



CASCADE Research Briefing

Evaluation of Cornwall Council's Video Interaction Guidance Service

Dr Nina Maxwell, Dr Alyson Rees and Dr Anne Williams

Key Messages for Policy and Practice

- Video Interaction Guidance (VIG) is a strengths-based, time-limited intervention involving video recording of positive interactions between parents and their children. It is designed to be used where parental insensitivity to their children, attachment difficulties and lack of reflective capacity have been identified.
- In this evaluation, VIG was associated with lasting benefits. It had a significant impact upon parental attunement and increased awareness. The intervention proved suitable for parents with a range of presenting difficulties including concerns around the mental health of the parent, learning difficulties of both the parent and the child, domestic violence and parenting a challenging child across early intervention, child in need and child protection status.
- Conducting VIG within the home environment enhanced the experience for both the parents and children, and children enjoyed being involved in the process as active participants. Parents valued the opportunity to build upon their strengths and improve their parenting skills in a supportive environment.
- The VIG guider emerged as an integral element in the approach. This is a specially trained person who works with the parent and supports the process of change. Parents were given the reflective space to improve their skills. Many parents noted that by becoming more attuned to their children, in particular by giving their child space and time to articulate their own needs, then the bond between them grew.
- Six months after the intervention, parents reported continued use of the techniques, were more likely to reflect on their parenting and had an increased awareness of what to do to rectify issues or improve their approach.
- The VIG intervention appears to complement other service provision by enhancing confidence in parenting skills. VIG also increased professional awareness of the growing parental ability amongst those who used the service.



What is Video Interaction Guidance?

Video Interaction Guidance (VIG) is a strengths-based intervention aimed at working with parents or carers to improve relationships within the family. This focus on family relationships and accentuating parent/carer strengths corresponds with increasing recognition of the efficacy of strengths-based family support work and its growth in early intervention and prevention family services. The VIG process begins with parent or carers acknowledging or expressing a desire for change. Trained 'VIG Guiders' model attuned behaviour with parents and adopt a supportive stance for this process of change. VIG consists of at least one 'cycle' which involves one video recording of authentic interaction and one review session of carefully selected elements of the video which show successful interaction. The guider and the parent review these micro moments focusing on the *relationship* between child and parent/carer, as opposed to the *behaviour* of either party by reflecting upon the use of sensitive, responsive communications for positive interactions (Kennedy et al, 2010). At the end of the review session, parents decide what they would like to improve and the cycle repeats until the desired behaviours are achieved (Doria et al, 2013).

The research study

Cornwall Council commissioned an independent evaluation into its Video Interaction Guidance (VIG) Service for the period 1st September 2015 to the 31st August 2016. The evaluation adopted a mixed method qualitative approach consisting of: i) analysis of the output and impact data collated by the VIG Service (1st September 2015 – 11th October, 2016) and ii) semi-structured interviews with both referrers and clients. The first set of interviews were conducted with all thirteen clients who had completed the intervention within the period 1st February 2015 – 31st March 2015 and with the practitioners who had referred these clients to the VIG Service. The second set of interviews were undertaken around six months after the intervention had ended.

The aim of the evaluation was to determine whether the VIG Service was achieving its objective of making a positive impact on children and families and to evaluate the factors that contribute to successful outcomes with a view to informing future service development. This briefing focuses upon findings from the interviews undertaken with thirteen of the 33 parents/carers who engaged with the VIG service. A copy of the full report will be made available on the CASCADE website.

Key findings: Immediately following the intervention

There was variation amongst those parents/carers interviewed in the length and nature of contact with social services. Some had a long history of involvement with social services, whilst others were referred in by health visitors. The number of VIG cycles varied from 3 to 13 and the dosage was to be tailored to the needs of the family. Some interventions changed as the parent progressed, for example including other children in the video recording or working with different combinations of parents and children. This allowed for the dynamics between the parent/carer and different children in the family to be addressed.

The underpinning ethos and approach of VIG is strengths-based, drawing upon mediated learning and self-modelling. All parents noted that they set their own goals with the help of the guider which was empowering. The model gives parents time to reflect on what they do well and build on that; it is very motivating for parents to be able to move forward. Possibly one of the most valuable aspects of the VIG experience was the consistency and relationship building that occurred between parents and the

guiders, and between the guiders and children, *'the guider was good, she was lovely she made us feel at ease, she had good interaction with child as well'* (Participant 3). Hence, the guider had very good communication skills with both the parent and child and was modelling attuned behaviour in line with social learning theory (Bandura. 1986) which the parents were able to emulate.

Many parents noted that by becoming more attuned to their children, in particular by giving the child space and time to articulate their own needs, then the bond between them grew, *'Helping us interact with 'Sam' and listening to him more when it comes to play and things like that, understanding him a bit better'*. (Participant 5). As parents became more attuned to their children, they responded positively to this change in engagement, possibly as a result of feeling more secure, *'It helps with kids with their inhibitions, my son loved doing it. He was really excited every time we did it'*. (Participant 6).

Key findings: Six months after intervention

All of the participants who were re-interviewed were still extremely positive about VIG, all would recommend it to others and all but one found it to have had a lasting effect on their parenting. As Participant 1 noted, *'It has made me more positive....just sort of being more positive with her and not being negative'*. Most participants said they had continued to use what they had learned from VIG and as a result feel that they are far more attuned to their children and this improvement has been sustained, *'I now have no problems with my son, I watch how I talk to him, I involve him in things. I'm happier, he's happier, it's hard to believe where we were 12, 18 months ago'*. (Participant 10). Even when parents were not always able to keep in mind what they had learnt from VIG at the time, it made them more reflective about their parenting and helped them consider how they could continue to improve, *'I do still use them. maybe not always at the time, I think about it afterwards and think well I should have done this, maybe I should say sorry and learn from the experience again'*. (Participant 10)

It seems that VIG can work well alone or as part of a range of services being provided as determined by the needs of the family. It does not conflict with other approaches and is home based. Whilst a range of professionals had been involved with family 3 the participant noted, *'I think VIG did the best bit in that it showed us that we weren't losing control as we felt that we were losing control...Obviously the OT was more about his sensory needs and the Ed Psych was about his school life. VIG was more about at home and what we were doing'*. In some cases working with VIG also helped other professionals to trust and see the strengths in parents with whom they had previously had an ambivalent relationship, *'It did yeah because it showed the social workers that I can have a bond with my child and he was, he was all for Daddy'* (Participant 12).

Participants reported many aspects of VIG that made it a particularly positive and lasting intervention. It was noted that VIG differed from other interventions in that only the positives were highlighted, *'...to find something good in there gave me a big boost that I wasn't completely bad at everything'* (Participant 10). Hence, VIG *'was not about teaching us techniques'* (Participant 3), but more building on their own strengths and focusing on what they did well. Another positive factor noted by Participant 10 is that VIG is simple and easy to follow, *'It wasn't too complicated so it was quite easy to remember how to do the things because it wasn't set out in a complicated way. It was very easy to follow and to understand and that's why it has stayed with us for quite a long time'*. The fact that parents saw themselves interacting with their children was also powerful and the visual image remained with them, as one participant noted they were able to, *'[a]ctually see yourself doing it'*

Experiential learning (Kolb 1984) is effective in allowing people to learn through their own change.



Conclusion

The findings revealed that VIG offers a strengths-based approach that is valued by parents and appears to lead to greater parental attunement and awareness of how their parenting skills effect the relationship they have with their child. The VIG Guiders were perceived very positively and were deemed to be integral to the intervention. Guiders explained the approach in simple terms which parents clearly recalled six months after the work had been completed. Having the same Guider throughout the intervention was highly regarded as parents then felt able and comfortable to develop their skills in a trusting environment.

Video Interaction Guidance was found to have lasting benefits and impact for a range of families, including those at risk of adoption breakdown, children with learning difficulties and child/parent mental health problems. In light of these findings, VIG appears to be a useful, time limited intervention for a range of presenting difficulties where improvements to family relationships and attachment are sought.

Further details

This evaluation was commissioned and funded by Cornwall Council, and was undertaken from January 2015 – December 2016. The full report can be found at:

<http://sites.cardiff.ac.uk/cascade/research/research-projects/video-interaction-guidance-service-evaluation/>

References

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CASCADE is concerned with all aspects of community-based responses to social need in children and families, including family support services, children in need services, child protection, looked after children and adoption.

<http://sites.cardiff.ac.uk/cascade/>

cascade@cardiff.ac.uk

 [@cascade_research](https://twitter.com/cascade_research)

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<http://www.exchangewales.org/>

contact@exchangewales.org

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