors commonly selected quotes from care leavers to illustrate positive impact when this could not be shown against high-level quantitative outcome categories. Whilst the recognition of the importance of lived experience was reflected in this evaluation, a pragmatic focus also occurred by necessity; there were missing data or too few participants for statistical methods to be reliable, filling gaps in evaluation and outcome measure alignment with the innovation. Our in-depth case studies highlighted a similar pattern whereby stories from young people helped by the innovation were regularly shared with senior leaders and executives at board meetings (LATS case observation field notes). This was to highlight the positive impact of the innovation for service users since this wasn't represented in outcome data collected by the innovation team (LATS Board Update Reports). Stories were recorded at the end of service use, with a social worker completing a form on behalf of or alongside the young person (LATS observation), leaving these stories open to interpretation and selection bias. This approach seemed to disenfranchise care leavers from direct input, instead selectively used by managers to generate positive valence and mitigate limited evidence of innovation impact to maintain interest in sustaining the innovation—filling the gaps. This highlighted the impact of lack of appropriate evaluation metrics, overlooking the overall impact across spectrum of young people, quick timeframe turnarounds for demonstrable impact, and pressure to prove cost savings (LATS observation), running the risk of side-stepping the need for a wider spectrum of evidence altogether.

Decisions aren't always taken on the basis of evidence. There's a lot of politics behind why certain innovations get scaled up...Evidence is important, but it's also the narrative around it and how you make the emotional case (National Charity Director).

When interest is directed towards an innovation by political leaders, be they from local or central government, it can directly benefit innovation by '*helping to give projects like ours the attention they needed and platform to improve outcomes for care leavers*' (Local Authority Assistant Director). Conversely, it also generates risks that some innovations could gain traction towards impacting policy and practice even when there might be no evidence they work.

We've definitely seen the ministers going out and seeing particular programmes running and thinking it's wonderful, but not really seeing those broader elements to it and asking for any evidence of real impact, but then going ahead and trying to push them out regardless of any evidence that's behind them. (National Policy Agency Specialist Advisor).

Other cases showed examples of direct inclusion of young people to identify impact and improve future iterations '*So it was very much about getting the young people's experiences of how they felt [programme name] worked for them and if it helped*' (LADI case). In the SHE case, collecting and reporting outcomes came from young people directly sharing their experiences through creative formats. In the CCP case, co-creation with young people was an innovation feature, reflecting how '*I don't feel like you can be innovative or creative if you feel like you have to fit certain boxes [to meet funders' needs]*' It is notable that these cases were characterised by greater operational and organisational autonomy and less pressure to make rapid savings.

Our findings highlighted the role of care leavers in the mobilisation of evidence about innovation outcomes to shape policy and practice. We found that evidence was selectively appropriated by some providers to create an emotionally compelling case to appeal directly to those with power in order to allocate resources to sustain innovation. This third effect then represents a third ethical challenge in how the subjective experiences of care leavers from innovation are measured and presented *in authentic and meaningful ways*, to support and influence policy and practice development particularly in innovation organisations under significant cost and time pressure to perform.

Discussion

Following a realist perspective upon outcome measurement for innovation, our empirical study reveals the effects and nuance in how the management of outcome measurement plays out to shape innovation aimed at supporting care leavers' transition to adulthood. We identified the

effects of innovation outcome measurement as experienced from a range of different stakeholders and practitioners. First, whilst there exists a plurality of evidence and measures across a range of innovations, measurement remains dominated by a population-level, economically oriented perspective to satisfy the demands of policy agencies that resource pilot innovations. At the organisational level, generation of business cases to satisfy managerial needs for efficient resource utilisation in a financially constrained context is emphasised as crucial to sustaining innovation but risks rapid and less well-constructed evaluations from which impact arguments are derived. Secondly, placing a high-level value on economic measurement or business case overshadows the wide-ranging variability of needs of the care leaver population. This creates measurement challenges for scalability for both policy and practice that addresses the needs of particularly vulnerable segments of the care leaver population. Thirdly, the inclusion of care leaver experiences is essential and deeply valued yet carries with it the risk of presenting tokenistic narratives, particularly under time and cost pressures affecting innovation design, measurement and evaluation, potentially bolstering managerial objectives rather than accurate reflections of care leaver experience.

Challenges remain

We did not expect to find the emergent, pernicious side of the inclusion of care leaver experience. We saw managers and political leaders engage with young people's experiences as emotive stories, decoupled from direct influence, but packaged as a type of 'tactical evidence' to leverage political power in the face of impact pressure (Weiss, 1979). The intention is well-meaning and in our interpretation, reflective more of the resource and time constraints than willingness to engage meaningfully. However, it sets up an uncomfortable ethical dilemma in relation to quantitative objectivity asked for by policymakers to ensure fairness, inclusion and accountability, versus the subjective evidence of narrative stories whereby *affect* replaces evidence of effect in decision making to translate innovation into policy (Hampson *et al.*, 2021). The dilemma demonstrates two seemingly competing needs: a need for greater understanding and range of care leaver experience in policymaking, yet also a need for equality across measures which reflect experiences that are complex and diverse. Literature to date has illustrated this tension, working towards identifying a unified approach which consolidates outcome measures in order to reflect the outcomes of the highest priority (Furey and Harris-Evans, 2021; Hampson *et al.*, 2021; Lynch *et al.*, 2021). Most innovation evaluations already employ mixed methods approaches and attempt to integrate multiple forms of evidence into their evaluation

reports (Sebba *et al.*, 2017; Fitzsimons and McCracken, 2020), though they are not without critique (Lynch *et al.*, 2021; Suh and Holmes, 2022).

Based on our findings, we argue for *acceptance* that each set of actors within the care leaver policy process has their own set of legitimacy-seeking outcomes and associated measures recognised and valued for the part they play in the process and that they operate in parallel (Ferlie *et al.*, 2012; Bynner and Terje, 2021). Policymakers require population-level outcomes because they require equality-driven, economically focused measures which show the appropriate use of public investment. At the organisational level (e.g. local authorities), business cases require shorter-term measures to demonstrate effects requested to legitimise spending on innovation over other spending locally given significant financial constraints. At the care leaver level, psychological outcomes are prioritised because they form the necessary conditions under which care leavers go on to meet their goals and aspirations. Each set of actors is focused on attending to those outcomes which reflect their needs, responsibilities and priorities—legitimately. Attempts to consolidate, reduce or unify the suite of measures may fail to thrive, because the utility of each set of outcomes is appropriate within, rather than between pathways. This recognition is not clearly established in the field and thus few attempts to reconcile ways forward are currently present.

Following this, we suggest an alternative approach to generating innovation evidence that retains the differences highlighted in our empirical analysis, over attempting to reconcile them. In the majority of our case studies, evaluation was done part way through and towards the end of a pilot. We suggest that the innovation design process be led by the evidence and data needs of key stakeholder groups as early on as possible whilst recognising each group's need to demonstrate legitimacy. A design-led approach aims to generate evidence that will be valued and required by multiple stakeholders in parallel to service and care leaver needs. A strong innovation design would address top-line policy-level domains or measures such as EET, housing, safe accommodation, health etc. Secondly, it might generate cost savings, or add strategic service value that can be clearly demonstrated in a business case. Finally, it should incorporate the social, psychological and transition needs of care leavers and where possible, be co-designed with them. Care leavers need to see an innovation working for them to engage; organisations need to see that the innovation addresses their business needs and statutory obligations; policymakers need to see that an innovation contributes to wider socio-political, ethical and economic priorities for citizens.

Limitations and further research

Our study did not identify a best practice template for outcome measurement. Other research may seek to identify such a template or

strategy to structure rather than integrate outcome measures for the innovation process. We collected predominately qualitative data and are limited by lack of wider triangulation. Similarly, the heterogeneity of our data does not allow for direct comparison. Further research might explore how the pernicious use of outcome measurement that tokenistically privileges the care leaver experience can be avoided, and meaningful inclusion of the care leaver experience privileged. Co-production of such measurement might ensure a balance of measures which do not lead to political exploitation, with care leaver voices involved in the decision-making and design of innovation evaluation and outcome measurement.

Conclusion

This study revealed the effects, challenges, and nuance in how the management of outcome measurement shapes innovation aimed at supporting care leavers' transition to adulthood. The effects of innovation outcome measurement are experienced from a range of different stakeholders from care leavers to policymakers, each holding different valuations of what outcomes take priority. Acceptance that the utility of each set of outcomes is appropriate within, rather than between pathways may be an important step forward in resolving tension between stakeholders and fostering clearer connections between care leavers' needs and experiences and policy-level population outcome measures.

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