



# **The impact of staff training in VIG for professionals and families**

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## **1.0 Executive Summary**

### **1.1 Background**

Video Interaction Guidance (VIG) is a relationship-based intervention that aims to increase carer sensitivity to their child's emotional needs. To do this, VIG uses video feedback to develop carer's awareness of the child's signals and to reinforce appropriate, sensitive responses (Kennedy et al, 2011). VIG is one of the evidence-based video-feedback interventions endorsed by the National Institute for Health and Care Excellence (NICE) guidelines to promote the attachment of children and young people from care, in care or at high risk of entering care (NICE, 2015), and for children's early years social and emotional well-being (NICE, 2012). This report presents findings from a study into the impact of VIG for professionals, children and carers from the VIG Service, embedded within Children's Services in Cornwall.

### **1.2 Method**

The study adopted a mixed method qualitative approach consisting of four main elements of data collection:

- Interviews with 12 VIG professionals and 6 managers.
- Practice recordings from 5 professionals; a recording of a VIG shared review and a recording of a non-VIG meeting from each practitioner.
- Interviews with 9 carers
- Creative, participatory activities with 10 children.

### **1.3 Findings**

#### *1.3.1 What impact does VIG training have on professional's overall practice?*

- The synergy between worker's existing values and practice and those of VIG emerged as instrumental in the decision to embark upon VIG training.
- Regardless of previous experience, professionals and managers reported that VIG training extended worker skills, adding further value to practice in direct work with families and other roles.

- Embedding VIG into Children’s Services promotes a strengths-based culture denoting a shift away from prescriptive, bureaucratic systems.
- The appropriateness of VIG needs to be considered on a case by case basis with reference to each relationship, family and worker to prevent families from exploiting VIG to adopt a blinkered view or promote an inaccurate portrayal of their circumstances.
- Having a VIG professional independent from the child protection role was beneficial in providing a different perspective and in creating specific boundaries around the work.

### *1.3.2 What impact does VIG training have on personal development?*

- VIG created a shared understanding and language on which professionals could draw and reflect, and which future supervision could consolidate further.
- Successful completion of VIG training was associated with practical difficulties including the ability to subsume training into the current workload and efficient use of IT.
- There were tensions between practising VIG and increasing caseloads. This was compounded by the lack of dedicated time for workers to practice VIG within their core role.
- VIG was associated with the retention of staff as VIG increased their skills and had a specific career pathway they could embark upon.

### *1.3.3 How do professionals embed VIG skills into their practice?*

- Professionals used VIG values and principles in both the VIG shared review and non-VIG meeting.
- Higher frequencies of VIG were used when working with families rather than colleagues. Although this appeared to be associated with the nature of the meeting.
- Professionals adopted similar levels naming and receiving the process, attuned dialogue and pacing were noted in both VIG and non-VIG practice recordings.

- Higher levels of the embodiment of VIG values and beliefs and attuned guiding were noted in the VIG shared review.
- Naming and managing emotions, working with power, co-constructing meaning and widening the context appeared to be more amenable to non-VIG meetings.

#### *1.3.4 What are the experiences and outcomes for families who take part in VIG?*

- Carers were positive about their involvement with VIG and the non-judgemental, strengths-based relationship they had with the VIG Practitioner.
- Carer narratives showed increased attachment and attunement to their children.
- VIG provided new insight into their child's behaviour and many carers reported that by becoming more attuned to their children and, in particular, listening to their child, they were able to work collaboratively to find solutions.
- VIG could be used to explore and strengthen sibling relationships as well as supporting families who have experienced a change, whether through the birth of a new baby, adoption or bereavement.
- Some families reported continued use of VIG through increased reflection on their parenting and willingness to refer back to their VIG notes.

#### *1.3.5 What are the experiences for children who take part in VIG?*

- Not all children recalled being recorded, remembering instead what activities they had undertaken. Hence, for children, VIG represented the opportunity to spend good quality time with their carer.
- Children supported the importance of the VIG professional as independent from the social work role, especially if there had been a difficult or troubling relationship between the social worker and family.
- Where VIG was used with siblings this was associated with improved relationships in a range of circumstances including adoption.
- Through VIG children became more attuned to their own emotions and moods, as well as to those around them demonstrating a degree of confidence and a degree of emotional literacy.

## 1.4 Conclusion

To our knowledge, this is the first attempt at assessing the extent to which VIG is embodied by practitioners and evident in all elements of their work, and of capturing children's views of participating in VIG. Findings revealed that VIG adds value to professional practice regardless of expertise or role. There was some evidence that VIG impacted on practice across different roles and work domains, and VIG accreditation was associated with the retention of highly skilled professionals. Carers valued the relationship-based approach and reported increased attunement to their children. Children enjoyed participating in VIG and valued the opportunity to observe and reflect upon their family relationships.

## 1.5 Recommendations

- Referral and selection processes for VIG should be reviewed to ensure that VIG is situated appropriately within each families wider Children's Service involvement.
- IT software and support should be reviewed in order to reduce the time-consuming nature of uploading and editing VIG recordings. This may include identifying an IT professional to specialise in VIG support.
- Develop strategies so that VIG skills can be more consciously transferred to different areas of practice. For example, VIG could be embedded within the practice education role so that students receive detailed micro feedback on their practice in order to inculcate strengths-based, reflective practice early in their careers. In addition, greater exploration of the use of specific VIG techniques such as attuned guiding to enable conversations around behaviour change.
- Future studies should include a comparator group and baseline and follow up data to explore the impact of VIG across different work domains.
- When evaluating VIG interventions in future, the voice of the child should routinely be captured. Child friendly evaluation forms and methods could be developed to ensure children's views are regularly gathered in order to further hone and develop future practice.

## 2.0 Introduction

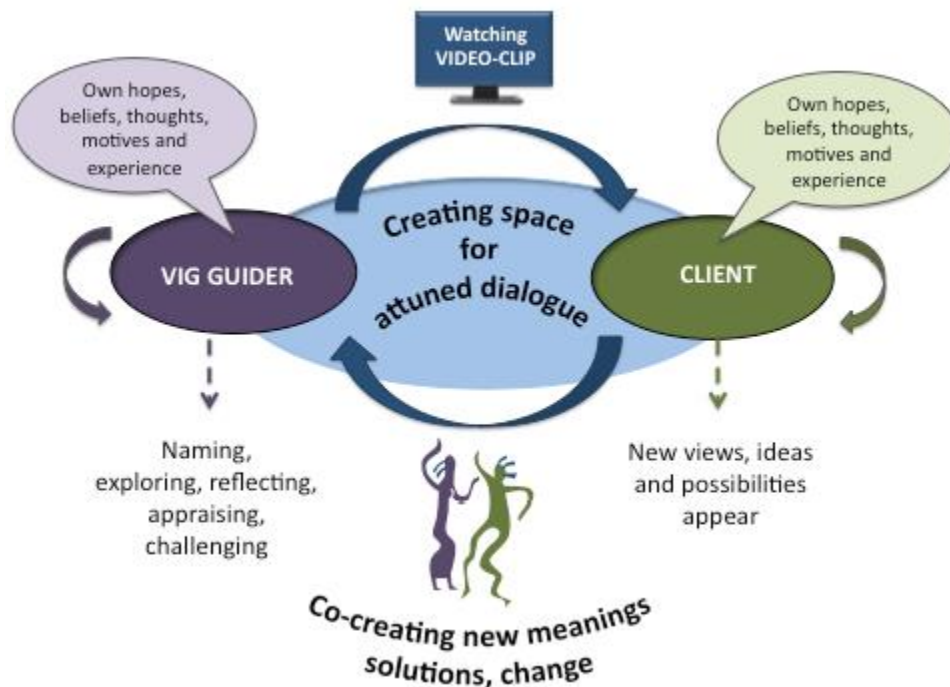
Video Interaction Guidance (VIG) is a relationship-based intervention that aims to increase carer sensitivity to their child's emotional needs. To do this, VIG uses video feedback to develop carer's awareness of the child's signals and to reinforce appropriate, sensitive responses (Kennedy et al, 2011). VIG is one of the evidence-based video-feedback interventions endorsed by the National Institute for Health and Care Excellence (NICE) guidelines to promote the attachment of children and young people from care, in care or at high risk of entering care (NICE, 2015), and for children's early years social and emotional well-being (NICE, 2012). Hence, VIG is used with a range of carers including mothers (Kennedy *et al.*, 2010), fathers (Magill-Evans, 2007), prospective adopters (Feltham-King, 2010), carers who have been reported for maltreating their children (Moss *et al.*, 2011), those at risk of neglect (Whalley and Williams, 2015), and families with domestic violence, mental health, substance misuse (Doria *et al.*, 2011). VIG has also been adapted as an assessment and treatment tool in the Family Alcohol and Drug Court (Kennedy et al, 2018). This report presents findings from the VIG Service which has been embedded within Children's Services in Cornwall, a unitary authority in England.

VIG was developed by Biemen's (1990) based on Trevarthen's (1979) intersubjectivity theory which demonstrated that babies have an innate ability to respond and regulate their communication in reaction to the social cues of others. Trevarthen was particularly interested in moments of attunement where the carer and child have a harmonious and responsive relationship and where they are equal partners in communication. It is through this communication that emotional connections are made, and the sense of self is developed. VIG uses video feedback to capture these moments of attunement based on the notion that watching yourself perform a behaviour well increases feelings of self-efficacy (Bandura, 1986). Hence, it is hypothesised that carers who see themselves interacting positively with their children will be prompted to repeat these behaviours. Within this process, VIG professionals mediate learning by scaffolding the learning experience and emphasising the subtle social interactions between carer and child through a coaching dialogue (Vygotsky, 1978). In practice, VIG includes at least one video



recording of naturally occurring carer-child interactions and one review session where the practitioner and carer review the video recording focusing on micro moments of carefully selected elements of successful interaction between the client and the child (figure one). Examples of successful interaction include both verbal and non-verbal communication such as acknowledging receipt of the child’s initiative positively through either vocal affirmation, eye contact or looking interested and turning towards the child (Gibson & Marczak, 2018). The intervention supports a process of change by helping carers move away from discordant behaviours to more attuned patterns of interaction with their child (Doria et al, 2013). By heightening parental sensitivity and strengthening attuned interaction VIG aims to promote secure attachment.

Figure 1: The VIG Shared Review (Kennedy et al, 2011)



In our previous evaluation of Cornwall Council’s VIG Service (Maxwell et al, 2016) we found that VIG was used with a range of families from those with no previous service use to those with long histories of Children’s Service involvement. Families presented with a range of difficulties including the mental health difficulties of the parent, learning difficulties of the parent and/or child and parenting a challenging child. Most carers expressed the desire to change the extent to which they displayed emotion and affection to their child and the time they spent on play and enjoyment.

Findings from the Tool for Parental Self-efficacy (TOPSE) revealed the majority of carers reported an overall improvement on their parenting self-efficacy. Analysis of the sub-scales revealed that VIG was associated with the greatest impact on parental Empathy and Understanding, Play and Enjoyment, and Control. Interview findings revealed that VIG was perceived positively by both clients and the professionals who referred them to the VIG Service. Six months after participating in VIG, carers stated that they continued to use VIG; with some carers reporting that they had adapted VIG techniques to use with their other children. Generally, carers felt that they were more reflective about their parenting and that they had learnt strategies to improve their parenting. The evaluation also highlighted that locating VIG as a separate service, delivered by a practitioner independent from the child protection role, enhanced carer engagement and enabled professionals to establish supportive, trusting relationships (Maxwell and Rees, 2016; 2019). To do this, professionals embody and model the VIG values of respect, trust, hope, compassion and cooperation as well as its core therapeutic values of empathy, warmth and authenticity (Gibson and Marczak, 2018). While professionals are sensitive to the carer's difficulties, appropriate levels of challenge are introduced where necessary, for example to resolve stuck situations (Kennedy *et al.*, 2010). Additionally, VIG requires that professionals embark upon the same process of reflection and challenge to review their practice with families and enhance their skills. Described as 'a model within a model' (Chakkalackal, Rosan and Stavrou, 2017:31), video feedback is also used within supervision where VIG supervisors create a safe space where guiders can reflect and challenge their interactions with service users. Thus, guiders have the opportunity to 'stand outside' and see themselves on video performing VIG which allows them to reflect on their own practice, what went well and build on their own strengths. This in turn heightens their own feelings of self-efficacy and satisfaction in supporting change. Looking openly at your own practice, as required of carers, allows the 'invisible trade' to become visible and subject to refinement (Pithouse, 1987). While VIG's therapeutic relationship between the practitioner and carer is instrumental in empowering carers to change, VIG's impact upon practitioner practice and development is less well documented. This study aimed to examine the impact of VIG training on professionals and families. To do this, the study addressed five main research questions:

- What impact does VIG training have on professional's overall practice?
- What impact does VIG training have on personal development?
- How do professionals embed VIG skills into their practice?
- What are the experiences and outcomes for families who take part in VIG?
- What are the experiences of children who take part in VIG?

To answer these questions data was collected from four main sources:

- Interviews with VIG professionals and their managers.
- Practice recordings from professionals; a recording of a VIG shared review and a recording of a non-VIG meeting from each practitioner.
- Interviews with carers
- Creative, participatory activities with children.

### 3.0 Method

The study adopted a mixed method qualitative approach consisting of four main elements of data collection. These included professional interviews, practice recordings and interviews with carers and creative, participatory activities with children.

#### 3.1 Interviews with professionals

The thirty-six VIG practitioners in Children’s Services were invited to take part in a semi-structured telephone interview. In the interview VIG practitioners were invited to comment upon their motivations for becoming a VIG practitioner, the impact of VIG on their practice, their current role and VIG work, and career aspirations.

Professionals had a range of roles and responsibilities within Children’s Services. Most were educational psychologists followed by family workers and social workers (Table one). Professionals had been in their current role between 16 months and 11 years.

Of the 36 professionals, 12 participated in the research (a 33% response rate). Broadly speaking, the sample was divided across social workers and educational psychologists. Family workers were under-represented in the sample.

Table 1: Number of VIG professionals and participants according to role

Role	Total number	Number of participants
Educational Psychologists	13	5
Family worker or senior family worker	8	1
Social Worker	5	5
Early Years teachers and workers	4	0
Fostering support worker	3	0
Other role	3	1
TOTAL	36	12

Consent was sought to interview each participant’s manager in order to explore their perceptions about releasing staff for VIG training, the impact of VIG upon the professional, their personal development and their current practice. Semi-structured telephone interviews were conducted with six managers. Managers had been in their current role between 9 months and 3.5 years. Details of their role are not reported to

preserve the anonymity of participants. Pseudonyms have been assigned to professionals and managers throughout this report.

### **3.2 Practice recordings**

Practice recordings were obtained from six of the twelve participants. Of these, five provided a fifteen-minute video recording of one VIG shared review and one recording of a non-VIG meeting. One participant was unable to provide a non-VIG recording due to the nature of their role. As comparisons were made across the two recordings, it was not possible to include the sixth professional recording. Comparing the VIG recording with non-VIG recording for each individual, controlled for variations across skill, experience and role. Hence analysis was based upon the examination of the number of VIG skills present or absent in each recording for each individual. The sample consisted of two educational psychologists, two social workers and one family support worker.

A VIG Practice Skills Rating Scale (Appendix A) was created based on the 13-item VIG Skills Development Scale (VIG-SDS) which was developed by Gibson and Marczak (2018) for VIG supervisors to assess VIG practitioner skill development during training. While the VIG-SDS is not validated, it is based on the Cognitive Therapy Scale – Revised (Blackburn, James, Milne & Reichelt, 2000). The adapted version of which was developed for assessment of Systemic Family Practice competence.

The VIG Practice Skills Rating Scale included nine of the thirteen VIG-SDS items. These included embodying VIG values and beliefs, attuned dialogue, attuned guiding, pacing, naming and managing emotions, working with power, co-constructing new meaning, naming and receiving the process and widening the context. Each sub-scale consisted of items rated using a five-point scale, where 0 = not at all, 1 = to a small extent, 2 = to some extent, 3 = to a moderate extent, 4 = to a great extent, and 5 = to a very great extent.

In order to explore whether professionals' use VIG in other aspects of their work, a comparison was conducted for each professional in a VIG shared review and a non-VIG meeting. Each recording was rated for presence of VIG skills by NM and an

independent VIG practitioner (ST). To our knowledge this is the first such comparison.

There are three limitations that need to be considered. First, the sample size is very small. Of the twelve professionals who participated in the study, five submitted two practice recordings. It is not possible to determine whether the five professionals are representative of all VIG professionals. With such a small sample results provide an indication of how these professionals have embedded their VIG skills into their practice; they cannot be generalised to all VIG professionals. Indeed, by consenting to have their practice assessed these professionals may be more confident in their use of VIG than those who did not share their practice recordings.

Second, the lack of baseline data and a comparator group render it impossible to determine the effect of VIG training on professional practice. It is possible that the sample represent professionals who were already practicing in a strengths-based manner. Further, there is no attempt at determining any differences between those trained in VIG and those who have not embarked upon VIG training. Hence the results presented provide an illustration of the presence or absence of VIG skills in two practice recordings.

Third, applying the VIG Practice Skills Rating Scale to non-VIG recordings proved challenging as the scale was devised specifically for the VIG shared review, where the micro-moments of video are observed, analysed and reflected upon (figure one). The non-VIG recordings varied in terms of the parties involved and the nature of the visit. For example, one recording included five professionals and two carers, whereas another recording included only the VIG professional and one carer. With these limitations in mind, the findings provide an initial exploration of whether VIG is embedded in practice as well consideration as to how such research could be conducted in future.

To aid clarity and preserve anonymity, professionals have been assigned pseudonyms which are used throughout the report.

### 3.3 Family interviews

Families took part in the research in three main ways: two children's activity days, family diaries and interviews in family homes.

First, two children's activity days were held in May 2018 in two locations (St Austell and Redruth). The children's activity days were arranged by the VIG Service Manager who sent a letter to families who were currently receiving VIG. Reminder phone calls were made one week prior to the activity day. Following several cancellations on the mornings of each activity day, the VIG Service Manager called or texted families who had indicated their intention to attend. However, participation rates remained disappointingly low with three families attending across the two days. In total, four carers (three mothers and one father) and five children (four boys and one girl) aged between 6 and 11 years took part in the research.

The activity days were aimed at children aged 7+ and included two main activities; making a tableau using miniature sandboxes and making a framed picture. The use of a sandboxing activity facilitated interviews, where miniature sandboxes were provided along with an array of figures and objects for children to create scenes related to their experiences of VIG. The sand scenes and pictures then formed the basis of an elicitation interview where participants provided an account of what the figures signified. As in earlier research studies (O'Kane, 2008) the use of these creative techniques enabled forms of collaborative and participant led data production, which are not always available in more traditional question and answer based interview approaches. With their consent, recordings were made of children describing their creations and a photograph was taken of the tableau and picture. Carers were given the option of either completing a survey or taking part in a semi-structured interview about why they had been referred to the service, how they felt about taking part, how they felt about receiving feedback and whether they thought that both their and their child(ren)'s behaviour had changed since taking part. Two carers completed the survey and two carers were interviewed; one mother and father elected to be interviewed together.

Second, it was envisioned that families may prefer to complete a diary about their experiences of VIG. It was anticipated that as some families involved with Children's

Services are chaotic, the option of completing a diary in their own time may foster engagement. Initially, families were invited to complete a simple form in their own time (figure two).

Figure 2: Figure two: Example of family diary sheet

**Please tick each time you experience any of the following each day and add a comment in the box below if you want.**

Week beginning	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
I was aware of using strategies talked about with my VIG worker							
My child's behaviour improved because of something I did							
I felt confident dealing with a difficult parenting situation							

However, following poor engagement (n = 1) it was decided, in collaboration with the VIG Service, to offer carers the option of producing an audio diary. VIG professionals disseminated and collected voice recorders to carers who consented to complete an audio diary. Three families produced audio diaries. Recordings were received from two mothers and two children (aged between 11 and 14 years).

Finally, given the low response rates it was decided to offer families the option of a face-to-face interview in their homes during the final week of the Easter holidays in April 2019. Families were invited to take part by their VIG professionals with eight families consenting to be contacted by NM either by telephone or text message. Of the eight families, six responded. One family indicated that they would be away but consented to producing an audio diary. Of the remainder, two cancelled on the day of the scheduled interview. Three family interviews were completed comprising three mothers and three children (two boys and one girl) aged between 9 and 11 years. One carer had previously completed an audio diary. Across the three methods of engagement, nine carers and ten children took part in the research. All carers and children have been given pseudonyms throughout the report to preserve their anonymity.





## 4.0 Interview findings with professionals

### 4.1 What impact does VIG training have on professional's overall practice?

#### 4.1.1 *The underpinning ethos*

The synergy between worker's existing values and practice and those of VIG emerged as instrumental in the decision to embark upon VIG training,

it felt so strength based, it felt very gentle, very fair partnership. All of those values that are my values and I thought this sits really well with what I think, how I feel, what I do (Bethany, VIG practitioner)

Most managers were supportive of having VIG professionals in their teams, with some actively encouraging workers to train as VIG was perceived to be,

another area of expertise and we see it as being something we'd benefit from as a team as well as individually for those people (Olivia, Manager)

Regardless of previous experience, across multiple roles and local authorities, professionals felt that VIG had extended their skills added further value to their practice,

I was quite confident and competent with my practice, but I started to train in VIG and during my training I realised that there was much more I could think about and consider in terms of my interaction with families and with other professionals, working with others ... So, it was just a real, I don't know, light bulb moment really (Georgina, VIG Practitioner)

Both managers and professionals commented on the added value of VIG and how it benefited workers in other aspects of their practice. Manager's reported professionals' enhanced observation skills and where their understanding of interactions 'spilled over' (Katy, Manager) into other casework, while professionals noted their improved listening skills and 'being there in the moment' (Georgina, VIG Practitioner) with clients,

I will be planning visits and thinking right these are the VIG principles I want to bring out in this family during this visit, last night I was at a visit and there was a family ... and we were doing effective communication and the amount of modelling I did and the response from them actually sort of copying my behaviour was just lovely (Hayley, VIG Practitioner)

In this regard, some of the principles of VIG were more readily transposed into other areas of practice,

So, they've talked about having a much clearer understanding of the style of questioning that they use within VIG and then transferring that skill into erm other situations when they're working with families (Olivia, Manager)

There was evidence that the principles of attunement served to enhance practitioner practice, changing the way they conducted various roles such as chairing meetings and interacting with colleagues. One of the main principles being carried forward was what Schon and DeSanctis (1983) refers to as 'reflection-in-action' where practitioners reflect upon and refine their actions in an ongoing cyclical process. While Kerry (VIG Practitioner) described herself as still learning this process, Amy describes her skills in detail,

I'm more aware when there's a bit of discord in the room, whereas previously I might have just fudged over that and progressed on with the things we needed to get on with, I'm perhaps more likely to stop and check out and say you know, somebody's looking at bit worried about something or um if they're not sure, so that we're all a bit, properly moving forward together, um, I think yeah I think, I think I give a bit more time and space than I probably used to, I probably used to be rushing a bit more than I do these days.

One interesting aspect of VIG is that as so many people are trained in VIG across disciplinary boundaries this has a levelling effect and helped people understand each other's work and for educational psychologists in particular, broaden the reach of their work and remit,

the educational psychologists taking the intervention and developing it and running with it, in a way has given us much greater cross over with our social care staff. It tended to feel a little bit like educational psychologists worked in education and that was it ... it's that opportunity to work more broadly with vulnerable groups of children rather than just children who've been identified as having special educational needs (Rose, Manager)

Some noted that the wholesale move to VIG allowed for organisational system change, noting that this freed people to be less risk averse and less led by process tasks,

if most people are trained and using it, it kind of has the potential of a knock on all the way through the organisation erm in terms of that kind of strengths-based approach and I think that's a positive thing. So I think this local authority is not bad because I've been in another one which has been worse erm but that's all about local authorities sometimes develop a bit of a fear culture around needing to get timescales and what's gonna happen if people aren't assessing timescales, being very process led all that kind of thing (Deborah, VIG Practitioner)

It has been argued that relationship centred strengths-based practice is at odds with certain functions of Children's Services (Murphy et al, 2013). Embedding VIG into Children's Services signifies a shift away from bureaucratic prescriptive systems to a culture that promotes direct work with children and families (Wright, 2017; Parton and Williams, 2017; Munro, 2011).

#### *4.1.2 How do professionals employ the underlying VIG theories in their casework?*

Many professionals commented on the strengths-based nature of VIG and valued working with families from a position of optimism that change was possible,

I guess the strengths-based approach, I'm looking at what's there, not what's missing, um I like the whole kind of beliefs and values, the fact that the, the optimism, that anybody can change, the fact that there's that real respect and non-judgemental approach to supporting

families no matter where they're at and whatever challenges they've got really (Amy, VIG Practitioner)

The extent to which VIG was conducive to conversations about what is not going as well for carers produced a range of opinions. For some, VIGs focus on micro-moments of attuned interactions shifted carer attention away from the systemic view of the family. This meant that on occasion families only heard the positive messages from VIG and therefore challenged whether there was a risk or any deficit in their parenting:

Sometimes actually there are such deep concerns that people kind of latch onto little positives that actually don't really address the concern if that makes sense and so one of our kind of debates is you know sometimes can it be unhelpful if the family are getting VIG feedback that it might sometimes confuse the network into thinking too positively (Chris, Manager)

This was compounded by the video clips, 'cos they've got evidence, haven't they? Of you know, I'm a good parent because you can see here' (Hayley, Practitioner). The micro-moments captured for VIG are not always reflective of the wider circumstances of the family and can help carers adopt a blinkered perspective of their lives,

she can deliver beautifully on a piece of film, but the rest of her life and the child's life is going very badly wrong and I think there is a real concern that she would turn round and say actually look how well I'm doing this ...because I think she's doing, I think she's trying to do exactly that, shut it all out and just do this very well in the small amount of time (Isla, VIG Practitioner)

Whereas some professionals spoke confidently about how to manage these situations highlighting that VIG encapsulates appropriate levels of challenge where necessary. Hence some professionals, appeared able to maintain optimism for the family, sensitivity to the family's difficulties and introduce challenge when the carer was ready to receive it (Kennedy et al, 2010). In the quote below, Fiona described challenging the carer to reflect on their behaviour and motivations for doing VIG,

[the mother said] “Oh I could take you to Court and show them that I’m a good parent” and I thought, I have spoken back and said “Actually, this is about you showing yourself”, and it’s the motivation with, even where there was motivation to do VIG, because it isn’t about proving to other people. What it’s about is looking into yourself, and that you would want to change for your children (Fiona, Practitioner)

In this case, the VIG practitioner challenged the carers motivations and emphasised the need for carers to want to change for their children. Conversely, professionals acknowledged that even where families were motivated to change, there were occasions where the level of change needed was not achievable within the required timescales,

the knowing that for some of the children the change isn’t going to be quick enough or the other pressures in the family’s life are too great that they can’t really do what they need to do for their children... sometimes you need to step back and realise that the care that the children are getting is not good enough (Amy, VIG Practitioner)

Therefore, there were potential difficulties in ensuring that VIG was not misunderstood by parents or used to mask wider concerns about the family. In this regard, some VIG practitioners acknowledged the need to ensure that VIG fit within the larger context of Children’s Services involvement with the family.

#### *4.1.3 When to use VIG*

Ultimately the VIG Service was responsible for deciding the appropriateness of VIG and allocating cases to professionals. Nevertheless, there was a sense that careful consideration of whether VIG was appropriate was needed for families on child protection plans as,

you know you don’t get on a child protection plan lightly they have very long and entrenched problems often with a lot of very you know severe concerns. So sometimes I suppose we’re just questioning how helpful is VIG (Chris, Manager)

As discussed, there was a risk that VIG could encourage a blinkered view within the family. Additionally, when deciding the appropriateness of delivering VIG with a professional's existing family, it was suggested that each relationship, family and worker need to be considered on a case by case basis,

that actually if they form that relationship with someone and they identify them it would be good to do VIG..., I suppose it depends on the family and the relationship, and maybe the purpose (Georgina, Practitioner)

Generally, there was consensus that the supervising social workers in child protection would be best placed to make this determination based on their knowledge of the family and the wider circumstances.

In child protection cases, the tension between VIGs principles and the more directive authoritarian social work style highlighted the benefits of having an independent professional (Darlington et al, 2010; Forrester et al, 2012),

I might need to challenge them on some issues, I might need to bring my own agenda to the table and that really conflicts with the VIG approach and I think it makes it less effective in this way (Fiona, Practitioner)

If a professional already knew the family this could cause confusion and, in some ways, dilute the messages and learning from VIG. Having a VIG professional independent from the child protection role, was mostly beneficial in terms of being a fresh pair of eyes, but also so there are specific boundaries around the work,

I actually think there's a huge value in having an independent person erm because the role is entirely different ... I'm there for them and for their children; I'm not the child's social worker. So, it's quite significantly different and I think that's, I find that that's valuable (Bethany, Professional)

This independence from the child protection role provided the family an opportunity to develop a different type of relationship with the VIG professional. It also benefited the professional as they were not responsible for assessing the family or making

judgements but were able to retain their hopeful optimism and belief that the family could make the changes needed,

I do sometimes walk away thinking oh dear, I was probably more positive than I should have been, because I'm working in this hopeful way and seeing the strength in the family ... but overall it's okay, because we're not the one holding the risk and doing that, you know, making those judgments about whether cases should be closed down or not in terms of social care, but there's definitely a tension there as well (Amy, Professional)

In other contexts, the opportunity to deliver VIG with existing clients was seen as a strength. It could counteract difficulties if initial engagement of workers already had a trusting relationship in place. Additionally, VIG could be used to improve existing relationships,

I think it can actually turn a relationship around and a relationship that's got difficult and you know I think it puts a new perspective on and can build on that relationship again (Hayley, Professional)

#### **4.2 What impact does VIG training have on personal development?**

As a model within a model, supervision mirrors professional client sessions, as the professional observes micro-moments of the video with their supervisor to examine further actions for both the client and themselves (Chakkalackal, Rosan and Stavrou, 2017:31),

So you're reflecting on your client's progress, but you are also reflecting on your own from supervision and I think that's really valuable (Lisa, VIG Practitioner)

VIG was then used as a tool or mechanism that could activate people to consider their own performance in the workplace,

I think the supervision's great 'cos actually it's about you reflecting on how you activate people, you know, how do you get them to see things that you're seeing and, yeah, so I think it's just, I think it does have, I



think it's had a massive impact on my other work in a really positive way (Erica, VIG Practitioner)

The use of VIG techniques created far more reflective professionals and offered the opportunity for recordings of practice to be brought into supervision, to move away from a predominant focus on case accountability and allow for more reflective considerations leading to improved practice,

That way of looking at interactions is just going to become part of what you do, without thinking am I going to go into VIG mode ... I think the other thing that's interesting which is, how confident people feel about using video within their practice ... there's also video feed forward, and again I think that people who have gone through VIG training, or VERP [Video Enhanced Reflective Practice] training actually, just become more relaxed about the whole idea (Megan, Manager)

Above we see the notion of not only reflecting back but also to feed forward into improving practice. The opportunities for using Video Enhanced Reflective Practice (VERP), where VIG is used with professionals, for supervision was commented on widely, especially as it allowed workers to be observed via video, rather than it happening in situ,

'cause we felt it would be useful to develop the VERP methodology we've on occasion said to people they can video themselves and then bring that video to supervision, rather than a person actually coming and physically observing them because we're aware that by having a manager come and physically observe it, it might actually impact on the dynamics of the meeting or the consultation (Rose, Manager)

However, it seemed unclear whether the VERP model of supervision was going to be rolled out or continue:

Erm, that's (VERP) on pause at the moment while we look at whether it becomes professional (Paige, Manager)

If VERP is rolled out, there may be scope to invite social work students to submit practice recordings rather than having to complete direct observations. Indeed, it was noted that some practice educators have trained in VIG so future development

may seek to embed VIG within the practice education role. In doing so, students could receive detailed micro feedback on their practice in order to inculcate strengths-based, reflective practice early in their careers. This is an area which would benefit from further research.

As well as using VIG for individual supervision, it lent itself to group or peer supervision, in which there is no top-down prescription but rather a reflective, collegial support and in this case was referred to as 'intervision',

no, *intervision* I think it's called, you know where you can go and show your VIG work with other people who are at various different stages of training and we sort of look together at each other's work. It's always just really, really positive and it's, it's just really nice work and you come away from it with so much and you don't ever feel that like, oh God, that feeling about the work (Erica, VIG Practitioner)

It was noted that while not all workers continue to train following the initial two-day training course, this still created a shared multi-disciplinary understanding and language on which professionals could draw on and reflect, and which future supervision could consolidate,

been on the two day training and understanding it's not for them, erm, you would still hope that there are still some of the principles of that, even if they can't see themselves fulfilling that kind of full VIG professional role, but there are elements of that they then take away and, and include in their practice ... and that's, that's very much down to supervision from my perspective in terms of what do the supervisors focus on in terms of tools and approaches that, professionals are using from an intervention perspective (Naomi, Manager)

Such an approach resonates with Carpenter et al's systematic review (2013) which has argued that the overall aim of supervision is to ensure that families receive support in accordance with the overall responsibilities and standards set by Children's Services. The inclusion of VIG within supervision would help to embed VIGs values and principles throughout the service.

#### *4.2.1 What factors are associated with successful completion of VIG training?*

Successful completion of VIG training was associated with the alignment of personal values with VIG values and the extent to which VIG training could be balanced alongside the worker's main role. First, there was a sense that VIG appealed to workers whose personal approach was aligned to that of VIG. In this regard, there appeared to be a degree of self-selection where professionals with similar values and skills were attracted to VIG, as Chris (Manager) states,

as an intervention it appeals particularly to people who are already that way inclined, they're already wanting to be attuned with service users, wanting to engage and to support people to have positive change.

It was noted that where workers were not as aligned with VIG values and beliefs prior to training, this could add additional challenge to an already demanding training route,

I think there are a few people who start it and they keep going and you can see that it's not really them or they haven't really got it and that's much harder, because it is self-directed learning, when someone's not best matched to it and they've already invested some time in it, they've gotta kind of work that out for themselves (Amy, VIG Practitioner)

The demanding nature of the training route and the investment of time required to undertake VIG training, and to continue practising, emerged as a key theme. Workers interested in VIG attend a two-day introductory session. Those interested in becoming VIG practitioners then embark upon self-directed supervised practice over a period of 12-18 months. VIG training includes working with at least six clients, over 18 cycles of VIG, assessment completion and around 15 hours of supervision. Since 2013, approximately half of workers (n =30) have not proceeded from the two-day training course onto the supervised practice. Professionals interviewed suggested three main reasons for this; misalignment between personal and VIG values as noted above, the time required to complete training, and practical elements of VIG,

So, it's just hard to fit it in. I was given half a day a week to try and finish off my VIG, but it was difficult, because I had some clients that didn't engage, some that didn't complete their full cycle of their VIG work. So, there was a number of factors which just prevented me from finishing really which is a shame. I want to, but it is a shame (Kerry, VIG Practitioner)

Most VIG professionals stated they had to subsume VIG into their main role with no dedicated time allocated to visit VIG clients or complete VIG work. One professional, Debbie, wondered if this deterred workers from proceeding with training beyond the initial two-day introduction. She further speculates whether the nature of her role impeded her progress,

The little cohort I was with in training, I've heard that various people have gone and done things, and I was just finding perhaps as a social worker I just had so much on with court deadlines and things I just could not put the time into even thinking about VIG (Debbie, VIG Practitioner)

This is unsurprising given that the average caseload for a child and family social worker in England is 17.4 cases (Department for Education, 2019). Kate goes on to describe the practical difficulties in relation to the technological aspects of VIG and completion of supervision and the logbook,

It's the technology, I feel really competent when I'm doing the film with a family, I can see when I'm doing the interaction what clips I want to use. So clipping and editing is absolutely fine, and then it's the uploading of the film that takes ages. That can take sometimes up to an hour, that's the problem and then, the shared review but then making sure you've got those ready for supervision. So, it's preparing for the supervision and the logbook has been massively time-consuming (Kerry, VIG Practitioner)

Frustrations with IT systems and the editing software emerged as a common theme. Megan described this as a 'hurdle' that trainees need help with,

I've had people who, they've started and it seems that they didn't get fully stuck in. I think that for some people they can't get their heads around the technological aspect. It's daunting, and so I think some people procrastinate for a bit at the beginning and I think with a little bit of encouragement, you know, a bit of gentle prodding to get them over that initial hurdle so that the technical side becomes more, you know automatic (Megan, Manager)

Hence, Kate likened one VIG client to 'having three cases in the sense of the time that it takes', emphasising the time needed to schedule visits with chaotic families, micro-analyse and splice video clips, the shared review and then further analysis for supervision. The challenges around finding time to undertake VIG emerged across all professionals, with some Managers also expressing frustration about the tensions between increasing caseloads and releasing staff,

There's a lot of pressure on the team and I know that it does cause pressure for the workers when they're doing it, although I'm thinking of one particular worker who's doing it really at the moment. They love doing it, I think it's been great for their development and they do see how it's benefitted their skills but whilst they're doing it they sometimes worry because they're trying to fit in this cos they hold child plans as well (Olivia, Manager)

In practice fulfilling core duty responsibilities and loyalty to team could impede professionals from taking on VIG cases,

I think that's been one of the challenges, so we've got people who've trained in VIG and then found it difficult to actually use it in their role because they're not clear, or they don't feel that they prioritise that, that type of work (Rose, Manager)

There were mixed views with some professionals valuing the freedom to fit VIG into their current workloads whereas others wanted a set time allocated each week for their VIG work.

#### *4.2.2 What are the longer-term career plans and aspirations of VIG Guiders?*

Being involved with VIG greatly created job satisfaction for professionals who felt they were developing as workers, and saw huge value in their work,

I'm really happy where I am at the moment so I imagine a good five years of staying in the [...] team using VIG in terms of case work but then developing it for, I can't remember what it's called now but we're using it in supervision (Deborah, VIG Practitioner)

For some, such as family support workers, VIG provided an opportunity for workers to advance their skills within their current role rather than following the more usual transition from family support to social work,

I think that the recent work that I've done with families has been so rewarding, erm and I've walked out of the family homes thinking I would just love to do this. This would be my dream really to be able to do this all the time (Bethany, VIG Practitioner)

This was acknowledged by Managers who were keenly aware of the need to maintain interest and challenge within the work in order to retain highly skilled workers in their teams,

if they're not particularly interested in going down the route of management they're potentially in the same job for 30/40 years. And that could be a bit, erm un-stimulating. Finding someone with a particular skill that you can craft is, I think, very energising and is very positive for the health of that individual and then for the service. So I think that's really important actually (Megan, VIG Practitioner)

Many professionals valued the opportunity to conduct direct work with families. This was especially apparent for more senior workers whose career progression had taken them away from family facing roles. Through VIG they could work therapeutically with families and also progress their careers through advancement to VIG supervisor,

I love it so much and I'm so passionate about it, I can't imagine not wanting to do it still. I'm still on my own sort of progression with VIG in terms I've only just finished training ... there's lots of development

in terms of progressing with that but I'm hoping to build up my skills as a supervisor and progress to the next stage as a supervisor as well (Georgina, VIG Practitioner)

## 5.0 Practice recordings

### 5.1 How do professionals embed VIG skills into their practice?

Professionals used VIG values and principles in both the VIG shared review and non-VIG meeting (Table two). As would be expected, when the nine sub-scales were collated there was greater use of VIG in the shared review than in non-VIG meetings. When the results were considered in relation to individual VIG practitioners, Practitioner two demonstrated higher frequency of VIG skills in the non-VIG meeting than in the VIG meeting. Further analysis suggested that this could be due to the nature of the meeting; higher frequencies of pacing and the co-construction of meaning occurred due to the emotive nature of the meeting. Hence, Practitioner two gave the client the time and space to tell their story, sought and responded to initiatives and explored meaning and began problem solving with the carer. As the results indicate, this challenging situation necessitated a high level of VIG skill, with Practitioner two scoring highly across both practice recordings.

Practice recordings revealed higher frequencies of VIG when professionals were working with families rather than colleagues. Although this also appeared to be associated with the nature of the meeting.

Table 2: VIG skill use in a VIG shared review and a non-VIG meeting

VIG Practitioner	VIG shared review	Non-VIG	Difference
One	166	163	3
Two	188	211	-23
Three	148	135	13
Four	209	163	46
Five	99	77	22
Total	807	749	61

#### 5.1.1 Naming and receiving the process, attuned dialogue and pacing

A similar level of VIG use was evident in relation to the sub-scale, naming and receiving the process (Table three). For this sub-scale, the Practitioner demonstrated mentalisation where they reflected on the thoughts and feelings of the carer and



themselves. It also included naming carer behaviours, wondering about carer intentions and adopting a sensitive approach. Professionals tended to be rated similarly across both recordings in their use of these skills. While slightly less evident in non-VIG recordings, similar ratings were given in regard to attuned dialogue. This refers to the extent to which professionals worked collaboratively with carers and achieved a balance between receiving and guiding, activation and compensation. In all but one recording, professionals were assigned similar scores for their attunement. In the recording where this wasn't evident, much of the communication was devoted to information giving rather than receiving. Hence, lower ratings were assigned for pacing as the interaction was uni-directional. In the remaining recordings, there was evidence of professionals ensuring that interactions were at the right pace for the carer, whether in a shared review or a non-VIG meeting.

Table 3: Sub-scales for a VIG shared review and a non-VIG meeting

<b>Sub-scale</b>	<b>VIG</b>	<b>Non-VIG</b>	<b>Difference</b>
Embodying VIG values and beliefs	159	128	31
Attuned dialogue	101	90	11
Attuned guiding	116	90	26
Pacing	88	76	12
Naming and managing emotions	66	69	-3
Working with power	117	124	-7
Co-constructing meanings	62	71	-9
Naming and receiving the process	67	63	4
Widening the context	31	38	-7
Total	807	749	58

### 5.1.2 *Embodying VIG values and skills and attuned guiding*

Higher levels of the embodiment of VIG values and beliefs and attuned guiding were noted in the VIG shared review. That is not to say that professionals did not exhibit these skills in the non-VIG recording but rather the overall rating for the embodiment of VIG was lower for non-VIG meetings. Specifically, there were less 'dance like' interactions and evidence of 'fun, laughter and playfulness' (Gibson and Marczak, 2018). Further analysis of individual ratings showed that this was associated with occasions where professionals were eliciting emotive or factual accounts from carers. While other elements of the sub-scale were increased such as displaying empathy, understanding and warmth, the overall sub-scale was lower in these

interactions. Such a difference would be expected where non-VIG meetings are purposeful and aimed at achieving a particular outcome as opposed to focusing upon carer strengths in relation to a particular helping question. However, the lower use of attuned guiding appears at odds with outcome-focused meetings. Professionals made fewer suggestions or choices for the carer to follow and there was less use of strategies to guide the carer into new ways of behaving.

### *5.1.3 Naming and managing emotions, Working with power, Co-constructing meaning and Widening the context*

In four sub-scales, VIG skills were more frequent in the non-VIG recording than the VIG shared review. Hence, naming and managing emotions, working with power, co-constructing meaning and widening the context appeared to be more amenable to non-VIG meetings as they required the professional to elicit information while ensuring the carer was actively involved in thinking about what changes were required. Professionals used the naming of emotions to encourage reflection and embarked upon collaborative problem solving with the carer. Attuned dialogue facilitated the process helping the professional to explore what was happening for the carer, name contradictions in carer accounts and to actively wonder about the carer's motivations. Rather than being constrained by micro-moments of video, professionals were able to receive and respond to carer initiatives without the need to refer back to the video. There was a high degree of equitable turn-taking and sensitively to the impact on the carer. What was most evident in the non-VIG meeting was the extent to which learning was broadened to the wider context. It is possible that the section of video analysed omitted such considerations in the VIG shared review. Nevertheless, there was a high degree of linking learning to the wider context for the carer, whether this was next steps for the child, the aims of the next meeting or linking carers own past experiences to the experiences of their children. In this respect, the four VIG sub-scales seemed to facilitate information gathering and evoking carer accounts of their lives in conversations about change.

## 6.0 Findings with carers

### 6.1 What are the experiences and outcomes for families who take part in VIG?

#### 6.1.1 Relationship based work

In support of our previous findings, all nine carers were positive about their involvement with VIG and the relationship they had with the VIG Practitioner (Maxwell et al, 2016). The non-judgemental, strengths-based manner of professionals emerged as a theme throughout the narratives,

we was made to feel completely at ease and to just go about our normal family day, and Georgina made us feel really at ease and that kind of just really relaxed and comfortable with her, so that really helped our experience (Tara, family diary)

For those with experience of child protection, the independence of the VIG professional from the child protection role was viewed positively as a 'different set of eyes on the situation' (Laura, Mother). It was also noted that,

if it had been our social worker doing it, it would have been more intrusive. I would have felt it was more intrusive because I didn't get on with our social worker or any social workers really. It's a separate [thing] (Sharon, interview)

However, Craig (carer, interview) notes even though he knew that the VIG professionals were similar to social workers, the separation of VIG can help 'a little bit, people don't feel so panicked'. In this regard Craig acknowledged the similarities and safeguarding responsibilities across both roles. This acknowledgement is particularly pertinent as VIG professionals represent one of the few groups of professionals who visit family homes. For example, a health visitor who attended one of the activity days noted they no longer offer home visits and therefore rely on information from midwives. In their view, this is detrimental to understanding what is going on within families and for their working relationships with carers and children.

For VIG, most carers felt they had a good relationship with the VIG professional. Of particular note, was VIGs collaborative and unobtrusive approach despite working

within people's homes. Such collaboration was particularly evident in the shared review where carers described leading the process with the professional offering further observations and insight in a reciprocal fluid process,

Well the first time she was like just tell me what you think and then, and then we sort of had a discussion about it and then the second time it was like her giving me the chance again to sort of point things out and then her pointing things out that I hadn't noticed and then go oh yeah okay and then she was like well look out for this next time, like just slowly making me more and more aware like yeah (Andrea, interview)

In this manner, VIG promotes the development of attuned communication as a fluid relationship-based process as opposed to a skill-based construct (James et al, 2016).

#### *6.1.2 Attachment and attunement*

Carer narratives showed increased attachment and attunement to their children. In some cases, this involved realisation that their child was more able than the carer had imagined,

our VIG lady she said what would you like to do this week and he picked out this game and I was like it's missing lots of pieces so it's probably not the best thing to do it's got no dice and he was really fixed on wanting to do that. He said it's okay we can do the dice this way and we can do it that way and he worked out different ways he could still play the game and I was just like, fascinated at the fact that he did that because I would never have seen him as the child that could do that (Melissa, interview)

Due to her son's learning disability, Melissa was unaware he could think creatively. VIG had shown her a new side to her son and consequently, 'I have more ways to relate to him through this' (Melissa, survey). Melissa noted how VIG had made her appreciate that her son, Ralph was more creative and brighter than she thought. This has resulted in her responding to Ralph's ideas, and he actively planning activities she knew he would enjoy. However, she noted that his behaviour subsequent to

doing VIG had deteriorated in school, but not at home. This questions whether VIG could be offered to the child's teacher or other school staff to promote consistency and embed change.

In another example, one mother's journey was captured in an audio diary over six entries; from realising her daughter's disability was not as restrictive as she first thought, to giving her daughter more opportunities and space to try new activities and make decisions,

Instead of not giving my daughter choice, which the VIG worker has shown me that Ella has got her own personality, and she likes making choices. When I bought her curtains from Ebay, I gave my daughter the choice, which is crazy at the age of two you may say but treating her equal, letting her have her little cues, letting her, show that I respect her, I let her choose the curtains and she chose beautiful curtains and now she's very proud of them. So, giving a child a choice can play out (Vicky, audio diary entry two)

Such mind-minded parenting (Meins and Fernyhough, 1998), where carers are able to acknowledge the child's independent thinking and feelings, was evident in several carer accounts. Mind-minded parenting has been found to be a predictor of attachment, especially for younger children (Meins and Fernyhough, 1998).

VIG provided new insight into how carers could diffuse difficult situations and offered them new ways to respond to their child's behaviour,

Came home from nursery and wanted a cuddle but kept slapping my face and herself with her ball. So, I got on the floor and played with her bouncy ball which she chose and listened and helped Ruby bring her box of mega blocks into middle of the front room floor, lots of interaction, talking, laughing and cuddles (Tess, audio diary)

Many carers reported that by becoming more attuned to their children and, in particular, listening to their child, they were able to work collaboratively to find solutions,

I feel I can sit and listen to the reasons behind their behaviour now and give advice on how they can make the right choices (Caitlin, survey)

Increasing attunement helped carers to recognise their child's triggers and avoid angry outbursts. In one case, this was used to explore sibling relationships and avoid conflict,

I know what I can put Hugh with the girls to do and he'll do it without annoying them and I know what will be too much for him to do, I won't make him do ... So I have learnt what he can and can't do and I've learnt a lot of that from the clips as well and watching stuff back yeah (Natalie, interview)

Additionally, VIG was used to create bonds between siblings or to strengthen relationships between siblings,

cos [professional] said I think he feels under pressure because we're like oh say hello to your brother, do this for your brother but if we just stand back and let him then we'll notice more. [Professional] kept pointing it out in the video to David saying look at your brother looking at you David, look at him looking at you and David was like I don't care but the next day he said to me mum everything I do Harry looks at me. So, I mean it was just massive because from then David started acknowledging Harry just from that one video (Laura, interview)

Including siblings in VIG may be useful for families to facilitate reflection around the whole family and family dynamics. Melissa reported that two of her children had to stay quietly in a bedroom while she did VIG with Ralph downstairs. She noted this was positive because it gave undivided attention to Ralph, but that he already takes up a lot of her time and attention, which takes away her time from the others because of his behaviour (Burke, 2010). Additionally, including siblings in VIG may enable reflection on the interactions between Ralph and his siblings; when asked about Ralph, sister Molly (aged nine) reported that Ralph sometimes kicked her, while younger brother Mark (aged six) stated that Ralph 'swears a lot'.

### *6.1.3 Reinforcing positive behaviours*

What was apparent across all the narratives was the perspective carers gained from VIG. Carers reported seeing non-verbal cues for the first time and awareness of their child's subtle cues and fleeting expressions. Having the opportunity to stop, observe and reflect upon the verbal and non-verbal communication gave rise to increased understanding of how they interacted with their child,

I don't know whether it was the fact that I was noticing things and changing the way I am about certain things which is what I wanted erm, I got a lot of perspective which is what I wanted. I don't know if it was just the fact that what I was doing was different that resulted in Peter feeling different and reacting differently, but it had a very positive effect on both of us (Andrea, interview)

VIG was also helpful where there were significant changes to the family. This could be within an adoption and fostering context or where there has been a parent death. In these circumstances, the effect on the family dynamic could be disorienting for carers who were themselves struggling to manage the change. In these contexts, having the opportunity to observe positive interactions served to build confidence and reassure carers that they were able to meet the child's needs,

there are many, many times that I have actually thought maybe we're in over our heads and that we can't do this. But that's on the bad days that we have and then seeing the clips back and where actually they're not as bad as what you think. And yeah we are obviously doing some good because everyone is saying that they're all thriving so we must be doing something good. And then to see it on the clips it's really, really good to see it, it's really, really good (Natalie, interview)

it was nice to see that actually we could come together and we still have that family unit, it may be different now but we do still have our family and we are all there for each other. Even my youngest enjoyed looking back at himself and his brothers and seeing what they've been up to. So far VIG's been great (Tara, diary entry)

#### *6.1.4 Retention and sustainability*

In one case, the family reported sustaining VIG by audio recording their child's tantrums and then supporting the child to talk through the recording in a calmer moment,

we recorded him on a voice thing when he was having a tantrum then played it back to him when he was in a happy mood and asked him what happened and why and eventually he talked us all through it to us. So he does talk through it, he does apologise when he's wrong (Craig, interview)

The family clearly endorsed VIG and emphasised the power of seeing themselves interact on the video recordings. However, without the therapeutic input from a trained professional it is unclear whether their continued use was able to capture VIGs values and strength-based approach, although they were addressing the child's behaviour supportively.

Other carers reported that they continued to use VIG through increased reflection on their parenting and willingness to refer back to their VIG notes,

Erm, I'm doing it I have done it and I am doing it erm but it's, it's like, it's not a conscious effort all the time it's only occasionally that I have to sort of go hold on stop, chill, think, remember. Having my little booklet helps sometimes I just have a little look at it and I'm like right cool yep, don't even need to go in it I just have a little look at my folder and it brings things back and I'm like right (Andrea, interview)

Where VIG was offered to siblings, child-friendly notes were created. One mother reported having displayed the pictures she received on her son's bedroom wall so he could see each picture and the caption that described the positive interaction with his sibling. In this instance having pictures served as a constant and empowering reminder of the role they played in their sibling's life.



## 7.0 Findings with children

### 7.1 What are the experiences for children who take part in VIG?

#### 7.1.1 Participating in VIG

Not all children recalled the professional's presence or being filmed. For those that did, Peter highlighted that being filmed has become quite normalised for young people (O'Keefe and Clarke-Pearson, 2011),

Erm I don't mind because erm I like record, on like I stream on like my PlayStation and stuff so being recorded it doesn't affect me it's just like this is normal, this is every day for me (Peter aged 11, interview)

While Lee (aged six) recollects the VIG professional's (Lucy) presence and describes enjoying these sessions: his sandbox tableau reveals that Lucy had been placed outside of the box (figure three). Whereas Lee shows himself playing with Mum and Dad inside the box.

Figure 3: Lee's (age 6) sandbox tableau



At the activity day, Lee asked Lucy (who was present during the day) if she was a social worker and when she concurred that she was not, Lee said 'You can come to my house then, but Jenny the social worker can't'. Lee also noted that 'the police had come to my house and taken my brother away'. This revealed that Lee had acquired negative views about some professionals, either from past experience or vicariously from carers. It further supported the potential importance of the

professional not being a social worker with whom there has been a difficult or troubling family relationship.

### *7.1.2 Enjoying time with their carer*

For all children, VIG represented good quality time with their carer. Lee (aged six) recalled VIG as an exciting experience, particularly being able to watch the recording after the event and having the opportunity to be the centre of attention. While Steve and Carl (aged 11 and six, respectively) remembered VIG because ‘Mum had paint all over her face’ (Carl) and they both ‘had paint on my clothes’ (Steve). This was clearly out of the ordinary, as they created a lot of mess and remembered it as a thoroughly enjoyable experience. Carl (age 6) drew a picture of his Mum with paint on her face, as seen below,

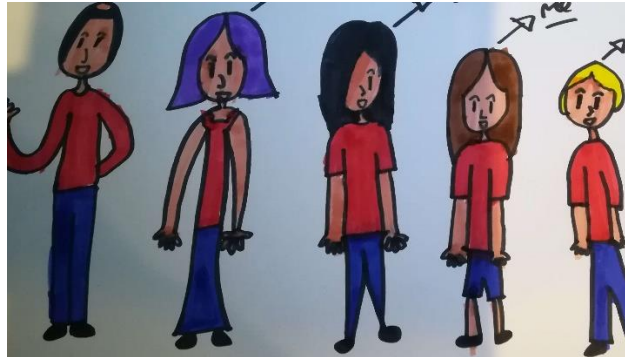
Figure 4: Carl's picture of his Mum



### *7.2.3 Attachment and attunement*

Many children included the wider family context with emphasis placed upon the family as a unit. Hence, Jessica (aged 10) presents her family wearing the same colours. This appears to promote unity within the family, which is particularly pertinent as the family comprised children who have recently been adopted (figure five).

Figure 5: Jessica's family



However, when asked why they are wearing the same colours Jessica chose to talk about her drawing skills,

So I'm here, my favourite thing to do on it is like I like to do hairstyles on it and erm, erm, the erm here; I used to do it when I just drew a line so that could be like the ... not going inwards a little, I just go straight down. So now I go inwards to make it more look realistic.

For Jessica's family, VIG was focused upon a target child but other children within the family also took part in different cycles in order to explore family dynamics. According to Featherstone et al (2014:17), relationships within and between families are crucial as the professional role should not be to intervene and solve problems but rather to support families in a process of discovery and change. VIG acknowledges that relationships are bio-directional and enables carers and children the opportunity to observe their interactions with each other. For Ian (aged 14), VIG enabled him to see that his family were still a unit, following the death of a parent,

Hi I'm Ian. I think VIG is good because it helps get the family together and it's nice seeing how well we get on (Ian, aged fourteen, audio diary)

Jerry (aged 12) also described how VIG was used to support his family during a sudden change in their circumstances. VIG gave them the opportunity to spend time together to come to terms with the change and to see how they could help and support one another,

Hi my name's Jerry and I'm twelve and I like VIG because it's good and it gets the family to look at all the memories and to realise what's going on... and how it helps the family... to see that we are there for each other... and we can help each other when help is asked (Jerry, aged 12, audio diary)

VIG also enabled children to become more attuned to their own emotions and moods as well as to those around them. Hugh (aged 9) described keeping his anger at 'belly button level'.

Figure 6: Hugh's sand tableau



In his sand tableau (figure six) Hugh presents his family in terms of their emotions and moods, representing them multiple times in different colours to represent their different moods,

the excellent ones are yellow and the naughty ones are the red ones ... and the naughty one, the red ones are the angry ones which is Mummy shouting when she's got a bad like really she's got a poorly throat, she shouts at me and Paul when we're naughty. Yeah and green one is when Mum does not shout, she always goes, she does shout at Paul when Paul goes a little bit naughty (Hugh, aged nine)

Children were able to describe and name emotions, demonstrating a degree of confidence and a degree of emotional literacy (Goleman, 1996). All of the children spoke or wrote positively about VIG and the impact it had, had on family relationships. All had enjoyed being involved in an inclusive intervention which was child focussed. Finally, Carl demonstrates below how he felt about being involved in VIG,

Figure 7: Carl's picture of taking part in VIG



## 8.0 Conclusion

This study examined the impact of VIG training on professionals and families. To our knowledge, this is the first attempt at assessing the extent to which VIG is embodied by practitioners and evident in all elements of their work, and of capturing children's views of participating in VIG. The findings revealed that the decision to become a VIG practitioner was associated with alignment between VIG values and principles and personal beliefs, while ability to complete VIG training was associated with wider practical considerations. These included the ability to subsume training into the current workload and efficient use of IT. While professionals enjoyed practising VIG, it was evident that this was an adjunct to their main role and could, at times, be placed on pause due to high caseloads. This reflected the wider effects of reducing budgets and increasing caseloads (Hingley and Ruch, 2016). Hingley-Jones and Ruch (2016) have linked the current climate of financial austerity with increasingly 'austere' practice, including emotional distancing and 'turning a blind eye' to clients' experiences. This created tension between the ability to practice VIG and the VIG Service ethos, which denotes a shift away from bureaucratic, process-led practice and relational austerity (Morris et al. 2015; Munro, 2011). Yet, inculcating VIGs values across the Children's Services workforce yielded a common language to understand and work with families. Having VIG trained professionals was associated with retention of highly skilled professionals in teams and the retention of highly skilled staff in direct practice with families. Moreover, VIG training added value to professional skills, even for experienced workers. VIG encapsulated continued skill development as professionals embarked upon the same process of observation and reflection as the families they are working with (Chakkalackal et al, 2017).

The extent to which VIG is appropriate for families involved in child protection produced mixed views. There was acknowledgment that families could exploit VIG to adopt a blinkered view or promote an inaccurate portrayal of their circumstances. It was also emphasised that the VIG model focuses on micro-moments of interaction and excludes wider systemic considerations. Conversely, some professionals, carers and children welcomed an independent professional who could offer a new perspective on the family. Some professionals emphasised the inclusion of appropriate challenge within VIG and acceptance when families were not making the necessary changes or when the motivations for undertaking VIG were not

appropriate. The VIG skills are very akin to those outlined in the motivational interviewing model as developed by Miller and Rollnick (2002) which are recognised as good practice when challenging individuals or families.

There was some evidence that VIG impacted on practice across different domains. In particular, VIG professionals sought to address the power differential when working with families, embarked upon collaborative endeavour to co-construct meaning, supported carers to name emotions and widened therapeutic conversations to extend circumstances. In doing so, VIG may provide professionals with the skills to balance participatory work with families alongside decision making responsibilities, regardless of the power differential within the relationship (Schreiber, Fuller and Pacey, 2013, Maiter, 2006). This is particularly pertinent as Dumbrill (2006) has shown that how carers perceive power effects their reaction and views of interventions. In-depth interviews with carers involved in child protection showed that where carers perceived professionals had power over them they tended to resist whereas when carers perceived professionals using power to offer support, they more likely to engage and this would seem to concur with the view that it should be another worker undertaking VIG when involved with child protection (Dumbrill, 2006). There was some evidence that professionals established attuned dialogue, pacing interactions appropriately and enabling the naming of carer intention, behaviour and examination of these factors. While occurring less often in non-VIG meetings, professionals engaged in attuned guiding which involved skilful questioning used to elicit information, encouraging reflection and scaffolding learning (Gibson and Marczak, 2018). VIG encapsulates what Miller and Rollnick (2002) term 'evocation' which refers to the extent to which professionals are able to elicit carers' motivations to change and enable conversations around behaviour change. In an analysis of practice observations, Forrester et al (2019) suggest evocation may represent a key skill that influences the outcomes for carers. While VIG appeared to promote evocation in this study, professionals appeared to use fewer strategies to guide the carer into new ways of behaving than in the VIG shared review. This suggests that future studies should explore VIGs potential in eliciting and working with carers' intrinsic motivations to change their behaviours.

Following our previous findings (Maxwell et al, 2016), carers valued VIGs unobtrusive, collaborative approach. Carers perceived the professionals positively

and felt empowered within the process. Carer accounts revealed the dance-like interactions with carers leading in their observations and reflections with professionals guiding them through the process (Gibson and Marczak, 2018). Carers revealed increased attunement in the realisation that their children were more able than they had imagined and in the level of mind mindedness they displayed (Meins and Fernyhough, 1999). In acknowledging the child's independent thoughts and feelings, carers were able to employ new strategies such as distracting children from negative behaviours or adopting new activities they could share with their children. Additionally, where VIG was used with siblings this was associated with improved relationships in a range of circumstances including adoption. Previous research has found that the VIG process, where micro-moments are played and replayed to reinforce appropriate sensitive carer responses, has been effective in promoting attachment for adopted children (Juffer et al, 2005).

Finally, VIGs unobtrusiveness meant that children did not feel that they were being observed but rather children and young people valued the time they spent with their carer involved in shared activities. Using creative methods gave insight into the child's thoughts and feelings. The sandbox tableau's and pictures revealed that children and young people were attuned to their own thoughts and feelings and to those of their carers. Children seemed to value the family unit and observing positive family relationships. It might be that when evaluating VIG interventions in future, the voice of the child should routinely be captured. Child friendly evaluation forms and methods could be developed to ensure children's views are regularly gathered in order to further hone and develop future practice.



## 9.0 Recommendations

- Referral and selection processes for VIG should be reviewed to ensure that VIG is situated appropriately within each families wider Children's Service involvement.
- IT software and support should be reviewed in order to reduce the time-consuming nature of uploading and editing VIG recordings. This may include identifying an IT professional to specialise in VIG support.
- Develop strategies so that VIG skills can be more consciously transferred to different areas of practice. For example, VIG could be embedded within the practice education role so that students receive detailed micro feedback on their practice in order to inculcate strengths-based, reflective practice early in their careers. In addition, greater exploration of the use of specific VIG techniques such as attuned guiding to enable conversations around behaviour change.
- Future studies should include a comparator group and baseline and follow up data to explore the impact of VIG across different work domains.
- When evaluating VIG interventions in future, the voice of the child should routinely be captured. Child friendly evaluation forms and methods could be developed to ensure children's views are regularly gathered in order to further hone and develop future practice.

## References

- Bandura, A. (1986) *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.
- Biemans, H. (1990) Video home training: Theory method and organisation of SPIN in Kool, J. *International Seminar for Innovative Institutions*. Ministry of Welfare Health and Culture, Ryswijk, Netherlands.
- Blackburn, I.M., James, I.A., Milne, D.L. and Reichelt, F.K. (2000) Cognitive Therapy Scale - Revised (CTS-R) <https://ebbp.org/resources/CTS-R.pdf> Last accessed: May 2019
- Burke, P. (2010) Brothers and sisters of disabled children: the experience of disability by association, *British Journal of Social Work*, 40, 1681-1699
- Carpenter, J., Webb, C.M. and Bostock, L. (2013). The surprisingly weak evidence base for supervision: Findings from a systematic review of research in child welfare practice (2000–2012). *Children and Youth Services Review*, 35(11), 1843-1853.
- Chakkalackal, L., Rosan, C., & Stavrou, S. (2017). *Through Each Other's Eyes: An evaluation of a Video Interaction Guidance project delivered by health visitors and family support workers in a disadvantaged urban community*. London: Mental Health Foundation
- Darlington, Y., Healy, K., & Feeney, J. A. (2010). Challenges in implementing participatory practice in child protection: A contingency approach. *Children and Youth Services Review*, 32(7), pp. 1020–1027.
- Department for Education (2019). *Experimental statistics: Children and family social work workforce in England, year ending 30 September 2018*. Children and early years statistics team: Sheffield.
- Doria, M. V., Kennedy, H., Strathie, C. & Strathie, S. (2013). Explanations for the success of video interaction guidance: An emerging method in family psychotherapy. *The Family Journal: Counseling and Therapy for Couples and Families*, 22(1), pp. 1-10.

- Doria, M. V., Strathie, C., & Strathie, S. (2011). Supporting vulnerable families to change through video interaction guidance. In H. Kennedy, M. Landor, & L. Todd (Eds.), *Video interaction guidance* (pp. 121–131). London, England: Jessica Kingsley.
- Dumbrill, G.C. (2006). Parental experience of child protection intervention: A qualitative study, *Child Abuse & Neglect*, 30, 27–37.
- Feltham-King, C. (2010). *What are the perceived benefits of an adoption support package using video interaction guidance with prospective adopters? An exploratory study*. Children's Workforce Development Council. Available at <http://dera.ioe.ac.uk/2709/> [Accessed February 2017].
- Forrester, D., Westlake, D., Killian, M., Antonopolou, V., McCann, M., Thurnham, A., Thomas, R., Waits, C., Whittaker, C. and Hutchison, D. (2019) What Is the Relationship between Worker Skills and Outcomes for Families in Child and Family Social Work?, *The British Journal of Social Work*
- Forrester, D., Westlake, D., Killian, M., Antonopolou, V., McCann, M., Thurnham, A., Thomas, R., Waits, C., Whittaker, C. and Hutchison, D. (2018). A randomized controlled trial of training in Motivational Interviewing for child protection. *Children and Youth Services Review*, 88, 180-190
- Gibson, H. and Marczak, M.(2018) *Video Interaction Guidance- Skill Development Scale (VIG-SDS)*  
<https://videointeractionguidance.net/resources/Documents/2018%20New%20Training%20Route/C.2%20VIG-SDS%20v5%20reduced%20%20detailed%20scale%20removed.pdf> (Last accessed: May 2019)
- Goleman, D. (1996) *Emotional Intelligence. Why it can matter more than IQ*. London: Bloomsbury.
- Hingley-Jones, H. and Ruch, G. (2016) Stumbling through? Relationship-based social work practice in austere times, *Journal of Social Work Practice*, 30:3, 235-248
- Juffer, F., Bakermans-Kranenburg, M.J. and van IJzendoorn, M.H. (2005) The importance of parenting in the development of disorganized attachment:

- evidence from a preventive intervention study in adoptive families. *Journal of Child Psychology and Psychiatry*, 46(3), 263-274.
- Kennedy H, Landor M & Todd L. (2010). Video Interaction Guidance as a method to promote secure attachment. *Educational & Child Psychology*. 27(3), 59-72.
- Kennedy, H., Landor, M., & Todd, L. (2011). *Video Interaction Guidance: A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing*. London: Jessica Kingsley Publishers
- Magill-Evans, J., Harrison, M., Benzies, K., Gierl, M., and Kimak, C. (2007) Effects of parenting education on first-time fathers' skills in interactions with their infants, *Fathering*, 5, pp. 42-57.
- Maxwell, N. and Rees, A. (2019) Video Interaction guidance: a return to traditional values and relationship-based practice? *British Journal of Social Work*, 1-19.
- Maxwell, N., Rees, A. and Williams, A. (2016) *Evaluation of the Video Interaction Guidance Service*, Cornwall Council available online at: <http://sites.cardiff.ac.uk/cascade/files/2017/09/VIG-Evaluation-Report.pdf>
- Miller, S. and Rollnick, W. (2002) (2<sup>nd</sup> ed) *Motivational Interviewing: Preparing people change*. Guildford Press, New York
- Meins, E. and Fernyhough, C. (1999). Linguistic acquisitional style and mentalising development: The role of maternal mind-mindedness. *Cognitive Development*, 14, 363–380
- Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsy, G. M., St-Laurent, D., & Bernier, A. (2011). Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioural outcomes for maltreated children: a randomized control trial. *Development & Psychopathology*, 23(1), 195-210.
- Munro, E. (2011) *The Munro review of child protection: Final report. A child-centred system*, London, The Stationary Office.
- Murphy, D., Duggan, M. and Joseph, S. (2013). Relationship-Based Social Work and Its Compatibility with the Person-Centred Approach: Principled versus

Instrumental Perspectives, *The British Journal of Social Work*, 43(4), pp 703–719

- National Institute for Health and Care Excellence (2012) *Social and emotional wellbeing: early years*. Public health guideline [PH40]  
<https://www.nice.org.uk/guidance/ph40/chapter/8-glossary#video-interaction-guidance> (Accessed 20/11/17)
- National Institute for Health and Care Excellence (2015) *Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care*. NICE Guidelines [NG26]
- O'Kane, C, (2008) The development of participatory techniques: Facilitating children's views about decisions which affect them, in P. M. Christensen and A. James (eds.), *Research with Children: Perspectives and Practices*. London, Routledge, pp. 125-155.
- O'Keefe, G. and Clarke-Pearson, K. (2011). The Impact of Social Media on Children, Adolescents, and Families, *Pediatrics*, 127(4), **800-804**.
- Parton, N. and Williams, S. (2017) The contemporary refocusing of children's services in England, *Journal of Children's Services*, 12 (2-3), 85-96.
- Pithouse, A. (1987) *Social Work: The Organisation of an Invisible Trade*, London: Ashgate Publishing.
- Schon, D. and DeSanctis, V. (1983). The Reflective Practitioner: How Professionals Think in Action. *The Journal of Continuing Higher Education*, 34(3), pp. 29–30.
- Schreiber, J.C., Fuller, T. and Pacey, M.S. (2013). Engagement in child protective services: Parent perceptions of worker skills. *Child and Youth Services Review*, 35, pp. 707-715.
- Trevarthen, C. (1979). Communication and co-operation in early infancy: A description of primary intersubjectivity. In M. Bullow (Ed.) *Before speech*. Cambridge: Cambridge University Press.

Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.

Whalley P & Williams M. (2015). *Child neglect and Video Interaction Guidance: an evaluation of an NSPCC service offered to parents where initial concerns of neglect have been noted*. NSPCC Evaluation Department. Available 16.05.2016. at <https://www.nspcc.org.uk/services-and-resources/research-and-resources/2015/video-interaction-guidance-vig-evaluation-report/>

Wright, C. (2017) Being more human – why children’s social care should be more about people and less about paperwork, *Journal of Children’s Services*, 12 (2-3), 184-189

## Appendix A: VIG Practice Skills Rating Scale

**The impact of staff training in VIG for professionals and families**  
**VIG Practice Skills Rating scale**  
*Nina Maxwell*

**Item 1: Identifying Attunement Principles/Microanalysis**

This item is not relevant: clips have not been selected as examples of attunement. They have been selected on the basis of ease and consent, i.e. guiders have asked clients they are currently working with for consent to use the video for this research

**Item 2: Establishing and revisiting the Purpose of Shared Review**

Key features:

- The practitioner has a clear focus and structure of the meeting which is collaboratively agreed by those present
- Presence of equitable turn taking between guider and client
- The meeting follows the agreed structure (unless both parties agree a change of structure)

1. The practitioner orientates the client to what is going to occur in the meeting.

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

2. The client is encouraged to initiate their ideas and thoughts for the meeting.

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

3. The practitioner clarifies what the client wants to achieve from the meeting.

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

4. On occasions where the client is clearly distracted from current events or emotions, this is received by the practitioner (If not applicable please move on to question 5)

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

5. The practitioner connects the client back to what they want to achieve during the meeting (to ensure linkage between the content of the meeting and the overall aim)

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

6. The plan outlined at the beginning is fully covered in the meeting

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

### Item 3: Use of Video Technology to maximise client activation \*

This item is not relevant we did not require that practitioners to demonstrate that the clips were embedded and prioritised in the shared reviews.

### Item 4: Embodiment of AVIGuk Values and Beliefs \*

Key features:

- The practitioner is attentive with genuine interest and encourages initiatives.
- The use of non-verbal communication (turning towards, looking interested, giving time and space, listening actively, receiving with body language and facial expression).
- The practitioner uses early attunement principles from the first contact throughout which promotes engagement within the shared review.
- The practitioner embodies and models the core therapeutic values of empathy, warmth and authenticity as well as the VIG values of (respect, trust, hope, compassion and cooperation).
- There is playfulness within the interaction between the VIG practitioner and client and a shared experience of joy (if appropriate).



1. The interaction between practitioner and client feels attuned and comfortable to watch

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

2. There is a dance like quality to the interaction

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

3. The practitioner is attentive and encourages initiatives from the client

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

4. The practitioner displays appropriate empathy, understanding, warmth and genuineness

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

5. The practitioner appears appropriately genuine, helping to facilitate therapeutic trust

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

6. The practitioner appears confident

0	1	2	3	4	5
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Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent
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7. There is appropriate matching or regulating of emotion within the interaction

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

8. There is evidence of fun and playfulness in the interaction (laughter, shared smiling etc.)

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

**Item 5 – Attuned dialogue \***

Key features:

- Work collaboratively in partnership with both the practitioner and client equally important in the interaction.
- Attuned dialogue also occurs through the giving and taking of short-turns and the equitable sharing of new ideas.
- To support effective learning conversations, the practitioner will skilfully adjust their style to meet the needs of the client.
- The practitioner receives initiatives both verbally and non-verbally.
- The practitioner will achieve an attuned balance between receiving (hearing clients views) and guiding (offering own views), the right balance of activation (practitioner response that supports clients to be active in their thinking) and compensation (practitioner response that offers information and opinion).
- Client is clearly engaged and activated in the shared review and is empowered.

1. There were equitable turns between the VIG practitioner and client

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent
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2. The practitioner receives initiatives from the client both verbally and non-verbally

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

3. The client and practitioner were encouraged and activated

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

4. The practitioner was able to establish a collaborative relationship

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

5. There is strong reception prior to responding through the use of the client's own words

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

6. The client shows reception and interest in practitioner's viewpoint/information

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

**Item 6: Attuned Guiding \***

Key features:

- Scaffolding – judging the amount of support required and adjusting to remain attuned with the client.
- Extending on and building on the client’s response
- Giving information when needed
- Providing help when required
- Offering choices that they can understand
- Making suggestions that they can follow.
- Skilful questioning used to support the client(s) to reflect on something in a different way or to reach a new understanding.
- Naming ideas about the process and what may be useful to consider together.
- Refers to attunement principles with the client in an attuned way

1. The practitioner offered support through guiding when in an attuned dialogue

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

2. The practitioner offered just the right amount of support required or adjust accordingly

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

3. The practitioner made suggestions or offer choices that the client(s) could follow

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

4. The practitioner was able to check for reception of their idea or contribution either verbally or by returning to the film

0	1	2	3	4	5

Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent
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5. A range of strategies were used to guide the client to new ways of behaving, thinking and feeling (i.e. skilful questions, naming their own thoughts or naming their ideas of the process)?

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

5a. These strategies were in balance with one another (i.e. a balance between sharing own ideas, naming and questioning)?

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

6. The practitioner built on the client's observations by using/linking to the principles of attunement

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

### Item 7: Pacing

Key features:

- Giving and taking short turns
- Contributing to equitable interaction
- Giving Time and Space for the other(s)
- Waiting
- Listening actively
- Looking for initiatives.
- Waiting attentively for your turn
- Interrupting long turns in order to receive and manage the pace

1. The practitioner was able to interact at a pace that matched the needs of the client

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

2. The client appeared able to remain present and actively engaged in the conversation

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

3. The practitioner was able to remain present and actively engaged in the conversation

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

4. The practitioner interrupted a long turn or take a turn in the discussion in order to ensure short turn taking

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

5. There was evidence of the practitioner waiting, listening actively and looking for initiatives in order to ensure the client(s) is having space to share

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

### Item 8: Naming and managing emotions in shared review

Key features:

- Effectively receive and attune to the emotional content of the shared review
- Naming emotions in shared review, including when there is a discrepancy between affect and content.
- Appropriate containment of client's emotion.
- Appropriate matching of emotional expression/tone by the practitioner.

- Balance between receiving and exploring difficult emotions/content and keeping hold of hope.

1. The VIG practitioner effectively received and attuned to the client's emotions

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

2. The practitioner matched the clients emotional expression appropriately

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

3. There was evidence of the VIG practitioner naming or receiving the client's emotions

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

4. There was sufficient containment of emotion to encourage reflection in the client

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

5. There was sufficient balance between positive and difficult emotions to achieve optimum learning/thinking for the client

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

### Item 9 - Working with Power

Key features:

- The very nature of the roles of practitioner and client suggests that there will be issues regarding power. The practitioner should be aware of this and demonstrate ways of attempting to reduce this power difference.
- In order to reduce this dynamic the practitioner should explain the process of the meeting in a clear and concise manner and invite questions regarding this.
- Describing what will happen in the session
- Use of client's language.
- Offer client(s) first turn in dialogue and in relation to video.
- Following client(s) initiatives.
- Respect for client(s) and client(s) beliefs, opinions and turns.
- Equitable turn-taking.
- Naming power differential if appropriate
- Client(s) is active in ideas about their own change.
- Client is involved in controlling video and playback.

1. The practitioner uses accessible language that the client is able to understand

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

2. The practitioner checks understanding of any VIG language other terminology used

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

3. The practitioner invites the client to share their opinions and take the first turn

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

4. The practitioner demonstrates respect for clients' views and beliefs when they offer their own opinion

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

5. The practitioner encourages equitable turn-taking

0	1	2	3	4	5
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Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent
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6. The practitioner compensates (offering information) in order to reduce power difference

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent
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7. The practitioner, supports the client to take a central role in controlling playback/the meeting

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent
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8. The practitioner supports the client to feel empowered and responsible for their own change

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent
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### Item 10: Reviewing the Shared Review

Key features:

- There should be sufficient time left at the end of the meeting to review and summarise key learning.
- Working points should be used to support a conversation around the next meeting and what this needs to focus on to support on-going progress towards the client's needs.

1. The working points are summarised within the meeting or is there space at the end of the meeting to review this

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent
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2. There is a plan made for the next meeting, with discussion as to how this may build on recently recognised working points

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

3. There is a review of the evaluation of the client's progress aims at some point within the shared review

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

### Item 11 - Co-constructing New meanings \*

Key features:

- Co-constructing new meanings is when the practitioner and client offer, receive and develop their ideas and opinions in order to develop their shared understanding within an attuned relationship.
- It is used within the conversation when client and practitioner are in attunement to one another.
- Attuned dialogue
- Sharing viewpoints, perspectives
- Collaborative problem solving
- Naming difference of opinion
- Naming contradictions/conflicts
- Balance between solution focused and problem focused discussion
- Exploration of meanings

1. The practitioner offered their own views regarding views of the client

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

2. The practitioner asked questions in order to explore the client's ideas

0	1	2	3	4	5
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Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent
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3. The practitioner checked out the client's thoughts on the practitioner's opinions

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

4. There was evidence of the dialogue leading to a co-construction of new learning, meaning and understanding

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

5. The practitioner supported the balance of problem focused and solution-focused discussion

0	1	2	3	4	5
Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent

### Item 12 – Naming and receiving the process

Key features:

- The practitioner demonstrates a capacity for mentalization: the capacity to reflect on one's own thoughts and feelings and those of others.
- The practitioner may notice, receive and name (gives voice to) what is going on for the client (mentalization), for themselves (self-attunement) or in the interaction between them.
- Naming behaviours that they see from the client
- Naming/wondering about the emotions, wishes, intentions of the clients
- Naming own behaviours
- Naming own emotions, wishes and intentions
- Returning to the early attuned principles in order to return to an attuned cycle.
- Being sensitive to the impact of own response on the client

1. The practitioner has been able to name behaviours of the client

0	1	2	3	4	5
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Not at all      To a small extent      To some extent      To a moderate extent      To a great extent      To a very great extent

2. The practitioner has been able to name/wonder about emotions/intentions of the client

0	1	2	3	4	5
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Not at all      To a small extent      To some extent      To a moderate extent      To a great extent      To a very great extent

3. The practitioner has adjusted their interactions to re-establish contact

0	1	2	3	4	5
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Not at all      To a small extent      To some extent      To a moderate extent      To a great extent      To a very great extent

4. The practitioner has demonstrated sensitivity in the way this has been done

0	1	2	3	4	5
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Not at all      To a small extent      To some extent      To a moderate extent      To a great extent      To a very great extent

### Item 13 - Widening the Context

Key features:

- The practitioner will be helping clients generalise key learning from the meeting in to other parts of their lives or might think together about how the new learning might influence the next step.
- Inviting client to connect their new learning to wider contexts
- Offering opinions about how new learning might connect to wider contexts

1. The practitioner is widening the context for client by asking questions

0	1	2	3	4	5
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Not at all      To a small extent      To some extent      To a moderate extent      To a great extent      To a very great extent

2. The practitioner is offering own opinions of how new learning could be connected to wider contexts

0	1	2	3	4	5
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Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent
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3. The practitioner is asking questions to highlight areas of change or encouraging the client to do so

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent
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4. The practitioner is supporting the connection of the wider context via review of the strengths and working points and linking to the helping questions

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Not at all	To a small extent	To some extent	To a moderate extent	To a great extent	To a very great extent
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