



Cornerstone VR in Fostering

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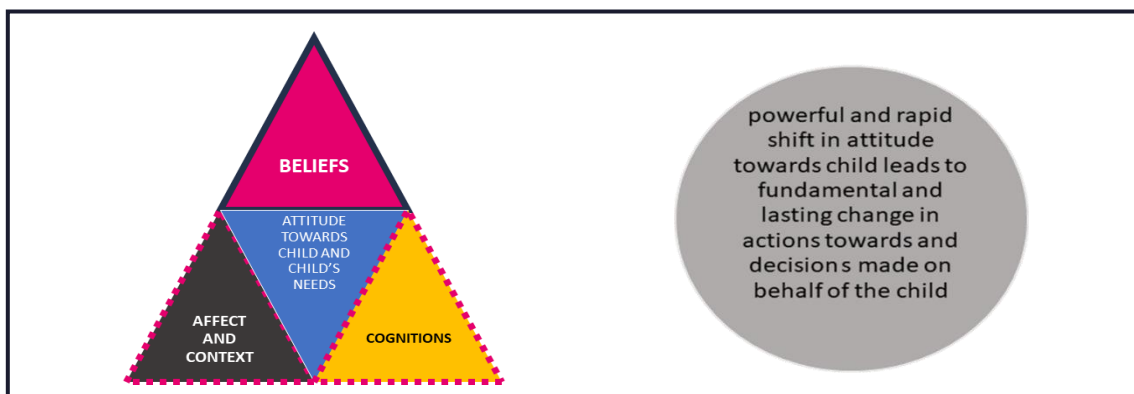
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2. INTRODUCTION TO THE CORNERSTONE VIRTUAL REALITY PROGRAMME

- 2.1 Cornerstone VR™ was born out of innovation and partnership, driven by a need to improve the life chances of children in and on the edge of the care system.
- 2.2 The VR Programme was initially developed to use immersive technology and film to tackle the issues of adopter recruitment and training identified by the founders, both adoptive parents. The initial evaluation of the VR programme indicated that this was a game changer in social care. So, Cornerstone VR™ became more widely tried and tested across the children's sector.
- 2.3 Initially, expansion took place in fostering, recruitment, assessment and then placement stability, given its similarity with adoption. With success in the fostering system the VR programme has continued to grow and is now used in family support services; early help; education; learning and development; performance management, and so on.
- 2.4 The interactive immersion enables adults; carers; social workers; teachers; parents; professionals; **you**; to understand how trauma and abuse impacts upon children's development and behaviour.
- 2.5 In our interactions with others we rely on the inter relation of affect (feelings), behaviours (interactions) and cognitions (thought). Diagram 1 illustrates simply that if we are seeking to change behaviour, we must also change the individual's mood (attitude); change the individual's cognitions (thinking); and create the right conditions (context - reduce stress and strains). If you provide a person with an experience to allow themselves to think differently; change their attitude; and reduce the stress and strains, you affect the underlying beliefs to secure long-standing change.

2.6 Diagram 1



2.7 Evaluations collected from users of the VR Programme show that using immersive VR, we can help change an individual's thinking and interpretations of a child's behaviour. For instance, many professionals may know that children have had difficult early years experiences, but putting them into the shoes of a child in a VR experience impacts on their affect, allowing them to 'feel' the impact in a new and more immediate manner. The experience provides new understanding and knowledge (cognition) as to how behaviour may develop as a result of these experiences. Consequently, impacting on how parents/carers and professionals feel about the child (and their behaviour)

enabling them to respond differently because of this new understanding and felt experience.

3. USE OF CORNERSTONE VR PROGRAMME IN FOSTERING

- 3.1 Children in and on the edge of care require safe and nurturing homes and carers which will help them to recover from the trauma they have experienced.
- 3.2 Foster Carer preparation groups are vital for equipping prospective foster carers with the right information and to increase their level of understanding of children who are likely to be placed with them.
- 3.3 The Cornerstone VR™ programme helps to bring a sense of what life must have been like for the child. It puts the person into the shoes of a child - 'an immersed sense of the impact of abuse and neglect'. This, in turn, helps the foster carer to recognise to a great extent how complicated recovery may be for these children, encouraging a more informed understanding and connection to the child's emotional, social and behavioural development.
- 3.4 Recruiting more foster carers is essential so that enough homes can be provided for children in care. Using the Cornerstone VR™ Programme increases the level of interest and also supports prospective foster carers to make informed decisions about continuing the assessment process or identify areas for learning as part of the assessment.
- 3.5 The Cornerstone VR™ programme can support fostering services by:
- 3.6 a) Securing the right carers for the role, first time.
 - b) Gaining a greater understanding about the individual carers recruitment and their personal learning needs as they become foster carers.
 - c) Improving confidence and competence of carers means improved placement stability.
 - d) Improving skills and confidence of existing carers means existing carers can manage a wider range of children with varying needs.
 - e) Fewer residential placements required due to improved foster carer skills and capacity to manage more complex cases.

4. HOW WE EVALUATE THE EFFICACY OF CORNERSTONE VR

- 4.1 Cornerstone uses meta-analysis pooling data from partners. The report is updated as we gather new evidence but as of July 2020 (the time of writing) this report captures data from July 2018 onwards.
- 4.2 Evaluations are integral to providing an objective evidence base of any product/service which seeks to make a difference. Cornerstone implements an evaluation strategy which uses feedback postcards to capture the use of the VR programme and its efficacy in four key areas:
 - a) **Understanding**: do adults understand how their behaviours and responses affect children?
 - b) **Empathy**: do adults get an insight of a child's perspective?

- c) **Behaviour:** will adults think differently about their behaviours etc towards children?
 - d) **Attitude:** will adults consider alternative ways to behave towards children?
- 4.3 Data is collected using the five-point Likert scales to measure the perception of changes in the four areas from the new user perspective. The evaluation uses quantitative and qualitative feedback to measure the changes in the short and long-term in the above areas.
- 4.4 In addition to the Cornerstone evaluation independent evaluation has been carried out; Alma Economics carried out a Preliminary Evaluation of the Cornerstone VR Pilot Programme; and Goldsmiths University of London are currently evaluating the use in domestic abuse programmes (2020).

5. SUMMARY QUANTITATIVE AND QUALITATIVE FINDINGS

- 5.1 Cornerstone have worked in partnership with the Fostering sector in various ways since 2016, including certifying Supervising Social Workers in the use of VR, running trauma-informed sessions and bespoke support sessions. Since 2018 Cornerstone's work with fostering services has included the VR Programme. A few examples of participants responses captured below from several certification courses¹ run across the fostering sector from November 2019 onwards, capturing the VR's tendency to produce changes, short and long-term, in Understanding; Empathy; Behaviour and Attitude².
- 5.2 79% of the participants agreed to having a deeper understanding of the child's perspective.

"Shocking, sad so realistic, harrowing experience. The perspective of the VR headset was amazing. It actually made you feel like you were the child and feel what the child was subjected to or going through was/is life changing."

- 5.3 81% of the participants agreed they would consider alternative ways to approach situations in their work.

"Really helpful as it helps you to remain child focused. Also useful to consider strategies to help foster carers to understand where their children are coming from."

- 5.4 79% of participants agreed the certification course effectively equipped them to use Cornerstone VR in an impactful way in their work.

"The applicants appreciated the use of VR in the session as they felt that is enabled them to be aware of a foster child's needs."

6. CASE STUDIES

- 5.1 Below are four case Study examples evidencing the use of Cornerstone VR in different ways across the Fostering sector³.

¹ Summary data is collated from nine certification courses comprising of 43 participants.

² Individual session findings can be found in the Evaluation: Using Cornerstone VR in Fostering - Event Log.

³ Cornerstone have developed a Case Studies document which evidences the use of Cornerstone VR in a wide range of sectors

Case study 1: Prospective foster carers one-to-one session

A social worker from an Independent Foster Agency had completed several sessions with a couple going through the assessment phase as prospective foster carers prior to using the VR Programme. The focus of the session using the VR was to ascertain their understanding of why children come into the care system. To explore the impact of abuse and traumatic life experiences on children and their role as foster carer in supporting and caring for such children & young people.

Neither has had any real experience of fostering in their lives and whilst they had some knowledge, it was quite general. The social worker started the session with a discussion about their general knowledge of fostering then was able to build upon this knowledge and used the VR to bring that information to life for them.

They were able to explore specific risk factors for children such as drug & alcohol use and neglect and the VR experience made that visually real for them. They were overwhelmed by the sensation of how it felt to be a baby living in such circumstances. One of them stated, "I felt like I was the baby", "I thought he was going to hit me". They could also appreciate that this was just 3-minute window into what life could be like and for some children, which can be repeated daily and for many years.

One of them showed understanding of the impact that was taking place on the child's brain and the depiction of the neuro pathways and the negative information that was being processed. They both felt very emotional following the session and certainly gained a greater insight into what life might be like for some children and their experience of coming into the care system.

The social worker undertaking an assessment, identified that the use of VR is a "fantastic tool to bring to life our discussions. Once they had watched the clips, I was able to use their experience to further aid our discussions. As potential foster carers I feel they gained significant insight from this experience, which will certainly aid further learning and development. It will hopefully better prepare them for wonderful journey of fostering".

Case study 2: Developing empathy and understanding PACE techniques with foster carers

The social worker used the VR with SM's foster carers to enable them to have a greater understanding of SM's needs and how developmental trauma impacts upon a child and their attachment/relationships. The social also wanted to help the foster carers to understand the concept of PACE and to visualise this for them which could aid ongoing discussions. The social worker also saw using the VR as an opportunity to also support the therapeutic work that was being undertaken with them as a family around SM's specific needs.

The foster carers were very engaging throughout the session. They both felt angry towards the parents which was discussed, and they were able to move forward from. The foster carers appeared to gain a good level of insight from the experience and in particular found the clips in the placement with PACE useful.

The social worker followed up the session the next day and both carers reported that they had spent a lot of time discussing the session and have realised that they needed to work on their approach. It had certainly brought about a change in their thinking, which will aid the work being done with the therapy.

The social worker identified that "Overall, I would say that that the session achieved the stated aims and objectives and was a positive experience for the carers. It will be interesting to see how this, impacts upon their interactions with the young person in placement. They certainly developed a greater level of insight into her needs because of the experience".

Case Study 3: One-to-one sessions and group work with foster carers

A social worker with over ten years' experience has been using the VR in group and one-to-one sessions with foster carers.

This social worker's team has embedded the VR programme in a 6-week foundation course for foster carers to bring to life important parts of the discussion. The foster carers responded positively to the technology and they felt it was extremely useful to help understand PACE (Playfulness, Acceptance, Curiosity and Empathy) strategies, attachment and trauma.

One very experienced foster carer, who has attended many training programmes, said that this was the first training where she stopped and thought about how her behaviour and actions directly affect children in her care. In addition, the visual learning element of the CVR was consistently reported as more engaging and useful than more conventional discussions and presentations.

Similarly, in one-to-one sessions providing post-placement support, there was an overwhelmingly positive response as carers gained an improved ability to connect with children in their care due to a better understanding of their experiences.

The social worker also noted that the VR experience tended to "sit with people for longer" and often participants found themselves thinking about or discussing the videos in the days after, suggesting a longer-term impact than traditional training approaches, with foster carers discussing the training some time after the VR session to reflect on the session is also a value add.

Case study 4: Fostering placement stability - birth parents, foster children and adult birth son

One of the Independent Fostering Agency's that use the Cornerstone VR in a variety of settings ranging from making reception staff aware of children's trauma to trustees has reported a very interesting use case. A very experienced foster care couple who had been fostering competently for over 20 years had two teenage foster children in the home. They had been using the PACE technique and other restorative techniques to manage the children's behaviour to good success.

The home environment then changed quite dramatically when an adult birth son who was a Police officer moved back to the home. This caused a rapid and significant change in behaviour of the foster children and the difference in approach between the foster carers and the adult son created significant conflict between the

birth parents and birth son, and the birth son and the foster children. The lack of awareness of the trauma that the foster children had experienced by the birth son was a big issue. The supporting social worker recognised this after consulting with the foster carers and observing interactions during a home visit.

The social worker offered the family a group intervention, where the foster parents and the adult birth son all viewed the VR experiences. The reaction from the birth son was very immediate and he realised very quickly that his authoritarian language, stance and raised voices with the teenage children was a trigger for the traumatic events they had experienced.

After viewing the PACE interactions in the home and the school and speaking with the social worker and his parents about employing these techniques, the situation in the home has improved dramatically. This is another example of how a social worker using their experience in providing guidance and interventions to family has employed the VR as a tool to great effect and a new usage that was not identified in the training programme.