



## Cornerstone Adoption Support Programme Evaluation Summary

### Background

The Cornerstone Adoption Support Programme aimed to maximise the likelihood that children approved for adoption would get more timely access to confident, skilled and well supported adoptive parenting. Such parenting was expected to enable children to settle more readily and benefit fully from adoptive family life. This would include those defined as being 'harder to place'. An initial service agreement with a consortium of 4 local authorities (Adopt Berkshire) aimed to provide the model for similar partnerships with a further 6 local authorities in London and the South East of England on a phased basis, between April 2015 and March 2016.

### Aims

There were two project aims:

- To support adoptive parents more effectively through the adoption process by introducing innovative models of parent recruitment and peer mentoring support and to underpin these with 'therapeutic parenting' training ('dyadic developmental psychotherapy' - DDP) provided jointly by Cornerstone Partnership and DDP therapists/trainers and undertaken prior to adoptive family formation;
- To enable more children to be placed more readily with a larger pool of parents who would feel more confident in themselves and the adoption process.

### Evaluation

There were 3 evaluation questions:

1. To what extent can the Cornerstone Adoption Support Programme be shown to have been effective in enhancing adoption service impact in a cost-effective way as intended on initial implementation in pilot sites?
2. Which elements of the programme are indicated as having been most effective in achieving the desired outcomes for parents and for the adoption practice system as a whole?
3. What improvements to programme design and implementation are required if the efficacy of the model is to be enhanced further?

### Findings

There are findings on outcomes for children, parents and the local authority consortium.

- Child outcomes: Although fewer, not more parents were recruited during the first year of the programme, the average time children waited across the 4 Adopt Berkshire authorities for a family to be found improved to from 170-452 days in the previous year to 106-435 days.

Children defined as 'harder to place' remained more likely to be placed elsewhere. It is not possible to directly link these outcomes to any particular element of the project;

- Parent engagement and experience: Quantitative and qualitative findings provide a generally positive endorsement of the programme. 68% of eligible parents engaged directly with one or more aspects of the programme, with women almost always taking the lead. The Cornerstone/DDP 'therapeutic parenting' course was most highly valued. The independence of the expertise available to them was particularly valued. The Cornerstone peer mentoring service was endorsed when it had been tailored to individual parent need and the boundaries and integrity of the role secured;
- The local authorities: Parents valued highly the continuity of support from a social worker on whom they had come to rely and trusted. The new service worked best when the Adopt Berkshire social work team and Cornerstone peer support were aligned in a transparent way and the statutory service and independent Cornerstone programme roles and tasks were neither substituted one for another, nor blurred.

### Cost Benefits

No robust calculation could be made of the cost savings generated by the Cornerstone programme intervention overall. Disentangling the impact of Cornerstone peer support from that of the Adopt Berkshire social work team is not feasible, given that it was the novel combination and introduction of both at the same time which made the project distinctive.

### Key Recommendations

There are 2 main recommendations for policy and practice:

- Risk of role substitution and role blurring between statutory social work and independent peer support providers should be mitigated in service design to preserve the integrity of respective roles;
- Assumptions about those aspects of adoptive parenting and adoptive family life that might be expected to attract additional support require further attention in policy and practice. The need for a widening of understanding of what counts as being 'therapeutic' for children in family life and relationships beyond the primary dyad(s) is indicated.

The study was carried out between July 2015 and September 2016 by the Centre for Social Work Innovation and Research and Centre for Innovation and Childhood and Youth, University of Sussex, Brighton, England.

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