

Moving from 'what we know works' to 'what we do in practice':

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DOI:
[10.1111/cfs.12998](https://doi.org/10.1111/cfs.12998)

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Document Version
Publisher's PDF, also known as Version of record

Citation for published version (Harvard):
Alderson, H, Smart, D, Kerridge, G, Currie, G, Johnson, R, Kaner, E, Lynch, A, Munro, E, Swan, J & MCGovern, R 2023, 'Moving from 'what we know works' to 'what we do in practice': An evidence overview of implementation and diffusion of innovation in transition to adulthood for care experienced young people', *Child and Family Social Work*. <https://doi.org/10.1111/cfs.12998>

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REVIEW

Moving from ‘what we know works’ to ‘what we do in practice’: An evidence overview of implementation and diffusion of innovation in transition to adulthood for care experienced young people

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Funding information

Economic and Social Research Council

Abstract

Global research has shown that most young people who are care experienced are not prepared to transition to independent living at 18 years of age and require support into early adulthood. We used rigorous systematic methods to identify English-based peer reviewed and grey literature describing innovations relevant to care experienced young people as they transition into adulthood, with a focus upon lessons for their implementation and diffusion. We synthesised the evidence narratively and organise data linked to seven key areas important to the transition to adulthood: (1) Health and well-being; (2) relationships; (3) education and training; (4) employment; (5) participation in society; (6) accommodation; (7) other. Twenty-five papers met our inclusion criteria. This review has found that, whilst there are a broad spectrum of innovations taking place within the social care environment for care experienced young people to support their transition into adulthood, there exists limited insight into how best to support implementation and diffusion of evidence-based innovation. We drew upon the ‘Consolidated Framework for Implementation Research’, developed in the setting of clinical service delivery, to highlight challenges in implementing and diffusing evidence-based innovation for care experienced young people transitioning into adulthood.

KEYWORDS

care leavers, diffusion, implementation, innovation, social care, transition to adulthood

1 | INTRODUCTION

In England, targeted legislation has been enacted to strengthen the duties that children's social care services have to prepare, to support young people who have been looked after (in out of home care) to negotiate the transition to adulthood. The legal definition of a care

leaver is outlined in the Children (Leaving Care) Act 2000, and eligibility is based on having been in the care of the local authority (the organisation responsible for the provision of public services within a geographical area) for a period of 13 weeks or a cumulative period of 13 weeks after the age of 14 spanning their 16th birthday. Subsequent legislative changes have included permitting young people in

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foster care the option of entering a 'Staying Put' arrangement, whereby the young person continues to reside with their foster carer after they turn 18, up to the age of 21, if both the young person and foster carer are agreeable (HM Government, 2013). A similar 'Staying Close' arrangement for young people residing in a children's home is currently in progress (Department for Education, 2022). In England, in 2019/20, there were 43,000 care leavers aged 17 to 21 (Foley et al., 2022). These young people are more likely than their peers to have experienced Adverse Childhood Experiences (Simkiss, 2019), to be involved with criminal justice services (Gooch et al., 2022), become a teenage parent (Mezey et al., 2017; Roberts, 2017), and experience psychological distress or mental health issues (Adley & Jupp Kina, 2017; Butterworth et al., 2017), housing problems and/or homelessness (Liabo et al., 2016; Wade & Dixon, 2006). They are also less likely to achieve academically in school, attend higher education (Evans et al., 2017; Hollingworth & Jackson, 2016; Mannay et al., 2017; O'Higgins et al., 2017), or enter into stable employment (Gypen et al., 2017) than their non-looked after peers.

For young people exiting care, they typically experience a journey to adulthood that is both 'accelerated and compressed' compared with their peers in the general population (Stein & Munro, 2008). As a care leaver, young people are likely to experience multiple transitions simultaneously, having to become rapidly self-sufficient, at a younger age and with lower levels of support within a compressed period (Baker, 2017; Van Breda et al., 2020). The transition process inadequately prepares care leavers for life after care and young people are thrust into 'instant adulthood' (Van Breda et al., 2020). This has the potential to evoke feelings of powerlessness, unpreparedness, abandonment, and mistrust (Baker, 2017). Global research has shown that most young people are not prepared to transition to independent living at 18 years of age and require support into early adulthood (OECD, 2022; Van Breda et al., 2020), and literature is available regarding independent living programmes that aim to bridge this gap (Cassarino-Perez et al., 2018; Lemon et al., 2005; Montgomery et al., 2006). Whilst this paper is based on peer reviewed literature on innovations taking place in England, the findings have wider international relevance, given widespread concerns regarding poor outcomes for this disadvantaged group, and recognition of the importance of effective implementation of measures to address this (Goyette & Mann-Feder, 2019; Mendes & Snow, 2016; Munro & Stein, 2008; Van Breda et al., 2020).

In England, under the Children Social Work Act 2017, each local authority area has, a legal obligation to have a 'local offer for care leavers', within which each local area aims to clearly set out what a care leaver can expect from their local authority and what their entitlements are, in one place. In assessing care leaver offers, the Department for Education (DfE), highlights seven key areas in which local authorities ought to support young people in their care to navigate: (1) Health and well-being; (2) relationships; (3) education and training; (4) employment; (5) participation in society; (6) accommodation; (7) other (Department for Education, 2018).

The recognition of a need to improve the experiences and outcomes of vulnerable children and young people has resulted in significant resources being directed towards generating innovation. One such

vehicle for change has been the DfE children's social care innovation programme that commenced in 2014. In addition, the What Works Centre for Children's Social Care has begun to build a knowledge base around innovation processes and practices within the children's social care context. In turn, this has created a dynamic space in which innovative ideas, interventions, and practices have emerged, but for innovation to be effective, it must go beyond simply a good idea at the local-level and needs to become sustainable and adopted more widely. However, as identified by Hampson et al. (2021) even when knowledge does exist, it is not being consistently applied within the social care sector.

Innovation is an abstract term and there is no universally accepted definition (Baregheh et al., 2009). Innovation can mean different things to different people. A product, technology, or way of working may itself not be new; its intentional introduction in a context where it has not been used before makes it 'new to the unit of adoption' (Rogers, 2003). From a business perspective, innovation is defined as 'the development and implementation of new ideas by people who over time engage in transactions with others in an institutional context' (Van de Ven, 1986, p. 591). The innovation process often begins with an idea, which then interacts with different stakeholder groups, political ideas, and organisational systems in a journey towards diffusion, scale up, or termination (Van de Ven et al., 2008). When specifically thinking of social innovation, which is much closer aligned with social care and care leavers, this is identified as being an iterative and inclusive process that intends to generate effective solutions to solve complex social problems that will improve the lives of individuals and ultimately lead to better outcomes (Mulgan, 2019).

Social innovation with care leavers could help to reduce poor outcomes, and appropriate support could lead to improved social and mental well-being (Snow, 2013), improvements in health and education (Evans et al., 2017; Roberts et al., 2016), and potentially wider social and economic benefits. This review forms part of the Exploring Innovations in Transition to Adulthood for young people leaving care study, known as EXIT, funded by the Economic and Social Research Council in the UK. Our concern in reviewing literature lies with explicating challenges in implementing and scaling up innovation to support the transition of care leavers into adulthood.

2 | STUDY OBJECTIVES

Despite clear evidence regarding the complex and multidimensional needs of young people transitioning from care to adulthood, and the plethora of innovations to address this, little is known regarding the barriers and enablers to understanding the implementation and diffusion of such innovation. We aimed to systematically search and review the published evidence for innovations designed to support successful transitions for care leavers within England. This is a cross-cutting subject and includes health, social care, accommodation, education, employment, offending, and relationship transitions. We aimed to determine (i) the types and extent of innovation for care leavers, preparing to negotiate the transition to independence, (ii) what models/theories have been used to justify innovation practices,

(iii) barriers, and (iv) facilitators to innovation, (v) what empirical outcome measures have been used to evaluate the success/failure of innovations and (vi) which practitioners and/or organisations have been identified as relevant to successful implementation and diffusion of innovations.

3 | METHODS

In line with the systematic search and review protocol, our review scope was broad to enable us to achieve the best evidence synthesis as well as identifying gaps in the knowledge base. The international literature was searched from 2000 to February 2021 using electronic databases MEDLINE (OVID), PsycINFO (OVID), Scopus, Applied Social Science Index and Abstract (ProQuest), International Bibliography of Social Science (ProQuest), ProQuest Criminal Justice (ProQuest), ProQuest Social Science Journals (ProQuest), ProQuest Sociology (ProQuest), Social Service Abstracts (ProQuest), Sociological Abstracts (ProQuest), Zetoc, and PubMed. The 2000 start date was selected because targeted legislation to support care leavers in England was enacted (Children (Leaving Care) Act 2000) and changes in practice occurred, some of which were innovative. A search strategy was developed using thesaurus headings and key words, including boolean and proximity operators to adapt the search strategy for each database. Key terms relating to the group or population of interest (e.g., care leaver, ageing out of care, and foster youth alumni) were combined with those associated with innovation (e.g., innovation, organisational change, intervention, and collaboration) to complete the search. This was supplemented with a search of grey literature (conducted in September 2021) in England, using the same search terms and time frame. Grey literature was searched using Google Scholar and key websites such as the Department for Education, OFSTED, Care Leavers Association, Princes Trust, What Works Centre for Children's Social Care, Joseph Rowntree Foundation, NSPCC, The Children's Society, Barnardo's, and The Innovation Unit (formerly located in the UK Government's Cabinet Office, but now within the DfE).

3.1 | Review inclusion criteria

Studies were included if they proposed, discussed, or evaluated an innovation for children aged 16 years and above who were undergoing or had recently undergone a transition from a care environment. We included all types of empirical research, including evidence from qualitative, quantitative, and mixed methods research and papers that reported outcomes at a participant/beneficiary level and at a practice/organisational/policy level. For grey literature, innovations had to have a published evaluation report available. No language restrictions were imposed. The geographical restriction of England was imposed. Whilst we recognise that interventions that are statutory/mandated by government might represent innovation, because, for example, it is adapted in a novel way as it is implemented and so represents an innovative way of delivering a mandated intervention, for this review

we are only including innovations that represent interventions that go beyond statutory/mandated duties.

Two researchers independently screened all titles and abstracts using the prespecified inclusion and exclusion criteria above, retrieving full papers for all potentially eligible studies, and evaluating in full text. Discrepancies at each stage were resolved by discussion or by consulting a third researcher if consensus could not be reached. The methodological quality of each study included was assessed according to the criteria presented on the Joanna Briggs Institute critical appraisal checklists for qualitative research and randomised controlled trials (Joanna Briggs Institute, 2022).

4 | RESULTS

We identified 25 papers (three journal articles and 22 within grey literature), which met our inclusion criteria. The flow of studies diagram in Figure 1 shows our search results.

The DfE guidance regarding what the local authority 'care offer' should include was used to organise our data. Table 1 provides the study characteristics of included papers.

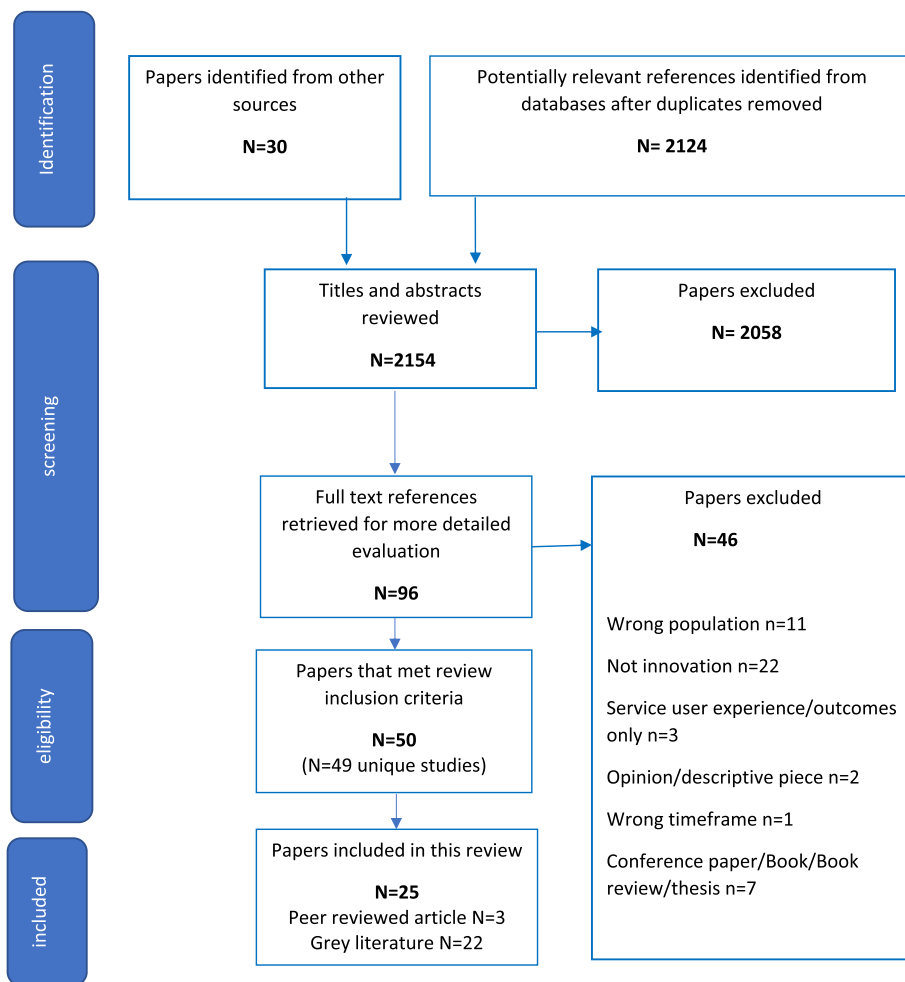
Twelve papers reported on innovation, which looked at accommodation and/or homelessness prevention; 'other' innovations ($n = 6$), developing relationships ($n = 2$), health and well-being innovations ($n = 2$), participation in society ($n = 2$), education ($n = 1$), and employment and career readiness ($n = 0$). We have presented the findings starting with the domain with the most available literature. Table 2 provides a summary of themes from each paper.

4.1 | Accommodation

Twelve papers focused on accommodation. This domain tried to improve the housing stability of care leavers and equip them with independent living skills. Accommodation innovations included Staying Put (permitting young people to remain with foster carers until 21 years) (Munro et al., 2012), the House Project (Dixon et al., 2020b; Dixon & Ward, 2017), Staying Close (improving, extending, and complementing the support provided by local authorities to residential care leavers during their transition to independent adulthood) (Allen et al., 2020; Dixon et al., 2020a; Heyes et al., 2020; Mitchell-Smith et al., 2020; Neagu & Dixon, 2020a, 2020b; O'Leary et al., 2020; Szifris et al., 2020), and a psychologically informed environment (Woodcock & Gill, 2014). A theory of change model was used in all the DfE Staying Close evaluations (Allen et al., 2020; Dixon et al., 2020a; Heyes et al., 2020; Mitchell-Smith et al., 2020; Neagu & Dixon, 2020a, 2020b; O'Leary et al., 2020; Szifris et al., 2020). However, the theory of change models appeared to be little concerned with sociological issues, such as professional dynamics and the associated power asymmetries that impact innovation, despite them being well established in the literature (Lynch et al., 2021).

Enablers of implementing innovations within this domain included the following: Collaborative relationships, within which partners had a

FIGURE 1 Flow of studies diagram



shared purpose (Dixon et al., 2020a; Dixon & Ward, 2017; Mitchell-Smith et al., 2020; Neagu & Dixon, 2020a); having accountability methods in place inclusive of management and practice committees, innovation champions, reflective practice, and supervision (Dixon & Ward, 2017; Woodcock & Gill, 2014); co-production approaches inclusive of facilitating the young person's voice (Dixon et al., 2020a; Heyes et al., 2020; Neagu & Dixon, 2020a; Szifris et al., 2020); and innovations that were flexible enough to respond to the young person's needs (Allen et al., 2020; Dixon et al., 2020b; Mitchell-Smith et al., 2020; Neagu & Dixon, 2020b; O'Leary et al., 2020).

The major barriers influencing the implementation of housing innovations were the lack of housing options and availability of properties due to the time needed to secure and prepare properties (Dixon et al., 2020a; Mitchell-Smith et al., 2020; Neagu & Dixon, 2020a), the management and flow of referrals (Dixon et al., 2020a; Neagu & Dixon, 2020a, 2020b), the lack of organisational infrastructure (Dixon & Ward, 2017; O'Leary et al., 2020), and overly bureaucratic processes (Dixon et al., 2020a; Dixon & Ward, 2017). The timeframes of the DfE reports were problematic with all of the Staying Close evaluations (Allen et al., 2020; Dixon et al., 2020a; Heyes et al., 2020; Mitchell-Smith et al., 2020; Neagu & Dixon, 2020a, 2020b; O'Leary et al., 2020; Szifris et al., 2020), Munro et al.'s (2012) Staying Put evaluation, and the House Project (Dixon et al., 2020b), all reporting

outcomes before the end of the projects. It was therefore difficult to accurately assess innovation impact. One consistent recommendation was a call for improvements to formalise approaches to outcome measurement and data collection (Allen et al., 2020; Szifris et al., 2020), providing clarity of intended national policy programme outcomes so they can be achieved locally (Allen et al., 2020; O'Leary et al., 2020; Szifris et al., 2020) as well as considering the impact of innovations on longer term outcomes (Dixon et al., 2020b).

Projects within the accommodation domain reported improvements in housing outcomes; however, most of the innovations also reported improvements in engagement in education, employment, and training. Additionally, the qualitative outcomes reported improvements in care leavers sense of belonging, support networks, community integration, and connectedness (Allen et al., 2020; Dixon et al., 2020a, 2020b; Dixon & Ward, 2017; Heyes et al., 2020; Mitchell-Smith et al., 2020; Munro et al., 2012; Neagu & Dixon, 2020a, 2020b; O'Leary et al., 2020; Szifris et al., 2020).

4.2 | Other

There were six papers reporting on innovations within the 'other' domain, with some straddling more than one domain. Innovations

TABLE 1 Study characteristics

Author year & country	Area of innovation development	Innovation description	Study design	Participants	Type of literature
Alderson et al., 2020 UK	Implementation	Use of SBNT and MET interventions for alcohol and illicit drug use	Pilot feasibility randomised controlled trial (RCT). Quant: CRAFFT, SDQ, WEMWBS, EQ-5D-5L.	Young people $n = 112$	Academic
Allen et al., 2020 (England)	Implementation	Staying Close (Bristol): A range of options for children living in and leaving children's homes to support the transition to independent living and adult services	Mixed methods: Qualitative interviews, workshops, surveys & secondary data (quarterly reports, meeting/internal reports). Performance and outcome datasets—distance travelled analysis. Cost benefit analysis Data collected at three time points during the project.	Young people (co-production workshop) $n = 4$ Project leads $n = 2$ Project staff (scoping interviews) $n = 2$ Project staff (interviews) $n = 9$	Grey literature
Care Leavers Assoc., 2017 (UK)	Implementation	GOAL (Getting on and Living): Peer mentor, independent living course delivered over 10 modules built on Child's Act 1989, OFSTED (2012) and using a mentor framework GROW—goal, current, reality, options, way forward. Group sessions to enhance skills and confidence, followed by 1–1 peer mentor sessions.	Mixed methods: Not explicitly stated. Evaluation used statistical and textual data, but more from feedback than from interviews. Participants measured at baseline and after on Outcome Star domains. Homelessness Outcome Star™. The 10 outcome score areas were: Motivation & living skills, self-care & living skills, physical health, drug & alcohol misuse, managing money & personal admin, social networks & relationships, emotional & mental health, meaningful use of time, managing tenancy/accum. & offending	4 waves, aim for peer mentors/CLs in each workshop = (6/4; 5/9; 4/6; 4/3) CL = 22, PM = 19. Reality was poor engagement & non-attendance	Grey literature
Dixon & Baker, 2016 (England)	Implementation	New belongings: Programme to increase engagement and participation of YPLA in developing services. Achieved by 6 steps: Survey of CL; review role of PAs; set up CL forum; create improvement plan; get CEO and cross dept. buy-in; influence and engage local community. Aim was to increase utilisation of YPLA voice for strategic development of corporate parenting	Mixed methods: Surveys, interviews and focus groups. Thematic analysis and quants (SPSS)—descriptive only. Light touch approach (i.e., not fully detailed). Self-assessment survey using 10 domain framework "gold standards" developed from 1st pilot and aligned with care leavers charter. A self-report, corporate parent survey (at end of project)	9 LAs for pilot (2013–2014) and 28 LAs including 8 of the previous ones, for a second phase pilot (2015–2016). LAs grouped into clusters and assigned a project facilitator from care Leavers Foundation. 5 case studies included in evaluation	Grey literature

(Continues)

TABLE 1 (Continued)

Author year & country	Area of innovation development	Innovation description	Study design	Participants	Type of literature
Dixon et al., 2020a (England)	Implementation	The Break, Staying Close, Staying Connected: Offering support to 70 care leavers in Norfolk & East Cambridgeshire. 25 semi-independent 'house shares' with off-site support.	Mixed methods: Implementation and outcome evaluation with economic evaluation to explore cost savings. Structured & semi-structured interviews Focus groups Surveys Analysis of routine data (EET, outcome & risk data) Referral and child level data	Young people $n = 34$ SCSC project managers ($n = 5$ baseline, $n = 5$ endpoint) SCSC project workers ($n = 2$ baseline) Senior LA managers ($n = 2$ baseline, $n = 2$ endpoint) SCSC project transition workers and housing workers ($n = 13$ baseline, $n = 18$ endpoint) Housing providers ($n = 3$) SCSC young people's personal advisers ($n = 1$) GCI and SWEMWBS used for SCSC project young people (Unclear if participants contributed in more than one way)	Grey literature
Dixon et al., 2020b (England)	Scale up	The house project The house project round 2 (HP) was developed to roll out the original Stoke-on-Trent HP to 5 local authorities (LA) covering the north, Midlands and south of England, implementing a national hub to support in the expansion of the project.	Mixed methods: Process, impact and economic evaluation. Data collected at baseline, 6–9 months and end point Focus groups Interviews Surveys; included SWEMWBS & Good Child Index (GCI)	Young people (before & after data analysis) $n = 40$ Young people (interviews) $n = 33$ Young people (workbook participants) $n = 54$ Professionals $n = 37$ (interviews) (unclear whether these were the same or different participants)	Grey literature
Dixon & Ward, 2017 (UK)	Implementation	The house project: Housing cooperative for 16–18 year old care leavers involving co-design and creation of their own housing (to improve housing stability and equip CL for independent living)	Mixed methods. 2 strand study (process & impact)—longitudinal design T1–T4. Indicator data: Circumstances, accommodation outcomes, EET at each time point, Good Childhood Index (2015) at T1 and T3, motivation for joining project, personal characteristics, baseline data from LA databases.	11 YP (5 in residential or foster care, 6 in semi-independent accomm.), 6 managers at T1, 2 managers at T2, 6 social workers/PAs at T3, 1 interview with PM at T4 ($n = 26$)	Grey literature
Fitzpatrick & Williams, 2014 (UK)	Implementation	Clear approach: Specialist 10-week support programme for CLs as an IAC. Targeted at young males (18–25). Men engage in 1–1 and group sessions to explore links between care and offending.	Case-study: Qualitative interviews. Combined with analysis of secondary OASys data from Greater Manchester probation & project documents from care leavers Assoc. No measures were used. Data was explored descriptively rather than analytically.	6 care leavers (4 on prog & 2 referred), 11 key stakeholders ($n = 17$)	Grey literature

TABLE 1 (Continued)

Author year & country	Area of innovation development	Innovation description	Study design	Participants	Type of literature
Fu & Clay, 2017 (UK)	Design & development	Evaluation of University of Kent consortium to explore how technology can support YP in care. Co-participation in evaluating technology innovations—i.e., open innovation practice. CL invited to explore 7 digital technologies with a view to their development as tools for CL	Qualitative: Mini-groups, audio recordings, 10× workshops observed with unspecified number of interviews. Descriptive themes identified.	5 YPLA, 5 carers, 3 social support workers all drawn from across SE region consistent with university locale.	Grey literature
Gibb & Edwards, 2017 (England)	Implementation	From care to independence—Fairbridge programme: Training course to empower YP to stabilise life circumstance and become EET or volunteer (V). Uses a model of group activities followed by 1–1 mentoring to develop EET skills	Mixed methods: 2 wave (baseline & follow up). Quants data compared baseline to follow up supplement with interview data. Profile forms & baseline surveys (wide ranging data) follow up surveys (needs, goals, achievements, experiences of 1–1 support), session logs (by practitioner after meetings describing support given and barriers in session), final session forms (overall outcomes, what worked well/less well), text surveys and interviews across 6 study sites	763 profile forms, 301 baseline surveys, 107 follow up surveys, 763 session logs, 213 final session forms, 93 text surveys, 31 young people, 19 + 18 programme coaches, 3 PAs (wave 2), 5 programme managers (wave 1)	Grey literature
Heyes et al., 2020 (England)	Implementation	Staying Close, (St Christopher's): Providing semi-independent accommodation for care leavers in Ealing & Houslow and opportunities for young people to return to their children's home	Mixed methods: Implementation and outcome evaluation with cost analysis. Theory of change workshop Co-production workshop with young people Interviews Online surveys Document analysis of meeting notes and reports Cost, outcome and performance data analysis	Young people (interviews) $n = 6$ Young people (survey) $n = 6$ at midpoint, 4 at end point; Project stakeholders (interviews) $n = 5$ at mid-point and $n = 5$ in the final phase Stakeholders (survey) $n = 7$ at midpoint, $n = 11$ at end point (Unclear if participants contributed in more than one way)	Grey literature
The Innovation Unit, 2020 (UK)	Design	Bridging the Gaps: New approaches to improving outcomes for care experienced young people given prison sentences. Co-designing and prototyping two solutions.	Workshops with care experienced young people and practitioners supporting them	Not reported	Grey literature

(Continues)

TABLE 1 (Continued)

Author year & country	Area of innovation development	Innovation description	Study design	Participants	Type of literature
King et al., 2020 (England)	Implementation	Barnardo's Care Journey Strategic Partnerships. Development of strategic partnerships in Plymouth & Brent to create transformational change to care journeys using a service design approach to improve outcomes for young people (learning from first 6 months).	Mixed methods: Quasi-experimental with longitudinal (cohorts) and existing comparator data (e.g., statistical neighbours and/or historical data) Retrospective case studies of impact (interviews with care experienced young people affected by the partnerships) longitudinal qualitative stakeholder interviews. Observations of site and programme activities. Cost benefit analysis.	21 participants inc. senior stakeholders; senior project workers; service design team members (Barnardo's); senior stakeholders (Plymouth council); head of service; design team member of staff (Brent Council);	Grey literature
Martikke et al., 2015 (UK)	Scale up	Boom+: An extension to care leavers (18+) of a national volunteering experience project for all YP (16–25)	Mixed methods: Qual: Semistructured, purposive interviews, and 2× participant obs. Analysed with deductive thematic analysis Quant: 5 measures -demographic/personal data. Quant: Validated methods for assessing well-being and social capital (WEMWBS, TRS-SF8, MOS, CYRM28) including cabinet office indicators. Qual: Data coded using a bespoke Matrix. Codes based on typology of social capital (ONS, 2001): (<i>givic participation, social networks and social support, social participation, reciprocity and trust, views of the local area</i>); concepts were mapped against Cabinet Office outcomes: (<i>career aspirations, skills, current activity, self-perception/self-esteem, resilience, anti-social behaviour, positive & supportive relationships, well-being, accom.</i>)	Quant: Data collected from YP (T1/T2) who have been on BOOM (10/9), YP transferring to BOOM+ (3/3), and YP newly recruited to BOOM+ (5/2). Qual: YP on BOOM and BOOM+ (8), youth workers (1), social workers (1), BOOM staff (3), other stakeholders (5).	Grey literature
Mezey et al., 2015 UK	Design & evaluation	Peer mentorship—intervention to reduce teenage pregnancy.	Exploratory RCT. Quant: Self-Esteem Scale, General Health Questionnaire, General Help-Seeking Questionnaire, Locus of control, Attachment style.	Young people (n = 26) Mentors (n = 14)	Academic

TABLE 1 (Continued)

Author year & country	Area of innovation development	Innovation description	Study design	Participants	Type of literature
Mitchell-Smith et al., 2020 (England)	Implementation	Staying Close, Leaving Care Doesn't Mean Care Leaves You (Suffolk): A support package to young people in 4 of Suffolk's local authority residential care homes and 3 private sector care homes	Mixed methods: Workshops, interviews, focus groups and online surveys with young people (including some young people who have already left the council's care), key practitioners and managers at three- time points over 2 years.	Stakeholders (theory of change workshop) $n = 15$ Young people (co-production workshop) $n = 5$ Stakeholder survey $n = 16$ Young people survey $n = 22$ (unclear whether these were the same or different participants)	Grey literature
Mollitor, Bierman, Goujon, et al., 2020 (England)	Implementation	Local area co-ordination (Derby): All age support model and community - based approach, focussing on 4 wards, to empower individuals to develop personal strengths and find solutions within their community before accessing services	Mixed methods: Interviews Focus groups Case studies Survey Document analysis (shared agreements & logs) Routine data analysis	Young people $n = 39$ (in project) Local area coordinators, PAs and senior local authority staff $n = 9$ Co-ordinators $n = 5$ Senior LA staff $n = 3$	Grey literature
Mollitor, Bierman, & Akhurst, 2020 (England)	Implementation	Care Leavers Partnership (Southwark Council & Catch 22): Whole system change for care leaving services including a joint delivery venture	Mixed methods: Document review, interviews, focus group, outcome measurement surveys, analysis of routinely collected data. Intended to adopt a quasi-experimental design, but this could not be achieved. Comparative analysis used aggregate data for Southwark and a statistically comparative neighbouring area.	Care leavers supported by the STAIRS team Project delivery staff Senior stakeholders	Grey literature
Munro et al., 2012 (UK)	Implementation	Staying Put: Enables CLs to extend arrangement to stay with their foster carers up until 21 years of age (piloted between 2008 and 2011)	Mixed methods: 2 phase approach (mapping & manager interviews) (evaluation of 6 out of 11 LAs) Verification surveys (unseen); MIS data (variables unknown); DfE 1/4 returns (financial data). Data used to compile other outcome data sets: Pathways (direct, transitional, complex); model type (familial vs. hybrid); placement type, duration, EET status, Staying Put involvement. Quas analysed using thematic approach, but presented as case data.	Piloted in 11 LAs, but evaluation included: 32 YPLA; 31 foster carers, 14 PAs; 5 focus groups (1–4 attendees); 14 verification surveys; 4 × MIS data returns, 4 × quarterly DfE returns.	Grey literature

(Continues)

TABLE 1 (Continued)

Author year & country	Area of innovation development	Innovation description	Study design	Participants	Type of literature
Neagu & Dixon, 2020a (England)	Implementation	Staying Close (Aspiration, Portsmouth): Developing accommodation 4 project house shares including bespoke emotional, therapeutic and practical life-skills	Mixed methods: Process, outcome and economic evaluation. Focus group, theory of change workshop, interviews, survey. SWEMWBS & Good Childhood Index included. Data collected at baseline, mid-point and end of evaluation	Young people <i>n</i> = 19 Care experienced young people not receiving support from Staying Close <i>n</i> = 5 Senior managers, key workers & specialist staff <i>n</i> = 9	Grey literature
Neagu & Dixon, 2020b (England)	Implementation	Staying Close (Fair Ways): A secure four -year accommodation pathway for young people making a transition from residential care	Mixed methods: Process, impact and economic evaluation. Interviews, focus groups, theory of change workshop, survey, financial document & project document analysis. Outcome data used SWEMWBS & Good Child Index (GCI). Contribution analysis in absence of sufficient data	Fair Ways staff <i>n</i> = 9 Local authority staff <i>n</i> = 2 Young people <i>n</i> = 7	Grey literature
O'Leary et al., 2020 (England)	Implementation	Staying Close (North East Lincolnshire): An integrated pathway for care leavers including a Staying Close contract, partnership working, family group conferencing and sibling style peer support	Mixed methods: Qualitative interviews, workshops, surveys & secondary data (quarterly reports, meeting/internal reports). Performance and outcome datasets—distance travelled analysis. Contribution analysis Cost-benefit analysis Data collected at three time points during the project.	Young people (co-production workshop) <i>n</i> = 6 Young people (survey) <i>n</i> = 5 Key stakeholders (theory of change workshop) <i>n</i> = 7 Staff (survey) <i>n</i> = 22 Project staff (interviews) <i>n</i> = 10 (Unclear if participants contributed in more than one way)	Grey literature
Robey et al., 2017 (UK)	Implementation & sustainability	Localised approaches to supporting care leavers. Partnership and integrated work practices for CL services, Kent & Medway Care Leaver Progression Partnership (CLPP); Staffordshire Central Through Care Team (CTC); Greater Merseyside Care Leaver Network (CLN); Sheffield Higher Education Progression Partnership (HEPP)	Mixed methods: Telephone interviews and analysis of secondary data. No detail on analysis and no obvious method. No measures used. Outcomes were suggested from analysis of secondary statistical and supporting (but non-analysed) data from interviews.	4 local authority partnerships, numbers of individual participants not recorded.	Grey literature

TABLE 1 (Continued)

Author year & country	Area of innovation development	Innovation description	Study design	Participants	Type of literature
Szifris et al., 2020 (England)	Implementation	Staying Close (Elm House, North Tyneside): Smoothing the transition to independent living with semi-independent accommodation opposite an existing residential home	Mixed methods: Qualitative interviews, workshops, surveys & secondary data. Data collected at three time points during the project.	Young people (co-production workshop) $n = 7$ Young people's survey $n = 2$ Project stakeholders $n = 10$ Stakeholder survey $n = 10$ (Unclear if participants contributed in more than one way)	Grey literature
Woodcock & Gill, 2014 UK	Implementation	Introduction of a psychologically informed environment (PIE) for homeless prevention.	Quant: Young Person's Outcome Star	Not reported	Academic

deemed as 'other' related to criminal justice interventions (Fitzpatrick & Williams, 2014; The Innovation Unit, 2020), multidisciplinary services, whole system change and systems theory (King et al., 2020; Mollidor, Bierman, & Akhurst, 2020; Robey et al., 2017), and the exploration of how technology can support young people in care (Fu & Clay, 2017). One innovation reported being underpinned by the STAIRS framework, which identifies a series of steps used to solve an individual's problems within social care contexts (Mollidor, Bierman, & Akhurst, 2020).

Enablers of implementing innovations within this domain included the following: Integrated partnership working (Robey et al., 2017), strong commitment from partners (The Innovation Unit, 2020), and the involvement of care leavers in co-design and participation work (Mollidor, Bierman, & Akhurst, 2020).

Challenges of implementing innovations within this domain included the following: Time and resource constraints (Fitzpatrick & Williams, 2014), managing diversity within the groups of young people (Fu & Clay, 2017), gaining access to local authority data (King et al., 2020), and difficulty to identify care leavers in need of support (The Innovation Unit, 2020). Recommendations to facilitate the implementation of innovations included piloting interventions (The Innovation Unit, 2020), considering the implications of imposing new ways of working on social workers (Fu & Clay, 2017), and ensuring that projects consult further with staff to open more dialogue on the vision of the project and respond to any staff concerns upfront (Mollidor, Bierman, & Akhurst, 2020).

Outcomes for projects within the other domain showed commonalities, with young people reporting the development of and engagement in meaningful relationships (Mollidor, Bierman, & Akhurst, 2020). The other dominant outcome reported links holistically to the young person's well-being and incorporated factors such as feeling listened to (Fu & Clay, 2017) and improved confidence (Fitzpatrick & Williams, 2014).

4.3 | Relationships

Two papers examined innovative interventions that aimed to improve care leavers access to secure relationships and support networks (Care Leavers Association, 2017; Mollidor, Bierman, Goujon, et al., 2020). Papers within the relationship domain recognised that care leavers have often experienced relationship breakdown and have limited support available outside of the formal relationships they have with professionals in the care system. One innovation was underpinned by a theory of change (Mollidor, Bierman, Goujon, et al., 2020). Although the innovations differed in their design, a common theme was the development of supportive communities, promoting relationships with non-parental adults that aimed to empower care leavers and support the development of personal skills and resilience. The innovations used volunteers, peer mentoring (Care Leavers Association, 2017), and formal relationship approaches (Mollidor, Bierman, Goujon, et al., 2020).

TABLE 2 Summary of themes

Author year & country	Innovation name & description	Barriers/facilitators	Theories/models	Outcomes
Alderson et al., 2020 UK	SOLID study: Use of SBNT and MET interventions to reduce substance misuse in looked after children and care leavers	Barriers: Lack of research infrastructure in social care. Substance use screening process challenging to integrate into social work usual care practice.	Not reported	A definitive trial of adapted behaviour change interventions to help reduce substance use was demonstrated not to be feasible. The screening, referral and treatment model used in SOLID was problematic.
Allen et al., 2020 (England)	Staying Close (Bristol): A range of options for children living in and leaving children's homes to support the transition to independent living and adult services	Barriers: None identified Facilitators: Strengths based practice model is sensitive & responsive to young people's needs. Established relationships with Staying Close workers promotes stability.	Project developed theory of change	The distance travelled analysis and contribution analysis presented suggest that the Bristol Staying Close pilot could and did make a contribution to positive outcomes in relation to stable housing, education, employment and training.
Care Leavers Assoc., 2017 (UK)	GOAL (Getting on and Living): Peer mentor, independent living course delivered over 10 modules built on Child's Act 1989, OFSTED (2012) and using a mentor framework GROW—goal, current, reality, options, way forward. Group sessions to enhance skills and confidence, followed by 1–1 peer mentor sessions.	Barriers: Recruitment of CL to programme, non-English speaker UASCs opted onto programme instead but left early. Reliance on YP transitioning is challenging because of chaotic life circumstances.	Group mentoring Gabriel P. Kuperminc and Jessica D. Thomason (2014) Journey of change model. GROW model (Manktelow & Carlson)	Mean of +34 change in score reported on the homelessness outcomes star score from pre to post intervention
Dixon & Baker, 2016 (England)	New belongings: Programme to increase engagement and participation of YPLA in developing services. Achieved by 6 steps: Survey of CL; review role of PAs; set up CL forum; create improvement plan; get CEO and cross dept. buy-in; influence and engage local community. Aim was to increase utilisation of YPLA voice for strategic development of corporate parenting	Barriers: Lack of capacity and willingness to engage and perceived relevance. Piece-meal adoption of various components. Tension between professionalism and lived experience. Too "light-touch" lack of leadership and coordination. Facilitators: Creativity and making it our own, senior leadership support, and really listening to CL. High-level status of innovation coming from central government.	Not reported	Variation across the 28 LAs in the extent to which they were able or willing to commit to the NB programme and, consequently, there was a diverse picture in terms of how fully and successfully the NB methodology was utilised. Though it was apparent that the programme had not worked as well for some, there was clear evidence that in most LAs, the programme (or certainly particular components within it) had been embraced

TABLE 2 (Continued)

Author year & country	Innovation name & description	Barriers/facilitators	Theories/models	Outcomes
Dixon et al., 2020b (England)	The house project The house project (HP) round 2 was developed to roll out the original Stoke-on-Trent HP to 5 local authorities (LA) covering the north, Midlands and south of England, implementing a national hub to support in the expansion of the project.	Barriers: Difficulties in recruiting local authorities and staff prior to the National House Project being in place; extended timescales for securing properties due to local availability and protracted contract arrangements; and negotiating eligibility and referral processes for HP young people. Facilitators: Flexibility of the HP approach enables responsiveness to local structure and the needs of young people.	Psychologically informed ORCHIDS framework Project developed theory of change	53% of follow up group had moved from care placement to HP home, two thirds of whom had been in the 6 months up to the evaluation end point. All but 2 had sustained their HP accommodation (1 had moved to another HP property and 1 had a planned and supported move to independent living outside of the project). 15% (6) had been allocated HP properties and preparing to move in. 33% (13) did not have an identified property. There was no evidence of homelessness and relatively little unexpected movement during the evaluation timeframe. There was a significant increase over time in the number of HP young people who were NEET, which had doubled by follow-up (from 20% (8) to 40% (16) $p = .057$). Suggestion of improved well-being reported in SWEMWBS; 7% reduction in poor mental well-being.
Dixon et al., 2020a (England)	The Break, Staying Close, Staying Connected: Offering support to 70 care leavers in Norfolk & East Cambridgeshire. 25 semi-independent 'house shares' with off-site support.	Barriers: Turnover in LA management impacted upon the strategic direction of SCSC Management of referrals between LA & SCSC early on Geographic spread of area could make consistency problematic. Turnover of transition workers Facilitators: Breaks existing workforce development package available to staff Access to personalised budgets for young people Integration of SCSC with breaks existing services Expansion of participatory and co-production approaches Collaborative relationships with agencies such as police, substance misuse services	Project developed theory of change	Two-thirds of the group experienced housing stability, over half was in EET, there was a reduction in risk behaviour and signs of increased well-being, life-skills and social integration some 6 to 26 months into the project.

(Continues)

TABLE 2 (Continued)

Author year & country	Innovation name & description	Barriers/facilitators	Theories/models	Outcomes
Dixon & Ward, 2017 (UK)	The house project: Housing cooperative for 16–18 year old care leavers involving co-design and creation of their own housing (to improve housing stability and equip CL for independent living)	Barriers: Structural changes in LA, was disruptive and needed wide-range of sign off, mistrust of YP to have control, lack of organised infrastructure. For YP: Social loafing, psychological and responsibility overload. Facilitators: Innovation champions, senior buy-in, transparency, trust, and shared purpose.	Not reported	At final data collection point, (T4) 5 young people had successfully moved into their HP homes. 4 young people who had yet to move into their HP home, all seemed to have remained in the same care placements (2) or semi-independent/support accommodation (2) over the year, demonstrating a commitment from some carers and existing accommodation providers to work with the HP team to manage transitions and ensure stability. By T4 update, all young people were participating in some form of EET. Cautious indication of improvement in young people's well-being reported.
Fitzpatrick & Williams, 2014 (UK)	Clear approach: Specialist 10-week support programme for CLs as an IAC. Targeted at young males (18–25). Men engage in 1–1 and group sessions to explore links between care and offending.	Facilitator: Credibility and authenticity of the facilitator seen as single biggest and only facilitator. Barriers: Lack of understanding about issues facing care leavers, stigma, difficult to identify care leavers (fear of asking), increased workload because of time and resource constraints.	Not reported	Care leavers reported an increase in confidence as a result of being helped to make sense of, and articulate, often difficult past family experiences.
Fu & Clay, 2017 (UK)	Evaluation of University of Kent consortium to explore how technology can support YP in care. Co-participation in evaluating technology innovations—i.e., open innovation practice. CL invited to explore 7 digital technologies with a view to their development as tools for CL	Barriers: Managing diversity in the groups (smaller groups preferred as shy people less able to speak, also age differences among YP pronounced). Content of workshops (YP wanted activities that are more physical). Overall—facilitation and management of groups regarded as a central issue.	Not reported	Though there was limited evidence of impact on their knowledge about how technology can support young people to be safe, those interviewed did feel that they had a chance to express themselves and have their voices heard.

TABLE 2 (Continued)

Author year & country	Innovation name & description	Barriers/facilitators	Theories/models	Outcomes
Gibb & Edwards, 2017 (England)	From care to independence—Fairbridge programme: Training course to empower YP to stabilise life circumstance and become EET or volunteer (V). Uses a model of group activities followed by 1–1 mentoring to develop EET skills	Barrier: Challenge maintaining contact on programme exit. Information sharing between agencies was a barrier. Time-bound, limited nature of the programme.	Not reported	62% had progressed to one or more of the following: Education; training, volunteering, paid work, an apprenticeship, self-employment, or a place on another Prince's trust programme. Majority of young people were considered to have boosted a range of skills during the course of the programme; most commonly teamwork, communication and confidence. Other positive steps included improved peer relationships and better use of services and support.
Heyes et al., 2020 (England)	Staying Close, (St Christopher's): Providing semi-independent accommodation for care leavers in Ealing & Hounslow and opportunities for young people to return to their children's home	Facilitators: Young people's voices contribute to decision making Maintaining relationships with staff from the children's home Life skills worker adapted to the needs of young people to facilitate learning	Project developed theory of change	The distance travelled analysis and contribution analysis suggest that the scheme could have made a contribution to positive outcomes in relation to better relationships management, and increased well-being, and could be a contributory factor to positive outcomes in relation to education, employment and training.
The Innovation Unit, 2020 (UK)	Bridging the Gaps: New approaches to improving outcomes for care experienced young people given prison sentences. Co-designing and prototyping two solutions.	Barriers: Care experienced young people in prison are not routinely identified Facilitators: Strong commitment from partners	Not reported	Third phase of this approach will involve piloting the innovation, outcome data not available.
King et al., 2020	Barnardo's Care Journey Strategic Partnerships. Development of strategic partnerships in Plymouth & Brent to create transformational change to care journeys using a service design approach to improve outcomes for young people (learning from first 6 months).	Barriers: Access to local authority data, also often poor quality	Not reported	Outcomes related to next steps in evaluating the progression of the strategic partnership

(Continues)

TABLE 2 (Continued)

Author year & country	Innovation name & description	Barriers/facilitators	Theories/models	Outcomes
Martikke et al., 2015 (UK)	Boom+ : An extension to care leavers (18+) of a national volunteering experience project for all YP (16–25)	Barriers: Referrals to the project by social workers was low; BOOM staff may be better placed to adopt care leavers into the project. Facilitator: Persistent & person-centred approach to engaging young people is required.	Social capital & resilience (although little information)	Evidence that young people have grown their 'networks' and in so doing grown their 'bonding and bridging' social capital. Young people gave us a strong message about the project's ability to help them discover hidden strengths and supported them to develop resilience. Opportunities for young people leaving care to engage in social action as part of tailored support. Conflicting evidence (between survey and qualitative data) on increased confidence and skills
Mezey et al., 2015 UK	Peer mentoring intervention to reduce teenage pregnancy in care leavers.	Barriers: <ul style="list-style-type: none"> - Delay between end of training of mentors and recruitment of mentees - Project coordinator was often placed outside of LA making it difficult for them to access social workers (which was necessary to recruit participants) - Inconsistent senior management support - Social workers lacked capacity to prioritise the study (workload pressure) - Social workers acted as informal gatekeepers which limited access to potential participants Facilitators: LAs would need to receive research support costs to manage the project effectively - ensure adequate backing for the research from senior LA management and the ability to deliver—Internal management of the project in collaboration with an external agency such as a charity or the voluntary sector - introduce additional structures for recruiting, selecting, supporting and monitoring mentors.	The concept of resilience, associated with building self-esteem and self-efficacy, is increasingly seen as offering a framework for intervention with disadvantaged and vulnerable young people and has been shown to be protective in the context of care and teenage pregnancy.	The peer mentoring intervention was feasible but not without addressing some of the systemic/organisational and structural issues and barriers to such research being conducted in social care settings. Not able to demonstrate significant change in rates of teenage pregnancy between the intervention group and the control group.

TABLE 2 (Continued)

Author year & country	Innovation name & description	Barriers/facilitators	Theories/models	Outcomes
Mitchell-Smith et al., 2020 (England)	Staying Close, Leaving Care Doesn't Mean Care Leaves You (Suffolk): A support package to young people in 4 of Suffolk's local authority residential care homes and 3 private sector care homes	Barriers: Lack of housing options Facilitators: Partnering with housing providers enabled more housing choice. Hybrid staffing model between Staying Close & children's home staff enabled young people to choose the worker who supported them.	Project developed theory of change	The contribution analysis suggests that the pilot has made a contribution to positive outcomes in relation to feeling safe and supported, emotional well-being and maintaining independent living. In relation to feeling safe and supported, there was an improvement in resilience to unsafe behaviours. In relation to maintaining independent living, there was improvement in EET and the stability of accommodation.
Mollitor, Bierman, Goujon, et al., 2020 (England)	Local area co-ordination (Derby): All age support model and community-based approach, focussing on 4 wards, to empower individuals to develop personal strengths and find solutions within their community before accessing services	Barriers: Communicating the purpose of local area connection with Children's services practitioners Facilitators: Frequency of contact and focus is led by young person Relationships are not time limited Community based & sources community support Flexibility around the definition of 'care leaver' Local area co-ordination model already being delivered in adult services	Project developed theory of change Local area co-ordination model originated in Australia	Understanding the impact of behaviours on achievements has helped some young people to reduce substance abuse or take more responsibility for their actions. Qualitative evidence showed that not all care leavers had achieved stability in all aspects of their lives. Survey data indicate that well-being, measured by the short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS), declined between the initial and the follow-up survey. Author urges caution due to small sample size & qualitative data showing a more nuanced picture. There were notable baseline differences between young people who were introduced to coordinators (intervention group) and care leavers without a coordinator (comparison group)—meaning it is not appropriate to attribute any changes to local area coordination

(Continues)

TABLE 2 (Continued)

Author year & country	Innovation name & description	Barriers/facilitators	Theories/models	Outcomes
Mollitor, Bierman, & Akhurst, 2020 (England)	Care Leavers Partnership (Southwark Council & Catch 22): Whole system change for care leaving services including a joint delivery venture	Barriers: Plans to implement whole system change were not fully-formed in the original bid, which resulted in an iterative approach to trialling new ways to improve services for staff and young people, rather than following a clearly defined project plan from start to finish Project delays relating to changes in key staff and the complex nature of making structural and cultural changes to service provision, impacted upon aspects of the project being fulfilled such as the ADV and STAIRS pilot. Facilitators: Young people involved in co-design and participation work felt the CLP resulted in more opportunities for their voices to be heard Successful establishment of links between the council, housing, health and clinical services, as well as local businesses	STAIRS model (informed by psychological theory and evidence in social care), although discontinued due to challenges with implementation.	Certain aspects of the project small cohorts of young people engaged in certain group work or programmes in the project, reported relevant outcomes, including better employment opportunities, which supports their stability and reduces risks associated with unemployment such as financial difficulties; building confidence, getting out of the house more and reducing loneliness to support overall well-being.

Munro et al., 2012 (UK)

Staying Put: Enables care leavers to extend arrangement to stay with their foster carers up until 21 years of age (piloted between 2008 and 2011)

Barriers: Legal change and taxation status at 18; access to benefits; lack of clear eligibility criteria. Most barriers were technical surrounding legal status implications and cross-dept. communication.
No facilitators mentioned.

Not reported

Qualitative findings revealed that the majority of young people (15 out of 18; 83%) judged to have a strong and secure base within their current foster placement, opted to stay put. The following benefits were identified: Empowers young people and gives them greater control of the timing of their transition from care to independence.

Young people are not penalised by virtue of their care status; they are offered the opportunity to experience transitions that are more akin to those experienced by their peers in the general population. Young people remain in a nurturing family environment where they can mature and develop, prepare for independence, and receive ongoing support and stability to facilitate engagement in EET.

TABLE 2 (Continued)

Author year & country	Innovation name & description	Barriers/facilitators	Theories/models	Outcomes
Neagu & Dixon, 2020a (England)	Staying Close (Aspiration, Portsmouth): Developing accommodation 4 project house shares including bespoke emotional, therapeutic and practical life-skills	Barriers: Forward planning approach required by social workers to enable a flow of referrals to the project. Securing and preparing properties caused delays Facilitators: Co-production with young people re: Service design. Service delivery was adapted to meet the needs of young people, e.g., increasing in person support as required. Zero failure approach to support; young people were not evicted when they breached the accommodation rules but were offered support to find a suitable alternative. Agency buy in to Staying Close from housing providers, CAMHS and educational psychologists. Use of the PATH (Planning Alternative Tomorrows with Hope), a person centred, multiagency assessment and planning tool	Project developed theory of change	Contributed positively to avoiding risks such as homelessness, unemployment, and for some, reducing addiction and involvement with the criminal justice system. Accommodation stability; remaining in the same accommodation between 6 and 18 months after leaving residential care. Most young people were in EET at baseline and endpoint, suggesting that they had been supported to maintain participation and engagement.
Neagu & Dixon, 2020b (England)	Staying Close (Fair Ways): A secure four-year accommodation pathway for young people making a transition from residential care	Barriers: Initial low number of referrals Accessibility of The Hub prevented young people from accessing it Consistency in key workers was not always maintained Approaches to appropriate timescales between local authority and Fair Ways differed Facilitators: Delivery of mental health provision was adapted to make accessible to young people Existing housing provider Flexible needs led approach that adopts a multi-disciplinary approach to providing support	Project developed theory of change	Two young people had remained settled in their accommodation for around 12 months, some evidence of reduction in risk behaviour and improvement in life skills. Reported insufficient time to measure impact on outcomes for other young people.

(Continues)

TABLE 2 (Continued)

Author year & country	Innovation name & description	Barriers/facilitators	Theories/models	Outcomes
O'Leary et al., 2020 (England)	Staying Close (North East Lincolnshire): An integrated pathway for care leavers including a Staying Close contract, partnership working, family group conferencing and sibling style peer support	Barriers: Potential for tension within the wider leaving care system created by gaps in provision Facilitators: 3 forms of support for young people to choose from. Drop-in sessions contribute to young people developing independent living skills	Project developed theory of change	The distance travelled analysis and contribution analysis suggest that the pilot could and did make a contribution to positive outcomes in relation to stable housing, education, employment and training.
Robey et al., 2017 (UK)	Localised approaches to supporting care leavers. Partnership and integrated work practices for CL services. Kent & Medway Care Leaver Progression Partnership (CLPP); Staffordshire Central Through Care Team (CTC); Greater Merseyside Care Leaver Network (CLN); Sheffield Higher Education Progression Partnership (HEPP)	Facilitators of integrated partnership working were: <ul style="list-style-type: none"> • Have a clear purpose and strategic objectives communicated to potential partners; • Formal membership in which partner organisations financially contribute to the network as this improves engagement and support from all partners; • Partnership should be diverse and wide ranging to offer an holistic package of support for CLs; • Having a designated lead and named contacts within partners; • A shared vision for CL support rather than organisational only focus; • Neutrality of orientation for the partnership 	Each partnership has developed its own model, no reference to theoretical basis	Kent & Medway; members feel that fewer care leavers now "slip through the net" of their support systems, which should ensure that they are able to overcome more of the challenges they face in relation to post-16 education and training. Staffordshire Central; care leavers can access timely and appropriate support, enabling them to develop their employability skills and gain some real work experience for their CVs. Some have gained employment in the same company after their placement. Greater Merseyside; support for care leavers across FE and HE providers is embedded. Individualised advice and guidance on college or university life, finances and application processes can be accessed. Improvement in retention and engagement of care leavers. Sheffield; teams work together more closely to identify and address care leavers' needs in relation to education, and how different workers can support them to stay in education and progress to higher levels

TABLE 2 (Continued)

Author year & country	Innovation name & description	Barriers/facilitators	Theories/models	Outcomes
Szifris et al., 2020 (England)	Staying Close (Elm House, North Tyneside): Smoothing the transition to independent living with semi-independent accommodation opposite an existing residential home	Barriers: Conveying that Staying Close is not an extension of the children's home, with the focus being on support rather than care to aid transition. Staff are not always trained to meet the needs that characterise young people's experiences of leaving care. Facilitators: Children's home workers supporting Staying Close provides consistency and continuity to young people. Young people were given opportunities to co-produce solutions to problems	Project developed theory of change	Outcomes for young people leaving care are not reported
Woodcock & Gill, 2014 UK	Introduction of a psychologically informed environment (PIE) for homeless prevention.	Not reported	PIE framework (Johnson & Haigh, 2010) Attachment theory (Bowlby, 1988) Management theorists/The Learning Organization (Pedlar et al., 1991)	Not reported

Enablers of implementing innovations within this domain included the following: Relationships not being time limited with care leavers and innovations being flexible and responsive to the needs of care leavers (Mollidor, Bierman, Goujon, et al., 2020).

Challenges of implementing innovations within this domain included the following: The recruitment of care leavers onto the programme (Care Leavers Association, 2017), and barriers with communication (Mollidor, Bierman, Goujon, et al., 2020). Recommendations for improving the process of implementation of innovations within the relationship domain included ensuring intervention staff received the necessary training to prepare them for their role with care leavers (Care Leavers Association, 2017), and the requirement of sufficient time and resources to facilitate projects to provide specialist support (Mollidor, Bierman, Goujon, et al., 2020).

The papers within the relationship domain showed varied outcomes. For example, the Care Leavers Association (2017) reported improvements in a range of outcomes, including enhanced social networks/relationships and associated impacts such as improved self-esteem and improved emotional well-being and mental health, yet Mollidor, Bierman, Goujon, et al. (2020) highlighted that not all care leavers had achieved stability in all aspects of their life.

4.4 | Health and well-being

Two papers focused on health and well-being, including the following: Substance use (Alderson et al., 2020) and teenage pregnancy (Mezey et al., 2015). Concepts of resilience and self-efficacy were used as a framework underpinning the teenage pregnancy work (Mezey et al., 2015).

Enablers of implementing innovations within this domain included the following: The use of formative research and pilot studies to explore acceptability issues when developing interventions (Alderson et al., 2020).

Challenges of implementing innovation within this domain included inconsistent senior support (Mezey et al., 2015). Additionally, despite interventions being deemed acceptable and important, professionals often lacked capacity to complete tasks outside of their usual work commitments. Further, transferring the interventions into the 'real world' and engaging a hard-to-reach population presented challenges to implementation (Alderson et al., 2020; Mezey et al., 2015) within the social care environment. Alderson et al. (2020) reported the adaptation of two evidence-based behaviour change interventions for a care experienced population and highlighted the need for innovations to be modified during the diffusion stage so that they 'land well' and are accepted within different contexts.

Outcomes from the innovations within the health and well-being domain presented findings that compared an intervention against that of a control group. Mezey et al. (2015) reported no significant change in rates of teenage pregnancy between the intervention group and the control group of individuals receiving a peer mentoring intervention to reduce teenage pregnancy and Alderson et al. (2020) concluded that mass screening of young people in care for trial eligibility

was not feasible as part of 'standard social work practice' due to it being highly time and resource intensive.

4.5 | Participation in society

Two studies aimed to address care leavers participation in society. These innovations focused on volunteering opportunities to promote social capital and resilience (Martikke et al., 2015), and care leaver involvement in service development (Dixon & Baker, 2016).

Enablers of implementation included the following: Taking a person-centred approach to engaging young people (Martikke et al., 2015); senior leadership support; placing importance upon listening to care leavers and high-level status of innovation coming from central government (Dixon & Baker, 2016).

Challenges of implementing innovations within this domain included the following: piece-meal adoption of components of the innovation, a lack of capacity to engage and limited referrals to the project by professionals created barriers to implementation efforts (Dixon & Baker, 2016; Martikke et al., 2015). To overcome barriers, the authors recommended that collaborative working between organisations and care leavers needed to continue to develop (Dixon & Baker, 2016). Adequate timescales and resources needed to be allocated to enable changes to be embedded in complex organisational structures (Martikke et al., 2015).

Outcomes for projects within the participation in society domain showed perceptions of improved sense of citizenship upon accessing a national volunteering programme (Martikke et al., 2015). In addition, the New Belongings programme reported improved provision regarding services responsiveness to the views of care leavers from both the young person and from the local authority perspective (Dixon & Baker, 2016). The focus within this domain was the ability of care leavers to have their voice heard and be integrated as a productive member of the community.

4.6 | Education

One innovation delivered support to improve access and retention to education and training (Gibb & Edwards, 2017).

No theories/models or facilitating factors were reported.

Challenges of implementing the innovation in this domain included information sharing between agencies and the time-bound, limited nature of the programme. Significant recommendations were that care leavers should be involved alongside other young people and their practitioners in shaping recruitment and engagement strategies. Additionally, it was recommended that innovations should maximise learning in the sector by sharing experiences between stakeholders and organisations, and other care leaver focussed programmes about user perspectives of what makes a difference.

Outcomes reported included care leavers having increased confidence and improved communication skills, resulting in better use of

services and support, and an increased ability to ask for help (Gibb & Edwards, 2017).

4.7 | Employment

No interventions were included under the employment domain.

4.8 | Involvement of care experienced young people

Across the domains, care experienced young people were involved in the adaptation of interventions (Alderson et al., 2020). They engaged in interviews, focus groups, and workshops as a participant group to explore their experiences of the project/innovation (Allen et al., 2020; Dixon et al., 2020a, 2020b; Dixon & Baker, 2016; Dixon & Ward, 2017; Fitzpatrick & Williams, 2014; Gibb & Edwards, 2017; Heyes et al., 2020; Martikke et al., 2015; Mitchell-Smith et al., 2020; Mollidor, Bierman, & Akhurst, 2020; Mollidor, Bierman, Goujon, et al., 2020; Munro et al., 2012; Neagu & Dixon, 2020a, 2020b; O'Leary et al., 2020; Szifris et al., 2020), and they also fulfilled the role of peer researchers and were involved in aspects of the research process, from design to dissemination (Allen et al., 2020; Dixon et al., 2020b; Dixon & Ward, 2017; Fu & Clay, 2017; Heyes et al., 2020; Mitchell-Smith et al., 2020; Mollidor, Bierman, Goujon, et al., 2020; Munro et al., 2012; Neagu & Dixon, 2020a, 2020b; O'Leary et al., 2020; Szifris et al., 2020). The innovations reported that embracing an increased co-production role had the potential to provide opportunities for care experienced young people to be involved in decision-making processes and to share power.

4.9 | Outcome measures

Nine papers reported using validated tools, (using quantifiable measures to increase the reliability of the findings) to measure outcomes (Alderson et al., 2020; Care Leavers Association, 2017; Dixon et al., 2020b; Dixon & Ward, 2017; Martikke et al., 2015; Mezey et al., 2015; Neagu & Dixon, 2020a, 2020b; Woodcock & Gill, 2014). However, for most studies, interviews and qualitative data collection were the primary method of assessing improvements in outcomes. Innovations often measured multiple outcomes to reflect the complex needs of care experienced young people, in addition to those identified as the primary outcome of the study. Outcomes focused on key areas such as physical, emotional, and mental health, relationships and social networks, drug and alcohol misuse, social capital, and resilience.

5 | DISCUSSION

This literature search yielded 25 studies describing innovations with a drive towards improving policy. This is welcomed and is indicative of

an increased awareness of the required changes to service provision to facilitate the transition of care leavers to independence. However, many of these papers report on small-scale projects, often in a single site, in the early development stages of the implementation journey, with limited consideration of diffusion. Within the grey literature, 15 innovations described ongoing developments including securing further funding to pilot or evaluate their developed interventions.

Dixon and Ward (2017) reported that the House Project received funding from the DfE Innovation Programme to expand the model in Stoke, implement within other local authorities, and create a National House Project hub. In addition, Dixon et al. (2020b) reported that the National House Project was beginning to expand, and a regional support model is being considered to ensure regional issues can be addressed.

The Staying Close innovations (Allen et al., 2020; Dixon et al., 2020a; Heyes et al., 2020; Mitchell-Smith et al., 2020; Munro et al., 2012; Neagu & Dixon, 2020a, 2020b; O'Leary et al., 2020; Szifris et al., 2020) have all been extended. The government publicly committed to the national rollout of Staying Close, and in May 2021, the government announced £3.6 million of funding to extend the Staying Close pilots (Foley et al., 2022). Finally, the Staying Put programme (Munro et al., 2012) is now a statutory requirement as part of the Children and Families Act 2014. The ongoing funding and continuation of programmes highlights the drive for sustainability and acknowledges the diffusion and scale up taking place regarding the innovations. In short, our review of academic and grey literature appears timely to support innovation. However, the ability for clear lessons to be learnt from these innovations is minimal due to studies utilising different data collection methods, different analysis techniques and placing different levels of priority on what was reported, and this impacts upon generalisability of the findings.

Fifteen papers used a theory of change model (ToC), to explain how they envisage their intervention/programme will lead to specific outcomes and developmental changes (12 papers reported the ToC as a direct result of it being a prerequisite from the funder). Whilst this is a welcome addition to evaluations (Lynch et al., 2021), the ToC models could be developed further and be used to explore the impact of the organisational processes of the innovation. ToC models are helpful to systems attempting innovative practices to be realistic about what can be achieved and demonstrated within the lifetime of the project. However, ToC models can be normative, focusing on what should be changed and avoided (in an ideal world). In future work, it would also be beneficial to encourage a focus on any potential adverse and unintended consequences of proposed 'well meaning' interventions (Bonell et al., 2015). This may direct organisations to critically reflect on potential challenges and be realistic about the expectations of implementing innovation alongside ongoing, often statutory, practice that must be prioritised.

The importance of participatory approaches that facilitated the voice of care leavers themselves was acknowledged and innovations reported incorporating the young person's voice in some way. Whilst this is not surprising given the importance placed on the voice of the end user within the social care domain (Albury, 2018), such

approaches are limited when estimating the effectiveness of the innovative interventions. It is important to acknowledge that authentic co-design should refer to a bottom-up process whereby excluded groups such as care leavers and policy makers partner as equals. The co-design process should ensure access for all individuals who would like to participate, acknowledging the importance of including diverse groups. Ultimately, the development and outcomes of a co-designed process cannot be predetermined and must be subject to ongoing discussion with participating groups, utilising an individual's experiential knowledge. Whilst the innovations reported engaging in co-production roles that had the potential to provide opportunities for care experienced young people to be involved in decision-making processes and to share power, the impact of such efforts was not always fully transparent (Beresford, 2013; Yeates & Amaya, 2018).

As identified within this review, nine papers explicitly reported using validated tools and multiple other self-developed tools to help measure outcomes of individual innovations. Even when validated tools were used, the quantitative outcomes derived from the tools were not always reported due to the innovations not being able to report statistically significant differences due to small sample sizes. This has the potential to reduce the likelihood of innovations being diffused and/or scaled up due to a limited evidence base (FitzSimons & McCracken, 2020). The variation in available measures for conceptualising and measuring transition outcomes limit comparative learning from evaluations of innovation for care leavers.

A number of outcome frameworks either exist already such as Leaving well (Finance & Kerr, 2017), and Hampson et al. (2021) discuss a framework for ethical innovation in children's social care. Still other frameworks are in development such as La Valle et al. (2019) description of developing an outcomes framework for children's social care services, whilst Lynch et al. (2021) recognise the need and therefore potential for developing a common outcomes' framework for innovation in children's social care. Whilst all these options are encouraging, they still lack a focus on the innovation journey and report limited information on the implementation and contextual factors pertinent to each innovation. A focus on the process of innovation would pave the way for improved understanding of how such processes can be strategically improved to support sustainability and scale up beyond innovation piloting (Lynch et al., 2021).

Interestingly, the roll out of Staying Close suggests that in the case of governmental departments where there is a political drive to progress something, momentum is given to projects being scaled up without robust evidence regarding the implementation process or innovation outcomes being available and, as described, in some cases evaluations were concluded before the project ended (Lynch et al., 2021). Further research generating larger samples and projects comparing innovation outcomes against usual care are necessary to build a portfolio of evidence; however, longitudinal studies are rarely funded in children's social care space.

One implementation factor regularly reported as important was leadership. Strong leaders and managers were identified across all transitional domains as essential to keep innovations on the agenda, whilst collaborative working across multidisciplinary teams and

organisations were highlighted as necessary to enable the development and delivery of the innovation and the identification and recruitment of care leavers into projects. However, based on our review, we do not know enough about how multistakeholder, cross-disciplinary teams collaborate effectively to support innovation. Whilst it was recognised that leadership is central to diffusion of innovations (Currie & Spyridonidis, 2019), the evaluations did not extend discussion to situate findings in wider theory such as exploring the leadership configuration, which would have been useful for future innovations to be aware of (Currie & Lockett, 2011).

Improved understanding could lead to development of HR-type interventions and infrastructure building that may facilitate collaborative environments most conducive to meaningful social care innovation. Research by Scarbrough et al. (2015) within the health and social care setting identified the important transformational role that professional networks play in the diffusion process. The innovation process requires long-term ongoing commitment from partners and necessitates that knowledge is acquired, shared and assimilated (Castaneda & Cuellar, 2020; Kremer et al., 2019) for projects to be sustainable.

One of the consistently reported barriers to implementation efforts was the lack of capacity of professionals to undertake tasks in addition to their usual work commitments to support innovation attempts, alongside workers having limited availability to support recruitment and/or referrals into new programmes. Closely aligned to the barrier of time was insufficient resources. Fixed term contracts and short-term funding resulted in staff feeling insecure within their employment and experiencing uncertainty regarding the sustainability of the innovation.

The term innovation implies that some ideas will fail, and within the business sector, risk taking is a core element of the innovation process. Tim Brown, CEO of a company IDEO focusing on 'design thinking' and innovation, believes that as part of the creative process, ideas need to 'fail early, fail often to succeed sooner' (Brown, 2019). But it is notable that very few of the DfE Innovation Programme projects received a negative evaluation. Children's social care is a risk-averse culture where failure is likely to be buried rather than shared, but there is much that can be learnt from ideas that do not succeed (SCIE, 2017). Munro (2019) has argued for a 'positive error culture' to be adopted in children's services and other literature suggests that to divert resources efficiently, future innovations need to learn from past failures. Consequently, an effective innovation strategy is required, to ensure meaningful innovations become sustainable and diffuse into best practice. Commonly, innovation that diffuses fits with pre-existing organisational and professional practices rather than radically deviating from them, regardless of potential benefits (Scarbrough et al., 2015). This means that some innovations spread even where their performance benefits are questionable (Ansari et al., 2010); as such, they are deemed to be 'hollow'. For many of the papers, it was acknowledged that the initial funding enables innovations to be developed and implemented, but not rigorously evaluated. Furthermore, innovations require a lengthy period of time to embed in a new environment and often require adaptation before reaching their optimum level of effectiveness.

Finally, this review identified that the majority of innovations to support care leavers as they transition out of care into independence have inconclusive impact upon their long-term needs. Whilst our review focused upon challenges of implementing and diffusing innovation, we emphasise that innovation should be 'meaningful'; that is, evidence-based regarding its outcomes (Ansari et al., 2010). In essence, there is a need to link the implementation and diffusion of innovation for care leavers with its outcomes. In this light, that evaluation of outcomes appears more pluralist and encompasses the experience of care leavers is praiseworthy, since in any realist evaluation of innovation, there is a need to systematically consider what works for whom in what circumstances (Pawson & Tilley, 1997). Given innovation for care leavers represents a complex social intervention, we thus encourage more contextualised approaches to evaluating both the implementation and outcomes of innovation for care leavers, but for which lessons can be derived at a more theoretical level; for example, what is the leadership process and configuration that gives rise to implementation and diffusion of meaningful innovation for care leavers?

5.1 | Implications for policy and practice

England has a strong legislative framework surrounding care leaving (Strahl et al., 2021), there has been a strong policy commitment to strengthening duties surrounding preparation, planning, extended, and aftercare support and resources have been invested in piloting innovations, but the literature review highlights some enduring challenges and issues in the children's social care arena, which are inhibiting implementation, diffusion, scale, and spread.

The examples of innovation included within this review highlight the importance of context when considering social care innovation (FitzSimons & McCracken, 2020). Hampson et al. (2021) report that context has to be considered at every stage of the innovation process; from the inception of an idea through to its scale and spread, and Munro (2019) argues that a 'learning culture' is required within children's services. However, the detailed focus and overt reporting on the context and implementation process is currently missing. Several implementation science frameworks are available from the proximate empirical setting of health care delivery, which can be applied to enhance a contextualised understanding of implementation and diffusion of innovation for care leavers. They already have established evidence bases, and they could provide a potential option of frameworks that could be adapted for use within the social care setting.

The Consolidation Framework for Implementation Research (CFIR) is a popular framework due to its comprehensiveness and flexibility (Damschroder et al., 2009). It has been meaningfully applied within a wide range of health intervention implementation research across settings (Kirk et al., 2016). The CFIR comprises five major domains incorporating 39 constructs, relevant to the implementation of novel interventions. The five domains include the characteristics of the intervention; the inner setting comprising of features of the implementation organisation and the individuals working within it that

could influence the implementation efforts; the outer setting comprising of the wider contextual factors that impact on implementation efforts; the characteristics of individuals comprising of professionals knowledge, beliefs and self-efficacy regarding innovations; and the process comprising of capturing the process of implementation and the use of interventions. The CFIR framework enables the evaluator to consider the questions of 'does this intervention work', but it also has scope to consider additional question of 'for whom' and 'under what conditions', all of which are important question when considering interventions taking place with vulnerable young people in systems with finite resources (Smith et al., 2015).

At the same time, we recognise social care represents a distinctive context for the implementation and diffusion of innovation. We highlight that CFIR has been derived from health care settings, within which there exists a 'gold standard' for evidence generated by randomised control trials (Currie et al., 2014). As evident in our review, service user experiences may underpin the co-production of any innovation to a greater extent than evident in health care settings. We also suggest tacit, practice-based knowledge of frontline social care practitioners engenders a more values-based approach to innovation (McCarthy & Rose, 2010).

Our review extends a previous review, which focused more narrowly on grey literature that evaluated implementation challenges associated with care leaver innovation funded by the DfE (Lynch et al., 2021). Our own extended review that encompasses academic literature highlights a need for more systematic evaluation of implementation challenges for innovation to support care leavers.

There are several practical recommendations for social care organisations delivering an innovation to consider if we are going to move from legislation, policy, and piloting to actually embedding best practice to improve outcomes. Important learning is as follows:

- Given the importance of context, it would be beneficial for projects to conduct an organisational readiness assessment prior to attempting to introduce an innovation.
- Given the challenge of embedding innovation due to existing professional and organisational practice and system level factors, organisations need to assess how the innovation can dovetail into other existing service offers.
- There is a great deal of innovation aimed at care leavers, but organisations require a sustainability plan in place for commitment for innovation to be mainstreamed/continued beyond the initial funding period.
- It is necessary to have an independent evaluation team in place to provide feedback in a timely/accessible format that continues throughout the innovation journey to inform its scale up.
- There needs to be a dissemination plan in place to consider how to share their learning with other organisations, commissioners, and policy makers to continually grow the evidence base.

Insight into the challenge of implementing innovation that works for care leavers represents a research priority. We have presented CFIR as an example of a robust and relevant implementation science

framework that might be applied to our focal topic. We suggest others carry out empirical research to adapt such an implementation science framework for children's social care intervention generally, and specifically the case of implementing innovation for care leavers. The application of such an implementation science framework provides a consistent reporting mechanism for comparison of evaluation findings and facilitates deeper understanding of implementation challenges, such as the process of leadership, which hitherto have only been superficially examined for care leaver innovation. Further, such implementation science frameworks help address the thorny issue of understanding, not just 'what works', but first, 'for whom', thus highlighting a need to put care leavers' experience central to our concerns. Second, such frameworks help us examine 'under what conditions', thus accommodating variation in receptivity of organisational context, such as culture, to drive innovation forward.

6 | LIMITATIONS

Our review has focused upon the implementation and diffusion of innovation for care leavers. However, related to our concern reported above, it was challenging to draw out comparative and systematic findings from among the studies we reviewed because of the variability of purpose, intent of research reported, and the diversity of innovations being described.

7 | CONCLUSION

This review has found that there are a broad spectrum of innovations taking place within the English Children's social care environment, although we do not yet know the long-term outcomes and effectiveness of innovations that aim to support care leavers as they transition to adulthood and independence. The reported interaction between external policy related factors, service providers and individual care leavers influenced the implementation efforts described in the literature. However, there is a mismatch between allocated resources available for innovation and resources available to support the adaptation and spread of innovations, although the grey literature and funding from the Department for Education is going some way to address this gap. There is a need for novel innovations to align with practice and policy priorities if they are to be successfully implemented and become part of routine practice. Future work needs to focus upon the innovation process and its impact on the implementation and diffusion of innovations. Others may profitably focus upon applying, and potentially adapting, implementation science frameworks to progress 'meaningful' innovation for care leavers towards its scale up and benefit for the wider care leaver population.

ACKNOWLEDGEMENT

This research is funded by Economic and Social Research Council, and GC is the principal investigator. The views expressed are those of the author(s) and not necessarily those of the ESRC, the NHS, the NIHR,

the Department of Health, or Fuse and The Centre for Translational Research in Public Health (a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities).

CONFLICTS OF INTEREST

None of the authors have a conflict of interest to disclose.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no datasets were generated or analysed during the current study.

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How to cite this article: Alderson, H., Smart, D., Kerridge, G., Currie, G., Johnson, R., Kaner, E., Lynch, A., Munro, E., Swan, J., & McGovern, R. (2023). Moving from ‘what we know works’ to ‘what we do in practice’: An evidence overview of implementation and diffusion of innovation in transition to adulthood for care experienced young people. *Child & Family Social Work*, 1–28. <https://doi.org/10.1111/cfs.12998>