Video Interaction guidance: a return to traditional values and relationship-based practice?

Abstract

In response to the shift away from direct work in social work there has been resurgence in relationship-based participatory approaches. Such approaches are dependent upon practitioner expertise in developing and sustaining relationships with families. This article presents findings from an evaluation of the Video Interaction Guidance (VIG) Service embedded within Children's Services in a unitary authority in England. The Service provides therapeutic strengths-based direct work with families delivered by educational psychologists, social workers and family support workers trained in VIG. Interview findings with parents and referrers highlighted the significance of conducting the intervention within the home as a separate service distinct from the child protection role. The therapeutic relationship between the practitioner and the parent served as an exemplar of a positive relationship and a safe space where parents' internalised perception of themselves could be challenged. The VIG Service offers an evidence-based intervention aimed at increasing primary carers' attunement and sensitivity towards their child. VIG also enables professionals the time to engage in direct work with families and to review how they interact and engage with them. Such an approach allows the 'invisible trade' of social work to become visible and subject to improvement and refinement.

Introduction

It has been well-documented that recent developments in social work have led to a shift away from direct work with children and families towards an overly bureaucratic and prescriptive accountability system (Parton and Williams, 2017; Munro, 2011). Such a shift has seen social work,

> *degraded by managerial structures designed to improve accountability*
> *and risk management but which have materially changed the way social*
> *workers interact with service users (Cross et al, 2010).*

This managerialist approach has led to de-personalised and defensive social work practice characterised by time driven information gathering and recording as opposed to responsive, skill-driven practice (Devlieghere and Roose, 2018). Consequently, practitioners have found themselves spending more time inputting data into electronic information systems and less time interacting with families (Pithouse *et al.,* 2012). The recent Care Crisis Review found that professionals,

> *expressed frustrations that they have little time to establish relationships*
> *with children, young people and families. Their high caseloads mean they*
> *are often working under intense pressure, with few resources (Thomas*
> *2018:49)*

In response there has been a resurgence of interest in relationship-based practice focussed upon 'doing the right thing' for children and families as opposed to the bureaucratically driven 'doing things right' approach (Munro, 2011, p 6). According to Howe (1998), developing effective relationships with families is crucial to doing the right thing, and improving the outcomes for children. Relationship-based approaches acknowledge that every professional encounter is unique, as no two families are the same, and emphasise the relationship as being the conduit to facilitate change (Ruch, 2010). Such relationships are then purposeful, and instrumental in the process of fostering change within the family. Hence, Murphy *et al* (2013) argue that person-centred, relationship-based practice is at odds with certain aspects of the social work role e.g. bureaucratic functions. This reflects the complexity of social work, where practitioners' core skill requires them to develop relationships with families while simultaneously conducting their professional role (Oliver and Charles, 2016; O'Leary *et al.,* 2013). This places the onus on the practitioner to define the boundaries of the relationship, including the roles, responsibilities and client autonomy within the process (O'Leary *et al.,* 2013).

Such a shift in policy towards relationship-based working has introduced participatory and partnership approaches into the design and delivery of services, based upon the belief that this is a more ethical and effective method of working with service users (Connolly *et al.,* 2017). Moreover, partnership working is perceived as an effective means of mediating parent-worker and parent-child interactions, where the child protection duties of the State conflict with parental civil liberties (Corby *et al.,* 1996). Partnership working in this context is dependent upon the practitioner developing and sustaining a relationship with the client as both a source of information as to what support is required and the means by which the intervention is delivered (Ruch, 2005; Munro, 2011). This involves developing a relationship in an environment of uncertainty and risk, establishing trust where there is an obvious power differential, and working with client defensiveness surrounding risk

behaviours, client ambivalence between the need to change and their ability to make these changes as well as client willingness to engage (Darlington *et al.,* 2010; Forrester *et al.,* 2012). To do this, the knowledge, skills and values of the social worker are vital to the creation of emotionally attuned relationships (Featherstone, 2014) which empower clients to change (Connolly *et al.,* 2017; Maiter *et al.,* 2006; Trevithick, 2003). Yet as Parton (2012) contends, UK government driven austerity measures have negatively impacted upon the time available to workers and the provision of early intervention preventative services for children and families thereby increasing the level of need, social worker caseloads, while reducing the number of voluntary and community services. Hingley-Jones and Ruch (2016) warn that 'relational austerity' is an unintended consequence of such measures where practitioners become emotionally distanced and process-driven. The challenge therefore, is to combine this resurgence in relationship-based practice with models of participatory and partnership working that enable meaningful change for children and families. One unitary authority in England has addressed this challenge by introducing Video Interaction Guidance (VIG), a relationship-based therapeutic intervention available to families as an early intervention service and delivered through a hub and cluster model. To our knowledge, the creation of a VIG Service situated within a local authority Children's Services is a unique approach in child and family social work.

Video Interaction Guidance

Video Interaction Guidance (VIG) is an evidence-based strengths' focused intervention aimed at working with primary carers to improve relationships within the family (National Institute for Health and Care Excellence: NICE, 2015). This focus on family relationships and accentuating primary 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 (Kennedy *et al.,* 2010). VIG was developed from work undertaken by Biemens (1990) primarily based on Trevarthen's (1979) intersubjectivity

theory, which hypothesises that children are born with the ability to respond to and regulate their communication in response to the social cues of others. Trevarthen (1979) assigned particular significance to 'moments of vitality' or attunement within parent-child communication where both the parent and child are actively responsive in their interaction (Doria *et al.,* 2014). Described as a secure base to explore the world, interactions with primary caregivers are important to children's social, emotional behavioural and cognitive functioning (Bowlby, 1969). In certain circumstances insensitive, unattuned parenting can result in disorganised child attachment behaviours (Bernier and Meins, 2008). While not predictive of child maltreatment, disorganised attachment behaviours may signify the need for further investigation and early prevention strategies which strengthen primary caregiver-child attachments can help families stay together (Shemmings, 2014). VIG offers an approach which can heighten parental sensitivity by strengthening attuned interaction which promotes secure attachment.

The use of video feedback rests upon the notion that watching yourself perform a behaviour well increases feelings of self-efficacy (Bandura, 1986) and as such, parents who witness their own positive interactions with their child will be prompted to repeat these behaviours promoting attachments which will serve to shape connectivity throughout the child's life (Bowlby, 1969; Celebi, 2014). Within this process, the VIG worker (referred to as the 'guider') not only mediates learning by both emphasising the subtle social interactions between the client and child but also by scaffolding the learning experience (Vygotsky, 1978). In doing so, VIG embodies relationship-based practice as,

> *Since it is in the area of relating and relationships that many problems*
> *occur, it stands to reason that a relationship-based focus has the*
> *potential to help service users to identify what is going wrong, and to*
> *draw on the professional relationship as a sound foundation from which*
> *to 'sort out' and 'work through' these problems (Trevithick, 2003:168).*

VIG works by actively engaging the client in a process of change, where the VIG guider supports the client to identify what areas of the relationship they would like to improve. VIG guiders work in a strengths-based manner, demonstrating sensitivity towards the client's difficulties but based on the belief that the client can change. The process begins with identifying the goals for the session. The VIG guider then films the parent and child playing or completing a task together. This film is then edited into 'micro moments' where the most successful moments of interaction are selected. These clips will exemplify attuned interaction between the parent and child even if they are the exception to their normal patterns of behaviour (Doria *et al.,* 2013). In the shared review, the guider supports the client to watch these micro-moments of film and engage in metacognitive reflection and reconstruction of these positive interactions between themselves and their child (Kennedy *et al.,* 2010). In doing so, the guider becomes an intermediary providing therapeutic insight as the videoed interaction initiates cognitive dissonance where the clients' internalised perception of themselves is challenged causing them to reflect upon their own behaviour and increase attunement and sensitivity towards their child (Fukkink, 2008; Balldin *et al.,* 2016). Towards the end, they spend time thinking about what the parent would like to work on for the next session. The sessions continue until the parent achieves attuned communication. The process promotes secure attachment and focuses on the relationship between child and parent, as opposed to the behaviour of either party by promoting the use of sensitive, responsive communications and interaction (Kennedy *et al.,* 2010).

There is a growing evidence base for VIG, including its effectiveness in developing person-centred practice with staff (James *et al.,* 2016) and across a range of clients including mothers (Kennedy *et al.,* 2010), fathers (Magill-Evans, 2007), prospective adopters (Feltham-King, 2010), families with domestic violence, mental health, substance misuse (Doria *et al.,* 2011), those at risk of neglect (Whalley and Williams, 2015), and

parents who have been reported for maltreating their children (Moss *et al.,* 2011). Findings have shown that VIG is associated with increases in parent understanding of their children, enhanced relationships and improved parenting strategies which led them to implement new approaches (Whalley and Williams 2015; Moss *et al.,* 2011; Feltham-King, 2010). A meta-analysis of twenty-nine interventions which featured video feedback (Fukkink, 2008) found positive effects on the quality of parent-child interaction and changes in parental behaviour, notably improved sensitivity, responsiveness, verbal and non-verbal communications and gaining more pleasure from their role as a parent. More recently, a systematic review by Balldin *et al.*'s (2016) systematic review found moderate to large support for increases in maternal sensitivity and positive changes in children's behaviour across age ranges (0-12), and cultures, as well supporting Fukkink's (2008) short but powerful conclusion where shorter programmes of up to six sessions were more effective than those of a longer duration. It is therefore not surprising that the National Institute for Health and Care Excellence (NICE) recommends VIG for children and young people who are at high risk of entering or re-entering the care system, including those who have been, or who are at risk, of being maltreated (NICE, 2015) and to support the social and emotional wellbeing of vulnerable children young children (NICE, 2012).

This article reports qualitative findings from an independent evaluation into the VIG Service within a unitary authority in England. The VIG Service was established in 2014 and delivered by a core team of two educational psychologists and one social worker, and via social workers, educational psychologists and family support workers throughout Children's services who have elected to train as VIG practitioners. Service remit was to accept referrals across Children's Services to provide a therapeutic intervention for families where parental sensitivity to their children, attachment difficulties or a lack of reflective capacity had been identified. This article explores the views of parents and those who referred them to the service, in relation to working with the VIG guider, parental

relationships with their child and parent perceptions of VIG six months after the work had been completed.

Method

This article presents findings from a larger mixed method evaluation and received ethical approval from Cardiff School of Social Sciences Research Ethics Committee. The evaluation consisted of four main stages of data which can be broadly divided into quantitative analysis of referral and pre and post impact data, including target monitoring data and the Tool to Measure Parenting Self-Efficacy (TOPSE), and qualitative interview findings. Results from the quantitative analysis found that all parents made progress towards the identified goals, particularly in relation to the goal of 'emotion and affection' and all parents reported improved confidence in their parenting abilities (see Maxwell *et al.,* 2016). This article focuses upon findings from semi-structured telephone interviews that were undertaken with every client who completed the intervention between 1st February 2016 and 31st March 2016 and consented to be interviewed for the evaluation. Interviews were conducted immediately after completion and again six months later to consider whether any changes could be sustained over the longer term. Semi-structured interviews were also conducted with the person who had referred them to the Video Interaction Guidance Service. All the study participants gave informed consent. Thirteen clients took part in the first telephone interview and 12 of the 13 referrers where the remaining staff member could not be reached. Of the 12 referrers interviewed, 6 were family support workers and 5 were social workers. In order to preserve anonymity, the remaining two are described as having 'other' statutory roles. Most cases had a child in need status (8:67%) followed by child protection (3:25%) and two were described as 'other'. It should be noted that this sample represents the VIG cases *completed* during the designated timeframe. Of the total cases *referred* during the study period (1st September

2015 to 11th October 2016) the majority of the 55 cases had been referred by a social worker (29:53%), followed by a family support worker (11:20%). Further details can be found in the study report (Maxwell *et al.,* 2016).

Follow-up interviews were undertaken approximately six months after the intervention had ended (September-October 2016). Of the 13 clients, one was not contacted due to a change in their personal circumstances, one could not be found, and one did not wish to take part. Hence, 10 of the 13 clients participated in the follow-up interview.

All data from the interviews was transcribed verbatim and analysed using a qualitative, thematic approach (Seale 2012). Braun and Clark's (2006) six phase model was followed for analysis - familiarising yourself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, producing the report (2006:904). The initial codes and subsequent themes were initially developed by one researcher who read all the transcripts, generated initial codes, a second researcher then re-read the data to verify the codes identified. Discrepancies were resolved through discussion.

Findings

Of the thirteen parents, three were men and ten were women. Each parent conducted VIG with one index child where children ranged from 10 months to 17 years. It was noted that guiders always asked about the father when working with the mother and actively provided the opportunity for men to engage with the intervention. Length of the intervention varied from three to thirteen sessions. The number of sessions depended on the needs of the family and some interventions began to include other children, in addition to the index child, as the parent progressed, or worked with different combinations of parents and children. This allowed for family dynamics between different children in the family to be addressed. Presenting difficulties varied from mental health of the parent,

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learning difficulties of both the parent and the child, domestic violence, to parenting a challenging child. Consequently, parents varied in the extent to which they had service involvement from those with no previous provision to those who had been involved with Children's Services for many years. When asked whether they would like to take part in VIG most parents embraced the opportunity; several parents had requested the service and were very motivated to take part. Most parents wanted to build their confidence in their parenting abilities and punctuate the negative spiral that they had sometimes become involved in.

The significance of relationships

What was particularly notable from the narratives of the parents was the importance of the relationship that they had developed with the guider (Ruch, 2012):

> *It's fantastic and the guider knew that I loved it, I was really*
> *appreciative, and it was really sad and the kids were really sad to see*
> *her go. It was amazing. The guider was really proud of me and the kids'*
> *(Participant 13).*

Drawing upon the VIG principles of modelling desirable attunement, guiders used warm, responsive and genuine behaviours to develop supportive relationships and partnership working:

> *We connected really well. It was really emotional when it was her last*
> *session. We had such a good bond it felt like I'd known her for years*
> *(Participant 9).*

Relationship building appeared to be facilitated through conducting VIG within the home environment. For parents this was normalising, less stigmatising and placed less pressure on them than an intervention taking place in a more public or clinical space (Winter & Cree, 2016). It helped guiders to understand the difficulties and hardships that people face including the 'impact of welfare cuts and austerity measures' and the lived experience of this for parents and families (2016: 1186). It was easier for parents who have chaotic or challenging family situations to be seen in their home. In this sense, VIG was associated with high levels of engagement with all thirteen parents completing the intervention.

For referrers, such engagement and relationship development were fostered by the VIG guider's independence from and position outside of the child protection role:

> *It's having the person who is not doing the high end of involvement. It's a specific role with specific tasks, so it cuts all those ties to being child protection which probably makes them more willing to work with the service as well. (Referrer 7).*

That is not to say that VIG guiders were not practising social workers but rather guiders do not deliver VIG with clients on their caseload. Instead, they contribute to case conferences and produce a final report for the referrer detailing the work completed. There were, however, opportunities for parents to share the work with their own social worker should they desire. For example, by consenting for a VIG video to be shared with the social worker, VIG could help 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, he was kissing Daddy*
>
> *and what not (Participant 12).*

The child in this family was taken off the child protection register, as through VIG the father demonstrated his ability to care for his child and respond appropriately to their needs. Such in-depth, 'close' work and the maintenance of relationships with families is not always possible within social care due to high caseloads and team structures which can hinder relationship building when families are moved from one team to another and consequently, are allocated a different worker:

> *If you do remain with the family that's really good. Of course, we didn't*
>
> *stay with this family because the case changed teams (Referrer 11)*

Referrers also alluded to the difficulties within social care in maintaining relationships with families due to staff turnover (Hussein, 2011):

> *It was referred over and that was that. My Family Worker left the County*
>
> *and her job and we handed it over to another Family Worker who*
>
> *doesn't work in my team. (Referrer 1)*

Conversely, VIG guiders are allocated to families for the duration of the work. There was no changeover of guider for any of the families in this study. This consistency was highly regarded by parents and memorable even six months after the intervention:

> *I think it was just because she was consistent, and I had the same*
>
> *person over and over again and so many of the services, groups or*
>
> *people I've been given I've had one, one week and one another and you*

didn't learn to trust them or anything. It's horrible, as soon as you get to

trust them you get someone else and you end up having to tell your

story over and over again. I didn't like people in authority trying to help

me anyway it felt like people were interfering but to get the same one

you can actually make a bond with and you don't have to keep going

over and over again, that makes a big difference. (Participant 10).

Parent relationships with their children

Parents noted that they were very aware of what they wished to change and quite clear about what they had not been doing well, rarely needing someone else to point this out. Participant 3 highlighted this point:

No, she (the guider) only shows you the positive bits. That's the point of

it. I think we were very aware of all the things we were doing wrong.

Such awareness was echoed by Participant 12:

I turned around and said, 'well I'm not doing that and I'm not doing that'

and she said 'no, don't look at that, look at what you are actually doing

well'.

In this sense the strengths-based nature of VIG was empowering for parents. Building on these strengths was seen as vital in an otherwise deficit-based landscape (Saleeby 1996, Chase *et al.*, 2006) and culture where few positives can be identified:

> *For me it was. It was because as you know there was so many things*
>
> *that happened in our life, you get so involved in all that negativity, you*
>
> *can't see the positives. For me I needed to see that. (Participant 4)*

All parents noted that they set their own goals with the help of the guider. The model gave parents time to reflect on what they had done well and build on that; it was seen to be very motivating for parents to be able to move forward and develop further. This seemed to be the case even for those who were less committed at the start of the intervention. VIG also highlighted the important aspects of communication which sometimes go unrecognised:

> *VIG showed us that what we were doing was right, we just didn't realise*
>
> *that those were the things that were important (Participant 3).*

Moreover, it was suggested older, adolescent children also benefited from VIG allowing both young person and parent to see what was going on between them without apportioning blame and to recognize circular causality (Ungar, 2004) and the reciprocal nature of communication:

> *He (older son) would watch it and go, oh yeah, you're doing this and I'm*
>
> *doing that (Participant 2, parent of a 12 and 17 year old)*

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)*

> *Our bond has got a lot closer. She's settled at nursery, she's settled at home. She's just a very content little girl (Participant 1)*

This development of higher levels of secure attachment and attunement as described by the parents made for better long-term relationships between parents and their children:

> *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 or 18 months ago. (Participant 10)*

One father felt that VIG had been particularly beneficial for the relationship between himself and his son, 'Sam':

> *I feel our relationship has changed yeah. He was getting more confident until he started going downhill again, but he was getting a lot more confident talking to me. Normally he would only confide in his mother, but he does talk to me a lot more now. (Participant 6)*

While Sam has started to go 'downhill', participant 6 still felt that VIG had been beneficial and had helped to improve the relationship between him and his son which might make current and future difficulties more manageable and more readily surmountable.

Parent perceptions of VIG

Participants noted many aspects of VIG that made it a particularly positive and memorable intervention. One of these was that VIG 'was not about teaching us techniques' (Participant 3) but rather it was simple and easy to follow:

> *it wasn't too complicated which was another thing. 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. (Participant 10)*

Most participants suggested that they continued to use what they had learned from VIG six months later, feeling that they are still far more attuned to their children and this improvement has been sustained:

> *I do use it all the time. It works and as it works I will keep using it because all of those things were very useful, and I keep them in practice. That's why it's so fresh (Participant 11).*

For one parent, whose son's additional needs rendered him non-verbal, the parent felt that their relationship had been much improved as a result of VIG, particularly in relation to increases in attunement and understanding:

> *Key things, eye contact, certain body language that he uses, you can always tell what kind of mood he's in by his eyes (Participant 9).*

Even when parents did not consciously use VIG regularly, it appeared to make 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)*

Thus, it would seem that a much more thoughtful and reflective approach to parenting had been garnered. For some it was helpful to go back to the materials and the recordings they were given on completion of VIG:

> *Sometimes I have to go back over everything, I kept the notes that I was*
> *given through the VIG and I look back on them and I read through them*
> *if I forget things like what steps to take, like first, second and third and*
> *stuff like that. I do look back on them. We did say the other day we*
> *would look at the videos again to see if we could pick up an on anything*
> *that we're missing (Participant 5)*

Parents found that although the VIG service had been targeted at a particular, index child, the skills and approach could be replicated with all of their children:

> *I've used a lot of the VIG stuff with my other two as I said, even though*
> *they weren't part of the VIG in the first place (Participant 5)*

The fact that people 'saw' themselves interacting with their children was powerful and the visual image remained with people because as one participant noted you, '*Actually see yourself doing it*' (Participant 6). This type of experiential learning (Kolb 1984) is effective in allowing people to be in charge of their own change.

Discussion

This article presented findings from a larger evaluation study into the VIG Service in a unitary authority in England (Maxwell *et al.,* 2016). All thirteen parents and twelve referrers perceived VIG positively. With such a limited sample of men it is not possible to comment in any depth about father engagement suffice to say that all three had completed the intervention and were positive about their involvement. It is worth noting however, that VIG was able to actively engage fathers; something that is widely accepted as challenging (Philip *et al.,* 2018). Such challenges have included a tendency toward rigid, polarized thinking where workers see fathers as either a risk or resource to their children (Scourfield, 2003), tensions around the timing of involving fathers and need for gender sensitivity (Philip *et al.,* 2018), and father avoidance of contact with child welfare services (Maxwell *et al.,* 2012). By always asking about and trying to engage the father, VIG has the capacity to shift the 'assumed' responsibility of the mother as being solely accountable for the children and their difficulties (Maxwell *et al.,* 2012). VIG encapsulates factors which have been found to encourage father engagement such as acknowledging men's contributions to their children's lives rather than assuming them to be absent or of no value (Tehan and McDonald, 2010), offering a flexible service and conducting the intervention within the home environment (Lawrence *et al.,* 2012). Moreover, the home-based nature of VIG appeared to be a significant feature of the intervention. Given the nature of clients referred to the service and their tendency toward chaotic lives, offering a service within the home encouraged high levels of engagement for both fathers and mothers. Although this was, in part due to the tenacity of guiders (see full report Maxwell *et al.,* 2016), home-based interventions remove the stigma of attending services in public of clinical settings placing less pressure upon parents (Winter and Cree, 2016). This appeared to help facilitate the building of trusting relationships between parents and the VIG guider and fostered high levels of engagement with reported change in as few as six sessions.

Another key feature of VIG was its provision as a separate intervention away from the child protection role. Not surprisingly, this was particularly pertinent for those parents with child protection or child in need plans and referrers also emphasised the importance of this independence. It is acknowledged that child protection professionals often experience difficulties in balancing participatory work with families alongside their responsibility for making decisions which may conflict with parental wishes, highlighting the obvious power differential within the relationship (Schreiber, Fuller and Paceley, 2013, Maiter, 2006). This can lead to parental resistance to partnership working based upon fear of what service involvement will mean for their children, minimisation or denial of the abuse or neglect, and confidence in their ability to make the required changes (Schreiber *et al.,* 2013, Forrester *et al.,* 2012). For child protection professionals, the need to balance this apparent role conflict can lead them to focus on processes rather than engaging parents in a participatory approach (Schreiber *et al.,* 2013). Locating VIG as a separate service within the local authority delivered by a worker independent from the child protection role mitigated these difficulties so that VIG guiders were able to establish supportive, trusting relationships. This is particularly interesting as the service is delivered by a range of staff across Children's Services, including child protection social workers, who have elected to train in VIG and who retain a caseload for their non-VIG days. Moreover, within this relationship guiders use micro moments of film to initiate learning conversations which could, at times include appropriate levels of challenge to resolve stuck situations (Kennedy *et al.,* 2010). However, in these instances, challenge is only introduced when parents are ready to receive it and where guiders are sensitive towards the parent's difficulties. For those parents whose difficult and fractured relationships with their children have arisen from their own bonding and attachment difficulties by, for example, their own experiences of being parented inconsistently (Bowlby, 1969; Ainsworth and Bell, 1970 and Gardner, 1989) or from the experiences of the children, such as in the case of adoption or for those children with learning difficulties, the therapeutic relationships developed through VIG serve as an exemplar of a positive relationship. Many life skills,

such as sensitivity, care, respect and trust are relational and can only be learned and developed through interaction and relationships (Pithouse & Rees, 2014). In relationship-based practice this often means modelling the skills for parents to emulate (Kennedy *et al.,* 2010). The guider in their approach to their work enact and model the skills and principles of VIG, for example, undivided attention, attunement and building on strengths for the parent. The effects of which extend to both parent and child. For parents following this modelled approach empowers them to break away from 'de-energising experiences' such as negative life experiences, being let down or other 'failure situations' (Trevithick, 2003:171), thus energising them by fostering a relationship which enables,

> *an open and honest exchange where the individual can reveal what*
>
> *they see to be happening, and why and how the situation can be*
>
> *improved (Trevithick, 2003:169)*

By embodying the values, knowledge and skills of VIG, guiders create the space and appropriate conditions for the parent to achieve change (Doria *et al.,* 2013). In doing so, VIG denotes a shift away from a deficit landscape towards a strengths-based perspective where parents are perceived as the 'primary constructors' of a new reality for their family and their identity as parents (Doria *et al.,* 2013). According to Featherstone *et al.* (2014), the focus upon family capabilities,

> *is crucial – professionals are not there to intervene and solve problems*
>
> *– they are there to listen, challenge and support a process of discovery*
>
> *and transformation. Relationships are of course key within and between*
>
> *families and between families and the team (Featherstone et al.,*
>
> *2014:17)*

By using video feedback, VIG reinforces behaviour change, as parents can see their improved behaviours and the child's reactions to positive attunement which serves to create a circular effect where parents strive to re-create their child's positive reactions in each subsequent exchange. In this manner, VIG acknowledges that interaction and indeed relationships are bio-directional whereby the parent affects the child and the child then affects the parent and iteratively:

> *In the same way, the guider affects the parent, the parent affects the guider and another turn is taken. As this dance continues new shared meanings appear for both and the opportunity for change is co-created (Kennedy et al., 2010:69)*

According to Bandura (1995), seeing oneself perform a task well increases feelings of self-efficacy, heightening parental belief in their capability to successfully implement VIG techniques, in order to manage prospective situations with their child. Shared review with the guider promotes self-efficacy development and learning transfer as parents reflect upon their use of these skills with their child. Such co-production (Research in Practice, 2018) provides a new narrative for parents regarding their parenting skills and relationship they have with their children. However, co-production extends beyond that between the guider and parent, and the co-production of new narratives between parent and child, as VIG enables guiders the space to reflect upon their practice. This may heighten their own feelings of self-efficacy and satisfaction in working with families to support change. Looking openly at your own practice, as we require of parents, allows the 'invisible trade' to become visible and subject to refinement (Pithouse, 1987).

Co-production, time, undivided attention, reflection and focusing on strengths are some of the salient features of VIG underpinned by unconditional, positive regard (Rogers, 1951). These are not aspects or skills that social workers regularly have the opportunity to utilise

or model in a professional world, which has become increasingly synonymous with a case management approach, being process driven within short time frames (Munro, 2011). It may be interesting for future research to consider how those guiders who opt to maintain a small caseload in children's services transfer this learning and skills development into their other roles and responsibilities and how it impacts on their way of operating more broadly. It may be that VIG has as much to offer workers as it does to families both in modelling the changes they hope to see in others, while inculcating reflexivity and developing future practice.

References

Ainsworth, M. and Bell, S. (1970) 'Attachment, exploration and separation illustrated by the behaviour of one- year-olds in a strange situation', *Child Development*, **4**, pp. 49-67.

Balldin, S., Fisher, P.A. and Wirtberg, I. (2016) 'Video feedback intervention with children: A systematic review', *Research on Social Work Practice*, pp. 1-14

Bandura, A. (1986) *Social foundations of thought and action: A social cognitive theory*, Englewood Cliffs, NJ, Prentice Hall.

Bernier, A. and Meins, E. (2008) 'A threshold approach to understanding the origins of attachment disorganization', *Developmental Psychology*, **44** (4), pp. 969-982.

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.

Bowlby, J. (1969) *Attachment and loss: Vol. 1. Attachment,* New York, Basic Books

Braun, V. and Clark, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, **3**, pp. 77-101.

Celebi, M. (2014) 'How video interaction guidance can promote attuned parenting', *Journal of Health Visiting,* **2** (2), pp. 2-7.

Chase, E., Simon, A. and Jackson, S. (2006) 'Towards a positive perspective', in Chase, E., Simon, A. and Jackson, S. (eds), in *Care and After: A Positive Perspective*, London, Routledge.

Connolly, N., White, L. and Satka, M. (2017) 'From relationship-based practice in child welfare services to co-production with families', in Dolan, P. and Frost, N. (eds), *The Routledge Handbook of Global Child Welfare*, Taylor and Francis.

Corby, B., Millar, M. and Young, L. (1996) 'Parental participation in child protection work: Rethinking the rhetoric', *British Journal of Social Work*, **26** (4), pp. 475–92.

Cross, S., Hubbard, A. and Munro, E, (2010) *Reclaiming Social Work London Borough of Hackney Children and Young People's Services: Independent evaluation.*

Darlington, Y., Healy, K. and 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.

Devlieghere, J. and Roose, R. (2018) 'Electronic Information Systems: In search of responsive social work', *Journal of Social Work*, **18** (6), pp. 650–665.

Doria, M. V., Kennedy, H., Strathie, C. and Strathie, S. (2013) 'Explanations for the success of video interaction guidance: An emerging method in family psychotherapy', *The Family Journal: Counselling and Therapy for Couples and Families*, **22** (1), pp. 1-10.

Doria, M. V., Strathie, C. and Strathie, S. (2011) 'Supporting vulnerable families to change through video interaction guidance', in Kennedy, H., Landor, M. and Todd, L. (eds), *Video Interaction Guidance*, London, England, Jessica Kingsley.

Featherstone, B., Morris, K. and White, S. (2014) 'A marriage made in hell: Early intervention meets child protection', *British Journal of Social Work*, **44** (7), pp. 1735–1749.

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 online at http://dera.ioe.ac.uk/2709/ (accessed 12 February 2017).

Forrester, D., Westlake, D. and Glynn, G. (2012) 'Parental resistance and social worker skills: towards a theory of motivational social work', *Child and Family Social Work*, 17, pp. 118–129

Fukkink, R. G. (2008) 'Video-feedback in widescreen: A meta-analysis of family programs', *Clinical Psychology Review*, **28** (6), pp. 904-916.

Hingley-Jones, H. and Ruch, G. (2016) 'Stumbling through'? Relationship-based social work practice in austere times', *Journal of Social Work Practice*, **30** (3), pp. 235-248.

Howe, D. (1998) 'Relationship-based thinking and practice in social work', *Journal of Social Work Practice*, **12** (1), pp. 45–56.

James, D.M., Hall, A., Lombardo, C. and McGovern, W. (2016) 'A video feedback intervention for workforce Development: Exploring staff perspective using longitudinal qualitative methodology', *Journal of Applied Research in Intellectual Disabilities*, **29**, pp. 111–123.

Kennedy, H., Landor M. and Todd, L. (2010) 'Video Interaction Guidance as a method to promote secure attachment', *Educational & Child Psychology*. **27** (3), pp. 59-72.

Lawrence, P.J., Davies, B. and Ramchandi, P.G. (2012) 'Using video feedback to improve early father–infant interaction: A pilot study', *Clinical Child Psychology and Psychiatry,* **18** (1), pp. 61 – 71.

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.

Maiter, S., Palmer, S. and Manji, S. (2006) 'Strengthening social worker-client relationships in child protective services: Addressing power imbalances and 'ruptured' relationships', *Qualitative Social Work*, **5** (2), pp.161-186.

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

Maxwell, N., Scourfield, J., Featherstone, B., Holland, S. and Tolman, R. (2012) 'Engaging fathers in child welfare services: A narrative review of recent research evidence', *Child & Family Social Work*, **17**, pp. 160–169.

Moss, E., Dubois-Comtois, K., Cyr, C., Tarabulsy, G. M., St-Laurent, D., and 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), pp.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 (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]

National Institute for Health and Care Excellence (2012) *Social and emotional wellbeing: Early years*. Public health guideline [PH40], available online at https://www.nice.org.uk/guidance/ph40/chapter/8-glossary#video-interaction-guidance (accessed 20 November 2017).

O'Leary, P., Tsui, M. and Ruch, G. (2013) 'The boundaries of the social work relationship revisited: Towards a connected, inclusive and dynamic conceptualisation', *The British Journal of Social Work*, **43** (1), pp 135–153.

Oliver, C. and Charles, G. (2016) 'Enacting firm, fair and friendly practice: A model for strengths-based child protection relationships?, *The British Journal of Social Work*, **46**, (4), pp. 1009–1026.

Parton, N. (2012) 'The Munro Review of Child Protection: An appraisal' *Children & Society*, **26**, pp. 150–162.

Parton, N. and Williams, S. (2017) 'The contemporary refocusing of children's services in England', *Journal of Children's Services*, **12** (2-3), pp.85-96.

Philip, G., Clifton, J. and Brandon, M. (2018) 'The trouble with fathers: The impact of time and gendered-thinking on working relationships between fathers and social workers in child protection practice in England', *Journal of Family Issues*, pp 1-22.

Pithouse, A., Broadhurst, K., Hall, C., Peckover, S., Wastell, D. and White, S. (2012) 'Trust, risk and the (mis)management of contingency and discretion through new information technologies in children's services', *Journal of Social Work*, **12** (2), pp. 158–178.

Pithouse, A. J. and Rees, A. (2014). *Creating stable foster placements: Learning from foster children and the families who care for them*. Jessica Kingsley Publishers, London.

Research in Practice (2018) *Co-production in practice,* available online at
https://www.rip.org.uk/news-and-views/latest-news/news-co-production-in-
practice/ (accessed 16 June 2018)

Rogers, C. (1951) *Client-Centred Therapy*, London, Constable and Robinson Publishers.

Ruch, G. (2005) 'Relationship-based practice and reflective practice: Holistic approaches
to contemporary child care social work', *Child and Family Social Work*, 10, pp.
111–23.

Ruch, G. (2010) 'The contemporary context of relationship-based practice', in Ruch, G.,
Turney, D. and Ward, A. (eds), *Relationship-based social work: Getting to the
heart of practice*, Jessica Kingsley, London.

Ruch, G. (2012) 'Where have all the feelings gone? Developing reflective and
relationship-based management in child-care social work', *British Journal of Social
Work*, **42** (7) pp. 1315-1332.

Saleeby, D. (1996) 'The strengths perspective in social work practice', *Social Work
Education*, **41** (3), pp. 296-305

Schreiber, J.C., Fuller, T. and Paceley, M.S. (2013) 'Engagement in child protective
services: Parent perceptions of worker skills', *Child and Youth Services Review*,
35, pp. 707-715.

Scourfield, J. B. (2003). *Gender and child protection*, Palgrave Macmillan, Basingstoke

Seale, C. (2012) 'Coding and analysing data', in Seale, C. (ed), *Researching Society and
Culture,* London, Sage.

Shemmings, D. (2014) *Some reflections on attachment theory and research*.
https://davidshemmings.com/2014/05/06/some-reflections-on-attachment-theory-
and-research-3/ (accessed 18 June 2018).

Tehan, B. and McDonald, M. (2010) *Engaging fathers in child and family services. Australian Institute of Family Studies*, CAFCA Practice Sheet, September, available online at https://aifs.gov.au/cfca/publications/engaging-fathers-child-and-family-services (accessed 7 June 2018).

Thomas, C. (2018) *The Care Crisis Review: Factors contributing to national increases in numbers of looked after children and applications for care orders*. London, Family Rights Group.

Trevarthen, C. (1979) 'Communication and co-operation in early infancy: A description of primary intersubjectivity', in Bullow, M. (ed.), *Before speech,* Cambridge, Cambridge University Press.

Trevithick, P. (2003) 'Effective relationship-based practice: A theoretical exploration', *Journal of Social Work Practice*, **17** (2), pp. 163-176.

Ungar, M. (2004) 'A constructive discourse on resilience, multiple contexts, multiple realities among at-risk children and youth', *Youth and Society*, **35** (3), pp. 341-365.

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

Winter, K. and Cree, V. (2016) 'Social work home visits to children and families in the UK: A Foucauldian Perspective', *British Journal of Social Work*, **46** (1), pp. 1175-1190.

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 online at https://www.nspcc.org.uk/services-and-resources/research-and-resources/2015/video-interaction-guidance-vig-evaluation-report/ (Accessed 16 May 2016).