Department for Education

Evaluation of the Family Learning Intervention Programme (FLIP)

Research report

March 2017

Dr Stephen Boxford, Yvette King, Matt Irani, Hannah Spencer, Eleanor Bridger-Wilkinson, Sarah Barker and Amanda Hill-Dixon - Cordis Bright

Children's Social Care Innovation Programme Evaluation Report 27

Contents

List of figures

List of tables

Glossary

Term	Definition
Adolescents	In line with the DfE Social Care Innovation Fund definition, we use the term 'adolescents' to refer to those aged 11 – 18 years old.
Children	In line with the DfE Social Care Innovation Fund definition, we use the term 'children' to refer to those aged under 11 years old.
Connected person	'Connected persons' are carers for children and adolescents who are family friends or relatives, other than a child's biological or adoptive carers.
CSE	Child sexual exploitation
Emerging evidence	The term 'emerging evidence' has been used in relation to findings where the balance of evidence appears to point in a particular direction of travel, but that this is inconclusive.
FLIP	Family Learning Intervention Programme
LAC	Looked after child
MGM	Maternal grandmother
PGM	Paternal grandmother
Practitioners	The term 'practitioners' has been used in this report to refer to wider practitioners partially involved in, or connected to, FLIP in Hackney, apart from FLIP staff. The profile of practitioners consulted is summarised in Appendix 8.
Staff	The term 'staff' has been used in this report to refer to FLIP staff, meaning those directly involved in the design and delivery of FLIP on a full-time basis.
Subject child/adolescent	The subject child/adolescent is the child or adolescent in a family who is the primary target of FLIP, as many families involved include more than one child/adolescent. FLIP seeks to bring about positive change for the siblings of subject children and adolescents, but they are not FLIP's primary target cohort.
Viability assessments	'Viability assessments' are assessments

Term	Definition
	which the FLIP team carry out to assess the eligibility of children, adolescents and families for FLIP, and to identify the level and nature of risks associated with particular families.
Visiting practitioners	As well as FLIP staff, practitioners from Hackney attend residential interventions to support families and contribute to the interventions. We have referred to these practitioners as ‘visiting practitioners’.

Executive Summary

Overview of FLIP

The Family Learning Intervention Programme (FLIP) is described as 'an innovative model for the delivery of edge of care interventions' which focuses on 'working with families to strengthen their long-term resilience, raise aspiration, and empower and enable parents to parent effectively'[1]. The overall ambition behind FLIP is to improve outcomes for adolescents on the edge of care, through supporting them to remain with their families or within a stable foster placement. It is important to note that FLIP is an innovative programme that has only been in operation since August 2015. During the period of this evaluation it has been operating as an interim model, rather than as that outlined in its original business case. FLIP has faced some significant barriers in moving towards its full implementation including delays in identifying and purchasing an appropriate property to act as the residential setting for interventions; delays in securing appropriate planning permission for the residential setting; and negative media coverage and local opposition relating to the residential setting. As of September 2016, a FLIP House manager was in place, and senior FLIP staff have indicated that the residential setting may accept its first cohort of families by the end of 2016.

Key findings

Implementation of the innovation

It is still too early to reach any firm conclusions regarding the effectiveness of FLIP. However, the evidence in this evaluation of the interim FLIP model shows that

- adequate referral, assessment and planning procedures have been established, though it was suggested that these took some time to embed
- staff and stakeholders identified a need for more ongoing support to be provided to families following the residential intervention; FLIP has been communicating effectively with and engaging practitioners
- staff and practitioners were largely positive about the governance and leadership of FLIP, with particular praise emerging for the accessibility of the leadership team for any questions which practitioners may have

[1] Source: LB Hackney's original proposal to the DfE Social Innovation Fund.

Impact on outcomes

Assessing the impact of FLIP on its desired outcomes for children and adolescents, siblings, parents/carers and practitioners is challenging for a range of reasons. Challenges include:

- attribution, meaning that a range of services operate across Hackney that work with young people and families and these may also be seeking to improve outcomes that FLIP aims to address, isolating the impact of FLIP in comparison to these other services is difficult
- the range of outcomes that FLIP aims to address are not consistent across all participants, meaning FLIP aims to address different outcomes with different adolescents, siblings and parents/carers: it aims to offer bespoke support to participants
- fourteen families have received support from FLIP so far, which combined with the point above makes judgements concerning the success of FLIP across outcomes challenging due to small size of the population that has received support.

It should also be remembered that the groups FLIP is working with are amongst the most vulnerable in society and this should be considered when interpreting the findings, meaning that it is challenging for a 5 day residential intervention (which is how the FLIP interim model is currently working) on its own to achieve and sustain the outcomes that FLIP intends. The cohort consists of very vulnerable families and individuals, and so success for the innovation may be reducing or preventing negative change in indicators, as opposed to causing positive changes, and this should be considered when evaluating the impact of the innovation.

This evaluation has used mixed methods in order to provide as robust a picture as possible of the emerging evidence base. However, the evaluation would need to be extended over a longer time period, with more follow-up of FLIP participants at later points in time, to see whether any of the positive impacts reported below have been sustained. FLIP would need to extend this evaluation over a number of years to build a sample size of participants large enough, in terms of families, before we could confidently judge that FLIP is consistently having a positive impact, or otherwise, on the range of outcomes that it aims to address.

The evidence collected suggests a complex picture concerning FLIP's impact on the outcomes it aims to achieve. There is emerging evidence that for some children and adolescents, siblings and parents/carers FLIP is having a positive impact. However, in other cases FLIP has not had a negative impact (that is there has been no deterioration across indicators, which, given the nature of the target group, may be interpreted as a success in some cases) and, in a minority of cases, some outcomes (amongst other outcomes within the case) have deteriorated.

For some children and adolescents who have participated in FLIP there is emerging evidence that the programme has had a positive effect on outcomes. However, it should be noted there are differences within cases concerning the impact of FLIP on indicators: meaning that for some children and adolescents only one or 2 of these outcomes indicators may have improved; for others, more may have been improved (this is the same for siblings and parents and carers as well). Indicators that FLIP may have had a positive effect on children and adolescents include improved family relationships reduced chance of a breakdown in care; prevention of children/adolescents leaving the family setting and avoiding care admissions; increased emotional wellbeing in subject children and adolescents; prevention concerning a deterioration in educational outcomes among children/young people; reduction in youth criminal offending gang involvement, and risk of CSE; and prevention of an increase in frequency of missing episodes.

For some siblings of subject participants there is emerging evidence that FLIP is having a positive impact on indicators including: improved family relationships, improved educational engagement, improved emotional wellbeing and reduced youth criminal offending.

For parents and carers of subject participants, there is emerging evidence in some cases to suggest that participation in FLIP may: increase parenting confidence and family aspiration, and increase parent/carer resilience following the FLIP intervention.

However, it should be noted that the above impact is not reported in all cases, or that FLIP was consistently improving these outcomes for all children and adolescents, siblings and parents and carers. Rather, the evidence suggests that, for some vulnerable families out of the 14 for which evidence is available, FLIP has had a positive impact across some indicators. Indeed, in some cases FLIP did not have a positive outcome, for example, the case where there was no improvement in the relationship between the foster carer and the young person, and, as a result, the young person has been missing since the intervention, and a residential placement is planned once they have returned. In summary, there are some emerging signs that, for some participants FLIP may be having a positive impact. However, it is too early to say whether these impacts would be expected in future cases, or whether the impact will be sustained.

For FLIP practitioners, there is emerging evidence that working with FLIP is: increasing practitioners' knowledge, skills, understanding and confidence of working with adolescents on the edge of care; contributing to challenging and developing the culture of social work in Hackney; and encouraging increased evidence-based practice amongst practitioners.

In terms of the Hackney social care system, there was no available evidence to suggest any reduction in demand placed on social workers in Hackney Children's Services attributable to FLIP, not least because there have only been 14 residential interventions in the 12 months for which the interim model has been operational. Some qualitative

interview data suggests that FLIP's interim model is placing additional levels of demand on some social workers in terms of additional paperwork.

Value for money

In terms of value for money, the evaluation shows the following:

- an average spend per intervention of £19,686.50, based on total spend and the number of interventions which have taken place in the first 12 months of the interim model's operation. However, it should be expected that this figure will fall following the establishment of a permanent FLIP residential setting and the implementation of the full, intended FLIP model

- analysis (see Appendix 4 of the full report) shows that, based on observed outcomes 5-6 months following participation in a FLIP intervention for 7 cases where data is available, the programme has an average net cost of £7,534 per intervention. Scaled up across all 14 interventions, this would amount to an estimated net additional cost of £105,477. However, if the outcomes observed 6 months following the FLIP intervention are assumed to be maintained for a further 6 months, the interventions result in an estimated average net saving of £12,327 per intervention. Scaled up across all 14 interventions, this would amount to an estimated net saving of £172,576. This is based on the assumption, rather than the evidence, that outcomes observed 6 months following the intervention are maintained, and so should be treated with caution

- compared with a comparator matched pair group of young people with similar characteristics, FLIP participants incurred costs on average £4,262 less than comparator young people who did not participate in FLIP (see Appendix 4 in the full report). Scaled up across all 14 interventions, this would amount to an estimated reduction in incurred costs of £59,668. This comparison should be treated with caution because of a small sample size, and as, whilst every effort has been made to ensure matched pairs have similar characteristics, there are differences between pairs

Implications and recommendations for policy and practice

Based on the findings of this evaluation, the following recommendations for the future development of FLIP are proposed:

- a focus on strengthening family relationships. It is recommended that FLIP consider refining its theory of change to place a greater focus on strengthening family relationships. Whilst it is acknowledged that improved family relationships can have an impact on wider outcomes, including a young person's vulnerability to gang involvement or offending, for example, it is suggested that, by focusing more tightly on

families where family relationships can be strengthened as the primary impact of FLIP, the innovation can hope to both ensure its impact can be better measured, and that its target cohort can be refined to increase likelihood of success

- ensure referrals are edge of care due to internal factors within the family system. Building on the above recommendation, it is recommended that FLIP ensure it recruits families where the primary factors causing a child/adolescent to be considered edge of care are internal factors within the family system, as opposed to external factors. This will ensure that the innovation is focusing on working with cases where improvements in family relationships is likely to lead to a reduced chance of a breakdown in care and positive impacts on a range of other outcomes in its theory of change/logic model. This is not to suggest that young people presenting with external risk factors should be excluded from participation in FLIP. Rather, the FLIP team should ensure that in cases where a young person is presenting with these factors, it is confident that it is family relationships, as opposed to other factors, which are likely to lead to a breakdown in care without the FLIP intervention

- continue to focus future interventions on '*adolescents* on the edge of care'. Continuing to focus future interventions on adolescents as opposed to children will help to ensure that FLIP's activities are aligned with its intended outcomes. For example, FLIP and other staff are less likely to develop expertise, skills and knowledge working with *adolescents* on the edge of care, if *children* on the edge of care are also accepted as subject participants of FLIP

- ensure that FLIP focuses on recruiting families who present a good opportunity for FLIP to result in cost avoidance and reduction. For example, FLIP should target families who have adolescents who are on the edge of care where it is likely that FLIP can make a significant difference in reducing the risk or actuality of the child/young person being in care or being in residential care, or of a breakdown in foster care placement leading to a new foster care placement being required. If it is likely that the child/young person is likely to exit, or avoid, care independent of experiencing FLIP, this may not be the best allocation for the programme

- continue to ensure that a focus on outcomes improvement is embedded throughout the FLIP process. It is important for the success of FLIP that both practitioners and families involved in FLIP are clear about the reasons for the intervention and the outcomes that it is aiming to address. This clarity should feed into all aspects of the FLIP intervention, that is through, for example, referral, assessment, agreeing the intervention plan and the process after families have received the FLIP intervention

- review paperwork levels and ensure importance is communicated to practitioners. It is recommended that FLIP review the current levels of paperwork required to be completed by practitioners, to ensure no duplication and that paperwork is not burdensome. Additionally, that the importance of completion of paperwork be

communicated to all practitioners to ensure compliance. This includes the completion of impact tools to enable ongoing evaluation of the innovation

- review FLIP lines of accountability. This particularly relates to feedback that suggests practitioners are not aware of who they are accountable to, particularly during the residential interventions. Practitioners also need to be aware of the member of the senior team who should be contacted in the event of either health and safety or safeguarding issues

- review plans for ongoing support following participation in FLIP. It is recommended that FLIP review procedures for planning and implementing ongoing support following participation. The evaluation found that some staff and stakeholders reported impacts not being sustained following the residential intervention as a result of a lack of ongoing support

- ensuring that evaluation is embedded into FLIP especially when it starts to operate a model more closely in keeping with its original business case. We collaboratively designed this evaluation to help Hackney ensure that evaluation practice is embedded, meaning the use of time 1, 2 and 3 impact tools for adolescents experiencing FLIP. We recommend embedding these or similar into FLIP to ensure that it is having the positive impact on outcomes which it desires

- provide both innovations and their evaluations with longer timescales to demonstrate impact. This evaluation has evaluated an interim FLIP model as opposed to the actual model which aimed to operate out of a bespoke residential unit. Innovations take time to implement and evaluations should be commissioned that reflect the practical realities and timescales of delivering innovation programmes on the ground

Overview of FLIP

FLIP is described as 'an innovative model for the delivery of edge of care interventions' which focuses on 'working with families to strengthen their long-term resilience, raise aspiration, and empower and enable parents to parent effectively'[2].

What does FLIP intend to achieve (outcomes)?

The overall ambition behind FLIP is to improve outcomes for adolescents on the edge of care, through supporting them to remain with their families, or within a stable foster placement. The programme's intended impacts and outcomes are detailed in its logic model which was refined collaboratively as part of the evaluation process. The logic model is presented in Appendix 1, along with a summary of FLIP's intended impacts and outcomes (Table 3).

What was FLIP intending to do to achieve these outcomes?

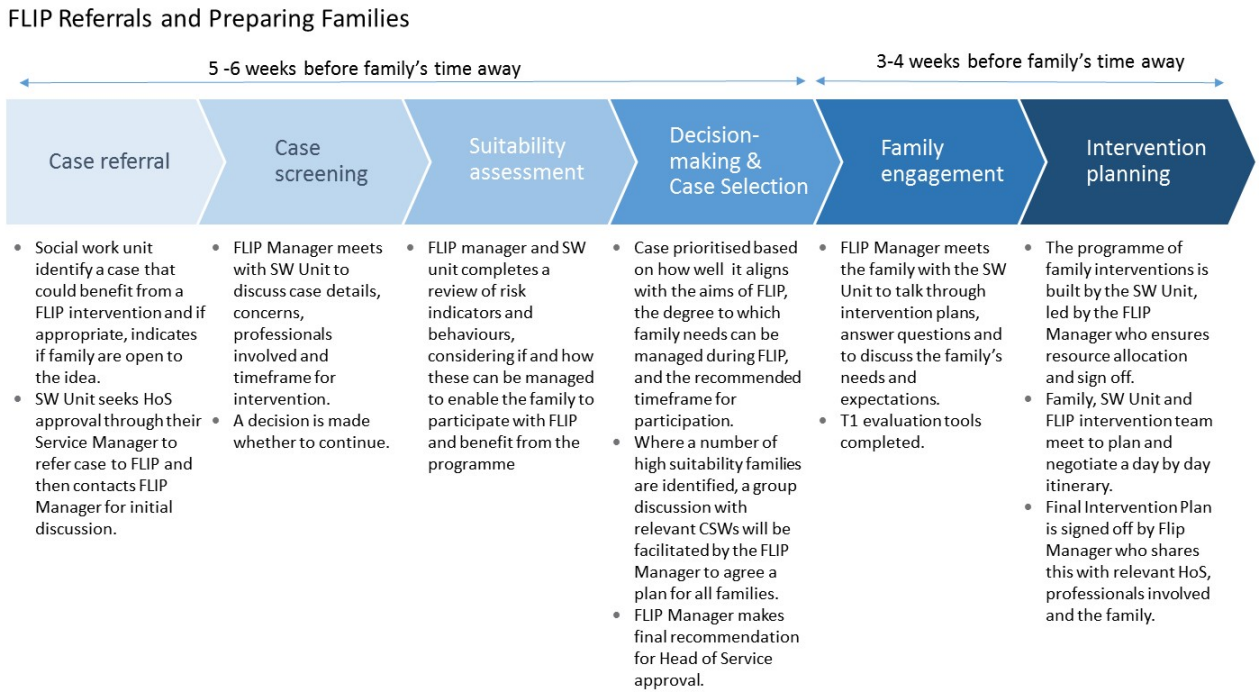
The programme's intended activities, through which it seeks to achieve its intended impacts and outcomes, are detailed in the theory of change, which is presented in Appendix 1, along with a summary of FLIP's intended activities (Table 4). It should be noted that the Foster Carer training and the Centre of Learning have yet to be implemented. In addition, a summary of FLIP's proposed staffing model, once it is operating from the residence (that is, the intended model is implemented), is provided in Appendix 11.

The FLIP pathway

A family's involvement with FLIP prior to participating in a residential intervention is outlined in Figure 1:

[2] Source: LB Hackney's original proposal to the DfE Social Innovation Fund.

Figure 1: FLIP family referral process



Source: FLIP – Information & Referrals, provided by the FLIP team to Hackney Council's CYPS

The process detailed above shows how cases are referred to and assessed by the FLIP team, to determine their suitability for participation in an intervention. If deemed suitable, the planning process for the residential intervention begins, which is undertaken in collaboration between the FLIP team, the family, and the relevant social work unit. For each family, an intervention plan is produced. An example of an intervention plan is given in Appendix 7.

Following the residential intervention, FLIP may continue to work directly with the family, or with wider practitioners who support the family, to deliver aftercare. This is discussed and agreed upon, either towards the end of the 5 day residential intervention, or at a further meeting following the end of the intervention and the family's return home.

Between June 2015 and August 2016, a total of 44 formal referrals were received by the FLIP team. Of these, 14 (32%) resulted in a FLIP intervention, whilst a further 4 (9%) were deemed appropriate for participation in a FLIP intervention and were in the planning process as of August 2016. The other 26 referrals were deemed either not FLIP-ready (34%), or potentially in the process of becoming FLIP-ready (25%). Reasons for those deemed not FLIP ready included positive improvements in family relationships following the referrals; unacceptably high levels of risk, due to complex emotional and behavioural needs; and a lack of transition plan.

Changes to FLIP's intended outcomes or activities

Progress is being made in relation to establishing the FLIP residential setting. However, due to challenges around purchasing and planning permission, it has not yet been established. FLIP has been operating an interim delivery model. As a result, it has not been possible to evaluate the full intended model. Rather, this report presents an evaluation of an interim delivery model which is intended to precede the full FLIP model.

Partly because of this, there have been several key changes to the way that FLIP has been delivered, in comparison with its theory of change and initial programme documentation. These changes are summarised below:

- the FLIP team has focused on developing the residential strand of activities in its first 12 months of operation and there has been limited delivery regarding the training of foster carers and the centre of learning
- it has been delivered from existing residential leisure settings, suitable for families, rather than in a tailored residential setting
- interventions have been delivered for periods of around 5 days, rather than 1-6 weeks as intended

As a result of these changes, it should be noted that FLIP may not have been able to achieve the same intended impacts and outcomes as initially outlined in its theory of change. In addition, the interim model has limited capacity to work with families, due to a smaller staff team and the cost of temporary residential accommodation, and so 14 families have participated in interventions in the 12 months from August 2015. Senior members of the FLIP team report that with a permanent residential setting, FLIP will be able to work with up to 3 families simultaneously, significantly increasing its capacity to support families with adolescents on the edge of care. Based on an average length of intervention of 4 weeks, this would enable FLIP to work with approximately 18 families in the first 6 months of the implementation of the permanent residential setting.

The intended target cohort of FLIP was 'adolescents on the edge of care', in line with the DfE Social Care Innovation Fund 'Rethinking support for adolescents in or on the edge of care' focus area[3]. Most families who have participated have included an 'adolescent on the edge of care'. However, initially there were 2 families who participated with children on the edge of care, meaning those under the age of 11, because FLIP was seeking to test the implementation of the model. However, Hackney now intends to focus specifically on adolescents on the edge of care, although, if they have young siblings, they will be involved in the residential intervention.

[3] Source: Department for Education (2014). *Rethinking support for adolescents in or on the edge of care.*

The context within which FLIP has been taking place

Hackney Council's original proposal for FLIP to the DfE Social Innovation Fund outlined the council's perception of the context for the FLIP model[4]:

- existing services within the current care economy do not meet the particular needs of adolescents on the edge of care in Hackney
- in Hackney, since 2011, there has been an increasing number of young people aged between 10 and 15 entering care each year. In 2014, 35% of all entrants to care were from this age group. This cohort is most likely to have multiple placement moves which both increases the risk of a range of poor outcomes, and is a drain on resources. This is also the most likely age group to be flagged as at risk of child sexual exploitation, gang involvement and criminal activity: 11 of the 21 children in residential placements in Hackney in 2014/15 were linked to risks from gangs and/or sexual exploitation
- while nationally, residential care forms a significant part of the current model of care for adolescents, with 23% of adolescent entrants to care in 2013 placed in residential settings, there is a lack of high quality residential placements in Hackney which can meet the needs of young people. This means Hackney has fewer young people in residential care than the national average
- there are a number of barriers to effectively supporting edge of care adolescents in Hackney, including: negative influences, such as gangs and criminal networks; perverse incentives for struggling families to put children under the care of the Local Authority; dividing families, which can disempower parents; statutory processes and timescales which do not provide the space for tailored and engaging responses for individual families; insufficient foster care capacity to meet the needs of adolescents; and a residential system that is financially disincentivised towards rehabilitation, for example the need to provide additional educational resources

In this context, FLIP aims to break down the barriers to effectively supporting and meeting the needs of adolescents on the edge of care in Hackney through preventative work, tailored intensive interventions, training for foster carers and identified extended family members and sharing learning and expertise.

Existing research relating to FLIP

FLIP is a new, innovative model based on Hackney CYPS's established approach to social care delivery incorporating a clinical base, targeted therapeutic work, parenting programmes and family support services. While there is a limited evidence base of

[4] Source: LB Hackney's original proposal to the DfE Social Innovation Fund.

related existing research, Hackney CYPS has a history of designing and implementing innovative children's social care services, for example, the trial of a single assessment process with no fixed completion timescales and flexibility on the timing of the first core group meeting following a Child Protection Conference[5].

Whilst there is substantial evidence regarding general intervention programmes relevant to children on the edge of care, such as intensive interventions projects (IIPs) and intensive family support projects (IFSPs), evidence regarding the impact of residential programmes similar to FLIP are somewhat limited, due to its innovative nature.

However, FLIP have outlined the existing research evidence which informed and underpinned a number of the key design principles of the model, outlined in Appendix 2. In addition, other research includes:

- a review observing the effectiveness of residential treatments for adolescents in the US[6] found that, whilst non-residential alternatives overall provide more desirable outcomes, certain types of therapeutic group care, such as utilising the family-like environment, appear to be associated with positive outcomes[7]

- a 2-year evaluation of 6 Intensive Family Support Projects (IFSPs), aimed at pioneering a new way of working to support anti-social behaviour (ASB) perpetrators to change their behaviour, provided limited evidence of positive impacts of residential interventions. Whilst data was limited, qualitative data found that, following the project, adult family members felt happier, stronger and more confident. Further, they believed that they would be able to avoid difficulties in the future and their parenting skills had improved following the project. However, 3 of the 11 families were either evicted or left core accommodation during the project. Overall, project managers involved in this project considered that this type of unit should not be seen as a generic requirement for all family support projects[8]

The Tri-Borough Alternative Provision Trust (TBAP), funded by the DfE Social Innovation Fund, has taken a similar approach to FLIP through supporting young people on the edge of care or in the youth justice system by developing a rural, residential therapeutic and educational residence. Young people, and on some occasions their family, accessed personalised programmes which ranged from a series of short-term respite packages to longer-term crisis placements. The TBAP residence intended to maximise the opportunities for vulnerable young people who were in a cycle of temporary care

[5] Source: LB Hackney's original proposal to the DfE Social Innovation Fund.
[6] Park-Lee, E., Caffrey, C., Sengupta, M., Moss, A. J., Rosenoff, E., & Harris-Kojetin, L. D. (2011). Residential care facilities: a key sector in the spectrum of long-term care providers in the United States. *NCHS data brief*, (78), 1-8.
[7] Lee, B. R., & Thompson, R. (2008). Comparing outcomes for youth in treatment foster care and family-style group care. *Children and Youth Services Review*, 30(7), 746-757.
[8] Nixon, J., Parr, S., & Sanderson, D. (2006). *Anti-social behaviour intensive family support projects: An evaluation of six pioneering projects.*

placements who were on the edge of care. This residence is currently being evaluated by Ipsos MORI.

Overview of the evaluation

Evaluation questions

This evaluation is focused on answering evaluation questions established in the evaluation framework, as shown in Appendix 3.

As well as assessing the extent to which progress has been made in achieving intended impacts and outcomes, as outlined in the evaluation framework, we have also evaluated the implementation of FLIP in terms of the extent to which the following aspects of implementation are being delivered appropriately and successfully:

- set-up and delivery of FLIP
- engagement and communication
- governance, leadership and programme management
- programme monitoring and accountability

Methodology

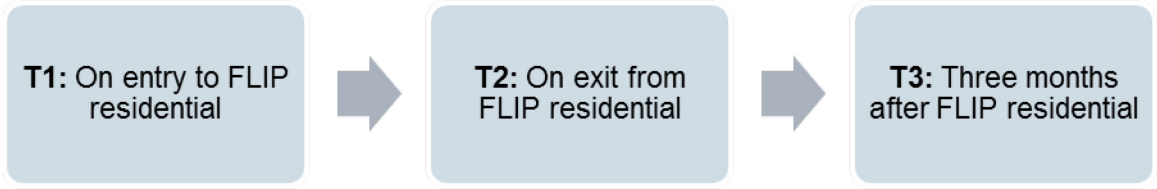
The methodology, outlined in the evaluation framework, was agreed in advance with Hackney Council, the Rees Centre at the University of Oxford and the Department for Education, in line with Cordis Bright's collaborative approach. All research tools were agreed with Hackney Council in advance of use in the field. The following methodologies were used to conduct the evaluation of FLIP:

- analysis of strategic and operational documentation and performance management information relating to the FLIP programme. This included: the programme proposal, explanatory information for practitioners, parents and carers, and children and adolescents; proposed staffing models; budget information; financial reports; intervention models; case summaries; intervention schedules, and viability assessments
- impact tools administered at 3 points in time to children and adolescents, parents and carers, and practitioners taking part in FLIP. Tools were administered at T1 (on entry to the FLIP residential intervention), T2 (on exit from the FLIP residential intervention) and T3 (3 months after exiting the FLIP residential intervention), as summarised in Figure 2 below[9]. These tools included both bespoke and validated measures in

[9] Impact tool completion rates fell between T2 and T3, and as a result there is missing data relating to impact tools at T3. In these cases, comparison has been made between T1 and T2 impact tools. However, it is important to note that this does not give an indicator of sustained change following the residential

relation to the intended impact and outcomes of FLIP. Details of the number of impact tools completed can be found in Appendix 5. As well as being developed to provide evidence for the independent evaluation, these tools were designed so that they could continue to be used by Hackney to monitor the effectiveness of FLIP on an ongoing basis

Figure 2: Summary of times at which impact tools have been administered



- face-to-face interviews with families: qualitative data was collected through retrospective face-to-face interviews with children, adolescents, and parents and carers who participated in FLIP. These were undertaken at one point in time at T2, meaning on exit from the FLIP residential intervention. A total of 30 children, adolescents, parents and carers participated in an interview, as summarised in Appendix 10

- 11 participant case file reviews: reviews of the social care and, where applicable, Youth Offending Team (YOT), case files of children and adolescents who have participated in FLIP as the subject participant[10] were conducted. This was to profile the outcomes and use of services of the child or adolescents before and after FLIP, to ascertain whether any changes have been observed

- 11 comparator matched pair group case file reviews: reviews of matched pair comparator children and adolescents were conducted, each of whom was matched to a FLIP participant. Each matched pair case was selected by the FLIP team based on: a) similar characteristics and risk factors[11] to the matched pair FLIP participant child or young person, and b) their suitability for FLIP, had it existed or had sufficient capacity at the appropriate time. The matched pair group was developed in order to allow us to analyse the trajectory of FLIP participants in comparison with similar children and

---

intervention. It is suggested that FLIP staff, who have been responsible for the administration of all impact tools, including T3 tools, ensure that completion of these tools is embedded into follow-up planning, to ensure continued monitoring and evaluation of the innovation can be carried out.

[10] Many of the families who participated in FLIP included more than one child or young person. In most cases, FLIP focused on one child or young person (the 'subject participant') in the family, to improve their chances of staying with their family or moving out of care, whilst also working with and aiming to improve outcomes for their sibling(s) too.

[11] For example, the selection of comparators was based on matching children/adolescents in terms of characteristics, such as age, sex, ethnicity, care status, family composition, and risk factors such as gang involvement, CSE, missing.

adolescents who did not participate, to assess whether any changes or continuities identified among the FLIP cohort would have been likely to happen if they had not participated in. The 'before' period for this group is before they would have been referred to FLIP and the 'after' period is after they would have been referred

- cost benefit analysis: data from case file reviews of 7 children and adolescent participants[12] and comparator matched pairs were used to compare the cost of the intervention with the benefits or costs incurred in relation to the child/young person after FLIP. A range of tariffs were used to estimate connected costs, including: FLIP financial information and the Manchester New Economy unit cost database[13]. All tariffs used are detailed as part of the cost benefit analysis. The limitations of this cost benefit analysis are outlined in Appendix 4

- telephone interviews were conducted with practitioners who worked on FLIP or with subject families. Interviews were conducted at 2 points in time: January 2016, and July 2016, because changes in the original methodology resulted in the capacity that had been planned for interviews with foster carers was instead used to conduct additional interviews with programme staff and practitioners. A total of 72 practitioners were identified for interview by the FLIP team and their details provided to us. Email invitations and reminder emails were sent out, and telephone interviews were arranged and conducted with 57 of these. An overview of these participants is given in Appendix 8

- case file reviews of 15 cases of children and adolescents who have become LAC since August 2015 who did not participate in FLIP. This was intended to identify whether there were any similarities or differences from the FLIP cohort in order to support refinement of the FLIP eligibility criteria, as shown in Appendix 6

In order to protect the anonymity of those who have participated in FLIP, each intervention or family and family member has been randomly assigned an identifying letter which will be used to refer to it throughout the report, as shown in Appendix 9.

Analytical approach

Throughout the analysis, the term 'emerging evidence' is used in relation to findings where the balance of evidence appears to indicate a particular impact on outcomes. However, this evidence should be seen within the limitations of the evaluation, taking into account areas of missing data, and can only be applied to the FLIP interim operating model, as the full FLIP operating model is not yet in place.

---

[12] Cost benefit analyses were only conducted for those case file reviews for which data on outcomes was available at least 5 months following the intervention. Therefore, due to the timings of interventions and case file reviews, cost benefit analyses were only conducted for 7 of the 11 case file reviews.
[13] Please see here for more information about this unit cost database: Manchester New Economy database

Due to missing impact tool data, it has not always been possible to make comparisons between T1 and T3. In such cases, comparisons have been made been T1 and T2. However, it should be noted that such evidence cannot be used to indicate sustained impacts of the FLIP intervention.

Changes to the methodology

Because fewer families participated in FLIP than originally anticipated, as it operated as an interim model, it was agreed that the evaluation timescale would be extended to increase the number of families included in the evaluation.

In addition, the original evaluation methodology included impact tools and interviews with foster carers who were due to participate in FLIP training. However, due to the lack of a permanent residential setting, FLIP has focused on the residential strand of activities, and so direct training with foster carers has not yet occurred. As a result, no foster carers have participated in FLIP training and so the intended impact tools have not been administered and interviews have not been conducted.

Because of the extension in the evaluation timescale, it was agreed that Cordis Bright would provide Hackney Council with an interim formative evaluation report, which was delivered in March 2016.

As a result of the above changes, the additional evaluation capacity was used to conduct further interviews with programme staff and practitioners at a second point in time. This enabled us to conduct a total of 57 interviews with staff and practitioners, as opposed to the 40 that had originally been planned. As well as allowing us to include a greater number of stakeholders' views in the evaluation, this also enabled the evaluation to assess any change over time by comparing interview responses between the 2 points in time. Additional capacity was also used to review additional strategic and operational documentation and performance management information relating to the FLIP programme at a second point in time.

Key findings

It is important to note that FLIP is an innovative programme that has only been in operation since August 2015 and that it has been operating an interim model, rather than being based at a tailored and permanent residential location. This section, therefore, provides an initial evaluation of the interim model, not the full FLIP model as originally proposed. Due to the differences between these models, it is strongly suggested that, on the implementation of the full FLIP model, a further evaluation is conducted, and that the findings in this section are taken as an initial indication of progress against intended impacts and outcomes. It is still too early to reach any firm conclusions regarding the effectiveness of FLIP, as the intended model has yet to be implemented.

How far has FLIP achieved its intended outcomes?

The evaluation had initially been envisaged to be based on a sample of 25 families participating in FLIP. However, due to the restrictions of the interim model, the evaluation has instead been based on 14 families, representing all of those who have participated in FLIP (that is a whole population, rather than a sample). As a result, the data obtained is representative of families accessing FLIP.

The following section presents evidence relating to implementation, impact and outcomes of the FLIP interim model. It shows that a mixed picture emerges in terms of how far the interim model has achieved FLIP's intended outcomes.

For children and adolescents on the edge of care

Improved relationships

There is emerging evidence to suggest that FLIP interventions are resulting in improved relationships within some of the families participating. This is demonstrated by interview responses, positive changes in existing dysfunctional family relationships, and impact tool data.

There was positive evidence from family interviews regarding improved family relationships as a result of FLIP. Children and adolescents interviewed spoke positively about spending time with their family whilst on the intervention, with one adolescent commenting that "family bonding was the most positive thing" about their time away. The majority of children and adolescents interviewed reported that their relationship with family members had improved since attending FLIP, with only one adolescent reporting a relationship that had deteriorated. When interviewed about what they had learnt during the intervention, 2 subject children/adolescents stated that they had learnt how to communicate better and 2 that they had learnt to be nicer to their family members.

This was echoed in interviews with parents and carers, with the majority of cases reporting improved relationships with their children; and also between the subject

children/adolescents and their siblings. A practitioner reported that in one case that the adolescent stated that the intervention had “greatly helped his relationship with his mother”.

Evidence from the case file reviews shows that of the 11 participants reviewed, 5 had a positive change in dysfunctional family relationships, and 2 saw a negative change. The comparator group saw no positive change and one negative change. Impact tool data relating to child-parent relationships shows emerging evidence to suggest improvements in parent-child closeness, and reductions in conflict, following participation in FLIP. There was emerging evidence from impact tool data of increased long-term resilience, measured using the Ohio Brief Resilience Scale (BRS). Where T1, T2 and T3 data was available both interventions showed higher levels of resilience at T3 compared to T1. When only T1 and T2 data was available 6 cases showed a positive change in levels of resilience, 3 cases showed a negative change and 2 cases showed no change in levels of resilience at T2 compared to T1.

More cared for in a family setting

For some children and adolescents there has been a reduced chance of a breakdown in care, preventing children/adolescents leaving the family setting and avoiding care admissions.

Impact tool data on living arrangements showed emerging positive evidence, with the majority of subject children/adolescents’ living arrangements remaining stable before and after the interventions, and positive evidence of increased likelihood of subject children/adolescents living at home in 6 months’ time.

The case file review analysis also presents emerging evidence to suggest that participation in FLIP may increase a child/adolescent’s likelihood of remaining in a family setting, with 7 of the 11 case studies showing the child/adolescent either remaining in the care of a family member, or leaving foster care and moving into the care of a family member. However, other cases were less positive: for example, in one case there was no improvement in the relationship between the foster carer and the young person, and, as a result, the young person went missing after the intervention, and a residential placement is planned once they have returned. This compares to 4 of the 11 comparator children/adolescents, and in one of these 4 cases, care proceedings have been initiated.

Improved emotional wellbeing

Some FLIP participants reported increased emotional wellbeing.

The majority of children and adolescents interviewed highlighted positive changes in their behaviour and emotions following FLIP, stating they felt calmer, less angry and more confident. This echoed interviews with siblings, with respondents stating that the subject children/adolescents were calmer during FLIP. Furthermore, impact tool data completed

by practitioners showed in one case that the intervention had assisted the children/adolescents in being to assess and communicate their emotions more easily. .

The Strengths and Difficulties Questionnaire (SDQ)[14] was used to assess changes in total difficulties (including emotional problems, conduct problems, hyperactivity and peer problems) and prosocial scores. It shows that in 6 cases there was an improvement in total difficulties score (indicating overall positive improvements in areas of emotional problems, conduct problems, hyperactivity and peer problems) based on either child/adolescent or parent/carer impact tools before and after participation in the residential intervention. In one case there was negative change.

Prosocial scores show that 6 cases saw improvements following participation in the residential intervention, whilst one showed negative change and 3 showed contrasting change between parent/carer and child/adolescent impact tools, with one showing positive change and the other showing negative change in each case. Again, this indicates emerging evidence for positive improvements in subject children/adolescents' prosocial skills following participation in FLIP.

However, the separate Pro-Social Value Scale[15], which measured prosocial values in the child or adolescent over the time period, showed no evidence of change in children/adolescent's prosocial values following participation in FLIP.

Case file review analysis shows improvements in emotional and mental health outcomes for 2 of the 6 FLIP participants for whom it was an indicator and no negative outcomes, compared to no positive improvements and 3 negative outcomes for the 5 comparators for whom it was an indicator.

Educational attendance, engagement and achievement

There is little evidence of changes in NEET (not in education, employment or training) status following participation in FLIP. However, there is emerging evidence, in some cases, to suggest that participation in FLIP may prevent a deterioration in educational outcomes for subject children/adolescents.

Impact tool data from parents/carers showed no change in the child/adolescent being in continuous full-time education, employment or training. There was one exception, which showed a positive improvement.

Case file review analysis shows emerging positive evidence regarding educational attendance outcomes. Of the 7 subject children/adolescents for whom it was an indicator, 2 showed a positive change in educational outcomes and 2 showed a negative

[14] Strengths and Difficulties Questionnaire.
[15] Source: Urban, L. (2009). Identifying "Deterrable" Offenders in a Sample of Active Juvenile Offenders. *Southwest Journal of Criminal Justice* 6(1), 79-99.

change. However, of the 6 comparator children/adolescents for whom it was an indicator, none showed a positive change and 4 showed a negative change. This suggests that participation in FLIP may prevent a deterioration in educational outcomes for subject children/adolescents.

There is also emerging qualitative evidence regarding increased aspiration in children and adolescents. When thinking about the future, the majority of children and adolescents reported there was no change in their feelings about the future compared with before their involvement in FLIP. However, in interviews, children/adolescents reported looking forward to returning to school, and in one case a parent stated that their child/adolescent was more settled in school since returning from FLIP.

The FLIP interventions and the activities undertaken during the interventions have focused on strengthening family relationships, and not directly on increasing adolescents' engagement with education. Accordingly, it is only in those cases where an adolescent's educational engagement has been affected by a poor family relationship that the FLIP interim delivery model could be expected to lead to positive outcomes in this aspect.

Reduced youth criminal offending

In some cases there was emerging evidence regarding reduced youth criminal offending in subject children and adolescents.

Impact tool data at T1 showed that 2 children/adolescents had been convicted of committing a criminal offence in the preceding 12 months. Data was only available at T3 for one of these children/adolescents, who had not been convicted of committing a criminal offence since T1. Of the 12 children/adolescents who had not been convicted of a criminal offence in the 12 months preceding T1, one had committed an offence by T3.

This was mainly consistent with impact tool data from parent/carers. However, parents/carers reported 3 children/adolescents who had been convicted of committing a criminal offence in the 12 months preceding T1 and one of these had also committed a criminal offence at T3.

There was mixed evidence of reduced negative behaviours in the subject child or adolescent as a result of the interventions. This was measured through the child/adolescent impact tool, which collected data regarding frequency of negative behaviours at different time periods[16]. There was only one case where data was available at T1 and T3, which showed no change in frequency of negative behaviour between T1 and T3. Where data was available at T1 and T2 most cases showed no change in frequency of negative behaviour, with 2 showing an increase and 2 showing a reduction in negative behaviour.

[16] Negative behaviours include theft, damage to property, use of weapons, physical aggression, school truancy, use of alcohol and illegal substances, and school exclusion.

Parent/carer impact tool data showed little change or no change in involvement in negative behaviours, between either T1 and T2, or T1 and T3, depending on availability of data.

Case file review analysis shows mixed evidence regarding reductions in criminal offending outcomes. For the 5 subject children/adolescents for whom it was an indicator, one showed positive change and 3 showed negative change following the FLIP intervention. Of the 6 comparator children/adolescents, none showed positive change and 4 showed negative change.

Gang involvement

In a small number of cases FLIP may have reduced gang involvement amongst subject children/adolescents.

Impact tool data showed emerging evidence of reduced gang involvement since the intervention. In all 3 cases for which data was available where the subject child/adolescent was reported to have been involved with a gang in the month proceeding T1, no gang involvement was reported at either T2, or T3[17].

Case file review analysis also shows some emerging evidence of positive outcomes regarding gang involvement. Of the 7 subject children/adolescents for whom it was an indicator, 2 showed positive improvements in the degree of gang involvement following the FLIP intervention, and none showed a negative change. Of the 5 comparator children/adolescents for whom it was an indicator, one showed a positive change, and 3 showed a negative change.

Child sexual exploitation

There is emerging evidence to suggest that FLIP may have had a positive impact on reducing risk of CSE amongst some subject children/adolescents.

There was emerging evidence of reduced risk of CSE from impact tool data. For the 2 subject children/adolescents for whom impact tool data was available at T1, T2 and T3, one remained as being at no risk of CSE whilst the second had their risk reduced from high risk to low risk. For those where only T1 and T2 data was available, there was no evidence of increased risk of CSE.

Case file review analysis shows limited evidence of the impact on the risk of CSE. Of the 3 subject children/adolescents for whom it was an indicator, none saw either positive or negative change following participation in FLIP. Of the 5 comparator children/adolescents for whom it was an indicator, 2 saw a negative change whilst the other 3 saw no change.

---

[17] T3 data was only available for one of these 3 subject children/adolescents.

Going missing

Participation in FLIP may have an impact in preventing an increase in frequency of missing episodes in some cases. In other cases, it does not appear to have had an impact.

There were only 2 cases where impact tool data was available at T1, T2 and T3. In one case the child/adolescent had consistently not been reported missing over the time period, whilst in the other case the child/adolescent had been reported missing in the 12 months previous to T1, but had not by T3, showing a positive improvement in this outcome following the FLIP intervention.

Case file review analysis shows mixed evidence of the impact on reducing missing episodes. Of the 5 subject children/adolescents for whom it was an indicator, one showed positive change, and 2 showed negative change following participation in FLIP. Of the 6 comparator children/adolescents for whom it was an indicator, none showed positive change and 4 showed negative change. This suggests that participation in FLIP may help to prevent a deterioration in frequency of missing episodes.

For siblings at risk of becoming edge of care adolescents

As well as improving impacts and outcomes for subject children and adolescents, FLIP also intended to improve outcomes for their siblings who may also be at risk of becoming edge of care.

Improved relationships

There was emerging evidence of improved family relationships and reduced risk of family breakdown, in some cases, as a result of FLIP.

The majority of siblings interviewed reported that they and their families had learnt something positive, and noticed positive changes in their behaviour whilst attending FLIP. Further, the majority of siblings interviewed commented positively on spending time as a family. A practitioner stated in one case that the FLIP intervention had enabled the sibling to appreciate time spent with the family more, as well as assisting them with developing levels of empathy.

The Child-Parent Relationship Scale[18] showed improved closeness between siblings and parents/carers for 4 of the 7 siblings for whom data was available, and reductions in conflict for 2 of the 7 siblings. However, 3 cases showed increased conflict following participation in the FLIP residential intervention.

---

[18] Child-Parent Relationship Scale. Source: Driscoll, K., & Pianta, R. (2011). Mothers' and fathers' perceptions of conflict and closeness in parent-child relationships during early childhood. *Journal of Early Childhood and Infant Psychology* (7), 1-24.

There is some emerging evidence regarding increased long-term resilience, measured using the Ohio Brief Resilience Scale (BRS)[19]. Of the 5 siblings for whom data was available, 3 showed a positive change in resilience levels following participation in FLIP. One case showed no change and one case showed negative change.

More cared for in a family setting

In some cases there is emerging evidence of increases in likelihood of remaining in the family home for siblings.

Child/adolescent impact tool data on the likelihood of living at home in 6 months' time for siblings was very limited. There was data at T1 and T2 available for 5 siblings, and at T3 for 4 siblings. The data shows that siblings were deemed slightly more likely to be still living at home 6 months' after the FLIP intervention, in the majority of cases.

Educational attendance, engagement and achievement

In one case participation in FLIP may have resulted in a positive change in NEET status. In all other cases for which impact tool data was available, no change was recorded.

Improved emotional wellbeing

In one case participation in FLIP may have resulted in improved emotional wellbeing for siblings of subject children/adolescents.

The Strengths and Difficulties Questionnaire (SDQ) shows that in one of the 7 siblings for whom data was available, total difficulties scores improved following participation in FLIP, whilst one showed negative change, and the remainder no change. However, prosocial scores only improved for one sibling (for whom total difficulties score showed no change), whilst worsening for 2.

Reduced youth criminal offending

There was some emerging evidence of reduced negative behaviours in siblings in some cases as a result of FLIP, measured through data collected with the impact tool relating to the frequency of negative behaviours at different time periods.

Impact tool data regarding frequency of negative behaviour for 5 siblings showed a reduction in frequency of negative behaviours for 2 siblings following participation in a FLIP intervention. 2 siblings showed an increase in frequency of negative behaviours and one showed no change.

[19] Ohio Brief Resilience Scale.

Gang involvement

No sibling involvement with gangs was reported at T1, T2 or T3, so FLIP had neither a positive, nor negative, impact.

Child sexual exploitation

There was insufficient data available to determine any impact on risk of CSE amongst siblings of subject children/adolescents.

Going missing

There was insufficient data available to determine any impact on missing episodes amongst siblings of subject children/adolescents

For parents and carers of adolescents on the edge of care

There is emerging evidence to suggest that participation in FLIP may increase parenting confidence and family aspiration in some cases. There was also some emerging evidence in some cases regarding increased parent/carer resilience following the FLIP intervention.

Parents and carers interviewed reported, in the majority of cases (8), that they had learnt something during their time with FLIP. Frequent themes relating to learning included openness and sharing feelings; patience, and learning about themselves and their family. In one case a parent indicated that they already knew a lot of the skills outlined, but stated that they "needed a refresher and reminder to stay on top of it". Furthermore, parents/carers reported that some of the interventions were take-away activities that could be used outside of FLIP, such as making family photo collages. In two cases, parents/carers took away specific activities back to their homes: for example, weekly family meetings to discuss rules and expectations.

Interviews with parents and carers suggested an increase in parenting confidence, with the majority (7) of parents and carers reporting that they felt more equipped to take care of their child as a result of working with FLIP. In one case, a parent highlighted a specific effective approach to confrontation used at home. However, in another case, a parent stated that being shown additional parenting approaches did not address what they perceived as the main reason for their lack of parenting confidence, which was a lack of time and money to carry out these activities as a family.

Interviews with parents and carers suggested that, in the majority (8) of cases, there was enhanced family aspiration since attending FLIP, with most parents and carers reporting that they felt more positive about their family's future compared with before participating. In 2 cases parents or carers used the phrase "light at the end of the tunnel" to describe how they felt following FLIP.

Impact tool data measured through the Ohio Brief Resilience Scale, for which increased scores indicate increased resilience levels, showed that for the 5 interventions where T1, T2 and T3 data was available, 2 saw a reduction in brief resilience score, 2 showed no change and one increased. Where T1 and T2 data was available, 8 parents/carers showed an increase in resilience score, with 5 showing a reduction and 2 showing no change.

For practitioners

There is emerging evidence that working with FLIP is increasing practitioners' knowledge, skills, understanding and confidence of working with adolescents on the edge of care, and contributing to challenging and developing the culture of social work in Hackney. There is also some emerging evidence to suggest that FLIP is encouraging increased evidence-based practice amongst practitioners.

In interviews, practitioners referred to the FLIP toolbox of interventions and activities, with one stakeholder commenting that there is evidence that professionals have been using this since being in contact with FLIP. Practitioners also stated that the intervention provided them with a welcome opportunity to spend an extended period of time doing direct work with families, thus allowing them to gain a better understanding of family dynamics, risks and opportunities.

Similar evidence was seen when considering practitioners' confidence in supporting adolescents on the edge of care, with the majority of practitioners interviewed agreeing that working with FLIP had increased their confidence in working with this group.

The majority of practitioners and stakeholders interviewed felt that FLIP was contributing to a developing and challenging culture of social work. Practitioners and stakeholders reported that FLIP allows social workers and other professionals to use a different approach in their practice, and think creatively about their approaches to social work, with one practitioner commenting that it "creates opportunities to think differently about families on the edge of care". Furthermore, a number of practitioners and stakeholders reported that FLIP is breaking down barriers between social workers and families, which allows the family to be more positive about the support provided to them.

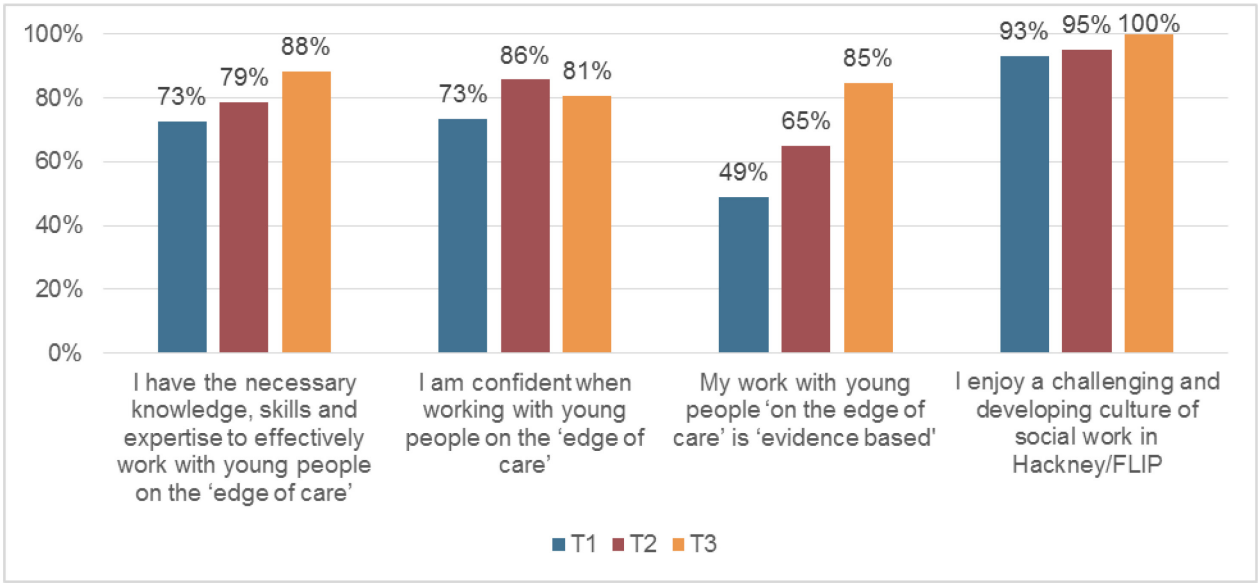
Practitioners frequently mentioned, in qualitative consultation, that activities or interventions offered during the intervention were tailored to the family's needs or used to address specific difficulties experienced within the family. Despite this, only the minority of practitioners and stakeholders interviewed suggested that the interventions used during FLIP were evidence-based. One stakeholder commented that FLIP have been "lacking in [their] use of evidence-based practice within FLIP interventions".

However, programme documentation shows that weekly intervention plans include various evidence-based activities and interventions, such as Maslow's boxes and the Tree of Life narrative therapy. This suggests that communication between FLIP and

wider practitioners, regarding the use of evidence-based interventions, could be improved, which may in turn improve wider practitioners' understanding of and commitment to the innovation.

Practitioner impact tool data is displayed in Figure 3. It shows that following involvement with FLIP, practitioners were more likely to agree, or strongly agree, that they have the necessary knowledge, skills, and confidence when working with young people on the edge of care, that their work with young people on the edge of care is evidence based, and that they enjoy a challenging and developing culture of social work in Hackney.

Figure 3: Practitioner impact tool data - % of respondents who agree or strongly agree, T1, T2 and T3[20]



Source: Impact tool data

For the Hackney social care system

There was no available evidence to suggest any reduction in demand placed on social workers in Hackney Children's Services attributable to FLIP, not least because there have only been 14 residential interventions so far. Some qualitative interview data suggests that FLIP's interim model is placing additional levels of demand on some practitioners.

Practitioners considered that participating in the FLIP intervention was very intense for workers who were involved for the full week. Additionally, practitioners reported the high volume of paperwork that had to be completed as a result of FLIP. Following the establishment of the full FLIP model, senior FLIP stakeholders reported that practitioners

[20] Response rates for T1 and T2 range between 40 and 45. However, due to missing data and the timing of interventions in relation to the evaluation, response rates for T3 are lower, at 26. As a result, comparisons with T3 data should be treated with caution.

will be required to complete a similar level of paperwork. However, it is intended that this process will be streamlined and built into Hackney's digital social care recording system, to become part of practitioners' standard recording practice.

There were also reports from members of staff that participating in the FLIP residential interventions actually created a higher level of demand upon them, because, for example, they returned from the residential intervention to a back-log of work which required catching up on. There were also wider concerns regarding the ongoing staffing of the programme, with several practitioners questioning the viability of operating FLIP in the long-term without a larger base of permanent staff to take part in residential interventions.

In addition, practitioners reported concerns about the capacity and willingness of some practitioners to take time away from their professional and personal lives in Hackney to spend time at the residential intervention. It is likely that the delivery of FLIP from the permanent residential venue, with a fuller permanent FLIP staff team and provision to back-fill posts, will help to overcome these challenges. This proposed staffing model is detailed in Appendix 11.

Implementation of the innovation

In addition to its impact, the evaluation also explored the process of FLIP's implementation. The following findings are based on evidence from interviews with programme staff and stakeholders, and our review of strategic documentation relating to the programme and its implementation.

Target cohort

Information on the intended target cohort of FLIP is outlined in Appendix 6.

The majority of practitioners reported that FLIP was targeted at families where there was a risk of family breakdown or a possibility of reunification, although a minority suggested that the target cohort needed to be more focused in terms of age group and level of risk/need. Staff and stakeholders were in agreement that FLIP's intended target cohort was appropriate and that those young people and families that it had worked with largely reflected this intended target cohort. Whilst some of the interventions involved families with children on the edge of care, rather than adolescents, this was early on in the delivery of FLIP's interim model, and later families have more closely matched the intended target cohort.

It was suggested by some stakeholders that, in some cases, the subject young people involved in the FLIP interventions were not necessarily appropriate, as their current family relationships had already broken down to such an extent that participation in FLIP would not be able to prevent a breakdown in care placement. This would suggest that

FLIP's referral criteria may need to be further refined in order to place greater emphasis on a participant family's capacity to improve family relationships. In addition, case file review evidence indicates that 4 of the 11 young people for whom data is available have either left, or not returned to the family setting following the FLIP intervention. This further suggests that the families worked with to date have, in some cases, been too close to the edge of care, because family relationships have broken down to the extent that the intervention had little hope of being able to lead to an improvement. Further refinement of FLIP's referral criteria would ensure that FLIP continues to work with young people on the edge of care, but focuses on those for whom an intensive family relationship-based approach has the greatest chance of preventing a deterioration in care status.

The FLIP pathway

The process of a family's involvement with FLIP prior to participating in a residential intervention is outlined in Figure 1 above.

Before the residential intervention

Practitioners were positive regarding the referral process. They reported that the FLIP team had provided information on how referrals could be made to all social work units within Hackney Council. It was also reported that information regarding FLIP and the referral process was now a part of the induction process for new staff.

There was evidence from programme documentation of adequate assessment following referral to the FLIP team. This included a screening and selection tracker, and viability assessments which were completed for each family, and which included an assessment of risk.

Evidence suggests that FLIP interventions have been increasingly well set-up and delivered. The majority of staff and practitioners reported that, initially, the programme appeared rushed, with insufficient planning and preparation prior to residential interventions. For example, the staffing provision for one of the interventions was unstable and necessitated other members of staff stepping in at the last minute.

However, most staff and practitioners agreed that this has since been addressed and initial challenges learnt from. For example, families are now more involved with the development of their intervention plan, including discussing and agreeing specified intended outcomes, prior to leaving for the residential experience. Practitioners reported that investment in planning the residential timetable carefully, and tailoring them to each family, is working well and helping to engage families during the residential intervention. Documentation shows that an intervention plan is produced for each family, which outlines the overall aim of the FLIP intervention for the family, and also details a number of linked objectives, activities and interventions, and outcomes, as well as identification of the risks and indicators of success for each objective.

During the residential intervention

Staff and practitioners reported a mixed understanding and appraisal of the activities and interventions undertaken during a FLIP residential intervention.

The majority were aware of the FLIP toolbox and reported that it was a useful resource for FLIP and practitioners more widely. Staff, practitioners and families tended to report positively about the provision of therapeutic interventions during the residential week away. For example, several families reported that they felt that activities such as salt jars, family shield and photo montage, had helped them to communicate and build their relationships with each other. The majority of families interviewed reported that a key strength of the intervention, in their experience, was the inter-personal skills and personable characters of the staff working with them.

However, practitioners, and one parent/carer, reported that, during the course of the residential intervention, the amount of time spent on structured interventions could be increased, with less time spent on off-site activities, as opposed to the interventions from the FLIP toolbox. An example of an intervention plan, including off-site activities, is provided in Appendix 7. In particular, practitioners suggested that structured interventions could be scheduled into the timetable consistently every day so that the families expect them as part of a routine, ideally during the morning when energy levels are likely to be higher.

In addition, practitioners who had attended residential interventions reported that the choice of accommodation was not always appropriate for facilitating what could be emotional interventions. It was suggested that the future establishment of the FLIP house could help to address this issue. The increase in space would offer practitioners the ability to create bespoke interventions, and to be confident and comfortable in the setting prior to a family arriving for an intervention.

After the residential intervention

Practitioners reported that the exit, or post-residential, phase of the intervention could benefit from more structured planning and support, ensuring that professionals were fully aware of, as one practitioner stated in interview, ”who is going to take elements of FLIP forward”. Some families interviewed also reported that they would appreciate more clarity about what, if any, follow-up and sustainability plans are in place.

It was reported that in some cases families needed ongoing support to maintain the learning and progress made during the residential intervention, and to support parents and carers in implementing parenting techniques learnt during the week. There was some evidence from programme documentation that planning for ongoing and follow-up support was being undertaken towards the end of residential interventions.

Engagement and communication

Practitioners

There is evidence from interviews with practitioners and staff, as well as in programme documentation, that FLIP has been communicating effectively with, and engaging, practitioners.

The following summarises emerging findings:

- FLIP has sought to increase awareness of the programme among staff in Hackney through presentations, workshops, emails and leaflets
- in terms of the communication of FLIP's aims and objectives:
    - there was a common shared understanding amongst staff and practitioners of the aims and objectives of FLIP. This was centred on the programme working with adolescents on the edge of care and their families, to deliver targeted, intensive support in a calming setting away from the distractions of everyday life in the borough, in order to reduce the risk of family breakdown
    - whilst earlier programme documentation stated that the aim of FLIP was to strengthen family resilience, raise aspirations and empower families, more recent documentation focused on the role of FLIP in strengthening family relationships
    - case summaries consistently show that intended outcomes relate to avoiding family breakdown or facilitating family reunification, with other intended outcomes contributing to the achievement of improved care status and placement
- engagement with a wide range of partners also appears to be strong. Practitioners from education and Young Hackney were interviewed and demonstrated a high level of engagement with the programme, in some cases having attended parts of the residential interventions themselves. This suggests that FLIP has been effective at engaging with practitioners beyond its immediate team to ensure that professionals from a range of disciplines feed into the intervention and provide continuity of support for families
- however, other professionals, especially clinical staff, who had not directly taken part in an intervention, reported being less engaged in the programme. One practitioner, for example, stated that "I feel distant from FLIP really… I would have hoped to have more involvement". Similarly, FLIP staff stated that they had encountered challenges engaging social work units in some of the interventions, particularly in terms of taking charge of them

Practitioners suggested that improved communications (which are regular, via email and face-to-face), the establishment of the permanent FLIP residential setting, and the further development of the FLIP staffing structure could help to further engage and enable wider practitioner participation and ownership in relation to FLIP.

Children, adolescents and families

There was evidence of mixed success regarding the programme's communication with families. A minority of the parents, carers and adolescents interviewed reported that they were unaware of the extent to which their residential experience would involve targeted interventions before participating. It was suggested that more could have been done to communicate this aspect of the programme to families, as opposed to framing the programme as an opportunity to have an experience out-of-borough as a family.

However, evidence from family interviews, as well as staff and practitioner interviews, suggests that this was primarily the case for earlier interventions, suggesting that lessons have been learnt, and changes implemented to ensure that families fully understand the aims and objectives of the FLIP programme.

This is further evidenced by programme documentation, with documents used to communicate to families changing over time to place more emphasis on the nature of the interventions that would take place during the residential experience, and less emphasis on the setting.

Several practitioners suggested that FLIP should continue to be transparent with families about the intended impacts of the programme, whilst balancing the need to frame FLIP as a social care intervention with the need to present FLIP as an opportunity that families will want to participate in.

Families reported that communication and engagement with them during the intervention was a key strength of the programme, and that the staff involved were skilled in building a rapport with children, adolescents and parents/carers, which helped to ensure that activities and interventions were successful.

Governance, leadership and programme management

FLIP is governed by a programme board which meets monthly. This board consists of the Assistant Director for Finance, the Assistant Director for Children's Social Care, Head of Finance, Group Accountant, two service managers, senior FLIP staff, a business manager, and senior education representatives, including from the Virtual School. Staff and practitioners were largely positive about the governance and leadership of FLIP, with particular praise emerging for the accessibility of the leadership team for any questions which practitioners may have.

Programme accountability

Practitioners reported that their understanding of lines of accountability was limited, and that this was particularly apparent during residential interventions. In particular, visiting practitioners reported that they were not always aware of who they were accountable to during residential interventions and who was in charge of the intervention.

Evidence of FLIP's impact on the Innovation Programme's objectives and areas of focus

We have collected a range of evidence from a number of sources, including qualitative and quantitative data from consultation with children and adolescents, parents and carers, programme staff and external stakeholders. However, the findings that follow are emergent and based on the interim FLIP operating model. Caution should be applied in interpreting these findings as they do not relate to the final, intended FLIP operating model. However, the following section provides insights on the basis of the evidence we do have and also, in relation to value for money, sets out a methodology for evaluating the final FLIP model once established and operational.

Value for money across children's social care

FLIP intends to avoid costs, make more effective use of resources, and generate income for Hackney Council. In order to explore the extent to which FLIP may be achieving these objectives, we have conducted 7 case study analyses, comparing the cost of the FLIP intervention with the benefits observed following the interventions. This analysis should be treated with caution due to the small sample size involved.

The results of these cost benefit case study analyses are summarised in Table 1 below. More information on the methodology and individual case studies is provided in Appendix 4. It should be noted that the net cost/saving after 12 months is calculated based on the assumption that the outcomes observed 6 months following participation in FLIP will be maintained for a further 6 months. As a result, interpretation of these calculations should be treated with caution.

Table 1: Summary of cost benefit analysis case studies[21]

Intervention	Net cost/saving after 6 months	Net cost/saving after 12 months
A	£2,186.50	-£15,313.50
B	£2,186.50	-£15,313.50
C	-£7,469.67	-£43,375.83
E	-£12,091.00	-£43,868.50
G	£22,520.50	-£15,479.50
H	£4,317.67	-£15,426.17
N	£41,087.77	£62,489.04
Total	**£52,738.27**	**-£86,287.96**
Average per intervention	*£7,534.04*	*-£12,326.85*
Estimated total for 14 interventions	**£105,476.54**	**-£172,575.92**

[21] A negative value indicates that costs of approximately this amount may have been avoided.

This analysis shows that, based on observed outcomes 6 months following participation in a FLIP intervention, the programme has an average net cost of £7,534 per intervention. Scaled up across all 14 interventions, this would amount to an estimated net cost of £105,477.

However, if the outcomes observed 6 months following the FLIP intervention are assumed to be maintained for a further 6 months, the interventions result in an estimated average net saving of £12,327 per intervention. Scaled up across all 14 interventions, this would amount to an estimated net saving of £172,576. This analysis should be treated with caution as there is no guarantee that positive impacts will be sustained a further 6 months. The further into the future we predict the less likely it is to be true.

It should be noted that stakeholders reported that it is likely that FLIP will be able to work with a higher number of families per month once the permanent FLIP residential setting is established, which is likely to reduce the average cost per intervention and, therefore, potentially increase the cost benefits offered by FLIP. A senior FLIP stakeholder reported that running costs for the permanent FLIP residential setting, excluding the capital costs involved in establishing the setting, should be less per family than the costs of the interim model's interventions. Several stakeholders reported that there would be high demand for the permanent service and that the risk of under-occupation would be low. It is challenging to predict the cost effectiveness of the fully implemented FLIP model at this stage. However, this should be an area for continued evaluation and scrutiny for FLIP.

Case file review data for comparator matched pairs was also used to estimate costs in the 6 and 12 months following when the comparator young person would have been referred to FLIP, had the service been available, or had sufficient capacity, at the appropriate point in time. Using these costs as a counterfactual, it is possible to estimate the savings made in relation to FLIP participants, compared to the comparator scenario in which FLIP was not available. It should be noted that this comparison should be treated with caution due to a small sample size, and because, whilst every effort has been made to ensure matched pairs have similar characteristics, there are differences between pairs.

Table 2 summarises the results of this comparison:

Table 2: Comparison of costs between matched pairs[22]

Matched pair	Difference in change in costs at 6 months between participant and comparator	Difference in change in costs at 12 months between participant and comparator
A	£0.00	£0.00
B	-£448.50	-£897.00
C	-£12,578.33	-£30,990.00
E	-£25,496.83	-£61,655.83
G	£20,333.00	£85,499.00
H	-£15,966.17	-£83,183.00
N	£4,322.94	£5,729.21
Total	**-£29,833.89**	**-£85,497.92**
Average per intervention	*-£4,261.99*	*-£12,213.95*

The analysis shows that, based on observed outcomes 6 months following participation in a FLIP intervention, participants incurred costs on average £4,262 less than comparator young people who did not participate in FLIP. Scaled up across all 14 interventions, this would amount to an estimated reduction in incurred costs of £59,668.

If the outcomes observed 6 months following the FLIP intervention are assumed to be maintained for a further 6 months, and the same assumption is made about comparator young people, the interventions result in an estimated average reduction in incurred costs of £12,214 per intervention. Scaled up across all 14 interventions, this would amount to an estimated reduction in incurred costs of £170,995. As with previous analysis, this should be treated with caution as there is no guarantee that positive impacts will be sustained for a further 6 months. The further into the future we predict, the less likely it is to be true.

Improved life chances for children receiving help from the social care system

All FLIP participants were receiving help from the social care system prior to their involvement with FLIP. As outlined in the key findings for children and adolescents on the edge of care, and for siblings at risk of becoming edge of care adolescents, there is emerging, but not conclusive, evidence to suggest that participation in FLIP is improving life chances for these young people through:

- improvements in NEET status and engagement with education

[22] A negative value indicates that following the FLIP intervention the participant incurred costs less than their comparator, when compared with costs prior to the intervention, meaning that costs may have been greater for the participant had they not participated in FLIP. A positive value indicates the opposite, meaning that following the FLIP intervention the participant incurred costs greater than their comparator, when compared with costs prior to the intervention.

- reductions in the risk of gang involvement
- reduction in criminal offending

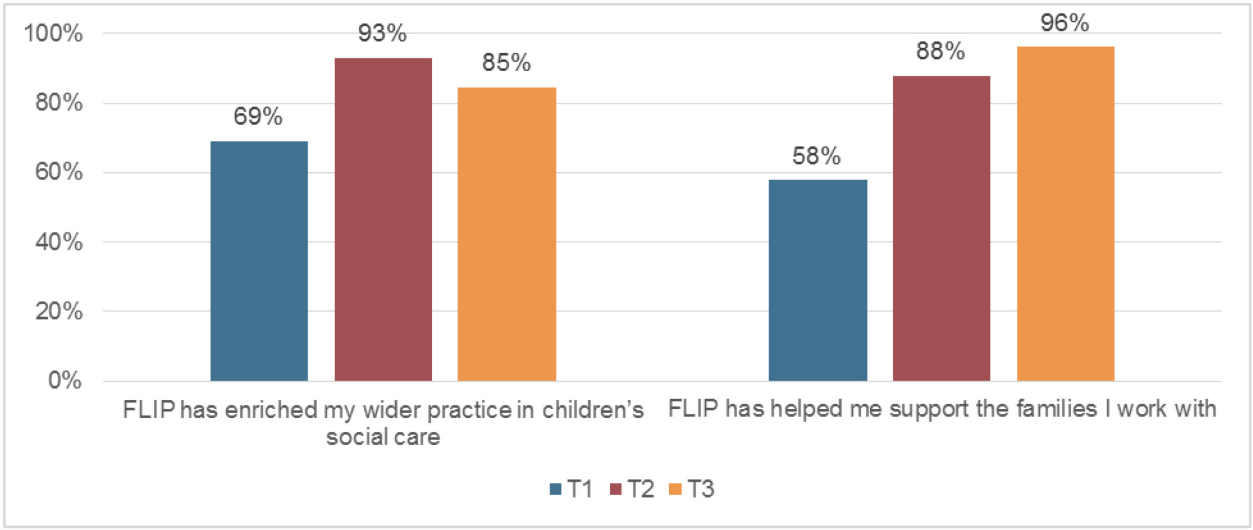
However, the above findings are based on early findings relating to the interim FLIP operating model. Due to the timescales of the evaluation it has not been possible to ascertain whether the FLIP model may lead to improved life chances for adolescents receiving help from the social care system in the long term: meaning the majority of this evidence relates to a relatively short time period post the FLIP intervention.

Professional practices and methods in social care

Impact tool data and qualitative consultation with practitioners provides positive evidence regarding increased knowledge and expertise of, and confidence in, professional practices and methods in social care, in particular, around working with children and adolescents on the edge of care, as outlined in the key findings for practitioners.

Figure 4 displays further impact tool data which suggests that practitioners found FLIP to have enriched their wider practice, and helped them to support the families they work with. In addition, between 50% and 62%[23] of practitioners reported having received development opportunities or training as a result of their involvement with FLIP.

Figure 4: Practitioner impact tool data - % of respondents who agree or strongly agree, T1, T2 and T3[24]



Source: Impact tool data

[23] 62% at T1, 51% at T2, 50% at T3.
[24] Response rates for T1 and T2 range between 41 and 45. However, due to missing data and the timing of interventions in relation to the evaluation response rates for T3 are lower, at 26. As a result, comparisons with T3 data should be treated with caution.

Organisational and workforce culture in social care

Practitioners and stakeholders highlighted the value of FLIP's multi-practitioner approach, which involved wider practitioners such as teachers, Young Hackney youth workers and YOT workers attending residential interventions alongside FLIP staff. It was suggested that this led to improved communication between different practitioners, and also shared learning which carried over into practitioners' wider practice. Practitioners and stakeholders mentioned the effectiveness of the FLIP team working with the families: one practitioner commented on FLIP's joint values and sense of purpose and stated: "I've been amazed about the way people stand together".

The lives of children, young people and families

As outlined in the key findings for children and adolescents on the edge of care, siblings at risk of becoming edge of care adolescents, and parents and carers of adolescents on the edge of care, there is emerging evidence to suggest that participation in FLIP is positively impacting on the lives of children, young people and families through:

- strengthening families' relationships and resilience
- improving family aspiration and parenting confidence
- reduced likelihood of breakdowns in care
- reduced gang involvement
- reduced risk of CSE
- reduced criminal offending

The perception of children, young people and families of service quality

Children, young people and their families were generally positive regarding the quality of FLIP. Parents/carers and children/adolescents spoke positively regarding the FLIP team and social workers who attended the residential intervention, with many mentioning improved relationships with social workers since attending FLIP. One parent/carer commented: "we got to know each other as human beings".

The majority of parents and carers interviewed spoke positively regarding their time on the intervention, and reported that the interventions and activities were beneficial to them. Whilst each family undertook different interventions tailored to their individual needs, particular frequent themes highlighted included improved communication skills; challenging fears, and learning about themselves and their family as a result of being involved in FLIP. In 2 cases parents/carers highlighted they would have preferred more one-to-one activities for their individual children, with one parent/carer commenting: "a

more direct therapeutic approach for [subject child/adolescent] would have been more useful".

Local leadership and governance, including systems and processes in children's social care

Practitioners and stakeholders reported collectively that FLIP's leadership and governance was effective, with FLIP management setting clear goals and direction, planning efficiently and managing proactively and flexibly. One practitioner highlighted a specific example of effective management and flexibility, when the team adapted the intervention in one case, in response to concerns that the young person would have problems due to high levels of needs. A minority of those interviewed reported that there was a lack of clarity regarding who was leading the intervention. However it appears that this was an issue during the early stages of FLIP and has since been addressed, with one stakeholder commenting that the FLIP team is now aware that its purpose is to support the social workers and not to deliver the interventions themselves.

Stronger incentives and mechanisms for innovation, experimentation and replication of successful new approaches

All of the practitioners and stakeholders interviewed stated that they would recommend a model like FLIP to other areas or practitioners. This was attributed to it being an innovative, creative and pioneering programme, which enables them to observe families in a different way and build relationships with them and other professionals.

Lessons learned about the barriers to FLIP

Key barriers to the establishment of the full FLIP operating model identified by the evaluation are:

- delays in identifying and purchasing an appropriate property to act as the residential setting for interventions
- delays in securing appropriate planning permission for the residential setting
- negative media coverage and local opposition relating to the residential setting

Lessons learned about the facilitators to FLIP

Despite the barriers outlined above, FLIP was able to establish itself as an interim model. This was aided by:

- strong communication and engagement with other professionals. Interviewees mentioned that emails and meetings, including planning, debrief and reflection

sessions, were used proactively, appropriately and effectively, involving a wide range of relevant professionals. However, whilst stakeholders reported that word of mouth about the programme was making a big impact on engaging professionals, practitioners suggested that communication to wider social services and other services could be better utilised to increase awareness and engagement

- the comparatively rural settings of FLIP interventions was highlighted by a number of practitioners, stakeholders, children/adolescents and parents/carers as being a particular strength of the programme. Taking families out of their own environment and routines gave them a fresh perspective

- practitioners and stakeholders reported that FLIP's inclusion of a range of practitioners involved with the subject families brought benefits both to the families, but also to practitioners through shared learning

It is also important for the success of FLIP that both practitioners and families involved in FLIP are clear about the reasons for the intervention and the outcomes that it is aiming to achieve. This clarity should feed into all aspects of the FLIP intervention, through, for example, referral, assessment, agreeing the intervention plan and the process after families have received the FLIP intervention.

Limitations of the evaluation and future evaluation

Limitations of the evaluation and key findings

The primary limitation of the evaluation is that, due to the delays in establishing the full FLIP model, the evaluation is not of the intended FLIP model, but rather of an interim operating model. Therefore, caution should be applied to the findings, and further evaluation should take place of the full intended FLIP model, once established.

Secondly, the evaluation was limited by the time constraints of the evaluation period. This has resulted in the full FLIP operating model not yet being established and so unable to be covered by the evaluation, and fewer families than expected have been engaged with the programme. Innovative projects, particularly those that involve a residential element or large capital expenditure, take time to get off the ground and embed, and, in light of this, the evaluation period would have benefitted from being extended.

Thirdly, due to the various barriers mentioned above, fewer families than expected have engaged with FLIP. This has resulted in the evaluation being based on less data than originally intended. However, to address this, we have endeavoured to embed evaluation practice into the model: for example, through the scheduling of impact tool completion as a part of individual intervention planning, to ensure that evaluation can be continued by the FLIP team after this initial evaluation period.

A methodological limitation of the evaluation is that interviews with families were conducted at T2, immediately following their participation with FLIP. At this point in time it would not be possible to capture any sustained effects of the intervention, and it is likely that this may be when family members are most positive about their participation in FLIP, particularly in cases where impacts were not then sustained. Whilst it was necessary for the purposes of this evaluation to conduct interviews at T2, due to time constraints, it is recommended that future evaluation of the innovation could also include a further interview with family members 6 months following the residential intervention. This would enable the evaluation to better evidence the sustained impacts of the innovation.

A further limitation to the evaluation related to incomplete or missing impact tool data, making it difficult to form conclusions where data was only available for specific interventions at certain time. This issue was particularly seen at T3 due to the evaluation time-period, where a lack of data, particularly for child/adolescent impact tools, makes it problematic to track the long-term effectiveness of FLIP.

In terms of evidencing change and attribution, assessing the impact of FLIP on its desired outcomes for children and adolescents, siblings, parents/carers and practitioners is challenging for a range of reasons:

- attribution: a range of services operate across Hackney that work with young people and families and these may also be seeking to improve outcomes that FLIP aims to address, isolating the impact of FLIP in comparison to these other services is difficult
- the range of outcomes that FLIP aims to address are not consistent across all participants. FLIP aims to address different outcomes with different adolescents, siblings and parents/carers, it aims to offer bespoke support to participants
- fourteen families have received support from FLIP so far, which, combined with the above point, makes judgements concerning the success of FLIP across outcomes challenging, due to the small size of the population that has received support

It should also be remembered that the groups FLIP is working with are amongst the most vulnerable in society and this should be considered when interpreting the findings. It is challenging for a 5 day residential intervention (which is how the FLIP interim model is currently working) on its own to achieve and sustain the outcomes that FLIP intends. The cohort consists of very vulnerable families and individuals, and therefore what counts as success for the innovation may be as simple as reducing or preventing negative change in indicators, as opposed to causing positive changes, and this should be considered when evaluating and interpreting the impact of the innovation.

The appropriateness of the evaluative approach for FLIP

In general the evaluative approach has been well suited to FLIP, with practitioners becoming increasingly aware of the importance of timely completion of impact tools, and evaluation fieldwork taking place separately from the interventions themselves, thereby not affecting practitioners' work with families.

However, a permanent residential setting for FLIP would allow the evaluation activities to become more embedded in the interventions, and offer the benefits of having a larger, permanent staff team who would be well acquainted with the research tools and methods.

Capacity for future evaluation and the sustainability of the evaluation

It was suggested by senior stakeholders that evaluation activities based on the methodology used in this evaluation will be continued by the FLIP team as the programme continues to develop. In particular, it was suggested that the move to a permanent residential setting with a larger, permanent staff will build capacity for future evaluation.

Plans for further evaluation by FLIP

Senior FLIP stakeholders suggested that further evaluation will continue in a similar way, with T1, T2 and T3 evaluative measures used, in addition to an impact tool evaluation 6 months after the intervention. Two of the stakeholders agreed that the FLIP team will need to continue to grow and develop to ensure the skills and capacity are in place for ongoing evaluation plans.

Implications and Recommendations for Policy and Practice

Evaluative evidence for capacity and sustainability of FLIP

It was confirmed by several senior stakeholders that Hackney Council is committed to ongoing funding of the FLIP programme as it moves towards its permanent model.

Qualitative consultation suggests that, in the future, as the capacity of FLIP develops, FLIP will aim to target children and adolescents in residential placements, as well as developing the model to sell to other local authorities. They reported that, in order for FLIP to be sustainable and to secure ongoing funding once the permanent setting is established, certain costs savings will need to be made and evidenced, and it was felt that by targeting young people in residential placements, the considerable savings associated with any success in enabling young people to return to being cared for, either in a foster care placement or in the family setting, would present a strong case for future strategic investment in the FLIP model.

However, it was reported that the planning permission granted for the permanent residential setting has placed a restriction on the number of people permitted on the property at any one time. This will mean that intended plans for foster carer training and support based at the FLIP house, and training for practitioners at the Centre for Learning, will have to be reconsidered.

Conditions necessary for FLIP to be embedded

It was reported by senior stakeholders that FLIP is becoming embedded within social work practice in Hackney. For example, new social workers meet with members of the FLIP team as part of the induction process, ensuring that all relevant practitioners will have a working knowledge of FLIP's activities.

For the full intended FLIP model to be embedded, the evaluation has identified the following conditions as being necessary:

- the establishment of a permanent, appropriate residential setting
- partnership working between FLIP staff, Hackney social care staff, and wider practitioners working with the subject young people
- continued engagement from senior stakeholders within Hackney Council
- continued evaluation of the innovation as it moves into a full model

Considerations of future development of FLIP

Recommendations for FLIP

Based on the findings of this evaluation, the following recommendations are made for consideration for the future development of FLIP:

A focus on strengthening family relationships.

- FLIP's theory of change outlines the intervention's impacts as including reduced vulnerability to gang involvement or experience of CSE, in addition to strengthening family relationships and resilience. However, the activities outlined by the FLIP model, and those observed by the evaluation, are focused largely on strengthening family relationships and resilience. It is recommended that FLIP consider refining its theory of change to place a greater focus on strengthening family relationships. Whilst it is acknowledged that improved family relationships can have an impact on wider outcomes, including a young person's vulnerability to gang involvement or offending for example, it is suggested that, by focusing more tightly on families where family relationships can be strengthened as the primary impact of FLIP, the innovation can hope to both ensure its impact can be better measured, and that its target cohort can be refined to increase likelihood of success

Ensure referrals are edge of care due to internal factors within the family system.

- building on the above recommendation, it is recommended that FLIP ensure it recruits families where the primary factors causing a child/adolescent to be considered edge of care are internal factors within the family system. This will ensure that the innovation is focusing on working with cases where improvements in family relationships is likely to lead to a reduced chance of a breakdown in care, and to positive impacts on a range of other outcomes in its theory of change/logic model. This is not to suggest that young people presenting with external risk factors, such as involvement in criminal offending, gangs, anti-social behaviour (ASB), CSE, aggressive sexual behaviour, substance misuse and going missing, should be excluded from participation in FLIP. Rather, the FLIP team should ensure that in cases where a young person is presenting with these factors, it is confident that it is family relationships, as opposed to other factors, which are likely to lead to a breakdown in care without the FLIP intervention

Continue to focus future interventions on adolescents on the edge of care.

- analysis of the case file reviews shows that adolescents are more likely to present with some distinct risk factors compared with children. This is also highlighted in the FLIP proposal and provided as a rationale for the programme's intended focus on adolescents on the edge of care. Continuing to focus future interventions on adolescents, as opposed to children, will help to ensure that FLIP's activities are aligned with its intended outcomes. For example, FLIP and other staff are less likely to

develop expertise, skills and knowledge working with adolescents on the edge of care, if children on the edge of care are also accepted as subject participants of FLIP

Ensure that FLIP focuses on recruiting families who present a good opportunity for FLIP to result in cost avoidance and reduction.

- for example, FLIP should target families who have adolescents who are on the edge of care where it is likely that FLIP can make a significant difference in reducing the risk or actuality of the child/young person being in care, or being in residential care; or of a breakdown in foster care placement, leading to a new foster care placement being required. If it is likely that the child/young person is likely to exit, or avoid, care independent of experiencing FLIP, this may not be the best allocation for the programme

Continue to ensure that a focus on outcomes improvement is embedded throughout the FLIP process.

- it is important for the success of FLIP that both practitioners and families involved in FLIP are clear about the reasons for the intervention and the outcomes that it is aiming to address. This clarity should feed into all aspects of the FLIP intervention, through, for example, referral, assessment, agreeing the intervention plan and the process after families have received the FLIP intervention

Review paperwork levels and ensure their importance is communicated to practitioners.

- interview data indicated that some practitioners reported participating in FLIP resulted in the need to complete a high volume of paperwork. Therefore, it is recommended that FLIP review the current levels of paperwork required, to ensure no duplication, and that paperwork is not burdensome. Additionally, the importance of completion of paperwork, for example for monitoring of progress and adequate assessment of risk, be communicated to all practitioners to ensure compliance. This includes the completion of impact tools to enable ongoing evaluation of the innovation

Review FLIP lines of accountability.

- this particularly relates to feedback that suggests practitioners are not aware of who they are accountable to, particularly during the residential interventions. Practitioners also need to be aware of the member of the senior team who should be contacted in the event of either health and safety or safeguarding issues

Review plans for ongoing support following participation in FLIP.

- it is recommended that FLIP review procedures for planning and implementing ongoing support following participation. The evaluation found that some staff and stakeholders reported impacts not being sustained following the residential intervention, as a result of a lack of ongoing support

Ensuring that evaluation is embedded into FLIP, especially when it starts to operate a model more closely in keeping with its original business case.

- the evaluation was collaboratively designed to help Hackney ensure that evaluation practice is embedded, through the use of time 1, 2 and 3 impact tools for adolescents experiencing FLIP. We recommend embedding these, or similar, into FLIP to ensure that it is having the positive impact on outcomes which it desires

Recommendations for the Innovation Programme

- provide both innovations and their evaluations with longer timescales to demonstrate impact. This evaluation has evaluated an interim FLIP model, as opposed to the actual model, which aimed to operate out of a bespoke residential unit. Innovations take time to implement and evaluations should be commissioned that reflect the practical realities and timescales of delivering innovation programmes on the ground

Appendix 1 – Theory of change

The theory of change for FLIP, shown below, is based on a review of FLIP documentation and a workshop with colleagues in Hackney in July 2015. It was developed in collaboration with, and approved by, colleagues in Hackney, prior to its use in the evaluation.

Inputs, leading to… ➔	Activities, leading to… ➔	Outputs, leading to… ➔	Impact, leading to… ➔	Outcomes
Funding • £1,800,000 capital budget • £530,000 operating budget (to the end of March 2016) Staff • Hackney FLIP Programme Manager • Hackney staff input on the following work-streams: service development and impact; family interventions; recruitment and staffing; training and learning; finance and estates • FLIP Manager • FLIP Administrator • Youth Worker • Senior House Parents • Two House Parents • Social Worker (unit) • Social Worker (rota) • teacher/tutor • specialist staff such as clinical psychologists, Occupational Therapists, Speech and Language Therapists, gang workers, children sexual exploitation services who have existing	Tailored intensive residential interventions (for 1 – 6 weeks for around 25 adolescents on the edge of care/in an unstable placement and their families and younger siblings) • social workers support families to enable participation • intervention planning sessions delivered within 48 hours of arrival for whole family, including goal setting • intensive evidence-based therapeutic interventions for families (for example Incredible Years, family therapy, social pedagogy) • aspiration-raising experiences for example outdoor activities, education and learning • specialist support from practitioners with an existing relationship with the young person and/or their family • referral to additional services as necessary for example debt support, employment and training	Residential intervention • the number of families (adolescents, parents/carers and/or siblings) who experience the residential intervention • the number of intervention planning sessions delivered within 48 hours • the number of days spent by families in the residential setting • the number of families who receive intensive therapeutic interventions • the number of families participating in aspiration-raising experiences, such as outdoor activities • the number of families receiving specialist support • the number of families referred to additional services • the number of families receiving follow-up outreach work and support • the number of matched foster carers and adolescents receiving intensive preparation and support for example	Adolescents on the edge of care • increased long term resilience • increased aspiration (of various kinds) • improved family relationships and reduced risk of family breakdown • increased pro-social behaviour • reduced likelihood of going into care • increased likelihood of placement stability • reduced likelihood of going in to long term residential care • reduced vulnerability (for example to involvement in gangs or experience of CSE) Younger children (siblings) at risk of becoming edge of care adolescents • increased long term resilience • improved family relationships and reduced risk of family breakdown	Adolescents who are on the edge of care or children who are at risk of being edge of care • more cared for in a 'family' setting • fewer are or become edge of care • reduction in children who have to be looked after • increased care stability (fewer transitions) • reduced use of long term residential care and independent foster carer placements • reduced gang involvement • reduced youth criminal offending • reduced experience of CSE • increased school attainment • improved emotional wellbeing • reduced experience of being NEET • reduced missing episodes Hackney social care system • reduced demand on social workers (for example on

Inputs, leading to… ➔	Activities, leading to… ➔	Outputs, leading to… ➔	Impact, leading to… ➔	Outcomes
relationships with adolescents • backfilling positions of specialist and visiting staff Setting • residential setting	support • follow-up outreach work and support provided • intensive preparation, support and training for newly matched adolescents and foster carers at start of placement • preventative work with siblings of adolescents on the edge of care • non-residential step down support and respite Training of around 50 foster carers and identified extended family members • train and support foster carers, including training co-facilitated by experienced foster carers and care leavers • train foster carers in relation to specific adolescents who have participated in FLIP • match foster carers (or connected person carers) with adolescents (including those for whom FLIP has not achieved family re-integration)	placement planning meetings • the number of adolescents at risk of being edge of care participating • the number of preventative sessions sold to external LAs and third sector organisations Training foster carers and extended family members • the number of foster carers and extended family members trained and supported, including by experienced foster carers and care leavers • the number of foster carers or extended family members trained in relation to specific adolescents who have participated in FLIP • the number of adolescents who are matched by FLIP with specialist foster carers or trained extended family members • the number of foster care placements that are sold to external LAs	• reduced likelihood of presenting to children's social services Parents and carers of adolescents on the edge of care • parents and carers are engaged, made more accountable and have a reinvigorated sense of parental responsibility • family relationships are improved and reduced risk of family breakdown • strengthen long term parenting capacity • increased parenting confidence • enhanced family resilience • enhanced family aspiration Foster carers and connected person carers • more in-house foster carers or connected person carers • increased capacity to foster adolescents • increased capacity to undertake preventative work re. CSE and gang involvement	children in need and advice and assessment units) For funders and taxpayers • costs avoided • more effective use of resources • income generated

Inputs, leading to… ➔	Activities, leading to… ➔	Outputs, leading to… ➔	Impact, leading to… ➔	Outcomes

	• sell foster care placements to external LAs
	
	A centre of learning for sector wide building and sharing of edge of care expertise
	• provision of opportunities for practitioners, partner agencies and other organisations to:
	  • carry out observations (for example via a one-way mirror room)
	  • participate in training
	  • participate in workshops
	  • participate in action learning sets
	  • participate in group learning sessions
	• evaluate effectiveness of interventions
	• share lessons learned and best practice
	• link with other LAs supporting edge of care adolescents and jointly disseminating learning
	• sell training spaces and whole training sessions for external agencies or partners
		Centre of excellence
		• the number of practitioners who have had opportunities to:
		  • carry out observations (for example via a one-way mirror room)
		  • participate in training
		  • participate in workshops
		  • participate in action learning sets
		  • participate in group learning sessions
		• the number of practitioners evaluating their interventions
		• the number of training sessions and training spaces which are sold to external agencies or partners
		• the number of consultancy days sold to external agencies or partners
			• increased confidence to support adolescents on the edge of care and their families
			
			Practitioners
			• increased knowledge, skills, understanding and expertise in working with adolescents on the edge of care
			• increased confidence in supporting adolescents on the edge of care
			• increased evidence-based practice
			• challenging and developing culture of social work	

Inputs, leading to… ➔	Activities, leading to… ➔	Outputs, leading to… ➔	Impact, leading to… ➔	Outcomes
	• promote FLIP • provide consultation and guidance for external partners and agencies			

Table 3: Summary of FLIP's intended impacts and outcomes

Impacts	Outcomes
For adolescents on the edge of care • increased long term resilience • increased aspiration (of various kinds) • improved family relationships and reduced risk of family breakdown • increased pro-social behaviour • reduced likelihood of going into care • increase likelihood of placement stability • reduced likelihood of going in to long term residential care • reduced vulnerability (e.g. to involvement in gangs or experience of CSE)	For adolescents who are on the edge of care or children who are at risk of being edge of care • more cared for in a family setting • fewer are or become edge of care • reduction in children who have to be looked after • increased care stability (fewer transitions) • reduced use of long term residential care and independent foster carer placements • reduced gang involvement • reduced youth criminal offending • reduced experience of CSE • increased school attainment • improved emotional wellbeing • reduced experience of being NEET • reduced missing episodes
For younger children (siblings) at risk of becoming edge of care adolescents • increased long term resilience • improved family relationships and reduced risk of family breakdown • reduced likelihood of presenting to children's social services	For the Hackney social care system • reduced demand on social workers (for example on children in need and advice and assessment units)
For parents and carers of adolescents on the edge of care • parents and carers are engaged, made more accountable and have a reinvigorated sense of parental responsibility • family relationships are improved and reduced risk of family breakdown • strengthen long term parenting capacity • increased parenting confidence • enhanced family resilience • enhanced family aspiration	For funders and taxpayers • costs avoided • more effective use of resources • income generated
For foster carers and connected person carers • more in-house foster carers or connected person carers • increased capacity to foster adolescents • increased capacity to undertake preventative work relating to CSE and gang involvement • increased confidence to support adolescents on the edge of care and their families	

Impacts	Outcomes
For practitioners • increased knowledge, skills, understanding and expertise in working with adolescents on the edge of care • increased confidence in supporting adolescents on the edge of care • increased evidence-based practice • challenging and developing culture of social work	

Table 4: Summary of FLIP's intended activities

Key activity area	Activities
Tailored intensive residential interventions (for 1 – 6 weeks for around 25 adolescents on the edge of care/in an unstable placement and their families and younger siblings)	• social workers support families to enable participation • intervention planning sessions delivered within 48 hours of arrival for whole family, including goal setting • intensive evidence-based therapeutic interventions for families (for example Incredible Years, family therapy, social pedagogy) • aspiration-raising experiences for example outdoor activities, education and learning • specialist support from practitioners with an existing relationship with the young person and/or their family • referral to additional services as necessary for example debt support, employment and training support • follow-up outreach work and support provided • intensive preparation, support and training for newly matched adolescents and foster carers at start of placement • preventative work with siblings of adolescents on the edge of care • non-residential 'step down' support and respite
Training around 50 foster carers and identified extended family members	• train and support foster carers, including training co-facilitated by experienced foster carers and care leavers • train foster carers in relation to specific adolescents who have participated in FLIP • match foster carers (or connected person carers) with adolescents (including those for whom FLIP has not achieved family re-integration) • sell foster care placements to external LAs

A centre of learning for sector wide building and sharing of edge of care expertise	• provision of opportunities for practitioners, partner agencies and other organisations to:
	  • carry out observations (for example via a one-way mirror room)
	  • participate in training
	  • participate in workshops
	  • participate in action learning sets
	  • participate in group learning sessions
	• evaluate effectiveness of interventions
	• share lessons learned and best practice
	• link with other LAs supporting edge of care adolescents and jointly disseminating

Key activity area	Activities
	learning • sell training spaces and whole training sessions for external agencies or partners • promote FLIP • provide consultation and guidance for external partners and agencies

Appendix 2 – Existing research evidence for principles of the FLIP model

Principle of model	Underpinning hypothesis	Existing research evidence
Working with young people and families outside the care system with an aim of supporting families to stay together.	The move of a young person into care kick-starts a set of (costly) statutory processes and timescales which do not provide the space for tailored responses to individual families, or keeping parents and young people engaged.	Research from Ofsted into preventing young people entering care found that older children entering care are less likely to achieve better outcomes (London Borough of Hackney DfE Innovation Programme FLIP proposal, 2015). The Thomas Coram Research Unit found that placement measures in other European countries can be used as options for intervention when working with a child and family, rather than an alternative when interventions have failed (London Borough of Hackney DfE Innovation Programme FLIP proposal, 2015).
Maintaining continuity of relationships for young people, and ensuring support is provided by highly qualified professionals, by using Hackney-based professionals to support young people and families.	Young people and families can be best supported through having continuity in relationships with key professionals before, during and after the intervention.	There is research evidence that specific interventions, with a gradual tapering off of support after completion, increases the likelihood that gains made are sustained (Research in Practice: Evidence scope: models of adolescent care provision, 2013).
Taking a holistic approach to focus on strengthening the resilience of the whole family for the long-term.	Sustained family change will have long term benefits for families, including improving outcomes for siblings of edge of care adolescents. Parenting work is an effective method for supporting families to stay together.	Research from the Thomas Coram Research Unit recommended that placement services are therapeutic and linked to other methods of intervention with the young person and family (London Borough of Hackney DfE Innovation Programme FLIP proposal, 2015).

Source: Final LB Hackney FLIP Proposal

Appendix 3 – Evaluation framework

The evaluation framework below shows how the intended outcomes and impacts of FLIP have been measured by the evaluation and the timescale within which relevant data has been gathered. It was developed in collaboration with, and approved by, colleagues in Hackney.

Outcomes		Evaluation questions	Indicators	Evidence gathering methods and tools	Timescale for collection
1	Adolescents who are on the edge of care or children who are at risk of being edge of care				
1.1	More adolescents in a 'family' setting[25]	• how far have adolescents been enabled to be cared for in a family setting? • how far have parents, extended family members and foster carers been enabled to care for adolescents?	• the number of FLIP participants[26] people being cared for in a family setting	• Hackney monitoring data (to include capturing trends over the last 3 years) • case file data • retrospective interviews with service users, practitioners and practitioners • impact tools[27]	• August 2015 – August 2016
1.2	Reduction in children who have to be looked after	• has the annual number of children being looked after reduced?	• the number of FLIP participants who are looked after • the number of FLIP participants entering care due to family dysfunction • the number of days spent in care by FLIP participants	• Hackney monitoring data (to include capturing trends over the last 3 years)	• August 2015 – August 2016

[25] Family setting refers to living with and being cared for by birth parent(s), extended family or foster carers.
[26] 'FLIP participants' is used here to refer to 11-15 year old participants who were on the edge of care before entering FLIP.
[27] Please note bespoke impact tools will be conducted with adolescents on entrance and exit to the service, practitioners on young person they're working with on entrance and exit to the service, parents/carers on young person's entrance and exit to the service and with foster carers on accessing training, exiting training and 3 months after exiting training.

Outcomes		Evaluation questions	Indicators	Evidence gathering methods and tools	Timescale for collection
1.3	Increased care stability and fewer transitions	• for those who have gone into care, have they experienced greater care stability and fewer transitions?	• the number of FLIP participants in care who have experienced greater care stability • the proportion of FLIP participants in care who have had three or more placement moves	• Hackney monitoring data (to include capturing trends over the last 3 years) • case file data • retrospective interviews with service users, staff and practitioners • impact tools	• August 2015 – August 2016
1.4	Reduced use of long term residential care and independent foster carer placements	• has the use of residential care and independent foster carers reduced?	• the number of FLIP participants who are in care, who are looked after in residential care or by independent foster carers	• Hackney monitoring data • case file data • impact tools	• August 2015 – August 2016
1.5	Reduced gang involvement	• how far have adolescents and children become less involved in gangs?	• the proportion of FLIP participants who self-report as being involved in a gang • the proportion of FLIP participants who are reported by parents, carers, family members and practitioners as being involved in a gang • for those who are reported to be involved in a gang, the extent of their involvement in a gang	• Hackney monitoring data • case file data • impact tools • retrospective interviews	• August 2015 – August 2016
1.6	Reduced criminal offending	• how far has the criminal offending of adolescents reduced?	• the proportion of FLIP participants who have committed criminal offences • of those who have committed criminal offences, the number of times they have committed criminal offences • of those who have	• Hackney monitoring data • case file data • impact tools • retrospective interviews	• August 2015 – August 2016

Outcomes		Evaluation questions	Indicators	Evidence gathering methods and tools	Timescale for collection
			committed criminal offences, the gravity scores associated with their offences		
1.7	Reduced experience of child sexual exploitation (CSE)	• to what extent has the experience of CSE reduced?	• the number of FLIP participants who are at risk of CSE • the number FLIP participants who experience CSE	• Hackney monitoring data • case file data • impact tools • retrospective interviews	• August 2015 – August 2016
1.8	Increased school attainment	• to what extent has the school attainment of adolescents increased?	• the number and level of qualifications achieved or level of attainment according to teacher/tutor judgement among FLIP participants	• Hackney monitoring data, especially virtual school monitoring data • case file data • impact tools • retrospective interviews	• August 2015 – August 2016
1.9	Improved emotional wellbeing	• to what extent has emotional wellbeing improved?	• the number of FLIP participants whose level of wellbeing has improved between entrance and exit • the extent to which FLIP participants' wellbeing has improved	• impact tools • retrospective interviews • case file data	• August 2015 – August 2016
1.10	Reduced experience of being NEET	• to what extent has the experience of being NEET reduced?	• the number of FLIP participants reporting as, or being reported as, NEET	• Hackney monitoring data • case file data • impact tools • retrospective interviews	• August 2015 – August 2016
1.11	Reduced episodes of missing children	• to what extent have missing episodes reduced?	• the number of missing episodes reported for FLIP participants	• impact tools • retrospective interviews • case file data	• August 2015 – August 2016

Outcomes		Evaluation questions	Indicators	Evidence gathering methods and tools	Timescale for collection
2	***Hackney social care system***				
2.1	Reduced demand on social workers (for example on children in need (CiN) and advice and assessment units (A&A))	• how far has the demand placed on social workers in Hackney Children's Services reduced?	• the number of children in need social work units in Hackney • the number of advice and assessment social work units in Hackney	• Hackney monitoring data	• beyond the scope of the evaluation: one CiN unit to close by 16/17 and one A&A unit to close by 17/18
3	***For funders and taxpayers***				
3.1	Costs avoided	• how far have costs been avoided as a result of FLIP or are costs likely to be avoided as a result of FLIP?	• cost benefit analysis based on: a) the likely trajectory and costs incurred on behalf of FLIP participants had they not been involved in FLIP, informed by the matched pair comparator analysis, and b) the actual trajectories and costs incurred on behalf of FLIP participants. The Troubled Families Costs Database can be used to calculate costs	• Hackney monitoring data • case file data • impact tool • retrospective interviews	• data collected between August 2015 and August 2016.
3.2	More effective use of resources	• how far has FLIP been a more and led to a more effective use of resources?	• the amount of money spent on residential care and independent fostering agency services on behalf of	• Hackney monitoring data	• August 2015 – August 2016

Outcomes		Evaluation questions	Indicators	Evidence gathering methods and tools	Timescale for collection
			FLIP participants		
3.3	Income generated	• to what extent has Hackney been able to generate an income from the FLIP service?	• the amount of money generated through the FLIP service	• Hackney monitoring data	• August 2015 – August 2016
4	Parents and carers of adolescents on the edge of care				
4.1	Parents and carers are engaged, made more accountable and have a reinvigorated sense of parental responsibility	• how far are parents and carers engaged? • how far are parents and carers more accountable and with a sense of parental responsibility?	• level of parental engagement with the programme • the level of parental sense of responsibility at time 1 compared with time 2	• retrospective interviews • impact tool	• August 2015 – August 2016
4.2	Family relationships are improved and reduced risk of family breakdown	• how far have family relationships improved? • to what extent has the risk or occurrence of family breakdown been reduced?	• level of family functioning at time 1 compared with time 2 • level of risk of family breakdown at time 1 compared with time 2 • numbers of families which have had a child taken into care since FLIP intervention	• retrospective interviews • impact tools • Hackney monitoring data • case file data	• August 2015 – August 2016
4.3	Strengthen long term parenting capacity	• how far have parenting capacities been increased over the long term?	• level of parenting capacity at time 1 and time 2	• impact tools • retrospective interviews	• August 2015 – August 2016 • however, long term parenting capacity will be beyond the scope of the evaluation period

Outcomes		Evaluation questions	Indicators	Evidence gathering methods and tools	Timescale for collection
4.4	Increased parenting confidence	• how far have parents become more confident?	• level of parenting confidence at time 1 and time 2	• impact tools • retrospective interviews	• August 2015 – August 2016
4.5	Enhanced family resilience	• how far has family resilience increased?	• level of family resilience at time 1 and time 2	• impact tools • retrospective interviews	• August 2015 – August 2016
4.6	Enhanced family aspiration	• how far has family aspiration increased?	• level of family aspiration at time 1 and time 2	• impact tools • retrospective interviews	• August 2015 – August 2016
5	Foster carers and connected person carers				
5.1	More in-house foster carers	• are there more in-house foster carers?	• the number of in-house foster carers	• Hackney monitoring data	• July 2015 – August 2016
5.2	Increased capacity to foster adolescents	• to what extent do foster carers have increased capacity to work with adolescents?	• the number of foster carers with spaces	• Hackney monitoring data • retrospective interviews	• August 2015 – August 2016
5.3	Increased confidence to support adolescents on the edge of care and their families	• to what extent are Hackney foster carers more confident to support adolescents on the edge of care and their families?	• level of confidence of foster carers (who participate in FLIP) at times 1 (before training), 2 (after training) and 3 (and when matched with a FLIP young person)	• impact tools • retrospective interviews	• August 2015 – August 2016

Outcomes		Evaluation questions	Indicators	Evidence gathering methods and tools	Timescale for collection
5.4	Increased capacity to undertake preventative work relating to CSE and gang involvement	• to what extent do foster carers have increased capacity to undertake preventative work regarding gang involvement and CSE with adolescents?	• level of capacity of foster carers (who participate in FLIP) to undertake preventative work at times 1, 2 and 3	• impact tools • retrospective interviews	• August 2015 – August 2016
6	Practitioners[28]				
6.1	Increased knowledge, skills, understanding and expertise in working with adolescents on the edge of care	• to what extent do practitioners have increased knowledge, skills, understanding and expertise in working with adolescents on the edge of care?	• the level of knowledge, skills, understanding and expertise in working with adolescents on the edge of care among practitioners at time 1 and time 2	• impact tools • retrospective interviews	• August 2015 – August 2016
6.2	Increased confidence in supporting adolescents on the edge of care	• to what extent are practitioners more confident supporting adolescents on the edge of care?	• the level of confidence among practitioners at time 1 and time 2	• impact tools • retrospective interviews	• August 2015 – August 2016
6.3	Increased evidence-	• to what extent are practitioners making more	• the level of use of evidence	• retrospective interviews	• August 2015 – August

[28] 'Practitioners' here refers to practitioners who are involved with FLIP or who deliver it.

Outcomes		Evaluation questions	Indicators	Evidence gathering methods and tools	Timescale for collection
	based practice	use of evidence in their work?	amongst practitioners		2016
6.4	Challenging and developing culture of social work	• how is the culture of social work developing and becoming more challenging?	• the extent to which practitioners feel there is a developing and challenging culture of social work	• retrospective interviews	• August 2015 – August 2016

Appendix 4 – Cost benefit analysis

As well as improving outcomes for children, adolescents and families, FLIP intends to avoid fiscal costs, make more effective use of resources and generate income for Hackney Council. In order to explore the extent to which FLIP may be achieving these objectives, we have conducted 7 case study analyses, comparing the cost of the FLIP intervention with the benefits observed following the interventions.

The cost benefit analyses below are based on:

- data extracted from participant case files regarding their care status, placement, outcomes, and use of services, within the 5 to 6 months before and after FLIP
- estimated and proxy costs based on:
    - the Manchester New Economy unit cost database[29]
    - costs and tariffs reported within FLIP budget and finance information
    - other sources, as documented below, in relation to each cost

It is important to recognise that the cost benefit analyses presented below are limited for reasons including:

- all of the costs used are estimations and are not an exact indication of the cost of service use or avoidance in each case. For example, where we know that the young person was supported by Empower, we have had to use the average cost of a CSE intervention, as per Barnardo's calculations
- it is not known whether the outcomes, and use of services, after the FLIP intervention would have been observed had FLIP not been in place. Therefore, it is not possible to confidently attribute these outcomes (either positive or negative), and any resultant cost benefits to FLIP
- the case file reviews were conducted in either February 2016, or August 2016, and so in some cases we were not able to observe outcomes following FLIP for a full 6 months post-intervention. In these cases, we have therefore assumed that the outcomes observed at the time of review will be maintained to the 6 month point. Any subsequent change in outcomes (either positive or negative) and associated cost implications are therefore not captured by the analysis

In addition, it is likely that FLIP will be able to work with a higher number of families per month once the permanent FLIP residential setting is established, which is likely to reduce the average cost per intervention, and, therefore, potentially increase the cost benefits offered by FLIP.

---

[29] Manchester New Economy database

Table 5 summarises the cost benefit analysis case studies:

Table 5: Summary of cost benefit analysis case studies[30]

Intervention	Net cost/saving after 6 months	Net cost/saving after 12 months
A	£2,186.50	-£15,313.50
B	£2,186.50	-£15,313.50
C	-£7,469.67	-£43,375.83
E	-£12,091.00	-£43,868.50
G	£22,520.50	-£15,479.50
H	£4,317.67	-£15,426.17
N	£41,087.77	£62,489.04
Total	**£52,738.27**	**-£86,287.96**
Average per intervention	*£7,534.04*	*-£12,326.85*
Estimated total for 14 interventions	**£105,476.54**	**-£172,575.92**

Calculations for net cost/saving after 6 months are based on the following formula:

Total intervention costs + (Total costs in the 6 months post-intervention – Total costs in the 6 months pre-intervention) + Costs avoided in the 6 months post-intervention = Net cost 6 months post-intervention

Calculations for net cost/saving after 12 months are based on the following formula:

Total intervention costs + (Projected total costs in the 12 months post-intervention – (2 × Total costs in the 6 months pre-intervention)) + Projected costs avoided in the 12 months post-intervention = Net cost 12 months post-intervention

Case files were also reviewed for the comparator matched pairs, before and after a chosen date when they would likely have been referred to FLIP had the service existed or had sufficient capacity at the appropriate time.

Using this data, the change in costs between the 6 months prior to and the 6 months following the date that the young person would have participated in FLIP can be compared with the change in costs between the 6 months prior to and the 6 months following matched participants' participation in the FLIP intervention. The same has been done based on projected outcomes for 12 months following participation in FLIP.

Table 6 summarises the results of this comparison:

[30] A negative value indicates that costs of around this amount may have been avoided.

Table 6: Comparison of costs between matched pairs[31]

Matched pair	Difference in change in costs at 6 months between participant and comparator	Difference in change in costs at 12 months between participant and comparator
A	£0.00	£0.00
B	-£448.50	-£897.00
C	-£12,578.33	-£30,990.00
E	-£25,496.83	-£61,655.83
G	£20,333.00	£85,499.00
H	-£15,966.17	-£83,183.00
N	£4,322.94	£5,729.21
Total	**-£29,833.89**	**-£85,497.92**
Average per intervention	*-£4,261.99*	*-£12,213.95*

Calculations for the difference in change in costs at 6 months between participant and comparator are based on the following formula:

(Participant's cost of services in 6 months post-intervention – Participant's cost of services in 6 months pre-intervention) – (Comparator's cost of services in 6 months post-intervention – Comparator's cost of services in 6 months pre-intervention)

Calculations for the difference in change in costs at 12 months between participant and comparator are based on the following formula:

(Participant's projected cost of services in 12 months post-intervention – 2 × Participant's cost of services in 6 months pre-intervention) – (Comparator's projected cost of services in 12 months post-intervention – 2 × Comparator's cost of services in 6 months pre-intervention)

Intervention costs

Table 7 outlines how the estimated cost of individual interventions has been calculated:

Table 7: Estimated cost of individual interventions

Intervention cost	Cost per intervention	Details
Staffing costs	£16,436.50	See Table 8
Accommodation	£2,000.00	This is based on the assumption that 2 lodges have been used for each intervention, at a cost of £1,000 per lodge for each intervention

[31] A negative value indicates that following the FLIP intervention the participant incurred costs less than their comparator, when compared with costs prior to the intervention, that is that costs may have been greater for the participant had they not participated in FLIP. A positive value indicates the opposite, meaning that following the FLIP intervention the participant incurred costs greater than their comparator, when compared with costs prior to the intervention.

Intervention cost	Cost per intervention	Details
Activities	£500.00	This cost is based on the average weekly budgeted cost of activities as per the FLIP Budget
Transport	£750.00	This cost is based on the average weekly budgeted cost of transport as per the FLIP Budget
Total	**£19,686.50**	

Table 8 outlines how the estimated staffing costs have been calculated:

Table 8: Estimated staffing costs

Cost element	Cost
2015-16 staffing costs	£154,315.00[32]
April 2016 staffing costs	£10,050.00[32]
Total staffing costs to end of April 2016	**£164,365.00**
10 interventions conducted up to April 2016	
Average staffing costs per intervention	**£16,436.50**
14 interventions conducted in total	
Estimated total staffing costs	**£230,111.00**

[32] Source: FLIP Statements of Spend 2015-16 and April 2016.

Case study: Intervention A

Table 9: Cost benefit analysis of Intervention A

Costs borne in the 6 months pre-intervention	
Service	**Cost**
Children's social care – CIN case management[33]	£1,626.00
Young Hackney[34]	£650.00
Total costs pre-intervention	***£2,276.00***
Intervention costs	
Service	**Cost**
Accommodation	£2,000.00
Staffing	£16,436.50
Activities	£500.00
Transport	£750.00
Total intervention costs	***£19,686.50***
Costs borne in the 6 months post-intervention	
Service	**Cost**
Children's social care – CIN case management[35]	£1,626.00
Young Hackney[47]	£650.00
Total costs post-intervention	***£2,276.00***
Costs avoided in the 6 months post-intervention	
Service	**Cost**
Avoidance of going into care[36]	- £17,500.00
Total costs avoided post-intervention	***-£17,500.00***
Net cost of intervention	
Net cost 6 months post-intervention: Difference in costs pre- and post-intervention + any costs avoided post-intervention – cost of intervention	***£2,186.50***
Potential net cost 12 months post-intervention	***-£15,313.50***[37]

[33] The average total fiscal cost of Children in Need case management over a 6 month period, as per the Manchester New Economy unit cost database.
[34] An estimate of what one hour of mentoring may cost.
[35] The average total fiscal cost of Children in Need case management over a 6 month period, as per the Manchester New Economy unit cost database.
[36] The average cost of a LAC case over six months, as per the Paper 3 FLIP Financial Report.
[37] A negative value indicates that costs of around this amount may have been avoided.

Case study: Intervention B

Table 10: Cost benefit analysis of Intervention B

Costs borne in the 6 months pre-intervention	
Service	**Cost**
Children's social care – CIN case management[38]	£1,626.00
Total costs pre-intervention	***£1,626.00***
Intervention costs	
Service	**Cost**
Accommodation	£2,000.00
Staffing	£16,436.50
Activities	£500.00
Transport	£750.00
Total intervention costs	***£19,686.50***
Costs borne in the 6 months post-intervention	
Service	**Cost**
Children's social care – CIN case management[39]	£1,626.00
Total costs post-intervention	***£1,626.00***
Costs avoided in the 6 months post-intervention	
Service	**Cost**
Avoidance of going into care[40]	- £17,500.00
Total costs avoided post-intervention	***-£17,500.00***
Net cost of intervention	
Net cost 6 months post-intervention: Difference in costs pre- and post-intervention + any costs avoided post-intervention – cost of intervention	***£2,186.50***
Potential net cost 12 months post-intervention	***-£15,313.50***[41]

[38] The average total fiscal cost of Children in Need case management over a 6 month period, as per the Manchester New Economy unit cost database.
[39] The average total fiscal cost of Children in Need case management over a 6 month period, as per the Manchester New Economy unit cost database.
[40] The average cost of a LAC case over six months, as per the Paper 3 FLIP Financial Report.
[41] A negative value indicates that costs of around this amount may have been avoided.

Case study: Intervention C

Table 11: Cost benefit analysis of Intervention C

Costs borne in the 6 months pre-intervention	
Service	**Cost**
6 months foster care[42]	£17,500.00
Clinical support[43]	£1,098.50
Parenting support[44]	£1093.00
Total costs pre-intervention	***£19,691.50***
Intervention costs	
Service	**Cost**
Accommodation	£2,000.00
Staffing	£16,436.50
Activities	£500.00
Transport	£750.00
Total intervention costs	***£19,686.50***
Costs borne in the 6 months post-intervention	
Service	**Cost**
Children's social care – 5 months CIN case management[45]	£1,355.00
1 month foster care[46]	£2,916.67
Young Hackney[47]	£650.00
Clinical support[48]	£1,098.50
Parental mental health support[49]	£1,098.50
Total costs post-intervention	***£7,118,67***
Costs avoided in the 6 months post-intervention	
Service	**Cost**
Avoidance of going into care[50]	- £14,583.33
Total costs avoided post-intervention	***-£14,583.33***
Net cost of intervention	

[42] The average cost of a LAC case over six months, as per the Paper 3 FLIP Financial Report.
[43] Average cost of service provision for people suffering from mental health disorders, per person per year, including dementia (all ages, including children, adolescents and adults), as per the Manchester New Economy unit cost database.
[44] Average cost of delivering a group-based parenting programme (per participant), as per the Manchester New Economy unit cost database.
[45] The average total fiscal cost of Children in Need case management over a 6 month period, as per the Manchester New Economy unit cost database.
[46] The average cost of a LAC case over six months, as per the Paper 3 FLIP Financial Report.
[47] Based on an hour of support fortnightly, at an estimated cost of £50 per hour.
[48] Average cost of service provision for people suffering from mental health disorders, per person per year, including dementia (all ages, including children, adolescents and adults), as per the Manchester New Economy unit cost database.
[49] Average cost of service provision for people suffering from mental health disorders, per person per year, including dementia (all ages, including children, adolescents and adults), as per the Manchester New Economy unit cost database.
[50] The average cost of a LAC case over six months, as per the Paper 3 FLIP Financial Report.

Costs borne in the 6 months pre-intervention	
Net cost 6 months post-intervention: Difference in costs pre- and post-intervention + any costs avoided post-intervention – cost of intervention	***-£7,469.67***[51]
Potential net cost 12 months post-intervention	***-£43,375.83***[52]

[51] A negative value indicates that costs of around this amount may have been avoided.
[52] A negative value indicates that costs of around this amount may have been avoided.

Case study: Intervention E

Table 12: Cost benefit analysis of Intervention E

Costs borne in the 6 months pre-intervention	
Service	**Cost**
Children's social care – CP assessment[53]	£1,151.00
Children's social care – CIN case management[54]	£1,626.00
CAMHS support[55]	£135.50
YOT[56]	£1,810.00
3 A&E admissions[57]	£351.00
2 nights police custody[58]	£663.00
14 days in a mental health inpatient unit[59]	£6,426.00
School exclusion[60]	£5,736.50
Total costs pre-intervention	***£17,899.00***
Intervention costs	
Service	**Cost**
Accommodation	£2,000.00
Staffing	£16,436.50
Activities	£500.00
Transport	£750.00
Total intervention costs	***£19,686.50***
Costs borne in the 6 months post-intervention	
Service	**Cost**
Children's social care – CIN case management[61]	£1,626.00
CAMHS support[62]	£135.50
YOT[63]	£1,810.00

[53] The average fiscal cost of a child protection core assessment, as per the Manchester New Economy unit cost database.
[54] The average total fiscal cost of Children in Need case management over a 6 month period, as per the Manchester New Economy unit cost database.
[55] Average cost of service provision for children/ adolescents suffering from mental health disorders, per person for 6 months, as per the Manchester New Economy unit cost database.
[56] Youth Offender, average cost of a first time entrant (under 18) to the criminal justice system in 6 months after offending, as per the Manchester New Economy unit cost database.
[57] The fiscal cost of A&E attendance per scenario (£117), as per the Manchester New Economy unit cost database.
[58] The average fiscal cost of an incident of crime, as per the Manchester New Economy unit cost database.
[59] The average cost of a mental health inpatient day, by average cost per day, is £459, as per the Manchester New Economy unit cost database.
[60] The fiscal cost of permanent exclusion from school over six months, as per the Manchester New Economy unit cost database.
[61] The average total fiscal cost of Children in Need case management over a 6 month period, as per the Manchester New Economy unit cost database.
[62] Average cost of service provision for children/ adolescents suffering from mental health disorders, per person for 6 months, as per the Manchester New Economy unit cost database.
[63] Youth Offender, average cost of a first time entrant (under 18) to the criminal justice system in 6 months after offending, as per the Manchester New Economy unit cost database.

Costs borne in the 6 months pre-intervention	
Hackney Quest mentor session[64]	£50.00
Total costs post-intervention	***£3,621.50***
Costs avoided in the 6 months post-intervention	
Service	**Cost**
Avoidance of going into care[65]	- £17,500.00
Total costs avoided post-intervention	***-£17,500.00***
Net cost of intervention	
Net cost 6 months post-intervention: Difference in costs pre- and post-intervention + any costs avoided post-intervention – cost of intervention[66]	***-£12,091.00***[67]
Potential net cost 12 months post-intervention[68]	***-£43,868.50***[69]

[64] An estimate of what one hour of mentoring may cost.
[65] The average cost of a LAC case over six months, as per the Paper 3 FLIP Financial Report.
[66] £19,686.50 + (£3,621.50 - £17,899.00) + -£17,500.00
[67] A negative value indicates that costs of around this amount may have been avoided.
[68] £19,686.50 + (£7,243.00 – (2* £17,899.00)) + -£35,000.00
[69] A negative value indicates that costs of around this amount may have been avoided.

Case study: Intervention G

Table 13: Cost benefit analysis of Intervention G

Costs borne in the 6 months pre-intervention	
Service	**Cost**
Children's social care – CIN case management[70]	£1,626.00
8 missing episodes[71]	£12,000.00
YOT[72]	£1,810.00
CSE intervention[73]	£2,918.00
Incident of crime[74]	£663.00
Total costs pre-intervention	***£19,017.00***
Intervention costs	
Service	**Cost**
Accommodation	£2,000.00
Staffing	£16,436.50
Activities	£500.00
Transport	£750.00
Total intervention costs	***£19,686.50***
Costs borne in the 6 months post-intervention	
Service	**Cost**
Children's social care – CIN case management[75]	£1,626.00
2 months residential care[76]	£24,167.00
4 months foster care[77]	£15,000.00
Incident of crime[78]	£663.00
16 missing episodes[79]	£24,000.00

[70] The average total fiscal cost of Children in Need case management over a 6 month period, as per the Manchester New Economy unit cost database.
[71] This is based on an assumed cost of £1,500 per missing incident. This assumption is based on research conducted in 2012 which estimated that the cost of a missing person's investigation was between £1,325 and £2,415. It does not account for costs incurred by agencies other than the police, human and emotional costs, or for costs incurred by the police beyond investigations and is therefore likely to be a conservative estimate. See: Greene, Karen Shalev, and Francis Pakes. 'The Cost of Missing Person Investigations: Implications for Current Debates'. *Policing*, 2013, 1–8.
[72] Youth Offender, average cost of a first time entrant (under 18) to the criminal justice system in 6 months after offending, as per the Manchester New Economy unit cost database.
[73] Average cost of Barnardo's CSE intervention, as estimated by Barnardo's: Barnardo's
[74] The average fiscal cost of an incident of crime, as per the Manchester New Economy unit cost database.
[75] The average total fiscal cost of Children in Need case management over a 6 month period, as per the Manchester New Economy unit cost database.
[76] Based on the average cost of a residential placement, as per the FLIP Budget.
[77] Based on the average cost of complex foster care placement, as per the FLIP budget.
[78] The average fiscal cost of an incident of crime, as per the Manchester New Economy unit cost database.
[79] This is based on an assumed cost of £1,500 per missing incident. This assumption is based on research conducted in 2012 which estimated that the cost of a missing person's investigation was between £1,325 and £2,415. It does not account for costs incurred by agencies other than the police, human and emotional costs, or for costs incurred by the police beyond investigations and is therefore likely to be a conservative estimate. See: Greene, Karen Shalev, and Francis Pakes. 'The Cost of Missing Person Investigations: Implications for Current Debates'. *Policing*, 2013, 1–8.

Costs borne in the 6 months pre-intervention	
YOT[80]	£1,810.00
CSE intervention[81]	£2,918.00
Total costs post-intervention	***£70,184.00***
Costs avoided in the 6 months post-intervention	
Service	**Cost**
Avoidance 4 months of residential care[82]	- £48,333.00
Total costs avoided post-intervention	***-£48,333.00***
Net cost of intervention	
Net cost 6 months post-intervention: Difference in costs pre- and post-intervention + any costs avoided post-intervention – cost of intervention	***£22,520.50***
Potential net cost 12 months post-intervention	***-£15,479.50***[83]

[80] Youth Offender, average cost of a first time entrant (under 18) to the criminal justice system in 6 months after offending, as per the Manchester New Economy unit cost database.
[81] Average cost of Barnardo's CSE intervention, as estimated by Barnardo's: Barnardo's
[82] Based on the average cost of a residential placement, as per the FLIP Budget.
[83] A negative value indicates that costs of around this amount may have been avoided. This estimate is made on the assumption that the young person will remain in foster care for a further 6 months, avoiding 6 months of residential care costs.

Case study: Intervention H

Table 14: Cost benefit analysis of Intervention H

Costs borne in the 6 months pre-intervention	
Service	**Cost**
Children's social care – CIN case management[84]	£1,626.00
Young Hackney[85]	£650.00
CAMHS support[86]	£135.50
YOT[87]	£1,810.00
CSE intervention[88]	£2,918.00
Total costs pre-intervention	***£7,139.50***
Intervention costs	
Service	**Cost**
Accommodation	£2,000.00
Staffing	£16,436.50
Activities	£500.00
Transport	£750.00
Total intervention costs	***£19,686.50***
Costs borne in the 6 months post-intervention	
Service	**Cost**
Children's social care – CIN case management[89]	£1,626.00
0.5 months foster care[90]	£1,458.33
YOT[91]	£1,810.00
CSE intervention[92]	£2,918.00
Total costs post-intervention	***£7,812.33***
Costs avoided in the 6 months post-intervention	
Service	**Cost**
Avoidance of going into care[93]	- £16,014.67
Total costs avoided post-intervention	***-£16,014.67***
Net cost of intervention	

[84] The average total fiscal cost of Children in Need case management over a 6 month period, as per the Manchester New Economy unit cost database.
[85] Based on an hour of support fortnightly, at an estimated cost of £50 per hour.
[86] Average cost of service provision for children/ adolescents suffering from mental health disorders, per person for 6 months, as per the Manchester New Economy unit cost database.
[87] Youth Offender, average cost of a first time entrant (under 18) to the criminal justice system in 6 months after offending, as per the Manchester New Economy unit cost database.
[88] Average cost of Barnardo's CSE intervention, as estimated by Barnardo's: Barnardo's
[89] The average total fiscal cost of Children in Need case management over a 6 month period, as per the Manchester New Economy unit cost database.
[90] The average cost of a LAC case over six months, as per the Paper 3 FLIP Financial Report.
[91] Youth Offender, average cost of a first time entrant (under 18) to the criminal justice system in 6 months after offending, as per the Manchester New Economy unit cost database.
[92] Average cost of Barnardo's CSE intervention, as estimated by Barnardo's: Barnardo's
[93] The average cost of a LAC case over six months, as per the Paper 3 FLIP Financial Report.

Costs borne in the 6 months pre-intervention	
Net cost 6 months post-intervention: Difference in costs pre- and post-intervention + any costs avoided post-intervention – cost of intervention	***£4,317.67***[94]
Potential net cost 12 months post-intervention	***-£15,423,17***[95]

[94] A negative value indicates that costs of around this amount may have been avoided.
[95] A negative value indicates that costs of around this amount may have been avoided.

Case study: Intervention N

Table 15: Cost benefit analysis of Intervention N

Costs borne in the 6 months pre-intervention	
Service	**Cost**
Children's social care – CIN case management[96]	£1,626.00
CSE intervention[97]	£2,918.00
5 missing episodes[98]	£7,500.00
Incident of crime[99]	£663.00
3 weeks foster care[100]	£2,019.23
Total costs pre-intervention	***£14,726.23***
Intervention costs	
Service	**Cost**
Accommodation	£2,000.00
Staffing	£16,436.50
Activities	£500.00
Transport	£750.00
Total intervention costs	***£19,686.50***
Costs borne in the 6 months post-intervention	
Service	**Cost**
6 months foster care[101]	£17,500.00
CSE intervention[102]	£2,918.00
YOT[103]	£1,810.00
School exclusion[104]	£5,736.50
5 missing episodes[105]	£7,500.00

[96] The average total fiscal cost of Children in Need case management over a 6 month period, as per the Manchester New Economy unit cost database.
[97] Average cost of Barnardo's CSE intervention, as estimated by Barnardo's: Barnardo's
[98] This is based on an assumed cost of £1,500 per missing incident. This assumption is based on research conducted in 2012 which estimated that the cost of a missing person's investigation was between £1,325 and £2,415. It does not account for costs incurred by agencies other than the police, human and emotional costs, or for costs incurred by the police beyond investigations and is therefore likely to be a conservative estimate. See: Greene, Karen Shalev, and Francis Pakes. 'The Cost of Missing Person Investigations: Implications for Current Debates'. *Policing*, 2013, 1–8.
[99] The average fiscal cost of an incident of crime, as per the Manchester New Economy unit cost database.
[100] The average cost of a LAC case over six months, as per the Paper 3 FLIP Financial Report.
[101] The average cost of a LAC case over six months, as per the Paper 3 FLIP Financial Report.
[102] Average cost of Barnardo's CSE intervention, as estimated by Barnardo's: Barnardo's
[103] Youth Offender, average cost of a first time entrant (under 18) to the criminal justice system in 6 months after offending, as per the Manchester New Economy unit cost database.
[104] The fiscal cost of permanent exclusion from school over six months, as per the Manchester New Economy unit cost database.
[105] This is based on an assumed cost of £1,500 per missing incident, which in turn is based on research conducted in 2012 which estimated that the cost of a missing person's investigation was between £1,325 and £2,415. It does not account for costs incurred by agencies other than the police, human and emotional costs, or for costs incurred by the police beyond investigations and is therefore likely to be a conservative estimate. See: Greene, Karen Shalev, and Francis Pakes. 'The Cost of Missing Person Investigations: Implications for Current Debates'. *Policing*, 2013, 1–8.

Costs borne in the 6 months pre-intervention	
Incident of crime[106]	£663.00
Total costs post-intervention	***£36,127.50***
Costs avoided in the 6 months post-intervention	
Service	**Cost**
Total costs avoided post-intervention	**-**
Net cost of intervention	
Net cost 6 months post-intervention: Difference in costs pre- and post-intervention + any costs avoided post-intervention – cost of intervention	***£41,087.77***
Potential net cost 12 months post-intervention	***£62,489,04***

Internal cost benefit analysis

FLIP have also conducted an internal project cost-tracking exercise in order to assess the costs or savings associated with each family which have received a FLIP intervention. This cost modelling is based on the type of placement the subject young person is currently in, the likelihood of the young person going into care and the type of placement they would likely to be in should they go into care at the point of referral, at the 3 month stage and at the 6 month stage, as well as the subsequent 6 months. The likelihood of going into care and the likely type of placement is assessed by a professional that knows the family at each stage.

It is important to note that this methodology does not compare cost savings to the costs of the FLIP interventions, but rather estimates gross savings.

The table below shows the number of families for which cost savings are achieved or likely to be achieved or not at the 3 month and 6 month stage based on FLIPs projected cost tracking for each family.

[106] The average fiscal cost of an incident of crime, as per the Manchester New Economy unit cost database.

Table 16: The number of families for which cost savings or no savings were achieved at the 3 and 6 month stage based on FLIP's projected cost tracking

3 month stage[107]		6 month stage[108]	
Savings	No savings[109]	Savings	No savings[110]
			

Table 17 below shows the average placement cost savings for all the families for which the cost projection tracking tool was completed by FLIP at the 3 month stage (based on 8 families) and the 6 month stage (based on 6 families).

Table 17: Average placement cost savings for all families based on FLIP's cost projection tracking tool

Average savings in first 6 months		Average savings in subsequent 6 months	
At the 3 month stage	At the 6 month stage	At the 3 month stage	At the 6 month stage
£77,549	£19,420	£84,420	£22,780

Overall, this shows that FLIP has resulted in placement cost savings based on the projected cost tracking calculated by FLIP. However, it is evident from the table above that FLIP resulted in a significantly greater placement cost saving at the 3 month stage than at the 6 month stage for both the first and subsequent 6 months following referral.

[107] Projected costs were calculated by FLIP for 8 families.
[108] Projected costs were calculated by FLIP for 6 families
[109] For one family, no savings were made since referral, and for 2 families, the cost of placement increased above the cost at the point of referral to FLIP.
[110] For one family, no savings were made since referral, and for one family, the cost of placement increased above the cost at the point of referral to FLIP.

Appendix 5 - Family impact tool analysis

A total of 14 residential interventions had taken place as of August 2016. Evidence of impact and outcomes below is based on impact tool data for the young person on whom the intervention was focused, and is available for 13 children and adolescents. Impact tool data was also available for an additional 7 children and adolescents who were siblings of those on whom the intervention was focused.

The following table outlines the symbols used to indicate whether there has been a change in situation and outcomes for the adolescents between time periods where data is available.

Symbol	Meaning
✓	There is evidence of improvement in the situation or outcomes between time periods available.
•	There is evidence that the situation or outcomes has remained the same between time periods available.
x	There is evidence of worsening in the situation or outcomes between time periods available.

Table 18 gives details of each outcome measure included in the impact tools:

Table 18: Description of impact and outcome measures

Impact and outcome measures	Details
SDQ scores	**Strengths and Difficulties Questionnaire scores**. This validated scale returns scores for Total difficulties, Emotional problems, Conduct problems, Hyperactivity, Peer problems and Prosocial. Each score is categorised as Normal, Borderline or Abnormal, with higher scores indicating less positive outcomes (except in the case of the Prosocial score, where a higher score indicates a more positive outcome). These bandings are based on a population-based UK survey, attempting to choose cut-off points such that 80% of adolescents scored Normal, 10% scored Borderline and 10% Abnormal.
BRS scores	**Brief Resilience Scale scores**. This validated scale returns a score between 1 and 6, with higher scores indicating higher levels of resilience.
C-PRS scores	**Child-Parent Relationship Scale** scores. This modified scale returns two scores, Conflict and Closeness. Conflict score ranges from 3 to 15, with higher scores indicating a less positive outcome; and the Closeness score ranges from 9 to 45, with higher scores indicating a more positive outcome.
P-SVS scores	**Pro-Social Value Scale scores.** This validated scale returns a score ranging from 9 to 36, with higher scores indicating a less positive outcome.
Behaviour changes	The impact tools collected data relating to the number of times a young person had been involved in or done the following: stolen something, purposely damaged or destroyed property, used a weapon or force to take something from someone, beaten up or hit someone, skipped school, used illegal substances,

Impact and outcome measures	Details
	been drunk, or been excluded from school.
Care status	The impact tools collected data relating to the care status of the young person at the time of completion.
Living arrangements	The impact tools collected data on the living arrangements of the young person at the time of completion.
Likelihood of living at home in six months' time	The impact tools collected data from practitioners on the perceived likelihood of the young person living at home in six months' time from the time of completion.
At risk of CSE	The impact tools collected data from practitioners on their professional judgement regarding whether the young person is at risk of Child Sexual Exploitation at the time of completion.
Missing episodes	The impact tools collected data from practitioners on their professional judgement regarding whether the young person had been reported missing in the 12 months previous to T1, or at T2 or T3 (during the intervention).
Confidence in professional practice	The impact tools collected data from practitioners regarding their level of confidence in their professional practice in relation to the young person at the time of completion.

Where data is not available, cells have been left blank.

Summary tables

The following tables summarise changes in impact tool measures between T1, T2 and T3. A ✓ has been used to indicate positive change, • to indicate no change, and **X** to indicate negative change.

Table 19: Changes in C-PRS scores for subject children/adolescents

Intervention	Change in young person's C-PRS score		Change in parent/carer's C-PRS score	
	Closeness score	Conflict score	Closeness score	Conflict score
B1	• (T1, T2) **X** (T1, T2, T3)	• (T1, T2) **X** (T1, T2, T3)	✓ (T1, T2) • (T1, T2, T3)	• (T1, T3) • (T1, T2, T3)
C1	No data	No data	✓ (T1, T2)	• (T1, T2)
D1	No data	No data	✓ (T1, T2)	✓ (T1, T2)
E1	✓ (T1, T2) ✓ (T1, T2, T3)	✓ (T1, T2) ✓ (T1, T2, T3)	**X** (T1, T2)	✓ (T1, T2) ✓ (T1, T2, T3)
F1	No data	No data	✓ (T1, T2) • (T1, T2, T3)	No data
H1	✓ (T1, T2)	• (T1, T2)	• (T1, T3)	✓ (T1, T3)

Intervention	Change in young person's C-PRS score		Change in parent/carer's C-PRS score	
	Closeness score	Conflict score	Closeness score	Conflict score
I1	• (T1, T2)	• (T1, T2)	✓ (T1, T2)	✓ (T1, T2)
J1	✓ (T1, T2)	x (T1, T2)	No data	No data
K1	✓ (T1, T2)	✓ (T1, T2)	✓ (T1, T2)	✓ (T1, T2)
L11	• (T1, T2)	x (T1, T2)	✓ (T1, T2)	No data
L12	x (T1, T2)	x (T1, T2)	✓ (T1, T2)	• (T1, T2)
M1	✓ (T1, T2)	• (T1, T2)	No data	No data
N1	• (T1, T2)	• (T1, T2)	✓ (T1, T2)	✓ (T1, T2)

Source: Impact tool data

Table 20: Changes in likelihood of subject children/adolescents remaining in family home

Likelihood of living in the family home in 6 months' time	Practitioner score			Parent/ carer score		
	% at T1 (n=8)	% at T2 (n=9)	% at T3 (n=3)	% at T1 (n=10)	% at T2 (n=9)	% at T3 (n=4)
Almost certain	12.5%	22%	33%	20%	67%	75%
Very likely	0%	0%	33%	30%	0%	0%
Quite likely	12.5%	55%	33%	20%	11%	0%
Possibly	50%	11%	0%	10%	0%	0%
Unlikely	25%	11%	0%	0%	0%	0%
Not sure	0%	0%	0%	20%	22%	25%

Source: Impact tool data

Table 21: Changes in subject children/adolescent's SDQ categories

Intervention	Change in young person's SDQ category		Change in parent/carer's SDQ category	
	Total difficulties	Prosocial	Total difficulties	Prosocial
B1	✓ (T1, T2) ✓ (T1, T2, T3)	x (T1, T2) ✓ (T1, T2, T3)	No data	x (T1, T2) ✓ (T1, T2, T3)
C1	No data	No data	• (T1, T2)	• (T1, T2)
D1	No data	No data	• (T1, T2)	• (T1, T2)
E1	• (T1, T2) • (T1, T2, T3)	• (T1, T2) • (T1, T2, T3)	No data	✓ (T1, T2)

Intervention	Change in young person's SDQ category		Change in parent/carer's SDQ category	
	Total difficulties	Prosocial	Total difficulties	Prosocial
F1	No data	No data	x (T1, T2) x (T1, T2, T3)	• (T1, T2) • (T1, T2, T3)
H1	• (T1, T2)	✓ (T1, T2)	• (T1, T2) • (T1, T2, T3)	✓ (T1, T2) ✓ (T1, T2, T3)
I1	No data	x (T1, T2)	No data	✓ (T1, T2)
J1	✓ (T1, T2)	✓ (T1, T2)	No data	No data
K1	No data	No data	✓ (T1, T2)	✓ (T1, T2)
L11	✓ (T1, T2)	x (T1, T2)	No data	✓ (T1, T2)
L12	• (T1, T2)	✓ (T1, T2)	✓ (T1, T2)	✓ (T1, T2)
M1	• (T1, T2)	✓ (T1, T2)	• (T1, T2)	• (T1, T2)
N1	✓ (T1, T2)	• (T1, T2)	✓ (T1, T2)	• (T1, T2)

Source: Impact tool data

Table 22: Changes in C-PRS scores for siblings of subject young person

Intervention	Change in young person's C-PRS score		Change in parent/carer's C-PRS score	
	Closeness score	Conflict score	Closeness score	Conflict score
A21	• (T1, T2)	• (T1, T2)	No data	No data
A22	No data	No data	• (T1, T2)	x (T1, T2)
B2	✓ (T1, T2, T3)	x (T1, T2, T3)	• (T1, T2, T3)	✓ (T1, T2, T3)
H2	• (T1, T2, T3)	• (T1, T2, T3)	✓ (T1, T2, T3)	x (T1, T2, T3)
K2	No data	No data	• (T1, T2)	✓ (T1, T2)
L21	✓ (T1, T2)	No data	• (T1, T2)	x (T1, T2)
L22	✓ (T1, T2)	• (T1, T2)	• (T1, T2)	✓ (T1, T2)

Source: impact tool data

Table 23: Changes in likelihood of siblings of subject children/adolescents remaining in family home

Likelihood of living in the family home in 6 months' time	Practitioner score			Parent/ carer score		
	% at T1 (n=5)	% at T2 (n=5)	% at T3 (n=2)	% at T1 (n=5)	% at T2 (n=4)	% at T3 (n=4)
Almost certain	0%	0%	0%	60%	75%	50%
Very likely	20%	40%	0%	0%	0%	0%
Quite likely	20%	60%	50%	30%	25%	0%
Possibly	60%	0%	0%	0%	0%	0%
Unlikely	0%	0%	0%	0%	0%	0%
Not sure	0%	0%	50%	0%	0%	50%

Source: Impact tool data

Table 24: Changes in sibling's SDQ categories

Intervention	Change in young person's SDQ category		Change in parent/carer's SDQ category	
	Total difficulties	Prosocial	Total difficulties	Prosocial
A21	• (T1, T2)	• (T1, T2)	No data	No data
A22	No data	No data	No data	x (T1, T2)
B2	• (T1, T2) • (T1, T2, T3)	• (T1, T2) • (T1, T2, T3)	• (T1, T2) • (T1, T2, T3)	• (T1, T2) • (T1, T2, T3)
H2	• (T1, T2) • (T1, T2, T3)	• (T1, T2) x (T1, T2, T3)	x (T1, T3)	• (T1, T2) • (T1, T2, T3)
K2	No data	No data	• (T1, T2)	• (T1, T2)
L21	• (T1, T2)	✓ (T1, T2)	• (T1, T2)	• (T1, T2)
L22	• (T1, T2)	• (T1, T2)	✓ (T1, T2)	• (T1, T2)

Source: Impact tool data

Appendix 6 - FLIP eligibility criteria

Existing eligibility criteria

The existing eligibility criteria for FLIP are:

- age: adolescents between the ages of 11-15 will be the primary target of FLIP
- care history: as above, adolescents with the following care histories will be targeted:
    - adolescents on the edge of care and their siblings (who have not yet been taken into care but are considered at risk of becoming edge of care due to their family history)
    - adolescents in foster care where there is a risk of placement breakdown, according to the judgement of their social worker or social care manager, meaning where the judgement is made that, without intervention, the placement will breakdown within a matter of days or weeks
    - adolescents in residential care where a foster care placement has been identified
- the level of risk has been assessed as manageable in the FLIP environment
- other characteristics include families showing signs of capacity to change and families who are optimistic and positive about participation

Other than these criteria, to ensure that FLIP is an accessible and flexible service, there will not be prescriptive criteria that have to be met for a family to be eligible for FLIP: for instance, the presence of one or more critical risk factors.

Appendix 7 – Example of a FLIP intervention plan

Figure 5 presents an example of a FLIP intervention plan.

Figure 5: Example of a FLIP intervention plan

	Sample Day 1		
Staff AM	**Social Worker, Tutor, Family Therapist, Youth Worker**		
Staff PM	**Social Worker, Youth Worker, Social Pedagogue**		
Time	What	Why	Who
7:00AM	Family make and enjoy their own breakfast	To strengthen family routine, promote health & nutrition	Family, Social Worker & Youth worker
8:00 AM	Morning Family Meeting	To reflect on progress and impact of yesterday's intervention; to revisit intervention objectives & expectations of family and staff for the remainder of their stay; to discuss and clarify plans for today.	Family, Social Worker & Youth worker
9:00 AM 9:30 AM 10:00 AM 10:30 AM	School Time 9:00am - 10:45am	To ensure educational needs are met, to re-engage young person in education in an environment free from distraction; supporting young person to achieve and work towards future goals	Parent, Young person and in-house Tutor
11:00 AM	Break 10:45 - 11:00		
11:30 AM 12:00 PM 12:30 PM	Therapeutic Intervention Workshop: Communication and conflict resolution	Aimed at exploring family dynamics and reflecting with the family on their patterns of communication. Equipping family with healthier ways of communicating and resolving conflict more effectively.	Family, Systemic Family Therapist & Social Worker
1:00 PM 1:30 PM	Family make and enjoy their own Lunch	To promote healthy eating; increase knowledge of health & nutrition; enable parent and young person to spend time cooking together	Family and Social Worker
2:00 PM 2:30 PM 3:00 PM 3:30 PM	Creative Intervention Activity: Building a Family Shield: parent and young person build their family shield with a crest/motto. The shield has four quadrants: 1. What are our strengths/what are we most proud of, 2. How we keep each other safe/what protects us, 3. What threatens our safety as a family unit, 4. Our hopes and dreams for the future.	The intervention is aimed at increasing family identity, building resilience, strengthening relationships and promoting sense of belonging	Family, Social worker & Youth Worker
4:00 PM 4:30 PM 5:00 PM 5:30 PM 6:00 PM	Outdoor Team Building at an Activity centre off site This involves family members working together to complete various outdoor physical tasks that require balance, coordination, communication and team work	To strengthen relationships, build trust, raise aspiration, strengthen communication skills, creating opportunities for family members to re-connect in a different environment, challenging family to try new experiences, facing fears	Family, Youth worker and Social Worker
6:30 PM 7:00 PM 7:30 PM	Family and staff prepare evening meal together consisting of a variety of culturally diverse dishes. Each person creating a dish from a different part of the world	To promote healthy eating; broaden cultural horizons; challenge family and staff to try new things; build young person's confidence; enable parent and young person to have fun cooking together	Family, Social Pedagogue and Youth Worker
8:00 PM	Family Time Off: Parent and Young person relax, play board games or watch a movie	To give the family space and time on their own to relax and ha	Family (Social Worker available for support)
Overnight Staff	**Youth Worker & Social Worker**		

	Sample Day 2		
Staff AM	**Social Pedagogue, Youth Worker, Tutor**		
Staff PM	**Youth Worker, Social Pedagogue, Social worker**		
Time	What	Why	Who
7:00AM	Family make and enjoy their own breakfast	To strengthen family routine, promote health & nutrition	Family, Social Worker & Youth worker
8:00 AM	Morning Family Meeting	To reflect on progress and impact of yesterday's intervention; to revisit intervention objectives & expectations of family and staff for the remainder of their stay; to discuss and clarify plans for today.	Family, Social Worker & Youth worker
9:00 AM 9:30 AM 10:00 AM 10:30 AM	School Time 9:00am - 10:45am	To ensure educational needs are met, to re-engage young person in education in an environment free from distraction; supporting young person to achieve and work towards future goals	Parent, Young person and in-house Tutor
11:00 AM	Break 10:45 - 11:00		
11:30 AM 12:00 PM 12:30 PM	Creative Intervention Workshop: Layered Salt Jars - Each person creates a jar filled with different layers of salt that they colour with chalk, each layer representing a different time in their lives. Each person then presents own jar to the rest of the group reflecting on the layers, sharing what has been their experience of their life from their own point of view	Intervention aimed at building empathy between family members; creating opportunities to increase awareness and understanding of each others needs and past experiences; reflecting on how past experiences have shaped us and impact on out thoughts and behaviours. Family have an opportunity to reflect on their connections / what makes them a family and where their strengths lie.	Family, Social Pedagogue & Youth Worker
1:00 PM 1:30 PM	Family make and enjoy their own Lunch	To promote healthy eating; increase knowledge of health & nutrition; enable parent and young person to spend time cooking together	Family and Youth Worker
2:00 PM 2:30 PM 3:00 PM	Family time off	To enjoy time together and strengthen relationship doing activity of choice such as music/crafts/reading/ sports//walking or resting	Family and Youth Worker available to support if needed
3:30 PM 4:00 PM 4:30 PM	One to One Intervention with Parent: using the "Kids Need" cards (a visual representation of a child or young persons needs and how they might change or differ over time. Parent has to sort through different cards and categorise them in degrees of importance).	This is helpful visual aid that increases parents capacity to reflect on their own experience of being parented and how they choose to parent. The intervention is aimed at strengthening parenting capacity and supporting more consistency and transparency in boundary setting	Parent & Social Worker
5:00 PM 5:30 PM	One to One Intervention with Young Person: Building confidence and resilience	Intervention aimed at increasing self awareness, examining internal and external strengths, building confidence, focussing on future goals	Young person and Youth Worker
6:00 PM	Family time off	To enjoy time together	Family
6:30 PM 7:00 PM 7:30 PM	Young Person prepares and evening meal for their parent	To increase young person's independent living skills; enable parent to begin to 'let go' of her son and support the development of his independence	Family, and Social Pedagogue
8:00 PM	Family Time Off: Parent and Young person relax, play board games or watch a movie	To give the family space and time on their own to relax and have fun	Family (Youth Worker available for support)
Overnight Staff	**Social Pedagogue, Youth Worker**		

Appendix 8 – Profile of professionals interviewed

Table 25: Profile of professional interviewees

Role	Number of interviewees – January 2016	Number of interviewees – July 2016
Social worker/children's practitioner	9	9
Service/programme manager	7	1
Consultant social worker	4	4
Social pedagogue	3	1
Youth practitioner	1	1
Teacher/head teacher	2	0
FLIP team	2	3
Senior management	1	1
Clinician	1	4
Learning mentor	0	1
Young Person's Advocate	0	1
YOT officer	0	1
Total	**30**	**27**

Appendix 9 – Summary of identifying letters

Table 26: Summary of identifying letters for each family

Family identifier	Subject child/young person identifier(s)	Sibling identifier(s)	Parent/carer identifier
A	A1	A21, A22	A3
B	B1	B2	B3
C	C1	-	C3
D	D1	-	D3
E	E1	-	E3
F	F1	F2	F3
G	G1	-	G3
H	H1	H2	H3
I	I1	-	I3
J	J1	-	J3
K	K1	K2	K3
L	L11, L12[111]	L21, L22	L3
M	M1	-	M3
N	N1	-	N3

[111] In one case, FLIP identified two young people within the family as subject young people.

Appendix 10 – FLIP participants interviewed

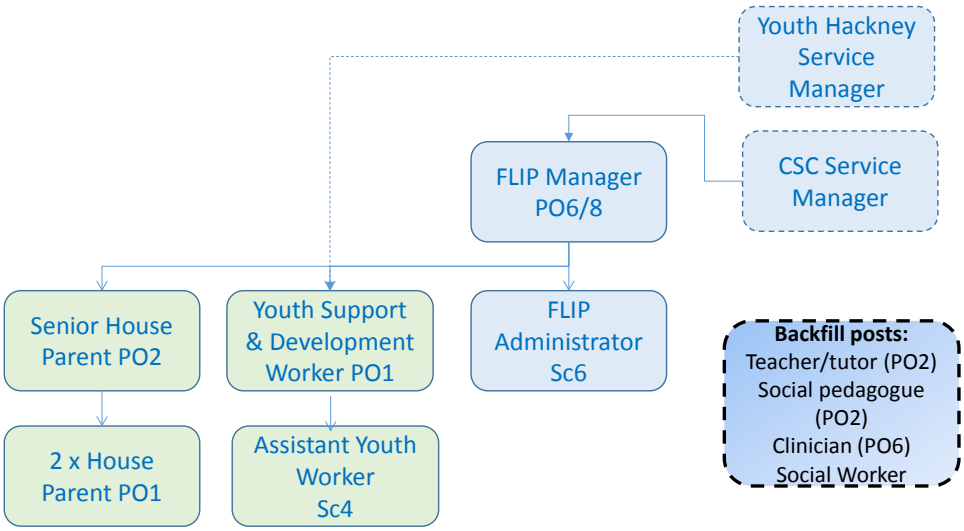
Table 27: FLIP participants interviewed

Participant	Number interviewed
Subject children	2
Subject adolescents	8
Sibling children	3
Sibling adolescents	4
Parents	9
Carers	3
Other family members	1
Total	**30**

Appendix 11 – FLIP staffing model

Figure 6 presents the proposed staffing model for the full FLIP model. Backfill posts will create the capacity to enable existing staff to be involved in the delivery of FLIP interventions, as well as providing additional staff to deliver FLIP interventions where required.

Figure 6: Proposed FLIP full staffing model



The primary difference between the interim staffing model and the intended final staffing model outlined above is the recruitment of additional multi-disciplinary staff to be based primarily at the FLIP residential setting, in order to provide adequate and consistent personnel to provide lengthier, higher volumes of interventions, including multiple interventions simultaneously. These roles are shown on the left-hand side of the above diagram shaded in light green

Reference: DFE-RR586

ISBN: 978-1-78105-647-9

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

Any enquiries regarding this publication should be sent to us at:
richard.white@education.gov.uk or www.education.gov.uk/contactus

This document is available for download at www.gov.uk/government/publications