Cornerstone Adoption Support Programme

Evaluation Report

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Theory of change and proposed practice methodology

The project aimed to complement innovative models of parent recruitment with subsequent peer mentoring support, and to underpin this with therapeutic parenting training undertaken prior to adoptive family formation. The 'Beginning Attachments' training strategy was to embed the theoretical principles underpinning an attachment-based therapeutic method, known as dyadic developmental psychotherapy (DDP) (DDP Network), in a group-based course with individual follow-up. This was jointly designed and taught by accredited DDP therapists or trainers and adoptive parents employed by Cornerstone. Having a larger pool of parents who felt more confident - both in themselves and of the process - and supported on their way, would improve the chance that children waiting for an adoptive home would be placed more readily.

Evaluation aims

The evaluation was intended to illuminate the extent to which the programme could be shown to have had a positive impact on child and parent outcomes. It also aimed to assess the impact on adoption service effectiveness in the primary project site of Adopt Berkshire, such that informed decisions could be taken about the efficacy of the model.

Evaluation questions

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?

Research methods

A simple mixed methods approach was taken to data collection and analysis, which allowed programme efficacy to be explored in the light of parent experience of the Cornerstone intervention. Quantitative analysis focused on rates and patterns of programme participation within the changing local adoption context. Qualitative analysis was designed to provide a nuanced account of programme impact as a whole, and its implications for overall service efficacy. Data included that collected in-house by Adopt Berkshire and Cornerstone, on service activity and outcomes during the project year, and that collected independently by the Sussex evaluation team. Measurement of service impact was indicative, using proxy measures of service level outcome, including parent engagement, and parent and practitioner experience with the new service. Child outcomes were not directly assessed for adopted children whose parents participated in the programme, nor were they compared with adopted children whose parents did not participate.

Key findings and conclusions

Outcomes for children

Measurement of project impact on children was restricted to the use of proxy measures of service level outcome. The impact of Cornerstone programme elements cannot be separated out from the impact achieved jointly with statutory social work as a result of the Adopt Berkshire service redesign:

*   when comparing Adopt Berkshire service data for the year prior to intervention with the first year of the programme in 2015-2016, achievement of permanent placement targets for the whole population of children with an adoption plan was reported. The average time children waited, across the 4 Adopt Berkshire authorities, for a family to be found improved to between 106 and 435 days (from 170 and 452 days in the previous year) (Adopt Berkshire, 2015)
*   most children placed during the first 18 months of project implementation (19/26) were found a family within the Adopt Berkshire area. Nonetheless, those defined as being 'harder to place' were more likely to move to an adoptive family elsewhere (7/10)

- consistent with national patterns, fewer parents were recruited by Adopt Berkshire during the initial project year. These parents were more likely to have had a child placed with them 6 months after the end of the year (45%) than those recruited in 2014-2015 (36%). They were less likely to have adopted the children by this stage
- where case trajectories were not tracked and compared, it is not possible to show the extent to which these service outcomes were associated with the implementation of any particular project element or met the needs of the children and families involved

The nature of parent engagement with the new programme during the inaugural project year was such that programme impact was experienced by parents at very different stages of the adoption process. Quantitative data on parent engagement with the new service, and qualitative accounts of parent and practitioner experience, provide a positive endorsement of the new service offer, with certain caveats:

- of the whole population of 96 prospective adoptive families receiving an adoption service from Adopt Berkshire during 2015-2016, 65 (68%) had engaged directly with Cornerstone services in one way or another by the end of the inaugural project year
- as expected, in the large majority of cases, parents took up the offer of formal peer mentoring (58/65). Over half (37/65) attended the training, but far fewer (only 9/65 used the webinars too. Just under one half of the cohort (30/65) took full advantage of the programme as intended, combining mentoring with training
- women were almost always the organisers and providers of Cornerstone programme elements, and most likely to be the parents making use of the service

Two strong and consistent underlying themes emerged from parent accounts of their engagement with the Cornerstone programme, when the overall contribution made to their support within the reconfigured Adopt Berkshire service context was considered:

- the independent stance of, and high level of personal investment made by, Cornerstone was appreciated unequivocally by parents

- parents thought that the statutory social work service should still be available to them, and reliable

Parents said it was the efficacy of the novel service alignment itself - and not simply the effectiveness of any single aspect of support - which was associated with project success in generating trust and confidence in the adoption service. Programme elements were evaluated as follows:

- the Beginning Attachments training was most highly valued. Parent reports of the experience and impact of attendance on the Beginning Attachments course was overwhelmingly positive. The overall integrity of the theoretical orientation and independence of the expertise available to them was emphasised. The training

could serve to build a collective sense of confidence and belief amongst parents, both in themselves, and in what they were seeking to do

- however, the introduction of the webinars, intended to be used to reinforce learning, was not an immediate success
- the Cornerstone peer mentoring service was endorsed when it had been tailored to parent need in each case, and the boundaries and integrity of the role secured
- arrangements at the monthly support meetings, led jointly by the Adopt Berkshire social work team and Cornerstone leads, had yet to be consolidated, leaving several parents unsure of their purpose and effectiveness

The provision of a safe place for formal support through the adoption process did not mean that parents thought that the statutory social work service should be any less available or reliable to them :

- parents valued highly the continuity of support from a social worker on whom they had come to rely and and in whom they trusted, feeling that the social work service was holding them and their experience actively in mind
- parents said the new service worked best when the Adopt Berkshire social work team and Cornerstone peer support were aligned with each other in a transparent way, and the statutory service and independent Cornerstone programme roles and tasks were neither substituted for each other, nor blurred

Outcomes for the local authority

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 was not feasible, given that it was the novel combination and introduction of both at the same time which made the project distinctive.

Moreover, parent and practitioner accounts suggest that it was both the opportunity and risk attached to the innovative service redesign, which sought to align independent, peer led services with a statutory social work service depended on by parents. The main finding is two-fold:

- the Cornerstone programme theory showed great promise in its capacity, when put into practice. It enabled expert and independent support, provided through approved training and a novel model of peer mentoring, to enhance parent confidence and self-reported capability in the adoption task for 'harder to place' children. The Adopt Berkshire investment in this innovative model of adoption support has been endorsed by the evaluation findings
- nonetheless, project impact was realised only where project implementation secured the right balance of responsibility at each point, between the parents (mainly mothers) - now seen as self-activating service users - the independent

trainers and peer supporters provided by Cornerstone, and the social workers holding the statutory responsibility for the overall process

Summary of implications and recommendations

There are 2 main implications and recommendations for policy and practice, informed by evaluation findings that confirmed strongly the potential of the Cornerstone programme approach to refocusing and enhancing adoption support.

Service innovation in adoption support should be thought about systemically (see also Lewis and Ghate, 2015):

- the specification and alignment of the distinctive, and separate, adoption support roles of statutory social workers, independent trainers and peer mentors is of most significance. Tension between the various roles should be allowed for, as this can enhance service impact. Similarly, where there is any risk of role substitution and role blurring, this should be mitigated in service design
- the integrity of the social work role must be preserved as a matter of priority, where support functions are re-aligned, to ensure statutory duties owed to parents (and children) are exercised appropriately

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:

- policy and practice should pay attention more explicitly to the likely impact on children of assumptions about parenting roles and responsibilities which are heteronormative and focused exclusively on the quality of (dyadic) attachment relationships developed in the new family, in the light of child trauma and loss
- with bespoke parent training now likely to be selected for use more systematically in adoption, 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. Research findings which address this aspect of reparative parenting might usefully be restored more centrally to policy and practice thinking

Overview of the project

What was the project intending to achieve (outcomes)?

The Cornerstone Adoption Support Programme was intended to maximise the likelihood that children approved for adoption in 10 local authorities in London and the South East of England would get more timely access to confident, skilled and well supported adoptive parenting. Supported in this way, such parenting was expected to enable children to settle more readily, and benefit fully from adoptive family life. This would include, in particular, those children waiting for a new home in the partner local authorities and beyond who were boys, older, living with siblings, having black and minority ethnic backgrounds and presenting more complex needs in various ways.

What was it intending to do to achieve these outcomes?

The programme developed and implemented a novel approach to the enhancement of existing practice by partner local authorities in recruiting, approving and supporting parents through the adoption process. This approach was made distinctive by the type, combination and focus of services comprising the Cornerstone offer, and by the fact that the Programme was designed, delivered and managed directly by adoptive parents themselves. Established independently as a social enterprise and limited company, the Cornerstone Partnership aimed to contribute adoptive parenting experience, as well as the project management's knowledge and skill of its originators and leads. An initial service agreement with a consortium of 4 local authorities (RBWM, Wokingham Borough Council, Bracknell Forest Borough Council, West Berkshire Council), operating as Adopt Berkshire, provided 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.

The programme comprised 3 main elements, each distinctive in its own way, and, taken together, intended to enhance the statutory adoption service. The core programme offer initially sought to align innovative models of parent recruitment with subsequent peer mentoring support and to underpin this with the offer of therapeutic parenting training undertaken following formal approval but prior to adoptive family formation. Having increased the number of prospective parents available, their commitment and capacity as adoptive parents would be consolidated and strengthened by the novel service, in close alignment with the Adopt Berkshire social work service.

Targeted recruitment

The Programme was intended to develop novel methods of recruitment to ensure that sufficient numbers of families would be available for the number of children in the 10

partner local authorities with a plan for adoption and for meeting their particular needs. Interest in adoption was intended to be mobilised, in particular, from constituencies of people usually ignored by conventional approaches, such as those based in workplaces, or those with shared identities or beliefs. A target of 175 new applicants was set for the Programme, for recruitment by 31 March 2016.

Parent-to-parenting mentoring

Programme support for adoptive parents was anchored in a parent-to-parent, or peer mentoring, service provided by adoptive parents employed by Cornerstone. Mentoring was offered from the point of first enquiry and continued through the approval, matching and placement processes and beyond. As parents themselves, without any formal influence on the outcome, mentors would enable parents to share hopes and fears about adoption, without fear of prejudicing their chances of success. In this way, it was anticipated that prospective parents would be retained through the process, thereby mitigating significantly the very high drop-out rate identified nationally at the time of Programme development in 2014-2015. Having a larger pool of parents who felt more confident, both in themselves and of the process, and supported on their way, would improve the chance that children waiting for an adoptive home would be placed more readily. This would especially be the case where parental uncertainty about child needs, as described, might previously have pre- prevented the opportunity of a match. The intention was for the Programme to recruit and support 20 mentors, to be available to prospective adoptive parents across the 10 Partner local authorities. This would include the 175 parents expected to be recruited by Cornerstone as part of the Programme model (see below).

Therapeutic parenting training

The training element of the Programme was offered to prospective parents in 2 stages, following their Panel approval to adopt. A 3-day Beginning Attachments course was offered on a rolling basis through the pilot period. The learning achieved by course attendance was consolidated, and subsequently enhanced, by a sequence of topic-led webinars designed to enable home-based learning. The Beginning Attachments course was intended to be offered to, and taken up by, all prospective parents waiting for a child to be matched and placed with them. The agreement was that 175 parents would have participated in this training, by 31 March 2016, across all 10 local authority partner sites. Webinars would be joined by parents, on an individual basis as personal needs and interests dictated. Taken together Beginning Attachments and the webinars were described as a bespoke 'attachment based parent training' (Cornerstone Partnership, 2014). The innovation here had less to do with the model of therapeutic parenting selected and more with the way in which the training was designed and delivered.

The Beginning Attachments training strategy was to embed the theoretical principles underpinning an attachment-based therapeutic method, known as 'dyadic developmental psychotherapy' (DDP), in a group-based course with individual follow-up, which was jointly designed and taught by accredited DDP therapists ortrainers and adoptive parents employed by Cornerstone. Cornerstone's proposal suggested that the training would be the first of its kind in the UK which is designed for parents by parents and benefits from leading academic input and validation (Cornerstone Partnership, 2014).

Once fully implemented, this integrated Programme of independently provided adoptive parent recruitment, retention and continuous support was expected to release time, and save money within partner local authorities which could be reinvested more effectively in the statutory adoption service itself. The development by Cornerstone of close working relationships with social workers and managers in the adoption service would enable scarce professional time to be focused wholly on the statutory tasks of preparation, assessment and approval for those parents who had been recruited; family finding and matching for children; and post-placement and post-Adoption support.

In particular, savings would be achieved by drawing back on the previous commitment to providing parents directly with link social worker time at home on a regular basis. Instead, an administrative post (the Placement Officer) would be used to bridge the gap. It was the Placement Officer who would manage the interface between parents who had been approved, and the children available and their social workers. This would be a hands-on role, to include all aspects of linking parents with children, whether the link was generated by the parent independently on line, or through the agency.

Cashable savings estimated at £823k across all 10 partner local authorities were expected to be made on both the cost of the adoption social work service, and from the much larger budget set aside for foster care and social work and other support for children waiting for an adoptive home. These would be achieved by securing effective parenting and stable adoptive family life more speedily, reducing the time spent by children waiting in care by at least 25% and preventing at least one adoption breakdown across the 10 partner local authorities during the pilot Project period to 31 March 2016.

Brief comment on any relevant existing research relating to this innovation

Cornerstone programme design is both congruent with, and in advance of, current policy about what are likely to be demonstrated as the most effective approaches to adoption support for those parents intending to benefit from them, and about how best such support might be provided. Programme logic is informed by interpretations of attachment research currently commanding intense interest in the policy and practice field, which emphasise the capacity of adoptive parents approved by the local authority to provide a

therapeutic parenting relationship for children assumed likely to have been traumatised by maltreatment and loss. However, the innovative nature of Cornerstone programme design means that it runs ahead of any available research evidence to support claims for the efficacy in practice of core programme principles of independent service alignment with local authority social work processes as a whole, and parent co-leadership and delivery of core components.

Research evidence on therapeutic parenting training and support from the outset

The understanding that the reparative role of parenting in the adoptive family is the foundation for good child outcomes has placed the accumulated body of research findings on the dynamics of attachment and caregiving relationships through the life-course centre stage in policy and direct practice development (RIP, 2014; NICE, 2015). Although other forms of challenge to child mental health and parenting in adoption are recognised, attachment research has been used with increasing frequency in recent years to highlight, in particular, the likely traumatic effects of that combination of prior neglectful and abusive parenting, and subsequent disrupted care experiences, that have been shown to characterise the child's journey to a permanent adoptive home (Selwyn et al., 2006; 2014).

These findings have enabled the concept of therapeutic parenting to achieve a particular prominence in practice thinking and service planning. For example, 'therapeutic parenting training' now heads the list of therapeutic interventions to be made available to the family, on individual assessment of need, by the Adoption Support Fund established in May 2015 (First4adoption, 2016). Cornerstone programme design was influenced directly and explicitly by the positive impact of the DDP approach to supporting therapeutic parenting (Hughes, 2011; Casswell et al., 2014), as had been experienced by Programme leads personally. The Cornerstone Beginning Attachments training programme drew on the well-established, and widely cited, Beginning Attachments model (Golding, 2013). Endorsed as such by DDP originators, through their own training institute (DDP Network), the training offered a group-based, psychoeducational and experiential programme of parenting support. The DDP recommended that this programme was delivered by practitioners who had undertaken DDP training and were receiving supervision from a DDP consultant.

Therapeutic interventions and the Cornerstone programme model

It has been noted, with regard to therapeutic interventions currently commissioned for use in adoption, that 'the evidence base for effectiveness of different approaches is very under-developed' (Lewis and Ghate, 2014, p.27). However, although robust empirical evidence of the therapeutic impact of the DDP methodology in itself, as applied in parent training in adoption, is still awaited (Stock et al., 2016), the intervention logic or theory of

change informing the approach as incorporated into the Cornerstone programme is, for the large part, congruent with NICE Guidance principles (2015). Significantly, the guidance endorses programme design, understood as a whole, as intended. First, it confirms the belief that parental sensitivity and behaviour training based in attachment theory is necessary to enable the realisation in practice of what it describes as the 'loving relationship' required for ultimate parenting success. Next, it endorses programme commitment to offering this kind of training on a pre-emptive basis, and to all eligible parents, once their core commitment and capacity have been assessed, and they have been approved to adopt.

Finally, the guidance supports the programme commitment to align attachment-based therapeutic training with ongoing support and advice, either by telephone or in person, with this intended to proactively monitor difficulties in placements and identify opportunities to provide additional support where necessary. Most significantly here, whereas the guidance proposes mentoring (or daily social work visits) to be offered reactively, 'at the first signs of serious difficulties in the placement', the Cornerstone model is intended to be pre-emptive in that case too (NICE 2015, Section 1.1). In this way, the model is also congruent with surveys and research studies giving voice to critical parent feedback on their experience throughout the adoption process (Selwyn et al., 2014; Dance, 2015). These findings have been supportive of current service reform, where prospective parents are expected to find the system more welcoming () and subsequently enabled through the approval and matching process, to 'feel valued, respected and supported' (Department for Education, 2013, p. 20).

Cornerstone support, offered through the linking and matching process, was also in line with policy demands that 'a great deal more pragmatism in matching and a greater role for adopters in initiating matches would not endanger placements' (Department for Education, 2013, p. 34). Nonetheless, the lack of firm evidence in support of any one approach to linking and matching children and parents in adoption (Quinton, 2012) meant that the programme expectations of success on this front were speculative.

Cornerstone programme logic does not directly address the NICE Guidance reminder that facilitating the process of achieving secure enough attachment to new parents and creating family stability in care and adoption, is a 'multi-faceted' process. On this account parenting is fully therapeutic when it incorporates the capability to enable children to 'preserve their personal history to use and revisit at their own pace' (NICE 2015, Para. 1.1.15). However, the significance of research findings on effective and promising approaches to enabling children to develop narrative coherence about their life story (Watson et al., 2015) was not uppermost in programme thinking and design at the outset. A key challenge for adoptive parents is enabling children to hold in their own minds, as well as address directly through contact, those attachment and other relationships which

are disrupted by the journey through care (Thomas et al., 1999; Brodzinsky, 2006; Boswell and Cudmore, 2014).

It is rarer still to find children's own accounts of the adoption process on which to base service development (Morgan, 2013; Neil, 2012, 2013; Selwyn et al., 2014). Furthermore, research findings addressing family relationship dynamics in adoption from other theoretical perspectives were not cited as being relevant to enabling practice success. Perhaps likely to be relevant here are those studies of transition to parenting in the adoption context which seek to describe, and account for, the impact of adjusting and adapting to (McKay et al., 2010; Mellish et al., 2013; Tasker and Wood, 2016) or practising and displaying (Jones and Hackett, 2011; MacDonald, 2015) adoptive family life and relationships in the wider social context in this particular way. Meanwhile, research showing effects on parenting states of mind, and the reflective functioning capacity of unresolved loss and trauma (e.g. Madigan et al., 2006), has tended to be side-lined somewhat, with greater attention given to aspects of parenting such as sensitivity and behaviour, that are more immediately susceptible to observation and measurement.

Research evidence on enhancing the agency capacity to deliver adoption support

Current adoption policy reform rests on the assumption that adoption support is best secured by targeting funding through the ASF, itself established as an independently managed system for commissioning therapeutic interventions in the individual case, once the adoptive family is formed, and specified support needs have been assessed (see First4adoption, 2016). This approach to adoption support assessment and provision is consistent with the primarily reactive statutory duties and powers for adoption support placed on local authorities. However, it means also that policy and research attention has come to focus on the need to achieve growth in what is now called the 'adoption support market', and in ways that are not simply piecemeal (Lewis and Ghate, 2015). Lewis and Ghate (2015) provide a reminder that service innovation must be evaluated by reference, not only to the intrinsic merits of its therapeutic elements, as evidenced by their impact at the case level, but also for its impact on the service system as a whole. However, the systemic impact of the Cornerstone programme cannot be addressed by reference to research relevant to the dominant model of the adoption support market embodied in current policy.

Rather than operating as an independent provider of therapeutic interventions on a spot purchase basis, Cornerstone has developed a novel model of whole service alignment with local authority partners. This approach is designed to be sensitive to individual need, and is not necessarily in conflict with the ASF market model at the case level. In partnering with a consortium of 4 local authorities, along with others individually, programme commissioning arrangements were in line with the current move to enabling

economies of scale to operate in support of the proactive and strategic approach to adoption called for by earlier research (Selwyn et al., 2009).

However, the pre-emptive, universal, integrated and collaborative basis on which Cornerstone peer-led support is offered to parents and families appears to be wholly unique. Direct studies of peer mentoring and support in adoption are restricted to brief descriptive accounts only of local pilot schemes (Archer and Gordon, 2004; Gilkes and Capstick, 2008). Survey evidence suggests adoptive parents value opportunities for mutual support (for example, Pennington, 2012). A Cochrane review is underway on the effectiveness of peer support methods where children have complex needs generally (Sartore et al., 2013). In the meantime, although the NICE guidance (2015) advises that training is necessary for service providers, it assumes that the practitioners involved will be professionals in the education, health and social care sectors, rather than parents themselves. The significance of the fact that some professionals will have been adopted themselves, and/or are adoptive parents too, is much less often considered (Cooper, 1998).

Changes to the project's intended outcomes or activities

There were no changes to intended Programme outcomes for children made during the period of initial implementation and evaluation. However, revisions had to be made to the programme very early on, in the light of initial experience.

It became apparent almost immediately that the proposed innovative methods of recruitment were not effective, so a fresh strategy was agreed by the Department for Education. The recruitment target of 175 new parents was dropped completely and the generation of a number of adopter recruitment case studies was agreed by Cornerstone and the Innovation Programme as an alternative strategy. The new aim was to use project resources to develop a model of targeted adopter recruitment in programme sites for trialling subsequently. Current practice would be reviewed and a revised offer developed and materials produced, such that it could be tested at information sessions, revised in the light of feedback, and amended prior to roll-out. Events designed to support the development of recruitment case studies in not less than 10 scenarios were proposed. These included holding multi-faith group evening events; information seminars, drop-in sessions in different large businesses, and engagement with voluntary organisations. In the event, this second plan was set aside in light of the recognition that adopter recruitment itself was no longer a policy or practice priority.

Additionally, it was agreed that programme leadership of workshop and profiling events designed to accelerate the matching process for harder to place children should be brought alongside existing statutory agency group support for parents during the post-approval stage. The intention was that Cornerstone leads would join Adopt Berkshire

team members in co-running a monthly group meeting for parents approved and waiting. This group would, in effect, model the joint administrative, professional and peer support service partnership.

Second, the original plan to phase in the programme over 3 sets of local authority sites was extended during the latter part of the initial project period to March 2016. A further local authority was added in the third phase, bringing the total to 11. Thereafter, a successful bid to the Innovation Programme for transition funding beyond March 2016 enabled Cornerstone to embed and further develop its work across sites covered by all 3 initial implementation phases.

The context within which this innovation has been taking place

The Cornerstone Programme was implemented during the initial Project period to March 2016, and beyond, on a phased basis, in 3 sets of local authority sites in London and the South East region. The timing of Programme implementation is significant. Although funded initially under the auspices of the Children's Social Care Innovation Programme, with additional transition support provided beyond the original date of March 2016, the design and implementation process was influenced additionally and concurrently by the demands of the separate Regionalising Adoption policy agenda launched in June 2015 (Department for Education, 2015). In this context, ambitions for Programme implementation and impact were intensified from the outset, along with anxiety on the part of stakeholders to demonstrate the potential of the new service model to achieve significant change in a short timeframe.

Adopt Berkshire as a combined adoption service

Adopt Berkshire, the first phase site selected for the purposes of Programme evaluation is distinctive in being a combined adoption service covering 4 of the 6 unitary authorities in Berkshire (Bracknell, West Berkshire, Royal Borough of Windsor and Maidenhead and Wokingham). As such, it might be said to have pre-figured, in a small and localised way, the new policy expectation that exploring 'a range of new approaches to delivery models' would put 'regional' adoption agencies at 'the forefront of excellent and innovative practice, taking the opportunity of setting up a new system to redesign ways of working' (Department for Education, 2015, p.8). Inaugurated in December 2014, under the leadership of RBWM, Adopt Berkshire was intended to replace a previous consortium arrangement (Berkshire Consortium of Adoption Agencies), which also included all 6 unitary authorities in the county. In the event, Reading and Slough did not join Adopt Berkshire during the initial Project period to March 2016. The new service was intended to take on responsibility for all aspects of adoption work up to the child's legal adoption.

Adopt Berkshire and Cornerstone

The Adoption Team itself was established in December 2014, just prior to the implementation of the Cornerstone programme, and in association with it. The expectation was that the team would 'offer better training and a better matching and placement process, staffed by dedicated professionals….to maximise the amount of adopters available to cover the whole range of children who are in need of a permanent placement.' ([Adoption in Berkshire,](#) accessed 20.12.16).

The Adoption Team comprised a team manager and deputy, 8 social work posts and a Placement Officer. This latter post was newly established as an integral part of the novel service configuration. The Placement Officer was intended to provide an expert administrative service to support parents through the new adopter-led family finding process, following their statutory approval. This post was funded internally by re-specifying the role held previously by a Recruitment Officer, in anticipation that the Cornerstone programme impact in recruiting new parents would free up the resource. The new post ensured continuity of contact between the team and parents, where the social work support role post-approval was expected to be less central with the introduction of Cornerstone peer mentoring. Overall service management responsibility for the Berkshire Adoption Advisory Service (BAAS), and for the Adopt Berkshire Adoption Team alike, was held by the service manager, who had previously acted as the consultant helping to design the new service model. This manager championed the alignment of the Cornerstone programme with the Adopt Berkshire social work service, ensuring early progress was made, as intended, on embedding additional support for parents alongside the statutory social work offer.

The local adoption service context

At programme inception in March 2015, the local adoption service faced something of a paradox, consistent with the national picture. Despite a surplus of parents having been approved, local children with a Placement Order continued to wait a long time to be found a home. The wait for those children who had been placed during the year prior to programme inception (2014-2015) had varied by local authority, ranging from an average of 170 days to 452 days (Adopt Berkshire, 2015). Estimated prospectively for the annual cohort, this figure cannot be compared simply with the national standard of 121 days, computed retrospectively for those children adopted within a 3 year period. Nonetheless, they indicate the extent of the challenge faced by the new service.

With many children being defined as 'harder to place' the service understood that, in order to meet targets, it had to 'manage the expectations of waiting adopters when there are so few children available for adoption and recruiting for older children and those with additional needs remains a priority' (Berkshire Adoption Advisory Service, 2015; p.3).

Overview of the evaluation

Evaluation aims

The evaluation was intended to illuminate the nature and extent of programme impact on child and parent outcomes and on adoption service effectiveness in the primary project site of Adopt Berkshire, such that informed decisions could be taken about the efficacy of the model prior to dissemination.

Evaluation questions

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?

Summary of the methodology used to address these questions

A mixed methods approach was taken to data collection and analysis, allowing programme efficacy to be explored in the light of parent experience of Cornerstone. Quantitative analysis focused on rates and patterns of programme participation within the changing local adoption context. Qualitative analysis was designed to provide a nuanced account of programme impact as a whole, and its implications for overall service efficacy. Data included that which had been collected and analysed in-house by Adopt Berkshire and Cornerstone, on service activity and outcomes during the project year, and that collected independently by the Sussex evaluation team. Programme impact in the Adopt Berkshire site was agreed as the primary focus of evaluation; parents and professionals in the 4 local authorities brought together in this partnership being those benefitting from the first phase of project implementation.

Research methodology was ethically reviewed and approved by the University of Sussex Research Ethics Committee.

Data collection and analysis

Quantitative data collection and analysis

The Adopt Berkshire Adoption Team provided quantitative data on parent adoption trajectories, and child placement outcomes for the whole population(96). of parents receiving the adoption service pre-adoption order This data enabled rates and patterns of adoptive family formation to be described and compared in the Adopt Berkshire site during the year immediately before the Cornerstone Programme was implemented (2014-2015), and in the initial project year, to 31 March 2016, with follow-up to 30 September 2016. The aim was to show the extent to which adoption service patterns and outcomes during the project year varied in comparison to the year prior to project implementation.

A record was kept by Cornerstone of those parents who made use of at least one of the core peer support services offered (peer mentoring and Beginning Attachments training and webinars). This allowed programme leads to track rates and patterns of parent participation across the project year. These data were shared with the evaluation team, enabling a simple comparison to be made, at the population level, between adoption trajectories for the whole parent population through the year, and rates and patterns of Cornerstone programme participation. Cornerstone also conducted in-house evaluation of parent self-reports of experience and impact of training and peer mentoring, to inform its quality assurance and performance management processes. The findings of these reports were made available to the research team. Secondary analysis of the data was not undertaken.

Qualitative data collection and analysis

Parents were invited to participate in the evaluation in 2 stages during the second half of the project year. Initially, invitations were sent on behalf of the research team by Adopt Berkshire managers to those parents who had been matched, and children placed, during the first half of the year. The intention at this stage was to compare experience and outcomes of those who had, and those who had not, received Cornerstone support, to include specifically the Beginning Attachments training and webinars. However, the number in this sample was smaller than anticipated (12 parents having been matched, of whom only 4 consented to interview). The evaluation plan was revised and an additional request was then sent through Cornerstone to all parents who had used the service during the first 9 months of the project. The Adopt Berkshire team manager also forwarded the Sussex research invitation to participate. Additionally, parents were invited directly by a research team member, who attended 2 of the monthly support groups, offered as part of the developing service. This combined approach resulted in 19 positive

responses, constituting accounts on behalf of 29% of all parents orcouples[1] using the Cornerstone programme during the year. Individual telephone interviews, using a semi-structured interview guide, were undertaken in each case. Lasting on average an hour, interviews took place with the parent who self-identified as being most appropriate to provide the account in that case. In addition, focus group discussions were conducted with 15 parents, including male partners not interviewed individually. This sample included parents who had taken up Cornerstone support at all points of the adoption process, enabling data to be collected, and findings reported, on self-assessed impact at each stage.

Cornerstone mentors (9 in total) were interviewed at a point in the middle of the year, once mentoring arrangements were in place, and again 6 months into the second year of programme implementation. A focus group interview was undertaken with the lead therapist ortrainers of the Beginning Attachments course. Non-participant observation was undertaken of the 3 training days. Focus group interviews were undertaken with Adopt Berkshire social work team members (8) in the same way. Individual interviews took place with the team and service managers at this initial point, and with the (now) joint manager at the later date. Cornerstone programme leads were interviewed at the end of the initial project year. In addition, for the purpose of monitoring service developments in the light of learning on the way, regular consultation took place with the Adopt Berkshire team manager and the Cornerstone programme leads, throughout the evaluation period.

Table 1: Quantative and qualitative data sources in summary

Source	Quantitative	Qualitative
Adopt Berkshire	Annual report figures on adoption performance (2014-2015; 2015-2016) In-house tracking data on adoptive family trajectories (2014-2015; 2015-2016; 2016-2017)	Individual interviews (3): service and team manager Focus group interview (1): Adopt Berkshire team Focus group interview (1): Adopt Berkshire team with manager
Cornerstone Partnership	In-house tracking data on programme participation	Joint interview with Cornerstone leads (1) Individual interviews with mentors (9)

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[1] One further interview was conducted with a parent who had attempted unsuccessfully to be allocated a mentor. This account is excluded from analysis in light of the fact that no comparison was available with other parents who had not participated in the Cornerstone programme, none of whom responded to the research invitation.

Source	Quantitative	Qualitative
		Focus group interviews (2) with mentors
Parents eligible for Cornerstone programme support	In-house reports of parent feedback on Beginning Attachments training course and webinars and mentoring programme[2]	In-house reports of parent feedback on Beginning Attachments training course and webinars and mentoring programme Individual interviews with parents (19) Focus group interviews (2) with parents Direct observation of Beginning Attachments training days (on 3 training sequences)

Measuring and accounting for impact

No standardised instruments were used by the Sussex research team to test Cornerstone programme impact, whether taken as a whole or as a result of any attempt to isolate the effects of individual components. Instead, a semi-structured interview schedule was used to elicit parent reflective accounts of their experience of the new service, as far as they had made use of it at that point in their individual adoption journey. A similar approach was taken to data collection from service providers (social work team members, mentors, trainers) managers and leads. All responses were recorded and transcribed as Word documents. Exemplar accounts were analysed first in the research team, reflecting as a group initially on key themes emerging with regard to programme theory efficacy in practice. Subsequently, the principle investigator (BL) and 2 research team members (LS and RW) used a simple, iterative approach to testing the salience of these themes, in the data set as a whole. Themes were then checked with the written feedback provided direct to Cornerstone by parents on their experience of mentoring and the 3-day course.

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[2] Training feedback forms were changed during the project year. Survey feedback on mentoring took place towards the end of the initial project year and included data from other local authority sites.

Key findings

How far the innovation has achieved its intended outcomes

Outcomes for children

Measurement of project impact on children was restricted to the use of proxy measures of service level outcome. These were supported by quantitative data on parent engagement with the new service, and qualitative accounts of parent and practitioner experience.

Individual children were not identified and tracked, and so programme impact on children's experience of adoptive parenting (the overarching aim of the intervention) could not be measured and compared with the experience of those who were not in the programme. Nonetheless, when comparing Adopt Berkshire service data for the year prior to intervention, outcomes do not indicate any notable programme impact. Parent engagement with the Cornerstone programme, and their accounts of its impact on their understanding and confidence, provide a positive endorsement of the new service offer, with significant caveats. Taken together, these results confirm the potential, but not yet the efficacy of the new service configuration.

In the next section, evaluation findings on parent participation in the Cornerstone programme services are reported first, followed by those indicating service level outcomes for children. In the section which follows, parent experience of the Cornerstone programme elements is reported.

Parent engagement with the Cornerstone programme

The impact of Cornerstone programme elements cannot be separated out from the impact achieved jointly with statutory social work as a result of the Adopt Berkshire service redesign. Furthermore, the nature of parent engagement with the new programme during the inaugural project year was such that programme impact was experienced by parents at very different stages of the adoption process. Inevitably, parents did not form a single cohort entering the new service. However, parent accounts indicate that it was the efficacy of the novel service alignment itself - and not simply the effectiveness of any single aspect of support - which was associated with project success in generating trust and confidence in the adoption service. Patterns of parent engagement with Cornerstone programme elements indicate the extent to which the new service was incorporated into the overall parent experience of adoption service support.

Parent participation varied in its timing, intensity and continuity

The timing, nature and extent of the use made of Cornerstone programme services during the year varied across the eligible parent population and beyond it. Of the whole population of 96 prospective adoptive families[3] receiving an adoption service from Adopt Berkshire during 2015-2016, 65 (68%) had engaged directly with Cornerstone services in one way or another by the end of the inaugural project year.

Table 2 shows the point in the adoption process at which engagement took place, for those families where a record was kept.

Table 2: Adopt Berkshire parent engagement in the Cornerstone programme, 2015-16

Stage at entry to programme	Recruited	Application accepted	Approved	Matched and family formed	Post-Adoption Order	Not recorded
Number	0	32	7	10	0	16

These figures suggest that most parents took up the offer of support as anticipated at some point after their registration of interest (ROI) had been accepted and assessment was underway as anticipated. However, for a significant minority (at least 15% where records were kept) adoptive family life had started already.

The overall pattern of programme participation during the project year is shown in Table 3. As expected, in the large majority of cases, parents took up the offer of formal peer mentoring (58/65). Over half (37/65) attended the training, but far fewer (only 9/65 used the webinars too. Just under one half of the cohort (30/65) took full advantage of the programme as intended, combining mentoring with training. No record was kept by Cornerstone (or Adopt Berkshire) of parent attendance at the monthly support groups.

Table 3: Adopt Berkshire parent participation in the Cornerstone programme, 2015-16

Service uptake	Peer mentoring	'Beginning Attachments' training	Mentoring and training	Webinars	Monthly support groups
Number (65 cases)	58	37	30	9	NK

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[3] The term 'families' is used in the remainder of the report and includes single parents as well as couples.

Cornerstone records confirm that it was women who were most likely to engage directly with the Beginning Attachments training. This is explained in part by the fact that there were more women involved in the adoption process (including same sex couples and single parents). Nonetheless, in the Sussex interview, sample several parents gave voice to the fact that men could be less able or willing to take the lead in making use of the new service:

> 'I have noticed on these courses, it's mostly the women and their partners, their husbands aren't coming, you know, there's not a lot of dads on some of these courses.'(Parent[4])

Assumptions were made by some women about expected gender roles in adoptive family life:

> 'I do wonder if, I do wonder though if our same sex status has made us potentially more receptive to this type of training because we are the only, on our course we were the only 2 people who were there together, everybody else had husbands who were working and not entering into the training.'(Parent)

These were confirmed by women expecting this to be so for them:

> 'I did go on my own because my husband was back at work and at that point it wasn't... it wasn't possible for him to have the time off work, and life was very challenging for all of us at that point. I think he was enjoying being at work and not being in amongst the chaos of our family.' (parent) Women then had to act as the go-between between the Cornerstone service and adoptive fathers: 'He's more reluctant to take it up, just because, I guess, the effort involved, the time commitments, but I have been going over what we did on the courses with the work we received.'(Parent)

Peer mentoring

During the year to 31 March 2016, the 8 Cornerstone appointed mentors (including the 2 project leads) recorded 737 contacts with the 58 parents who used that part of the service. The typical pattern of contact was expected to be monthly, by email or telephone call, with face to face meetings as agreed. Mentoring involved a female peer relationship, one adoptive mother using her experience to support another in the making. For the 29 (of 58) parents who were engaged with peer mentoring from project inception, an average 17 contacts were recorded across the project year. Of the 29, 7 withdrew formally from the adoption process itself, or disengaged from mentoring during the year.

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[4] Throughout the report where quotes are attributed to 'parent' it is a women speaking, unless otherwise specified.

For the 22 parents for whom mentoring lasted the full 12 months, an average 19 contacts were recorded (range 8-28). Similar patterns of engagement were developing for those parents becoming engaged during the project year.

Beginning Attachments training and webinars

Families were invited to attend one of 8 training opportunities offered during the year. In total, 37 took up the offer, and, in almost all cases, following formal approval. Research observations and Cornerstone in-house feedback records show that, when fathers did attend training, they were, for the most part, no less likely to participate actively.[5] They were present, too, for the monthly group meetings organised jointly by Adopt Berkshire and Cornerstone.

Service level outcomes

Adopt Berkshire tracking data confirmed that fewer parents were recruited during the initial project year. They waited a shorter period on average to start family life. During 2014-2015, the year before the programme commenced, there were 30 parents or couples recruited (ROI), of whom 11 (36%) had been matched with a child orchildren by 30 September 2015. In 6 of these 11 cases the children had been adopted by this stage. This compares with 2015-16, when 9 (45%) of the 20 parents or couples recruited had been matched with children by 30 September 2016. Of these 9, only 2 families had gone on to adopt by that stage. This finding must be taken as indicative at best of changing service performance, where, in some cases, parents recruited in the year prior to project implementation also received Cornerstone support later in the adoption process.

Furthermore, the context in which adoption decision-making and support were taking place continued to be relatively disadvantageous when compared to the previous year. For example, during the period from project inception in April 2015, the number of children available for adoption nationally reduced further (by 33% in the 6 months to 30 September 2015) (Adoption Leadership Board, 2016). Meanwhile, the adoption service itself was becoming refocused locally, as well as nationally, to include children placed under foster to adopt auspices.

It is not possible to use Adopt Berkshire child adoption trajectory figures to evaluate service impact with any certainty, because a local placement might not be appropriate for individual children. Nonetheless, while Adopt Berkshire did find families for all 20 children who were on its books at service commencement (1 December 2014), and others coming onto the list by the end of the project year, it also continued to match what was considered to be a significant minority of 'harder to place' children beyond the local area.

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[5] One man, who was fostering to adopt with his partner, with a baby already placed, came to the first training day but not the second and third days.

Internal records showed that most harder to place Adopt Berkshire children (7/10) did not join a local family. This represented one-quarter (7/26) of all children matched in 2015-2016. Data collected by Adopt Berkshire did not allow a comparison of the timeliness of family finding to be made between these 20 children and their peers waiting at the same point a year earlier, in any of the 4 partner local authorities. It cannot be shown whether their adoption journeys had indeed been speeded up, whether or not the children were placed in-house. Nonetheless, although many local children continued to experience delays in being placed anywhere through the initial project year, the average time children waited for a family to be found was an improvement on the previous year, ranging between 106 and 435 days across the 4 Adopt Berkshire authorities (compared with the range of 170 and 452 days in the previous year) (Adopt Berkshire, 2015).

Parent experience of participation in Cornerstone programme services

The evaluation of parent experience of each element of Cornerstone programme services was harder to achieve than anticipated. Parents did distinguish between the impact of the Beginning Attachment training course, webinars and the peer mentoring service. These findings are reported next. However, in doing so, they found it necessary to reflect on their experience of the adoption service as a whole. As a result, parent (and mentor) feedback on the introduction of the programme, understood as a whole, is reported on also in a subsequent section.

Beginning Attachment training and follow up webinars

Parents' feedback showed consistently that they valued the 'Beginning Attachments' 3-day training course. This was evident in post-training evaluation by Cornerstone from 54 individual parents attending the 5 courses offered solely to Adopt Berkshire, and in interviews conducted by the Sussex evaluation team. In-house feedback analysis reported that over 90% of parents evaluated course components (content, structure, learning experience) as having been 'excellent' or 'very good' on a 5 point scale (including 'good', 'satisfactory' and 'poor'). When asked, on feedback forms, all parents said they would recommend the course to others. Parents' accounts in the in-depth interviews were consistent with the brief qualitative statements reported on in-house feedback forms. Moreover, in both the brief feedback statements and the interview data, the quality of the feedback was consistent with the expectation that participants would demonstrate a reflective capacity with regard to their particular parenting task following training.

Parents emphasised the significance of the overall integrity of the theoretical orientation and expertise available to them in the independent peer-led therapeutic parenting training. They reported that this enabled trust to be developed, in themselves and their family plans, and, to an extent, also in each other as peers. This was the case even where parents were at very different stages of the post-approval process, with some

engaging with the learning, having had children matched (and sometimes already placed), and others still waiting including for some time. Training integrity was associated, as intended by project leads, with:

- the weaving of the concept of PACE (playfulness, acceptance, curiosity and empathy) underpinning the DDP theoretical orientation of the course with the 'adopter layer' developed by Cornerstone in partnership with the lead therapist-trainer

- the safe space provided by a shared learning experience that was independent of the statutory adoption service approval process

- the validation of adoptive family life for its difference and the consolidation in parents minds of a coherent (if singular) vision of adoptive parenting

By contrast, although parents did report that they had done on-line homework in preparation for, and in between, the first 2 training days, they rarely considered the follow-up webinars offered to be helpful.

Integrating theoretical and practice expertise in adoptive parenting

Written feedback provided at the time rated highly the joint course facilitation by the DDP-trained therapist ortrainer and the Cornerstone lead responsible for engaging parents directly with their own and others' direct experience of parenting. The words 'real' and 'real life' were used most on feedback forms in the latter case. The interview accounts provided subsequently emphasised the practice focus, use value and sense making, where reading alone was not enough to produce the feeling of personal connection with a challenging way of thinking. For example[6]:

> 'I think it's been great, informative and I think how it's, sort of, presented and delivered …it feels, like, you can actually go on and use that and put it into practice. I don't know I just felt engaged, like, most of the time.' (Parent)

> 'Being at this stage (post-approval) …. I feel so comforted by the fact that I did that 3-day course because I think it deepens my understanding…..until you, kind of, have a chance to go through it and make sense of some of that learning (from reading), I think it can be very difficult.' (Parent)

Crucial here was the way this theory and practice was shared in the training group, as well as the fact that it had been integrated so well in course design. The

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[6] All quotations from parents used in this report are from parents in the 19 families providing an individual account to the Sussex research team, or from focus group interviews, which included partners of key informants, unless otherwise noted. Where a sequence of quotes is presented they are drawn from separate individuals.

connection of concept to emotion was central here for parents relatingto what was being taught:

> 'Each day we had a, I think they call them a facilitator and a therapist. So, the facilitator was somebody from Cornerstone. And the Cornerstone people they have, you know, they've all got adopted children and, you know, they're so open about their feelings and, you know, kind of, what to expect and they're just, you know, really, really helpful. And the therapist that we had was amazing and she talked, you know, she told us about the real life cases of adopted children that she'd been speaking with.' (Parent)

> 'I could... I could really relate to what she was saying and her advice; I just found it really helpful, actually, to listen to her and be listened to by her. I think it was having the course run by an adopter alongside a therapist, to get that real-life experience.... just the whole way the course was set up, really, so you'd learn the... you know, you'd do an experience to, kind of, personalise the theory they were teaching you.' (Parent)

Parents valued the kinaesthetic methods especially, which enabled them to engage directly with those aspects of the child's experience of the transition to adoptive family life highlighted by the training model. This was the case for men too, for whom their women partners often reported that the use of such methods, including role play and games and exercises, was a major reason why they had been reluctant to attend training generally. The immediacy of this kind of learning, and its salience at the level of personal relationships in existing family and social life, often surprised people. Some parents said they would have appreciated more time to reflect on the emotional impact of some of these approaches:

> 'There were some exercises that really, really, really made you understand how it must be or to be that child which I don't think I've got from any reading or anything else.' (Parent)

> 'The practical exercises were very, very though provoking, quite tricky actually….it was quite emotive. And it got easier as we went along, but also because we got to know each other as well, the people on the course. But yes, it really opened your eyes to a lot of things…..I hadn't really thought about it like that. So yes, absolutely, incredibly powerful.' (Parent)

> 'There were difficult times emotionally, and I wish we had more time to explore that, especially the plasticine exercise we did.' (Parent)

Parent feedback at the time, and in accounts given later, indicate, for the most part, that the training had generated a reflective capacity in parents with regard to bringing theory and practice, and feelings and thoughts, together appropriately in their own minds first.

Parents were 'reassured' by the enhanced 'understanding' gained, the accuracy of which was indicated in their brief summaries of learning given on feedback forms. These were for most part thoughtful with regard to the personal impact of the learning, parents referring to their need to 'take time', 'revisit', 'get it (PACE) a bit better', and 'worry about 'can I do this, but maybe not as much'. Nonetheless, some parent accounts were more functional in their reports of 'applying' the method, for example by 'trying it on our nieces and nephews at the weekend.'

The importance of finding a safe space for shared learning

The teaching and learning approach modelled a way in which parent uncertainty about the situation they were in could be shared safely with others, without fear of further unwelcome judgement:

> 'I guess because it wasn't just theory for me, it was the life I was living, being able to go in with my experiences and feeling in a very safe place to share those experiences meant that quite often I would come away with some quite practical things to try, which very often were very useful.' (Parent)

> 'There was a lot of trust and, you know, everyone just said what they thought, what they felt and it's very open so people must have felt, you know, that trusted the, sort of, confidentiality and that in that room with those people you could talk about anything.' (Parent)

> 'It's like people were going along the same process as you at the end of the day, so. It goes back to that thing of, like, feeling safe again, doesn't it? Yes, everyone in that room has either adopted or is going to adopt.' (Parent)

> 'I burst into tears on my third day just because I'm a bit of a drama queen and, you know, I've done everything, I'm fed up with everything. And I felt slightly embarrassed but I didn't feel, like, half as embarrassed as I could have done because I know that most of the people in that room would probably burst into tears at some other point anyway, so.' (Parent)

The personally challenging and collectively affirming experience of the training together enabled informal arrangements for peer support to develop subsequently in some cases. This was the case especially, but not uniquely, where women had applied on their own and were still waiting for a match:

> 'I think with Cornerstone and training, for me, you share quite a lot of your own background, your values, your beliefs and so on and so you start to get to know, really know people in a very short and intense period of time. And the fact that you're going through shared experiences as well… it kind of cements the bond.' (Parent)

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'I've got to know a couple of them quite well. We've been out socially afterwards, you know, and that's been really nice….. were a couple of other single ladies on the course. That was nice.' (Parent)

The validation of adoptive family life and consolidated vision of adoptive parenting

The Beginning Attachment course validated adoptive parenting for its difference and normalised the distinctive experience of establishing family life this way. Rather than stir up further anxiety about rejection in the eyes of others, due to individual shortfalls of one kind or another, the training could serve to build a collective sense of confidence and belief amongst parents in themselves and in what they were seeking to do:

'It makes sense, and it does, yes, absolutely validates, that the children who are adopted and parents who adopt, are different. And I think we probably celebrate difference in parenting a lot more than maybe parents who have had their birth children, I don't know…. a lot of my friends who have got children, I wish they'd had PACE, because sometimes now we look at them and think, oh my God, what the hell are they doing?' (Parent)

'In terms of advice from family and friends I think we both say, we don't necessarily take it on board because we feel like adopted kids are so different to other children….it's annoying comments that all 4 years olds do that when we've been told so much by lots of other people in the adoption circle, no there's something deeper with that behaviour you know, look past the behaviour and find out what's going on.' (Parent)

'So, you know, sometimes it feels uncomfortable, I want to switch to a conventional parenting technique, but when you stick with it actually you get the magic and it's been great actually since practising it and seeing, you know, the difference that it can make.' (Parent)

The fidelity of the Beginning Attachments course to the dynamic dyadic perspective on the reparative nature of the child/parent relationship in the context of trauma and loss was indicated. The language of PACE pervaded parent written feedback and interview accounts, very often in precisely the self-reflective way aimed for in the training. However, the heteronormative framing of adoptive family life also caused comment in the training observed, including by men taking an equal or main role in parenting. Researcher observations of training confirmed that the exclusive reference to the adoptive mother as the main carer informed the training discussion as well as the printed materials, unless a parent made the challenge. Single women had to correct the assumption that dad would be coming home from work. Moreover, parental reflective functioning capacity, with regard to adoptive family relationships beyond the reparative dyad(s) within the immediate family constellation, was not indicated at all. This lack of

engagement with the adoptive parent, as well as the child's sense of self-identification with family and kinship beyond the reparative attachment relationship in the adoptive home, was rather disturbing, as reported by parents:

> 'He (primary school child) has, as I understand, a half sibling through his father, but he's not aware of that yet.' (Parent)

> 'He (infant) has no contact with his half-brother but, actually, retrospectively, perhaps that's good for us, because it give us a clean break and a fresh start. ……for the brothers as they're growing up, there'll obviously be that curiosity, but they'll just have to, you know, wait a little bit longer.' (Parent)

Taken overall, the finding from parent accounts was that the experience and impact of attendance on the Beginning Attachments course was overwhelmingly positive, despite shortfalls identified. The training approach itself was validated strongly for reflection, as was the introduction of the course prior to family formation. In addition to the learning gained personally, parents who attended the courses strongly valued the affirmation of the peer identification and support that developed over the 3 days and, in several cases, the opportunity for this to be consolidated subsequently. Where men attended, and their views were shared with the research team, directly or by female partners, their accounts were positive, if sometimes more circumspect in their endorsement.

The experience of webinars

Compared with their feedback on face-to-face training, parents were much less positive in their evaluation of the contribution of the webinars to their learning and support. No parent interviewed reported that the webinars had been a significant aspect of the overall learning and support received from Cornerstone. Instead, accounts were downbeat and more or less apologetic about the lack of engagement achieved where the direct training itself had been such a compelling experience. The immediacy of the learning and the peer support valued so highly on the course, was lost: 'It just feels a bit artificial doing it online'. (Parent)The trust developed during the collective experience of direct training, which parents valued so very highly, was harder to secure in the on-line encounter: 'there's other people listening, so you don't really want to delve too much into the huge meltdowns that you've had that day.' (Parent) This was especially the case for parents who were using the webinar lead also as a private therapist.

More prosaically, when time was not formally built into the family routine as it had been by making the commitment to attendance at the 3 day training, it was very difficult to protect in the way required by the webinar process. This was the case whether or not adoptive life had already started. For those already fully engaged in parenting it had proved 'harder than I thought to schedule in getting through them with the children in placement'. (Parent) For those still waiting 'the impetus to actually want to join them' was

hard to establish and maintain. Either the relevance was questionable: 'I haven't adopted anyone so I can't ask, 'what about this'?' (Parent), or other commitments had remained the immediate priority: 'by the time we get home from work we're knackered'. (Parent)

The Cornerstone mentoring service

In-house survey findings on parent experience of mentoring towards the end of the initial project year (January 2016) were limited to 21 responses (26% of the 78 families surveyed) and included those from other local authority sites. The results were encouraging, though the small sample might suggest that it was those who were more positive who responded:

- 90% of respondents felt that it was beneficial to have a peer mentor and 95% would recommend having a peer mentor to someone else

- 84% felt that the frequency of their contact was either excellent (40%) or very good (44%)

- all parent respondents reported that 'the experience of having a mentor has allowed me to talk freely about my worries and issues' and 80% felt that having a mentor made them feel "more normal"

- 76% felt that they benefitted from support during both the assessment stage and in placement

- 67% felt that the consistency of contact was either excellent or very good

Parents interviewed by the Sussex evaluation team provided a much more nuanced account. They endorsed the Cornerstone mentoring service when it had been tailored to their needs, and the integrity of the role secured, but there was evidence that this was not always achieved, and consequently, feedback on the experience of mentoring was mixed.

Towards the end of the initial project year, Cornerstone surveyed 78 parents/couples in Adopt Berkshire and one other local authority area who had used the mentor service. The 21 (26%) parents/couples who responded across both sites confirmed, in every case, that the independence of the service had enabled them to 'talk freely about my issues and worries'. In 80% of these cases, parents said mentoring had 'helped me normalise my situation'. There was less affirmation that it had made them as parents 'more motivated to stick with the process' (45%) or given them 'confidence in the task of adoptive parenting' (65%)[7]. The support and empathy provided were valued most highly.

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[7] Pre-coded survey response categories.

Mentor knowledge and understanding received a more mixed endorsement. Almost all parents responding said they would recommend mentoring to others.

These internal evaluation findings were consistent with the parent responses (from Adopt Berkshire alone) offered to the independent research team. However, the external evaluation data indicate variability in the extent to which parents and mentors alike had to put effort into enabling the individual relationship to be effective in these ways. The main finding of the independent evaluation was that the effectiveness of the formal support relationship between parents and mentors could be compromised, as well as facilitated, by the fact that parents and mentors had a mutual interest in a successful adoptive family life. There were 2 aspects to this finding:

- mentoring worked best when it was tailored to individual parent need and in the light of experience to date, rather than simply being approached retrospectively from the perspective of previous mentor experience alone. This was especially the case for parents whose progress through the adoption process was halting

- effectiveness in the mentor relationship was maximised where the identification process between mentor and parent had been managed appropriately, boundaries not crossed, and the integrity of the role ensured

Understanding support needs from the parent perspective

From the parent perspective, mentoring could be helpful at any stage of the adoption process so long as the support offered was tailored to need at that time and felt to be congruent with contemporary adoption experience. This finding is consistent with programme expectations. Positive accounts were given of the importance of mentor responsiveness by parents at each point in the process:

'That was probably the most useful time for me personally because it was, kind of, whilst I was preparing for panel and you've got a few questions…do I need to do this, do I need to do that?' (Parent)

The immediacy of the support was valued too: 'And she was in touch very quickly [after allocation post-placement when things were especially tough].' (Parent)

Mentors also recognised the significance of the timing of their support , suggesting that a more episodic pattern of response to need earlier in the adoption process often settled into a more sustained relationship once adoptive family life was underway. For example, one said:

'I do have more of an interaction with the ones that have children placed…..it's ongoing. It could be at any time, and those are the ones that ask more for ad hoc meetings, phone calls and that sort of thing whereas with the other ones it does seem to be a specific point, whether at stage 1 or stage 2.'(Cornerstone mentor) [8]

Parents valued direct correspondence of experience between them and their mentor. Where the mentor could connect in that way, parent reports were especially celebratory of the service. Sometimes, it was matters of fact about adoption as experienced by the mentor that counted most: 'And she was great at answering all of those questions because she'd, kind of, been there and done it". (Parent) Sometimes it was the process of comparing experience to get things into a better balance, the mentor providing an anchor point or touchstone: 'it has been really, really useful to be able to listen to their life experiences and, you know, weigh yours up, if that makes sense. She has just been a rock throughout our journey.' (Parent) Where mentors could not put the parent perspective first, within the contemporary adoption context, and brought their own previous experience within a different context to bear in too direct a way, there was some evidence that the relationship could struggle or founder. One parent commented, 'Our mentor was, you know, was quite focused on, you know, people adopting babies which wasn't going to be us.' (Parent) Indicated here is the frustration felt at the difference in experience of adoptive family planning in the current policy and practice climate. Important to recognise, too, in these contrasting accounts is the significance of parent success (or not) in making progress to adoptive family life as anticipated. Where the adoption process itself worked well for parents, mentoring was most likely to be celebrated for the additional contribution it made. Where trust had been lost in the adoption process itself, because the wait for a match had gone on so long and adoptive family life as expected now seemed out of reach, mentoring support was beside the point:

'I'm getting a bit despondent about the whole thing. And they (mentors) really don't understand that side of it, and I don't know if they can offer that much help, really.' (Parent)

In other cases, the lack of congruence in social group identification reached beyond adoption itself: 'I felt like I didn't really gel with her and I don't know if that's because I didn't really see her, kind of, fitting into my own life do you know what I mean. She just didn't seem like someone that I would, kind of, come across.' (Parent)

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[8] All mentor quotes used in this report are from the 9 Cornerstone mentors providing an individual account to the Sussex research team or from focus group interviews. Where a sequence of quotes is presented they are drawn from separate individuals.

Some mentors were unsettled themselves, when faced with a lack of congruence of experience as they tried to establish the relationship. This was especially the case when they were asked to offer support at the early stages of a process which was so different from the one they had personally experienced:

> 'We didn't do any of the things they are coming to us and asking for help with. That's a little bit like asking me to teach Chinese, quite frankly, because I don't speak it. I have to think on it and find out, so you could almost take anyone off the street and say we're going to train you up in stage 1 or 2 pre-adoption forms.' (Cornerstone mentor)

In these cases, the new service was as much a 'voyage of discovery' for the mentor as it was for the parent. Nonetheless, this lack of procedural knowledge mattered less in the end than did the capability and confidence of the mentor in role: 'She totally gets it …it made you feel like you weren't the first person that's gone through this, and you weren't the only one that was trying to deal with it either.' (Parent)

Managing the identification process between mentor and parent appropriately

'Getting it', from the point of view of parents, meant ensuring that the right balance was struck in the helping relationship in the identification of mentor with parent. This capability was expressed thoughtfully by one parent: 'She's been able to focus on what we need and can feed that back to us and sometimes mirror and reflect what the feelings are, but also give the feelings that they had when they were adopting.' (Parent) Other parents used the idea of professionalism to make the point: 'One thing I'd say, is that, (mentor) is very professional, she doesn't step over any boundaries at all. I don't think we would ever see her as our friend, and I don't think she would either, because I think we know our boundaries as well. She's there to support us through what we're going through.' (Parent)

Over-identification was risked in 2 main ways, on the evidence of the parent accounts. The professional nature of the peer relationship in mentoring was tested first where the mentor herself had yet to establish and demonstrate security in the adoptive parenting role. Too close a correspondence was risked where mentor and parent experience overlapped directly, as it had done in some cases where the mentor system was becoming established:

> 'I think what I found, probably since approval, is that my mentor has actually been going through a lot of the same training at the same time. So there's probably been a little bit of a dis-join. I feel like she's more like a peer now than a mentor per se.' (Parent)

Mentor anxiety in role also had to be managed by some parents:

'I'll be honest, my mentor is very good at contacting me, bless her. So she will contact me to say, any news? Do you want to meet up? Let's get together. And I suppose I have said that to her, actually, that sometimes it feels a bit, sort of, tick boxy and that, actually, I'm doing fine.' (Parent)

There were indications that mentors themselves could trust in the role a little more when parents were able to take the lead in shaping the level and nature of contact: 'Then we started using her and phoning her when the need arose rather than having it completely fixed. And that worked better and I would say now that we've actually got quite a good relationship with our mentor. I certainly use her for things that maybe a year ago I wouldn't have appreciated that I would have turned to her for.' (Parent)

Mentors themselves gave accounts that suggested they needed to work hard at establishing and maintaining the distinctive role too. Identification could be felt strongly:

'Yes, it makes you feel good to help someone. It also makes sense of one's own experiences. I think when you've been through something very traumatic, you want to make sense of it in some way, and mentoring helps you make sense of it, because you think, well I'm now putting this to good use. So I think it's… It makes you feel good to make sense of what you've been through. And in a place where it's valued.'(Cornerstone mentor)[9]

Identification could be powerfully felt where the ending of the mentor relationship was considered:

'I keep trying to push them towards other staff and they're still coming back. So that's one thing that I...I guess probably when I first started I didn't appreciate that that might still be going on.' (Cornerstone mentor)

Others found ways to manage things more effectively:

'I just came to a realisation that I'm haunting this family and I don't think I need to be, anymore… And they came back to me and said yes, absolutely, we don't think we need a mentor at the moment. We take the point we can come back at a later stage if things go a little bit awry again. So I've now taken them off my list.'(Cornerstone mentor)

The ending of the 'professional' relationship could be wholly unplanned:

'I suppose when I made the disclosure [of her own significant parenting difficultiesthey then were so there for me, having said they were still only

progressing with adoption because of me as their mentor and they stayed with the whole adoption thing because I had supported them they then, I think, felt I'd like to support you now.'(Cornerstone mentor)

However, mentors who experienced this collapse of boundaries understood the risk too. In these cases, they sought advice from partners first where they could, then from Cornerstone leads. Mentoring arrangements were stood down appropriately. Nonetheless, the reliability of Cornerstone leads in reacting to need case by case did not diminish the need for a reliable supervision system in the eyes of mentors:

'Supervision is probably an area where it's a little bit hit and miss. To be fair, I think (the leads) have been so busy because the whole project has kind of taken off, we do get mentoring sessions every so often…..when I was with (another named service) we tended to do them every 3 months and as you finished one you'd set the date for the next one 3 months hence, and that's not been quite as fixed at Cornerstone.'(Cornerstone mentor)

In the meantime, while parents might express disappointment that the relationship had not been as helpful as hoped, no-one suggested that mentoring had been harmful because a mentor had acted inappropriately or role boundaries had been transgressed.

Parent experience of the Cornerstone programme overall

Two strong and consistent underlying themes emerged from parent accounts of their engagement with the Cornerstone programme, when the overall contribution made to their support within the reconfigured Adopt Berkshire service context was considered:

- the independent stance of, and high level of personal investment made by, Cornerstone in a successful outcome for each case was appreciated unequivocally by parents

- notwithstanding this, the provision of a safe place for formal support through the adoption process did not mean that parents thought that the statutory social work service should be any less available to them, or less reliable in its role

Consistent with the findings reported above on the individual programme elements (training and mentoring), the evidence from parents is that new service worked best when Adopt Berkshire social work team and Cornerstone peer support were aligned one with the other in a transparent way, and roles and tasks were neither substituted nor blurred.

Independence and shared investment

Parent endorsement of the introduction of Cornerstone in the adoption practice system as a whole tended to be effusive. Programme leadership was celebrated because it exemplified the service philosophy:

> 'Brilliant, really, really great. They've been there. They've done it. They're very professional but they're very friendly. You feel like they're really there for you.' (Parent)

> 'We just find them quite inspirational really. They're intelligent, knowledgeable women who have gone through the process themselves. I think one of the assets that they've got is their knowledge and their skills, but also their sense of humour which has been brilliant. I think that their passion and their enthusiasm is amazing for what they do, and they give the reality to the adoption process.' (Parent)

The service philosophy itself was universally endorsed, once Cornerstone independence was understood:

> 'I think you have to be really resilient to even go into this process and then you get so many knockbacks. I think having a group of people who have come together because they're passionate about something, who are independent of the process…..all the intricacies that you go through on a daily basis with your social worker, is really invaluable. You know, whether you've use them lots or you use them a little, knowing that they're there is actually incredibly invaluable.' (Parent)

> 'You know, we've been putting our lives, in theory, on hold a bit for all these years and if it wasn't for Cornerstone I think I might have said, sod it, let's just retire early, been waiting around for these children to appear, they might never appear. Whereas with Cornerstone, you think, no, you'll get there. It's just a process you're going through. It's normal. It's okay. Some people take longer than others.' (Parent)

Role alignment and practice effectiveness

Implicit in these accounts of what was distinctive about the Cornerstone peer support model was the assumption that the statutory adoption service itself could not offer this kind of support. The distinction between the 2 services was made in unequivocal terms by some: 'Adopt Berkshire are the official body, they are not trying to adopt a child, are they?' (Parent) However, this did not mean that parents wanted Cornerstone services to substitute for professional social work support, or equally valid roles to be blurred. Instead, parents looked for empathy and reliability from both parts of the novel service, with practitioners in each setting fulfilling their distinctive jobs in a committed and effective way. This was the case at the outset, when the offer of the new service was

made, and subsequently, once parents had worked out that a safe space had been provided and they had found a way to shape their involvement with Cornerstone peer support and align it effectively with the social work service.

While those on Adopt Berkshire books wanted continuity of the social work relationship at the post-approval stage, in common with adoptive parents generally (Dance, 2015), scarce resources had to be targeted carefully.

Engaging with Cornerstone peer support

Parent accounts indicated that making sense of, and accepting, the offer of Cornerstone programme support at the outset depended on the level of trust established in the statutory adoption service at that early stage. Parents who already felt confident in the way the adoption process was being managed for them tended to see the offer in straightforward terms:

> 'And when we talked about it, well, [social worker], she said that was a very good suggestion and actually we were going through the process, a very exciting time because they were just starting their relationship with Cornerstone. And that we would be provided with a mentor. So, yes, that seemed brilliant.' (Parent)

> 'I felt that we had a real choice (to attend the Beginning Attachments training), and I think at the time we, I think that we felt that we probably would benefit from taking everything we possibly can, because all the people in Cornerstone, that I'm aware of, are adopters themselves.' (Parent)

Parents less sure that the process would work well for them were more cautious and tended to take a more calculating and strategic view of how best to align Cornerstone support to the statutory service to best effect:

> 'I'd say we felt like we had to go on it. So that... we were not only, you know, making the most of the training opportunities to increase our knowledge but so that we were, sort of, showing willing. So, that when we go to the panel ….if we happened to be in competition with another couple about over, you know, a child or children, you know, that might give us the edge to put it bluntly.' (Parent)

> 'Initially, I was wary, I was cynical and I did it, I signed up to do it because I thought it would make us look more marketable.…. I felt that the family finders would perhaps view us more favourably if we're building up, sort of, our base of knowledge by going to courses, by attending the Adopt Berkshire meetings.' (Parent)

Some parents, who were seemingly disaffected with the social work service to date, did not think they had much of a say over the process at all. For them, the offer, and the

enthusiasm of those making it, was experienced more as an imposition than an opportunity:

> 'I'm just given a mentor and that was it really.' (Parent)

> 'In fact if I'm brutally honest it was very much a 'here's this course you should go on it', you know, and 'if you don't go on it I want to know why.' From the social worker; I'm paraphrasing, but I think, you know, that was pretty much the gist, or I felt that that was the gist of the push.' (Parent)

In the event it was the experience of the quality of the Cornerstone service received which determined the extent to which parents knew they could put any initial wariness, calculation and annoyance behind them and appreciate the experience and impact of the additional support for itself. As reported earlier, whereas the training offered had an almost instant effect in this respect, the peer mentoring service usually took more time and effort to shape in ways that met personal need in each case.

Shaping and aligning Cornerstone peer support with the statutory social work service

Parent accounts did not endorse any assumption that the independent support offered by Cornerstone might become a substitute for the support provided by the statutory adoption system. This was especially the case for parents not securing an early match with a child, or links that were deemed appropriate, who depended on the unequivocal display of trust in, and commitment to, them of the Adopt Berkshire social work service which had approved their commitment and capability in the first place. This need was amplified in the current policy and practice context, where parents were required to take much more of a lead in the linking and matching process. Three main messages emerged from parent accounts of their expectations of the new alignment of statutory social work and independent Cornerstone peer support:

- the importance of continuity and accessibility of the social work service

- the significance of sustained approval by social workers in touch personally through the linking and matching process

- the role of independent support as a parallel process and not a substitute

Trusted professionals

Consistent with recent research findings (Dance, 2015), parents placed high value on continuity of support from a social worker on whom they had come to rely and trusted, feeling that the social work service was holding them and their experience actively in mind:

'So we had a really excellent relationship with our social worker. She... well, she was just phenomenal and I really can't fault her at all. I think she was incredibly approachable, she was always very timely, and I always felt very much like we were listened to, and if she said she would do something, it was done. I didn't feel like I had to chase... I didn't have to chase her for anything.' (Parent)

As other social workers became engaged in their case they could become trusted too, despite the dual role they occupied in the matching process:

'I think we've been extremely lucky, we've got an excellent (family finding) social worker who's really experienced, and we, I would say we've probably got a mutual respect for each other as well. But I know that if we phone her, e-mail her, we'll have a really timely response from her, and she's honest and she's got some real integrity and she's, I don't know, just respectful, per se.' (Parent)

'Approval' was experienced by parents as being more than a formal event arranged by social workers, confirming eligibility as potential parents for children currently available. It was best understood, instead, as being the sense of sustained personal affirmation received from trusted professionals who could be relied on to be there for you through the process:

'Since we've been approved and working, you know, to get the link and then the match with these children, it feels like she's (the social worker) on our side and we're doing this together, so quite supportive.' (Parent)

'I mean we're lucky to have had the same social worker throughout the whole process, which has been beneficial. And she actually resulted in creating a family for us as well. I think almost the only negative I'd say through the process is we felt we had to constantly do emailing and stuff to get responses and answers, it hasn't come naturally.' (Parent)

Several parents referred to the additional difficulty or burden experienced in having to conduct the relationship with the social work service by e-mail. This is a feature of the national system for linking and matching, and not specific to Adopt Berkshire. There was little support for any suggestion that taking responsibility for searching for a child online oneself might be expected to reduce the need for personalised social work advice and support and validation generally. DIY linking and matching was understood to be no substitute for the professional service:

'It's a no-man's land. You want to feel far down the line not 'I hope it's us'. Under the old way you could trust the social worker….. not, 'go and find yourself a child'. (Parent)

In particular, where parents experienced themselves as being continually overlooked by the country wide on-line linking and matching system, this was seen as being impersonal and inefficient. As one parent said:

'Once you're approved you can kind of set yourself up and sign up for those, but I just, I got to the point where I found myself looking every day. Kind of becoming obsessed with what everyone was writing. I thought that's not, you know, it's not healthy to do that.' (Parent)

Parents could feel stranded with the feelings stirred up for them by a distant and detached process:

'I don't quite sometimes think they really quite realise the emotions that adopters go through. Say, for example, there was a child that I'd seen on the website the other day and I'd been really excited about this child and I'd put in a request… but then I didn't hear anything back. And I just, you know, I sent quite a polite email saying, I haven't heard anything, you know, it's really hard for me. And then I get one back, well it's frustrating for us too, and I'm thinking, really you're not quite in the same position.' (Parent)

'For me, personally, it's face-to-face because that's when you feel that they're listening to you and they're taking on board what you say.' (Parent)

Post-adoption support is the responsibility of the placing authority, not Adopt Berks, but parents noted the impact of the withdrawal of specialist social work support after adoptive family life was underway, and this was noted by mentors too. As one said:

'Once they're in post-order that's very often the time they need our support most because everyone drops off at that point in time. Social workers stop visiting them every month, then they become the placing authority responsibility, but they have to apply for funding and so on and so forth. It becomes more complicated.' (Cornerstone mentor)

Understanding role boundaries

For most parents, keeping the statutory social work and independent peer support roles separate in their minds was quite easy to do in any case. Even where social work support could be relied upon at each stage of the post-approval process, individual mentoring and group support provided by the training gave parents a stable and safe space to share and validate feelings, and receive endorsement for family plans more freely still:

'So I think sometimes you feel like you have to be quite careful about what you say to your social worker, even if you've got the most open of relationships because, you know, with the greatest respect in the world, they are judging you and putting

forward, you know, a case on your behalf so, you know, that automatically means that your relationship is of a certain kind. And I think with a mentor it can be a lot more informal. You can ask all, like, you know, the daft questions that you perhaps think, I might just hold onto that rather than asking it in an open forum with, you know, 10 social workers and a whole load of other potential adopters.' (Parent)

'But, we've not been negative about the social workers, it's more been, oh my goodness this is the choices that we've just been faced with. So, this is what the social worker's offered to us, or is, discussing with us and I'm not sure how I feel about it. And that's how I've used it.' (Parent)

In some cases, the separate space created by Cornerstone mentoring was not distinctive enough or secured sufficiently well to be sustained as an additional source of support. This in itself was not a problem for those parents who had no complaints about informal peer and professional sources of support:

'The mentor kind of fell a bit in-between the two for me. I wouldn't use them for kind of important professional advice, so then I wouldn't necessarily want to be friends with her either, so... And for us at the moment it was just another person who wants to hear our story and at the moment we're not particularly interested in that.' (Parent)

Mentors helped ensure that the anxiety or frustration expressed by parents about the shortfalls of friends,family and the social work service alike were expressed and contained, and then channelled appropriately through the separate formal peer support relationship they offered:

'It's a very supportive role, hopefully an encourager, I think to encourage them is huge. Build them up, and all those things. And normalise situations that they will be facing. It is…., it's just a completely different role. And I think that it's great that we don't know their social workers, or at least we don't have a relationship with them. Because then there's no cross-over.' (Cornerstone mentor)

They recognised the risks associated with a peer support role in which parents and their new formal allies alike might be tempted to substitute for, or undermine, the legitimacy of the social work role. As mentors became more confident in understanding the parameters of the remodelled adoption process, and as they came to occupy a more central role in that process, they could find their own identifications and allegiances shifting over time. Maintaining the role boundary with social work was understood to be a core requirement of effective mentoring:

'I see the social worker as the assessing person. I see myself as sitting alongside that, but not assessing, but just being able to listen, empathise and talk. And I think, whenever anything has come up where they may ask a question that's not

necessarily something for me to answer, I've always felt comfortable in saying, no, you need to talk to your social worker about that.'(Cornerstone mentor)

'We are here as mentors, we're not there to judge them, not part of the assessment, but you get a feeling and can't put your finger on it and that's why I'd never be a social worker because sometimes they've got to make those decisions on that feeling and put that into words. Sometimes you get that feeling and you're thinking, 'can I really see you in 8 years' time with a 10-year old? You so want to say something…' (Cornerstone mentor)

Where mentoring had been effective, this ring-fencing of the role through the adoption process enabled parents to return to their encounters with the social work service, and with family and friends, in a more settled state of mind.

Managing the uncertainty of support from the reconfigured social work service

Parents expected not to be abandoned by the social work service once they had been approved, especially where securing links and a match was now such an onerous and often dispiriting task. Instead, they looked for evidence of continued trust and personal commitment from those who had endorsed them in the first place.

Shortfalls in support at the interface between Adopt Berkshire and Cornerstone

The monthly support groups offered by the Adopt Berkshire social work team and Cornerstone worked well where linking and matching had been straightforward, but did not provide a reliable alternative to the traditional social work service for parents struggling to secure a match. For those parents, choosing to attend the group in order to see their link social worker could compound, rather than relieve, fears that the statutory service was not fully behind them after all: 'I suppose what it does is it takes some pressure off the social workers. … It's a 5 minute chat in a corridor…I do kind of think that there probably is a better way of doing it.' (Parent) Parents could feel also their suitability continued to be tested: 'I've had comments like oh, we didn't see you last month or, you know, we noticed you weren't there or we noticed you were sitting at the back or, it's like being at school, you know.' (Parent)

Adopt Berkshire reported that they were redesigning the programme for the support groups at the time of the evaluation, which might explain why everyone interviewed found the arrangements at the monthly meetings rather haphazard. They reported that the timing was difficult, agendas were not provided in advance and social workers could not always be relied on to attend in any case. Research team observations of the groups confirmed parent accounts, and fears by Adopt Berkshire and Cornerstone too, that the arrangement put in place replicated and reinforced, rather than producing an effective alignment of roles.

Outcomes for the local authority

At the point when the decision had to be made whether or not to recommission Cornerstone beyond March 2016, it was apparent that calculating the benefits and risks to the adoption practice system of the novel service configuration was very hard to do. The service outcome data, and views of parents reported above, support the recognition by commissioners that losses and gains must be considered together when the cost effectiveness of Cornerstone is estimated. Reduction in the cost of the statutory social work service by changed methods of working through the adoption process could be a false economy, where gains achieved for parents (and perhaps for children) by using Cornerstone services might not have compensated fully for losses experienced as a result of the changes made to the professional service. In any case, the impact on children of the respective elements, and their alignment in the novel service configuration, would be difficult to attribute separately, and cost decisions made effectively, where it was the service as a whole in Adopt Berkshire that had been changed.

No robust calculation could be made of cost savings connected to Cornerstone programme impact

Anecdotal evidence of direct Cornerstone impact on service costs was provided by the programme during the inaugural year. One mentor explained how she had 'saved the resources of social services a fortune' by encouraging them in their decision not to proceed to Stage 2 assessment. The Adopt Berkshire team confirmed the account of another mentor suggesting that her advocacy on behalf of a child and parent post-placement had prevented a family disruption, by securing an urgent and effective therapeutic intervention. However, it was not possible to say whether these interventions were intrinsic to the independent peer mentoring method employed or whether they might have happened anyway. In both cases, these are outcomes expected in any case of the statutory adoption service. Role substitution or blurring might reduce practice system capacity to be cost effective overall. In any case, 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.

Although the findings of this evaluation support the original project assumption - that commissioning bespoke training and mentoring as a package from an independent peer led organisation would enhance support for local parents across the adoption process - they also raised wider questions of whole practice system alignment. In particular, these included what further amendments should be made to service design to ensure the right balance of responsibility had been achieved in facilitating adoptive parenting and family life effectively, between the parents (mainly mothers) now seen as self-activating service

users; the independent peer supporters provided by Cornerstone, and the social workers holding the statutory responsibility for the success of the process as a whole.

Strategic decision-making

Pending the outcome of the current evaluation, Cornerstone itself was commissioned by Adopt Berkshire to continue its service for a further year (2016-2017), with funds being taken from the existing allocation made available by the 4 partner local authorities. This decision was not dependent on demonstrating savings to the respective corporate parenting budgets or to submit the cost benefit findings prepared for Cornerstone in December 2015 to independent scrutiny. In the meantime, the parameters of the local adoption practice system changed, with the focus shifted decisively to the larger regional body expected to be confirmed under the auspices of the Regional Adoption Agency agenda. Nonetheless, the findings of this evaluation will apply equally, if not more so, where adoption support is regionalised, and the interfaces between providers such as Cornerstone and the statutory adoption service might be more, not less, readily managed to good effect.

Conclusions: What lessons have been learned from this innovation?

Three main lessons have been learned from the initial evaluation of Cornerstone project implementation and impact to date.

First, it is possible to demonstrate that formal peer support for adoptive parenting, provided by an independent agency, can be introduced alongside the local authority adoption social work service, to positive effect. The study confirmed that a bespoke training in therapeutic parenting could be integrated successfully into the post-approval preparation process yet be provided, independently of the local authority, as part of a peer led adoption support service. Formal peer support through personal mentoring could individually reinforce a sense of confidence and self-belief amongst parents, and in their adoptive family plans. Collective identification, and mutual support between parents, could be generated afresh through the post-approval process as a result of the additional opportunity provided. In particular, care taken to establish and sustain face to face relationships between parents, brought together in contrasting (informal and formal) adoptive peer relationships can be very well repaid in terms of parent confidence in themselves and in the system.

Second, it can be confirmed that risks to adoption service integrity are attached to practice system redesign which seeks to diminish the social work role in providing personal support to parents post-approval. Sustaining and enhancing parent confidence and capability with regard to adoption plans is not achieved by any reduction in the authoritative professional voice through the linking and matching process; however positive the experience of peer support. This is especially the case where novel services are under construction themselves during the inaugural period, and quality assurance and performance management systems are yet to be developed for the new service alignment.

Third, the focus on the distinctive nature of adoptive parenting - understood in generic terms - should not obscure the fact that it was, for the large part, women who took the lead in engaging with specialist preparation and support, and managing the journey through the service system for their family, post-approval. Women took the lead, too, in providing the services.

Limitations of the evaluation and future evaluation

The current evaluation did not seek to isolate and account systematically for the impact of individual programme elements (peer mentoring; the Beginning Attachments training and webinars; and the monthly support group co-convened with Adopt Berkshire) on child outcomes. Instead, the Cornerstone programme introduced alongside the statutory adoption system, in one sub-regional local authority site, was addressed on its own terms, as constituting a novel practice system, with a set of core components used variably by parents, and to be evaluated as such.

Future research might seek to introduce an element of comparison into the design, such that the independent model of peer support provided by Cornerstone, on commission for the statutory adoption service, would be compared for its efficacy in practice with in-house models of enhanced peer support (for example, Gilkes and Capstick, 2008). It is recognised that such a comparison would be hard to achieve, where practice contexts are such that they are difficult to control for. Nonetheless, comparison undertaken at the level of the practice system, and not simply an intervention isolated from it, is a challenge to be faced. The current finding that a therapeutic parenting training course could be introduced successfully - from the parent point of view - prior to family formation, in alignment with enhanced peer support, suggests that a review of practice developments nationally should be undertaken in pre-placement training, addressed especially from this perspective. A comparison study of the efficacy and effectiveness of contrasting models of practice system reform in that regard might then follow.

Particular attention should be paid, in all future research, to the significance for outcomes in adoption resulting from the gendered nature of the distribution of responsibility in preparing, and accounting for, adoptive parenting and service provision alike. Assumptions about adoptive family life embedded in training models, and professional and peer practices, should be critically scrutinised for indications of heteronormativity with regard to parenting roles. Consistent with NICE guidance (2013), the focus on enhancing dyadic attachment relationships should be complemented in training and peer support by active attention to the significance for adoptive family life of the wider kinship identifications of children.

Implications and recommendations for policy and practice

The funding of the Cornerstone programme can be seen as being indicative of a trend in adoption policy, to encourage and enable local authorities, and others, to arrange for, and provide, adoption support earlier in the process (Department for Education, 2013). The evaluation findings support this commitment, which is already allowed for in law (Adoption and Children Act, 2002).

Although evidence of improved child outcomes has yet to be demonstrated, positive reports of parent experience of the early support provided by Cornerstone suggest strongly that this shift in focus should be developed further, and tested for impact.

A shift in focus is implied, with support being provided pre-emptively in the face of challenges which are demonstrated as being generic to adoptive parenting, and not simply reactive to challenges attaching to any particular child.

The idea has developed that local authority adoption support practice in the family setting is best understood as a being a process of assessing need and commissioning therapeutic intervention, usually from external clinical sources, and mostly focused on the most proximal adoptive family and social relationships (Mott McDonald/Department for Education, 2017). The findings of this evaluation suggest this way of thinking requires some reconsideration.

First, service innovation in adoption support should be thought about systemically (see also Lewis and Ghate, 2015):

- where the efficacy of the adoption service system as a whole is placed centre stage in service redesign and evaluation, the opportunities arising from the introduction of novel interventions will be maximised, and the risks mitigated

- the specification and alignment of the distinctive and separate adoption support roles of statutory social workers, independent trainers and peer mentors is of most significance. Tension between the various roles should be allowed for, as this can enhance service impact. For example, the independence from the local authority of the Cornerstone programme elements contributed to their positive impact, as reported by parents. This was the case especially for the Beginning Attachments training, as had been intended by Adopt Berkshire and Cornerstone alike

- similarly, where there is any risk of role substitution and role blurring this should be mitigated in service design. The integrity of the social work role must be preserved as a matter of priority, where support functions are re-aligned, to ensure statutory duties owed to parents (and children) are exercised appropriately

Second, 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. This is the case, whatever the stage of the process, and however support is provided. In particular: :

- where heteronormative assumptions still inform aspects of thinking about the appropriate distribution of responsibility for parenting roles in adoptive family life, policy and practice should pay attention more explicitly to the likely impact for children

- single-minded assumptions that success in adoptive family life should be defined by the quality of (dyadic) attachment relationships developed in the new family in the light of child trauma and loss should also attract more critical attention

- the Cornerstone programme, use of this therapeutic parenting model enabled parents - in some cases - to set aside consideration of relationships and identifications from the past, where the eveidence is that those relationships and identifications needed to be retained and revitalised in the child's life rather than eclipsed (NICE, 2013; 2015)

- with bespoke parent training now likely to be selected for use more systematically in adoption, 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

- research findings which address this aspect of reparative parenting might usefully be restored more centrally to policy and practice thinking

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