



**Doctorate in Professional Educational Child and Adolescent
Psychology**

**Video Interaction Guidance (VIG): Experiences
of Parents, Teaching Assistants, Educational
Psychologists and Children**

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I hereby declare that, except where explicit attribution is made, the work presented in this thesis is my own.

Signed:

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Abstract

The present study examined the experiences of parents, Teaching Assistants (TAs), children and Educational Psychologists (EPs) who took part in or delivered Video Interaction Guidance (VIG). VIG is a relational intervention that uses video feedback to enhance the communication between two people. VIG is typically used by EPs to enhance the communication between a child and parent/TA. Previous literature has focused on the experiences of parents or EPs. This study uniquely included the experiences of children.

This small scale qualitative study applied thematic analysis (Braun & Clarke, 2006) to explore the experiences of its participants. It used multiple case studies (N=6) which consisted of child, parent/TA and EP triads. Key findings of the study were that *all* participants reported having a positive affective experience of VIG. Links have been made between VIG and Containment theory (Bion, 1961) and crucially, children's views were included in VIG to varying degrees; ranging from not included, included when judged as age appropriate and always included.

The implications of this study are important for understanding how current legislation (SEND Code of Practice, 2015, United Nations, 2017) on including the views of children in all matters which affect them, is being interpreted and implemented. Implications for EPs are discussed on how to ensure children's views are included in interventions concerning them.

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Definition of VIG Terms

A 'Definitions of Terms' section is included here to explain the unique terms used in the process of Video Interaction Guidance (VIG). The 'Definition of Terms' are taken from Kennedy, Landor and Todd (2011) as the leading text on Video Interaction Guidance in the UK.

Attunement: Describing a harmonious and responsive relationship where both partners share positive emotions within a communication.

Guider: A professional qualified and trained to deliver VIG.

Initiative: When an individual initiates communication (non-verbal and/or verbal) which begins an interaction or introduces a new 'topic' into the interaction.

Encouraging initiatives: Taking the initiative in the communication exchange with another person.

Receiving initiatives: Responding to and/or acknowledging (verbally and/or non-verbally) someone else's initiative and showing it has been understood.

Shared review: The process in which the guider and client spend time together watching and discussing the video clips and reflecting together on their significance.

CHAPTER 1: INTRODUCTION

1.1 Introduction

This Chapter will introduce the research by providing an overview below. It will outline the organisation of the report for ease of readability and explain the professional and personal context of the research. It will move onto explain what VIG is and the process of VIG and then explain its place within the national context. Finally, the current study will be outlined with the rationale and research questions.

The present study was undertaken to explore participants' experiences of taking part in Video Interaction Guidance (VIG). VIG is a relational intervention which will be explained further in Chapter 1.2. The existing literature on VIG has discussed the effectiveness of the intervention to enhance the parent-child relationship. Little research has been conducted on VIG in schools, which are the primary location in which Educational Psychologists (EPs) undertake their work. In addition, *no* previous research on VIG has included children's views. Listening to children's views is essential for understanding their unique experiences and it is a statutory requirement that professionals working with children do so (Department for Education 2015; United Nations, 2017).

I am currently on placement as a trainee Educational Psychologist in a large County Council. As part of the work on placement I have undertaken various pieces of casework with individual children. I have been struck by the important

information that listening to children's views can provide to the adults around them. I have found that subsequent intervention to support the child is more effective when the child's views have been gathered and incorporated in the decision making. Clark (2011) states that some EPs have found success in gaining children's views through various methods and approaches. Alongside this, as a trainee EP I have undertaken additional training to enable me to deliver VIG. In doing so, it became of interest to me to see how EPs were incorporating children's views within the VIG intervention. It was surprising to find that no previous research had explored this topic and that led to the development of this piece of research.

This present study explores the experiences of EPs, Parents, TAs and children who took part in a VIG intervention. Children involved were aged between 5 and 10 years old. EPs involved in the study were carrying out VIG as part of their work in schools for a large Local Authority, in which I was working on placement. A multiple case study design was adopted as participants involved were part of separate interventions across the Local Authority which were made up of; an EP, Parent *or* TA and a child. EPs deliver VIG in schools flexibly with Parents or TAs depending on the needs and hopes of the work, and in the home or in school setting depending on the preferences of the clients. This research aimed to reflect the flexible nature of the VIG work that EPs were undertaking.

1.2 Organisation of the Research Report

This thesis is divided into 5 chapters; Introduction, Literature Review, Methodology, Findings and Discussion and finally Summary and Conclusions. The Introduction chapter provides the context to the current study, the researcher's professional and personal rationale for the study and a thorough definition of VIG and its theoretical foundations. The Literature Search outlines how the research evidence was found as well as providing a full overview and critique of the current relevant literature. The Methodology chapter provides detailed information about how the research was conducted as well as information regarding the pilot study. The Findings and Discussion chapter outlines the findings of the current study and discusses them in relation to previous research. The Summary and Conclusions chapter details interpretations of the findings and importantly the implications for EP practice in the future.

1.3 Professional and Personal Context

The current research was carried out as part of studying for the qualification of a Professional Doctorate in Educational, Child and Adolescent Psychology. Together with this piece of research, the author had completed a two-year placement with a Local Authority Educational Psychology Service (EPS) in the south east of England. The participants for this research came from within that Local Authority. The local authority in question is divided into four quadrants by locality. Each quadrant has a diverse range of needs, from the most affluent to the most deprived in the country. Within this local authority, EPs operate a

traded service (schools can buy into their services). Typical EP work in this context includes; consultation, assessment, intervention, research and training (Fallon, Woods & Rooney, 2010). Although there are opportunities for EPs to work alongside other professionals such as Specialist Teachers, EPs working as part of a multi-agency team is relatively unusual in this Local Authority due to the traded service model used.

VIG has been delivered by the EPS, in this study, since 2010 with the service consistently upskilling its new employees to become accredited. Accreditation to deliver VIG is provided by the Association for Video Interaction Guidance (AVIG) UK which sets the national standards for training and practice. At the time that the research was carried out, 22 EPs working in the Local Authority were trained to deliver VIG.

Within this particular EPS, which will be called 'South County' for this study, there was particular interest in further research into VIG due to investment made by the service in its delivery. This was due to a belief in its effectiveness that had already been identified by South County (Hayes, Richardson, Hindle & Grayson, 2011). The nature and questions of the research were left to the interest of the author as a trainee EP. EPs in South County are known to apply an eclectic range of psychological tools and interventions in order to best meet the needs of their clients. VIG is an interesting and alternative way of meeting those needs as it involves visual technology as a tool for self-reflection. It can provide greater appeal to clients rather than more traditional talking methods

(Kennedy, Landor & Todd, 2011). However, as previously mentioned, it does require additional training for EPs in order to deliver it and additional supervision, therefore it can be time costly.

As a trainee EP, I attended a number of lectures on VIG and VERP (Video Enhanced Reflective Practice). VERP is a form of VIG used by professionals to enhance their own practice. VERP involves the professional videoing themselves communicating professionally with a client and reflecting on that video with a supervisor or another professional. VERP has been part of my training and constituted an extremely positive and confidence boosting process. In December 2017 I undertook the initial training for VIG accreditation and am currently looking for cases on placement to complete the first stage of training. The 2-day training course I experienced was thorough and it covered a lot of the psychological principles I was already familiar with from the doctoral training. I found that it especially connected to the EP values taught on the doctoral course, at the Institute of Education UCL, when working with clients; taking a strengths-based approach, valuing individuals as doing the best they can in the situation they are in and guiding them to make changes for themselves.

My experience with VERP and VIG thus far has developed in me a strong passion and interest in the effectiveness of the intervention informed by a critical evaluation of the related evidence. This has led me to conduct this piece of research: to further my knowledge and contribute to the growing

evidence base for this piece of work. I acknowledge that my personal view of VIG is that it is an *effective* relational intervention due to my experience of it. I aim to be a reflexive researcher and thus this view may have impacted on the way in which I conducted my data analysis.

It is also a personal interest of mine to focus on and include the views of children in research. Within my doctoral training course at the Institute of Education, UCL, a large emphasis has been placed on developing practitioner skills to elicit the views of children, of all ages and abilities, and often these views are illuminating to the adults around them. I have been involved in several cases on placement whereby the act of eliciting the child's voice has been a very powerful catalyst for change, often without any other intervention needed. Therefore, it is interesting that research around VIG has previously focused on the parents' perspective (Hawtin, 2014) but has not yet included or incorporated the child's perspective. This research aims to explore and so begin, to address this gap in the literature.

1.4 What is Video Interaction Guidance (VIG)?

Video Interaction Guidance (VIG) is a relational intervention which uses video feedback to promote positive relationships and communication. The Association for Video Interaction Guidance UK (AVIGuk) states that VIG is used by a variety of professionals including; Educational Psychologists, Social

Workers, Nurses and Health Visitors, to name just a few. It can be used with anyone who wants to enhance their relational interactions with other people (AVIGuk, 2018). The present study focused on VIG administered by EPs in an Educational Psychology Service (EPS) working with schools and families who wished to enhance the communication between a parent/TA and a child. Although most of the existing literature focuses on VIG as enhancing the parent and child relationship (as that is how it was originally developed) this study incorporated the experiences of the TA as well.

VIG was originally developed in the Netherlands (Kennedy, Landor and Todd, 2011) and brought to the United Kingdom (UK) in 1992 in the form of Video Home Training (VHT). It began with a conference at Edinburgh University which then inspired two Psychologists, Hilary Kennedy and Raymond Simpson, to travel to the Netherlands to be trained in VIG. This training took them two years. Since that time VIG has been developed across the UK with increasing numbers of EPs and other professionals now being trained in the UK to deliver it. Its popularity has surged with at least one EP training course (at University College, London) including VIG as part of the curriculum.

Hilary Kennedy, one of the early users of this approach in the UK, describes VIG as:

“...an intervention where clients are guided to reflect on video clips of their own successful interactions” (Kennedy, Landor & Todd, 2011, page 21).

The parent (or client) must want to engage in an active process towards a better relationship with their child (or someone of significance to them). This is established by a Video Interaction Guider (or EP in the case of this study) beginning the intervention with a conversation with the parent (or client) about their hopes for change. They explore some of the difficulties they are facing and set goals for the future. Kennedy et al (2011) emphasise that the guider must be driven by the values of respect and empowerment. This means the guider must respect the difficulties the clients face in their current situation and believe that they have the capacity to change if they wish to.

The guider will film at three separate timepoints during the intervention; this involves both the parent (or client) and child taking part in a relaxed and natural joint activity. The guider will then take away and edit the video to select very short successful moments to be discussed and reflected on in the following session. Unsuccessful parts of the film are not used and discarded. The ‘successful’ clips will be viewed by the parent and guider during a shared review session. In this the guider works with the parent (or client) to micro-analyse what they are doing in the key moments of success captured in the film clips. The parent is guided to reflect on their strengths in their interactions. Strengths for each parent will be individually related to what they are working on, for example if a parent would like to engage in more play with the child,

the clips will show successful moments where this was happening. This cycle of filming, editing and micro-analysing is repeated on three or more occasions, depending on the nature of the difficulties, by which time it is hoped that the parent will have made progress in establishing attuned interactions with the child.

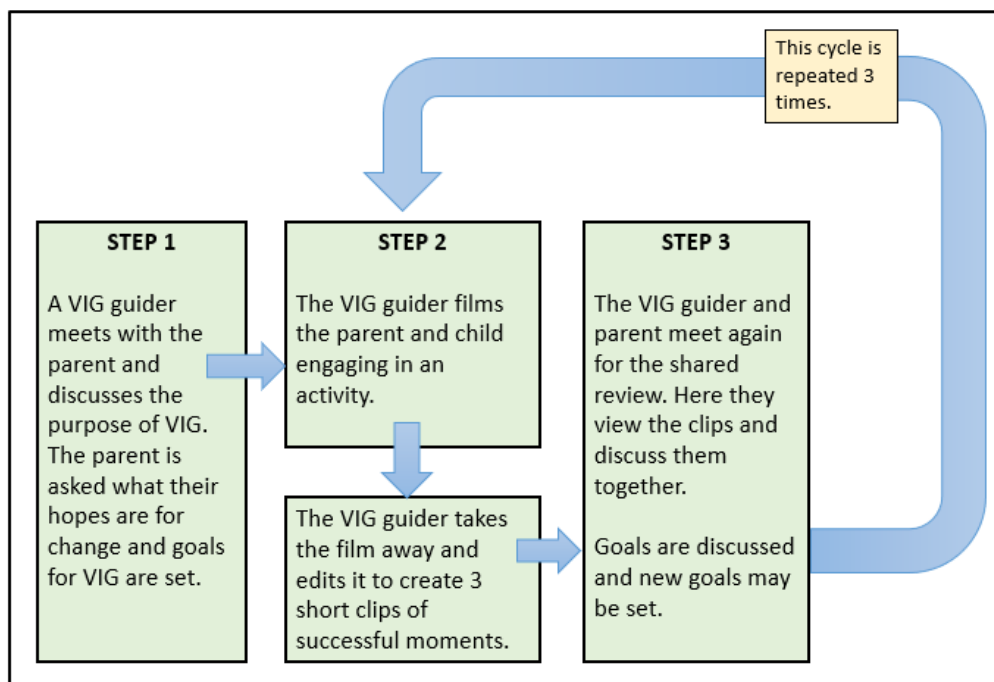
The 'successful' moments of interactions which are edited into film clips by the guider are selected based on the principles of 'Attunement' (outlined further in Chapter 1.5). Attuned communication between parent and child is arguably fundamental to a child's social, emotional and educational development. This means that the parent and child are "in tune" with one another; they are responsive to each other and share positive emotions in reciprocal communication. It is further argued that the ability of a parent or caregiver to respond appropriately to a child's needs builds an internal sense of security within the child which is the building block for positive mental health in adulthood (Stern, 2004). However, for various social and contextual reasons communication between a parent and child may not be attuned, for example due to parental mental health needs, and the child's needs therefore may not be met appropriately. Equally, this lack of attunement may not meet the parents needs either, and so potentially impact on the parent's feelings of competence. This could then cause a disruption in the parent child relationship which can lead onto issues with the child's social and emotional development. Educational Psychologists (EPs), and other children's services professionals, have been working with families to develop their attuned communication using VIG.

1.5 The VIG Process

The following section will outline the process of VIG as set out by the AVIGuk. VIG can be used with parents and children, teachers, or other professionals. The professional delivering the VIG intervention is known as a 'guider'. They are known as 'guiders' because the aim is for the professional to *guide* the client through the process of reflecting on themselves, rather than to instruct or impart information onto them. It can be otherwise thought of as a form of a 'coaching' relationship rather than a 'teaching' relationship. In this sense, it is hoped that the intervention is empowering rather than de-skilling for those involved. This approach is based on humanist principles from Carl Rogers (1979) who outlines listening, empathy, respect and genuineness as essential in a therapeutic partnership model; coined as a 'person-centred approach'.

The VIG process is outlined in diagrammatic form in Figure 2 below.

Figure 2. A diagram to show the process of VIG



As shown in Figure 2, the process begins at Step 1 with the guider meeting with the parent to discuss and negotiate their goals. This helps the parent to focus on what they would like to change and helps encourage the engagement and commitment of the parent to the process. In Step 2, parent-child interactions are then filmed, this is usually a typical interaction such as playing a game together or tidying up together after dinner time. The guider takes this video away and edits it down to a small number (usually 3) of very short clips (a micro-analysis) between 5-30 seconds, which show positive attunement between parent and child. In the next session the clips are reviewed and reflected upon. The guider encourages the parent to look closely at the interaction and to pick out the positive things they notice. The guider will guide the parent towards noticing the moments of attunement. This cycle of videoing and reviewing is repeated for three cycles, typically over a period of 3 to 4 weeks, although a specific period is not set and varies according to the professional delivering it.

As previously mentioned, the guider is looking for key moments of attunement between the parent and child. This attunement will be verbal or non-verbal communication that is harmonious and responsive to each other. Biemans (1990) defined the stages of attunement which are presented in Table A. This table is used by guiders as the criteria for what constitutes an attuned interaction and helps them to select appropriate 'successful' clips. It shows each stage of attunement with examples of what each stage looks like. Attunement begins with being attentive to one another, moves to encouraging and receiving initiatives and finally onto developing attuned interactions.

These concepts of attunement are also used in VIG interventions with teachers and between professionals.

Table A. Definitions of terms in the concept of 'Attunement' (Biemans, 1990, cited in Kennedy 2011)	
Attuned	Positive responses to child's initiatives
Being attentive	Looking interested with a friendly posture Giving time and space for the other person Wondering about what the other person is doing, thinking or feeling Enjoying watching the other
Encouraging initiatives	Waiting Listening actively Showing emotional warmth through intonation Naming positively what you see, think or feel Using friendly and/or playful intonation as appropriate Saying what you are doing
Receiving initiatives	Looking for initiatives Showing you have heard, noticed the others initiative Receiving with body language Being friendly and/or playful as appropriate Returning eye contact, smiling, nodding in response Repeating/using the others words or phrases
Developing attuned interactions	Receiving and then responding Checking the other is understanding you Waiting attentively for your turn Having fun Giving and taking short turns Contributing to interaction/activity equally Cooperating – helping each other

The selection of clips for review is vital to the process of change. Clips chosen are showing moments where the relationship is 'better than usual'. It therefore allows parents to see a different way of being. By reflecting on and micro-analysing moments which are 'better than usual' it increases the likelihood of those moments being repeated and, over time, becoming the new norm.

It is important to describe the process of supervision which runs alongside the VIG delivery. The VIG process also involves the guider seeking professional supervision from another trained guider during the delivery of the intervention. During this supervision, the video clips are viewed together, and it is a space for self-reflection on professional practice with another. The guider may bring questions or reflections to explore with the other. This method of working is familiar to EPs as they are required to attend supervision in accordance with the Health and Care Professions Council (HCPC), the regulatory governing body for all psychologists. This process of supervision builds in effective models of adult learning (Hawkins & Shohet, 2012) and promotes high quality intervention delivery. Hawkins and Shohet suggest professional practice is most effective when there is a cycle of thinking, planning, doing and reviewing. Supervision supports the practitioner to think, plan and review their work with another which adds a second person's experience and expertise to the work.

1.6 National Context

At the time of writing, the AVIGuk website lists 41 Trainers and Supervisors of VIG across the whole of the UK (Trainers and Supervisors, 2016). This list is not exhaustive but offers an insight into the breadth and popularity of this new way of working. Educational Psychology Services (EPS) throughout the UK are either established at or beginning to introduce VIG as an intervention they can offer. AVUGuk require that all professionals wanting to train in VIG undertake the accredited training with them. Educational Psychologists are thought to have the interpersonal skills and psychological knowledge to

undertake this training easily in order to become accredited. The principles and psychological perspectives that underpin VIG, are familiar to EPs as the same perspectives are taught on the training courses. The VIG training process begins with a two-day course as an essential starting point. For accreditation, trainees must work with a minimum of six clients, undertake a minimum of eighteen cycles (one cycle is one filming session and one shared review) of VIG and engage in approximately fifteen hours of supervision with an accredited supervisor. Accreditation in VIG means that a professional can practice independently.

VIG, it is argued, provides evidence based preventative intervention for vulnerable families in line with current government agendas of improving child mental health. VIG is recommended by the National Institute of Clinical Excellence (NICE) for supporting social and emotional wellbeing for early years children (0-5 years old). NICE states that Health Visitors and Midwives should consider evidence-based interventions such as VIG to improve maternal sensitivity and mother-infant attachment (p,13, NICE, 2018). They recommend that this approach might be effective when the mother has depression or the infant shows signs of behavioural difficulties. NICE provides national guidance and advice for professionals to improve the public health and social care of children, young people and adults. Its recommendations employ high quality national standards from evidence-based research, whereby such NICE guidance can be considered a trusted resource for professionals and the general public.

The current Conservative government has built on that of its coalition predecessor and set about to reduce the deficit, and as a result we are in a programme of austerity. This has meant a reduction in all areas of public spending (Fairclough, 2016). With less money going to each Local Authority, there is less money going to each service within those Local Authorities and this has generated a cultural move towards the notion of 'best value' i.e. a pressure to ensure the delivery of value for money services. Value for money services are those which are low cost and high impact, and as some view them 'do more with less.' This necessitates the use of interventions which are preventative rather than reactionary in order to reduce the pressure on public services in the long term. In connection with value for money services, Marzano (2003) discusses the development of the 'what works' approach whereby research is translated into practice, and what is known to be effective, is applied.

VIG is an important intervention for EPs as it arguably contributes to the government's agenda of focusing on evidence based, early interventions for children and families (DSCF, 2010). Therefore, it is essential that EPs are at the forefront of delivering evidence-based interventions for the benefit of children and young people, in line with government priorities. In the context of this research, it is essential to explore VIG as it is being applied by EPs in school and with families, which is quite different to the recommendations NICE make for VIG with mothers and infants in the early years.

CHAPTER 2: LITERATURE REVIEW

This chapter will begin by outlining the systematic literature search and then move onto explore and critique the relevant literature. As there is limited research on VIG in the UK, its theoretical foundations will also be explored and critiqued.

2.1 The Literature Search

To ensure a comprehensive literature search, a systematic approach to the literature review was carried out using a range of computerised databases. The databases accessed were: ERIC, PSYCH Articles and PSYCH Info. Two literature search cycles were carried out; one in February 2017 and the second in September 2017. A third and final literature search was carried out in May 2018, this was to ensure the literature search was fully up to date at the point of submission. Terms used, and combinations of terms used to search are outlined in Table 1. It was found that there was little research carried out specifically related to VIG, therefore the literature search also included relevant research with regards to the theoretical underpinnings of VIG or video interactions (not specifically VIG). This helped to provide the background and context to VIG from the literature. These are also included in Table B.

Key Terms	In combination with:	Number found in ERIC in May 2018	Number found in PSYCH Articles in May 2018	Number found in PSYCH Info in May 2018
Video Interaction Guidance		10	1	3
Video Interaction Guidance	School	4	0	2
Video Interaction Guidance	Educational psychology	4	0	1
Video feedback	Educational psychology	4	2	2
Video intervention	Educational psychology	1	1	1
Child voice	research	18	11	13
Child voice	Educational Psychology	2	7	1
Child voice	Video Interaction Guidance	0	0	0

An exclusion criterion was then applied to the search results. This meant that the search rejected any papers that were not in the English language, not related to video interventions or the parent/child relationship and or published earlier than the year 2008 (allowing for the research to be found that was carried out in the past 10 years). The decision to do this was so that any irrelevant research (unrelated to video intervention or the parent/child relationship) was eliminated, also so that research read was up to date and it was beyond the scope of this study to translate research from other languages.

In addition to the systematic literature review, key articles were identified from the reference lists of relevant research journals. These articles were accessed using the UCL library database. This, together with the systematic literature search, helped to ensure as far as possible that the most up to date and relevant literature was included. Key texts containing relevant information were also found through the UCL library database and accessed through the UCL library. It is acknowledged that the literature search provided a small amount of research on VIG in schools. This may have been due to accessing literature through database searches. There exists additional research in the 'Attuned Interactions' journal which it was not possible to access.

As a result of the literature search, the exploration and critique of the literature will be summarised in the following way; it will begin with the main meta-analyses found for video interventions, and then move onto the theoretical foundations of VIG. Next, it will discuss the evidence found for the effectiveness of VIG and then more specifically look at the evidence for VIG in schools and relatedly the role of the EP. It will then outline the literature regarding children's voices in research. Finally, the literature review will outline the rationale and research questions of this study, placed in context of the literature that was discussed.

In addition, due to there being limited research on VIG in the UK, some research from other countries is included. Where this is the case, the country where the research was conducted is stated.

2.3 Meta-Analyses of Video Interventions

This section will outline two main meta-analyses carried out which look at the effectiveness of video interventions. These are important to include because they provide an *indication* of the effectiveness of video interventions, however it is *vital* to acknowledge the many limitations of meta-analyses. Meta-analyses essentially provide an average of all the studies they include. This means that they fail to take account of the unique aims, methods and researcher influences which inevitably exist. Both meta-analyses were conducted outside of the UK, in the Netherlands.

The first meta-analysis from Bakermans-Kranenburg, van Ijzendoorn and Juffer (2003). Bakermans-Kranenburg et al investigated whether early preventative interventions were effective in enhancing parental sensitivity and attachment. Included in the analysis were 88 intervention studies directed at either parental sensitivity or parent-child attachment or both. Parental sensitivity and attachment was not clearly defined. Intervention types varied greatly (not limited only to video interventions) and the researchers stated that as many intervention studies were included as possible, regardless of research design qualities. They found that interventions with video feedback were more effective ($d = 0.44$) than interventions without this method ($d = 0.31$; $Q=4.08$; $p=.03$). This is an interesting finding regarding the effectiveness of video interventions, however it demonstrates only a very small difference. Interestingly, their meta-analysis led them to theorise a 'less is more' hypothesis which stemmed from their finding that short periods of intervention

were more effective ($d=0.5$) than longer periods ($d=0.20$). Short interventions were defined as fewer than 5 sessions and long interventions had 16 sessions or more.

There are *many* limitations to this study and therefore the findings should be treated with caution. Not only were their inclusion and exclusion criteria of which studies they include vague, they also made no effort to identify the most robust or rigorous research but included all they could find. This means that their findings were not a trustworthy indicator of the effectiveness of video interventions.

The second meta-analysis from Fukkink in 2008 (also conducted in the Netherlands). This meta-analysis of video interventions drew on published work from (it is assumed as it is not explicitly stated) a variety of different countries. The inclusion criteria for this meta-analysis were as follows;

1. Experimental studies of an intervention which made use of video feedback aimed at parents.
2. Studies which reported on the effects of video instruction on parents (excluding videotape modelling or vignettes which did not concern the filming of parents who then watch themselves).
3. Studies which gave quantitative data in order to determine statistical effect size.

In total, Fukkink looked at 29 studies involving over 1,844 families. These studies included Video Home Training (VHT), VIG and other video

interventions which were unrelated to VHT or VIG. VIG has largely stemmed from the Netherlands where it began as Video Home Training (VHT) delivered with families in homes and it became VIG when delivered in any other setting; clinics, schools, hospitals, nursery settings etc. Currently in the UK this distinction in name is not made, as VIG is delivered in all settings.

Fukkink found positive effect sizes from the video interventions (not VHT or VIG) which included increased parental sensitivity, behavioural and attitudinal changes in parents in relation to their role as caregivers, a reduction in parental stress and increased confidence in parenting. Effect size found for increasing parent skills was 0.49 (a small to medium effect size as described by the statistical rules of Cohen, 1988), 0.37 (small effect size) for parental attitudes shifts and 0.33 (a small effect size) for the developmental impact on the child.

VIG produced larger effect sizes overall than other video interventions, suggesting that VIG has greater impact than other video approaches. Fukkink's meta-analysis provides some empirical evidence that VIG increases positive parenting skills, reduces parental stress and is related to the improvement of child development. However, as previously mentioned, effect sizes in meta-analyses need to be interpreted with caution as the aims and measures of each study included may vary greatly. This means that what the effect size claims to be measuring is invalid. Many of the studies included in Fukkink's meta-analysis adopted a pre-test/post-test design therefore it is difficult to determine the causal effects of VIG as other confounding factors

during the intervention may be responsible for the difference observed. Additionally, in contrast to Juffer, Bakermans-Kranenberg and van Ijzendoorn (2003) suggest that VIG was not found to be any more effective than other programs in improving attachment between parent and child. Therefore there is conflicting evidence regarding the effectiveness of VIG over other video based interventions.

To examine further *why* Fukkink (2008) may have found VIG to be more effective than other video-based interventions, it is necessary to look at the theoretical foundations of VIG which differentiate it from other interventions.

2.4 Theoretical Foundations of VIG

The following section presents the theoretical foundations of VIG as well as outlining the origins of how VIG was developed. As VIG is a relational intervention, the primary theory underpinning it is Trevarthen's (2009) Intersubjectivity Theory. However other theories which will be explored are Social Learning Theory (Bandura, 1977) and Attachment Theory (Bowlby, 1969). These three theories are discussed as the founding theories according to Kennedy, Landor and Todd (2011).

2.4.1 Intersubjectivity Theory

VIG was first developed by Biemans (1990) in the Netherlands who based his ideas upon Trevarthen's notion of 'Intersubjectivity' (1979) as a core

psychological theory. Biemans was said to be inspired by Trevarthen's films about the mother-infant interactions which were shown on the BBC, and subsequently met with Trevarthen for discussions with him regarding his theory. 'Intersubjectivity theory' demonstrates the complexity of the mother-infant communication, despite the infant having not yet developed formal expressive language. Trevarthen believed that infants were born with an innate ability to communicate through the use of social cues, eye contact and gesture. 'Intersubjectivity' in this context refers to the development of an infant's notion of self through relationships with others. Trevarthen and Aitken (2001, p5) describe the concept of 'Intersubjectivity' as when infants required two skills in order to share an interaction with another person. These two skills are the beginnings of individual consciousness (awareness of self as separate to others) and intentionality (intent to communicate). These two skills together is known as 'subjectivity'. Therefore, for infants to communicate with others, they must demonstrate 'intersubjectivity' which is to have 'subjective' control and adapt to the 'subjectivity' of others.

Within this theory, a harmonious and responsive non-verbal relationship between parent and infant is known as attunement or being attuned to one another. Parent and child respond to each other's communications in a consistent manner whereby both parent and child are reassured that the other understands them. Based on these ideas, Biemans developed the "principles of attuned interaction and guidance" which define the stages of attuned interaction. These are outlined further in Chapter 2.5.1, Table 2. It is important to note that Intersubjectivity places the infant as active within the communication. The infant is able to make initiations (or initiate/direct the

communication) as well as receive initiations, just as the parent is able to. When parent and infant are engaged in this attuned communication, it is likened to a dance, whereby two partners intuitively react to one another in a rhythmic way (Stern, 1997). It has also been described as 'intuitive parenting'; the 'natural' ability of the parent to respond to their child (Papousek & Papousek, 1997). More specifically within Intersubjectivity theory, this is known as 'Primary Intersubjectivity'. This is viewed as a developmental process; the parent and child are engaging with each other in a fluid, automatic and unconscious way over time.

Secondary Intersubjectivity is the shared attention of parent and child on an object, which informs their interaction. As such it is secondary to the main interaction. This occurs when the child develops an interest in the world around them (approximately from age 3 months plus). The child begins to understand the world as people *and* things. Parent and child begin to have combined communication involving objects, for example a rattle toy, which creates a dyadic interaction (Trevarthen & Hubley, 1981). Their primary interaction is mediated by secondary interactions via joint engagement with objects.

Successful moments of intersubjectivity are when the parent and child are in sync with one another in their communication (be it verbal and/or non-verbal). Through observing successful moments of primary and secondary intersubjectivity on video, VIG aims to improve the relationship between parent and child. By increasing the parents understanding of what their attuned

communications look like, a more attuned pattern of communication can develop i.e. by finding out what it was that parent and child 'did' that made the interaction more engaging and successful they are better able to repeat it more often.

Intersubjectivity theory can be critiqued for its reliance on typical patterns of attunement and communication between people. The theory fails to take account of the communication of those with atypical development. An example of this is those with social communication difficulties. It can be argued that adults and children who experience social communication difficulties can still experience attuned communication, however it will look different to the attuned principles outlined by Biemans. Subsequently the attunement principles of Intersubjectivity theory need adapting for those with communication difficulties.

2.4.2 Social Learning Theory

Social Learning Theory is another psychological theory which is extremely important for understanding the effectiveness of VIG because it helps us to understand why video is used. It has been argued that the power of using video as a medium for therapeutic work cannot be underestimated. Kennedy, Landor and Todd (2011) state that the visual medium of video promotes 'self-confrontation', 'self-awareness' and 'self-modelling'. Modelling is a key aspect of Social Learning Theory. This is important for participants in interventions because they can see themselves in a way in which they may not have seen before (on film) and are able to learn from themselves.

Social Learning Theory is the notion that the people around us function as role models for learning social behaviours; we copy behaviours from others (Bandura, 1977) and this results in 'incidental learning'. The theory states that people have a natural tendency to be curious of other people, to notice what they are doing and to learn from it and therefore repeat the behaviour of others. Based upon this theory, 'modelling' is a useful and valid technique for teaching and learning. When video is introduced, and a person is filmed and shown the video of themselves, watching and learning from themselves, this technique is a form of 'self-modelling'. There is a distinct difference in the process of cognitive changes over time between watching other people performing actions, compared to when we watch ourselves performing actions on video, the latter being much more powerful (Berger, 1978). This is because, according to Berger, a person is 'confronted' with evidence about their own self-evaluation, which if negative is challenged. In support of this notion, Lantz (2005) discovered that social learning was more successful when the model resembles the learner in appearance. Given the advancement of technology and ease in availability of recording equipment, the natural progression was self-modelling.

Bandura further argued that the degree to which an individual will engage in any action is affected by their belief in their own self-efficacy (Bandura, 2000). VIG purposefully aims to improve the self-efficacy of parents who often feel low in confidence and efficacy. The process of VIG involves a self-modelling approach which is essential to the intervention. Reflection sessions with parents will only include edited clips of the parent successfully interacting with

their child. These successful moments may be in contrast to their belief system about themselves, for example '*my child never listens to what I say*'. By showing successful clips of moments when the child is listening, the parent they are seeing is self-modelling the desired behaviour. It is hoped that this changes their belief system and so makes them more successful. By micro analysing the successful moments, the parent is learning how to model and so repeat and bring about those successful moments more often. Video self-modelling allows an individual to see themselves and reflect upon their successful behaviours in order to learn and further imitate those behaviours in the future. This method promotes increased self-efficacy and self-confidence through the medium of video. However, some have critiqued Social Learning Theory by arguing that it ignores the biological factors such as an individual's biological state at the time (Brandi & Elkjaer 2011). This means that the theory fails to take account of an individual's level of depression or anxiety and thus their hormone levels for example. With particular regards to VIG, it also ignores the context in which the parent is living, the pressures they face (such as low socio-economic status) and the potential power of influential people in their lives. To attribute change in behaviour to only self-modelling could be viewed as reductionist.

To offer some insight into the biological component of social learning theory, the 'mirror neuron system' provides some insight (Gallese, Fadiga, Fogassi & Rizzolatti 1996). Gallese et al discovered the existence of mirror neurons which fire in response to specific actions of others. So that the neurons in one person observing an action fire, mirroring the same neurons firing in the person

doing the action. This neurological insight offers some explanation into the unconscious mirroring of non-verbal behaviour as can be seen so often on video when two adults interact. For VIG this suggests some biological evidence for the effect and so potential effectiveness of showing positive clips of successful interactions and seeing an increase in confidence as the positive emotions of the parent viewing them. However, this biological evidence does not directly apply to self-modelling, only modelling from others.

2.4.3 Attachment Theory

Bowlby (1969) was the first to introduce the idea of attachment between a parent and child as well as the impact of the interactions on the type of relationship that developed. This is an important concept for VIG practitioners as the ultimate goal is to improve the relationships between parent and child and thus improve child development. Bowlby noted that the parent-infant interaction was tremendously subtle in the form of crying, babbling, looking and listening and the subsequent responsiveness of the parent to these noises and actions.

Attachment theory suggests that parental sensitivity was the ability of the parent to understand the child's communicative intent, and to respond to the child's signals in an appropriate and consistent way (Ainsworth, Blehar, Waters & Walls, 1978). This consistency generates a feeling of safety, therefore developing a secure attachment. The mother's sensitivity, or attunement, to the child's communications has been shown to be essential for

the child's healthy emotional and cognitive development. This responsiveness is also essential for building a healthy sense of security for the child (Stern, 2004). Uniting security and social emotional needs as essential components for healthy development is linked together through Maslow's Hierarchy of Needs theory (Maslow, 1987). Maslow argued that humans are motivated to achieve specific needs in a specific order. Maslow placed these needs in an order ascending from; basic needs (food, water, warmth, rest, security, safety) followed by psychological needs (intimate relationships, friends, feelings of accomplishment) and then self-fulfilment needs (achieving one's full potential). This is important because it provides a way of thinking about attachment theory through a coherent model of the variable effects of different needs.

In further support of the links between attachment theory and VIG, Fukkink (2008) indicated that VIG was effective at increasing parental sensitivity. It is argued that it helps families move from discordant communication to attuned communication and thereby help to build and enhance secure attachments (a safe, connected, attuned relationship between parent and child). Additionally, it has been noted that psychologists and psychiatrists using VIG report that they were able to move families from reactive attachment disorders to secure attachments (Minnis, 2010). These improvements were also evident in long term follow ups. VIG aims to enhance attuned patterns of communication so that parent and child can move into a more secure attachment state. However, these movements into a secure attachment state are based on the subjective judgements of those carrying out the intervention; they therefore cannot be relied upon as an objective measure.

2.5 Evidence for the Effectiveness of VIG

This section will outline the pertinent evidence concerning the evidence for the effectiveness of VIG. Having been used in the UK for approximately 20 years, VIG is a relatively new intervention therefore more research is needed to contribute to its growing evidence base (Kennedy, Landor and Todd, 2011). The evidence that exists from the UK is mostly small scale qualitative research and has not focused on the child, having previously focused on the parent. This chapter aims to summarise and discuss the research evidence for VIG and highlight some of the gaps in the research.

The first study to be discussed is from Doria, Kennedy, Strathie and Strathie (2013), in the UK, who examined the explanations for the success of VIG. They interviewed five families, and the guiders and supervisors who had completed three cycles of filming and three shared reviews of VIG. They found that VIG facilitated recognition of the emotions in the interaction, and consequently, the parental understanding of the child's feelings increased leading to increased empathy and a positive attitude towards the child. This conclusion was drawn from their analysis of the interview data of small sample sizes. There is a need for larger studies to be carried out as well as randomised control trials and triangulation of measures. These types of studies provide greater generalisability and validity to the findings.

Doria et al (2013) developed an explanatory model of their findings to show, what they believe, to be the reasons for VIG’s success. This model is shown in Figure 3.

Figure 3: Explanatory model of VIG success from the perspective of users (Doria, Kennedy, Strathie & Strathie (2013).

*factors added by supervisors

**This factor includes both self-reflection and metacognition

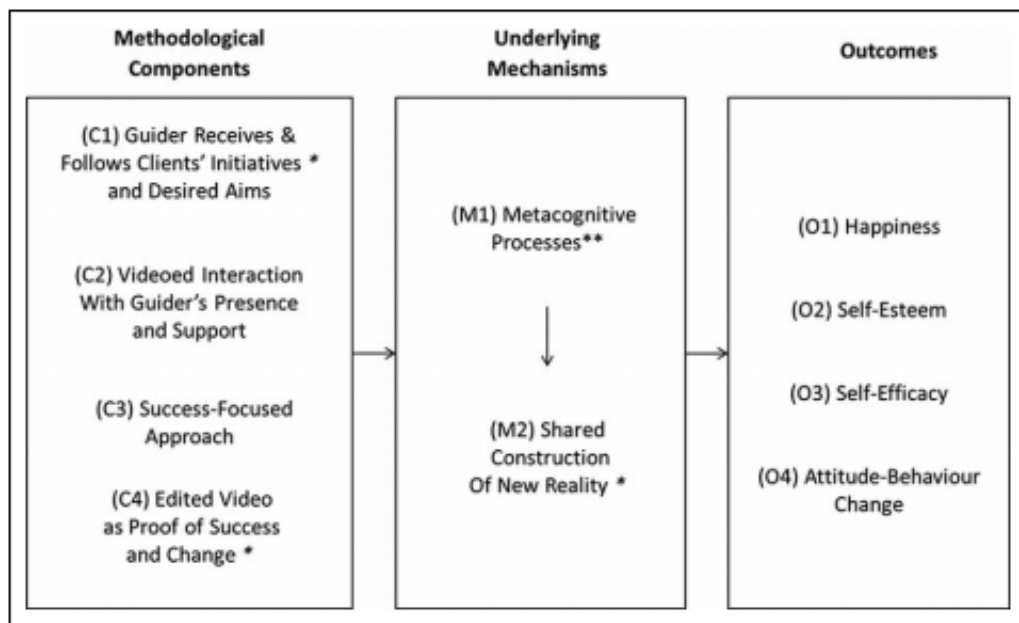


Figure 3 shows the authors’ distinction between methodological components, underlying mechanisms and outcomes. Doria et al argue that each methodological component and underlying mechanism contribute to the outcomes of; happiness, self-esteem, self-efficacy and attitude-behaviour change. This is a useful model for breaking down the difference between methodological components and underlying mechanisms, but it doesn’t

explain which components or mechanisms contribute to which outcomes. It also fails to acknowledge the context of the families and their own attributes that they bring to the intervention, focusing solely on what the guider brings. Most importantly, the views of experiences of children were not sought in the methodology and are therefore not included within the model. This is an evident gap in the literature.

Other studies have looked at the use of VIG with specific groups of children for example, children on the autistic spectrum. Gibson (2014) found that VIG offered an effective tool for in-depth exploration of complex, multi-storied understandings of Autism Spectrum Disorder (ASD) and the perceived parental role. This study has positive implications for parents who struggle to understand their children with additional and complex needs and suggest VIG as a useful tool to support this. However, this study was conducted with one family as a case study, therefore no generalisability to other families can be drawn from it.

Parent views of VIG have been the most common form of evaluation research undertaken, with studies showing high parental satisfaction and improved outcomes as reported by parents (Doria et al, 2013). These studies present a huge gap in the research thus far; the missing element being the voice of the child. No studies to date have included children's views of their participation in VIG. It is unknown what the impacts of VIG, as experienced by children is on the children themselves, or how the mechanisms involved promoted change

for them. It is vital to explore this area as implications may impact the delivery of VIG in EP services.

In summary of the evidence for the effectiveness of VIG, there is arguably important evidence of the effectiveness of VIG in improving the relationship between parent and child. However, it raises as many questions as it answers, not least because it has focused on the parents experience of the intervention and its effects and neglected that of the children involved. In summary, it has been argued that VIG increases parental sensitivity, reduces unwanted child behaviours and enhances the positive interactions between parent and child. More research is needed to explore the processes of change in VIG, the long-term impacts and VIG as used in schools.

2.6 VIG in Schools

EPs are delivering VIG with families and school staff, often in the school setting, therefore it is pertinent to look at the research of VIG in schools. The literature search found only four studies which had looked this area. One study will be discussed here as the remaining three were determined to be limited. This was due to not being carried out in the UK, used with care professionals not school staff and the final study's methodology was found to be VERP rather than VIG. The most pertinent study from Hayes, Richardson, Hindle and Grayson (2011) looked at developing teaching assistants' skills in positive behaviour management using VIG. Hayes et al (2011) carried out an action research project whereby they conducted VIG interventions individually with

ten teaching assistants (TAs) from one school. The aim of the data collection was to ascertain what views TAs had on the effectiveness of VIG as a tool for developing their knowledge and understanding of their interactions skills, and their application of interactions skills within their work. Target Monitoring and Evaluation (TME) scaling and post intervention interviews with the TAs were carried out. Findings of the study indicated that the VIG intervention had a positive impact on TA skills and confidence to support children with challenging behaviour, both in an individual support context and in the wider classroom. They also found that the VIG intervention increased the quality of interactions between TAs and children in school. They also found that it made a significant contribution to the professional development of TAs which also had an direct positive impact upon other staff in school.

This study provided insights into the potential VIG may have in school contexts. However, it did not incorporate the pupils' perspectives, nor did it explore the impact of the intervention on outcomes for pupils in the school directly. Additionally, looking in detail at the methodology, only two cycles of VIG were carried out with the TAs when we know that VIG training standards (from AVIGuk) say that three to four cycles should be delivered. Therefore, this was a shorter intervention than would be typically expected. This leads to the question as to whether this intervention can be called 'VIG' when it does not adhere to the training standards.

The small amount of research on VIG in schools indicates that much more is needed to ascertain the effectiveness of VIG in this environment. It is especially important to conduct more research in schools for EPs, given that schools are the primary context of EPs work. The next section will outline the role of the EP with regards to VIG and it will introduce their role with children's voices in research.

2.7 Role of the Educational Psychologist

To understand how the role of the EP works with delivering VIG, it is first necessary to discuss the context in which they work. The evolving role of the EP requires a skillset that can deliver value for money, evidence-based interventions in a preventative manner. The context of employment for EPs at an organisational level has undergone many changes (Fallon, Woods & Rooney, 2010); most recently the EPS has been freshly woven into the development of Children's Services (also known as Children's Trusts) within the Local Authorities. This follows recommendations originally outlined in the Green Paper: *Every Child Matters* (Department for Education, 2003). Due to this change, EPs are not only working with children in schools, they are also working to support children and families within the community. It is therefore important that EPs are able to deliver evidence-based interventions to support children and parents. VIG is one such intervention that could bring about vital early preventative work to improve attachment between parent and child. Additionally, the national context is one of government agendas pushing low cost high impact early interventions for children. This necessitates EPs

carrying out and disseminating high quality research and to drive forward good interventions that work for parents and children.

With regard to foregrounding the voices of children within research, the work of EPs is driven by Special Educational Needs and Disability (SEND) Code of Practice (Department for Education, 2015) which highlights the importance of the views of the child. Therefore, eliciting those views is a skill that EPs are trained to identify, develop and use, and so possess. Additionally, Article 12 of the United Nations Rights of the Child (United Nations, 1989) states that;

Article 12: “The Governments of all countries should ensure that a child who is capable of forming his or her own views should have the right to express those views freely in all matters affecting that child, and that the views of that child should be given due weight in accordance with the age and maturity of the child.”

This notion has been incorporated into the Children and Families Act 2014 and subsequently the Special Educational Needs and Disabilities (SEND) Code of Practice (2015). The SEND Code of Practice (2015) states that all children and young people should have active participation in decisions made regarding them. This piece of legislation places the voice of the child as an essential part of the assessment process. This is referred to as the ‘child-centred’ process (page 212, SEND Code of Practice, 2015).

Consequently, it is the legal and statutory obligation of those working with children to work in a way that incorporates children’s views in a meaningful

manner. This informs the basis of this research; including and listening to the voices of children.

2.8 Children's Voices in Research

Historically, children's voices have not been prominent in research and likewise in decision making which affects them in day to day life (Pascal & Bertram, 2009). It can be argued that in homes and schools children are often silenced and excluded from the decisions which shape their lives. This is often accompanied with the opinion that the adults should act on their behalf as children are 'too young' to form a viewpoint. Conversely, the inclusion of the perspectives of children recognises and acknowledges the co-construction of meaning between adults and children as well as encouraging mutual respect and active participation. Bruce (2005) emphasised the importance that participation plays in encouraging children as learners; making choices, expressing opinions and developing a positive sense of self. Since the ratification of the UN Convention on the Rights of the Child by the UK government in 1991, researchers have sought ways to involve children's opinions in the development of their studies through projects such as the Effective Early Learning (EEL) and the Accounting Early for Life Long Learning (AcE) Project (Pascal & Bertram, 2009). These projects saw researchers and practitioners trained to use a variety of techniques and approaches which encouraged the voices, dialogues and narratives from children to be listened to, given status and acted upon.

EPs, within their day-to-day work, have found success with eliciting the views of children using an array of techniques; observation, interviews, questionnaires, structured activities and multisensory approaches (Palaiogou, 2014). Article 13 of the United Nations Rights of the Child states that;

Article 13: (which includes the right to freedom of expression): "This right shall include freedom to seek, receive and impart ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice."

These same skills should be applied to research; giving weight to children's views and acting upon them in a meaningful way accordingly.

However, although high value is placed on including children as active subjects in research, it does not come without its challenges. Pascal and Bertram (2009) reflected on their experiences of research with children and found the following difficulties;

1. Time is required to invest developing the interpersonal relationship with children;
2. The researcher must resist the impulse to direct and control what is voiced and how it is expressed;
3. How to document what is voiced in an authentic, accurate and respectful way;
4. The research tools must be piloted.

Point 1 suggests that children require a greater amount of time to develop rapport with them before they feel comfortable speaking with a strange person such as a researcher. Point 2 warns researchers about the temptation to lead the conversation or insist on one method of capturing data, when another might be preferable to the child. Point 3 notes that data collected from children must be represented accurately and respectfully, thereby adults must not misrepresent their views through mixing it with their own agenda. Finally, point 4 advises all research tools to be piloted to check how appropriate the tools are for use with children. One research tool for one child may be very appropriate, but not for another. Ages and stage of development need to be considered. It is acknowledged that although progress has been made in accessing, including and listening to the voices of children in research, it is still a learning process in each study undertaken (Pascal & Bertram, 2009). However, it is our role as researchers to meet this challenge; *“to become expert and active listeners to children and to recognise the many ways in which children skilfully communicate their realities to us”* (Malaguzzi, 1998).

Hawkins and Soni (2018) propose that EPs are in a prime position, with their understanding of societal discrimination, to act as advocates for the voice of children. This study aims to do that, within this research and in practice from the wider implications of this research.

2.9 The Current Study

2.9.1 Rationale

The emerging literature for VIG suggests that it has positive outcomes for children and families in terms of strengthening their relationship and enhancing positive communication with each other. Although the evidence base for VIG is small, it is slowly growing and *much more* is needed to ensure EPs are delivering effective interventions. This research aims to contribute to that emerging body of literature through exploring the experience of participants. To do this the research will address what is an emergent gap in the literature, which is contributing to the sparse literature currently available on VIG and including the views of children taking part in VIG. It aims to contribute to the discussion regarding the delivery of VIG in schools from Educational Psychology Services. These considerations, alongside the contributions to an under researched field, have led to the development of the research questions.

2.9.2 Research Questions (RQ)

The literature review and subsequent research rationale has led to the development of the following research questions;

RQ1: What are parents' and TAs' experiences of taking part in VIG?

RQ2: What are EPs' experiences of taking part in VIG?

RQ3: What are children's experiences of taking part in VIG?

RQ4: What impact does the VIG process have on children, parents, TAs and EPs?

CHAPTER 3: METHODOLOGY

3.1 Overview

This research explored the experiences of EPs, children, parents and Teaching Assistants taking part in VIG. The children's experiences were triangulated with the experiences of the EP and Adult (Parent or Teaching Assistant) who was also involved in the VIG intervention. To elicit these experiences in as much detail as possible this research used qualitative methods in a multiple case study design. Within each case study there were a number of methodological stages. These are described and explained in this chapter, including the reliability of the data and ethical issues.

Throughout this chapter 'adult' will be used to refer to participants who are either the Parent or Teaching Assistant (TA) of the child in each case study. More specifically, adult-P will refer to a Parent and adult-TA will refer to a Teaching Assistant.

3.2 Research Design

The design of this research was chosen in order to fully address the aims of the research whilst working within the confines of a professional doctorate. It was also important for the research design to generate findings that were practical and useful for EP practice going forward.

It has been said that the difference between qualitative and quantitative research is the types of questions the research aims to address (Merriam, 2009). The purpose of this research was to explore children's experiences of VIG as well as those of various types of adults associated with or working with the child. Adult and the EP; the key aspects being '*exploration*' and '*experience*'. As the research draws solely on the self-reported perceptions and experiences of the participants, it is essential that a qualitative research design was used.

To carry out this research, a multiple case study design was used with participants who took part in a VIG intervention with an EP in a South East England Local Authority. Further details of participants can be found in Chapter 3.4. The purpose of a case study design is to "*generate in-depth knowledge*" (Simons, 2009, p21). This in-depth exploration of situations, moments and experiences is characterised by the inclusion of the unique nature of participants contexts. Yin (2009) defined case studies as an empirical enquiry that investigates contemporary phenomena within its context. This design is particularly appropriate for investigating the experiences of participants in VIG because each case is a separate intervention targeted towards meeting the needs of that individual adult and child dynamic. Therefore, the most appropriate methodology dictated a multiple case design study, allowing for parallels and variances across cases, whilst recognising that complete generalisability is not possible.

Whilst it is believed that a multiple case study design is the best fit for this research, it is also acknowledged that there are weaknesses to such a design. It can be argued that multiple case studies cannot draw cause and effect conclusions due to small participant sizes and therefore they have poor generalisability. However, VIG is a relatively new intervention with a limited evidence base. Darke, Shanks and Broadbent (1998) propose that case studies can be implemented when there is little research already in existence and the context of the research is important. This is useful because it can result in more focused variables identified for subsequent investigation.

3.2.1 Epistemological Considerations

Entwined with decisions regarding the research methodology, are questions relating to the research paradigm (Doyle, Brady and Byrne, 2009) being employed for the study. The research paradigm can also be described as the philosophical position underpinning the study; the nature of reality and the nature of knowledge. Epistemology is concerned with how knowledge is defined within a discipline (Bryman, 2009). The current researcher's stance regarding the nature of reality is that there is a social reality constructed between humans through interaction. Therefore, an interpretive approach accepts that reality is constructed through language and shared meanings (Klein & Myers, 1999).

Throughout this research a social constructionist, interpretative approach shall be assumed. This approach assumes that reality is constructed and because

our perspectives and experiences are subjective, social reality may change and can have multiple perspectives (Wahyuni, 2012). Meanings of experiences of the participants are the product of a range of discourses operating within society. Gergen (1985) described social constructionism as “*explicating the processes by which people come to describe or explain, or otherwise account for the world in which they live*” (quoted in Norwich, 2000, p90). This approach, in the current study, was used to explore the social processes occurring between the child, adults and EP and to bring together individual’s experiences in a meaningful way to allow triangulation across perspectives. The social constructionist stance is also fundamental in the theoretical underpinnings of VIG. Here the guider and the adults co-construct a social reality through their conversation and reflections on the video. It is essential that the guider adopts a collaborative stance with the adults, rather than adopting the ‘expert’ position, so that they can co-construct meanings together. Guiders need to be aware they influence the adults through the language (verbal and non-verbal) they use and therefore guiders must also experience a level of self-reflection through watching themselves on video.

In the current research, I have two roles: as a researcher and as a trainee EP. For the former, I position myself with an interpretative stance which will allow me to explore the mechanisms of change within VIG through the experiences of others. For the latter I position myself as a professional who adopts social constructionist positions. I have developed this position throughout my studies; starting from undergraduate Psychology through to doctoral training and social constructionism is a theory that holds true to my personal views of the world.

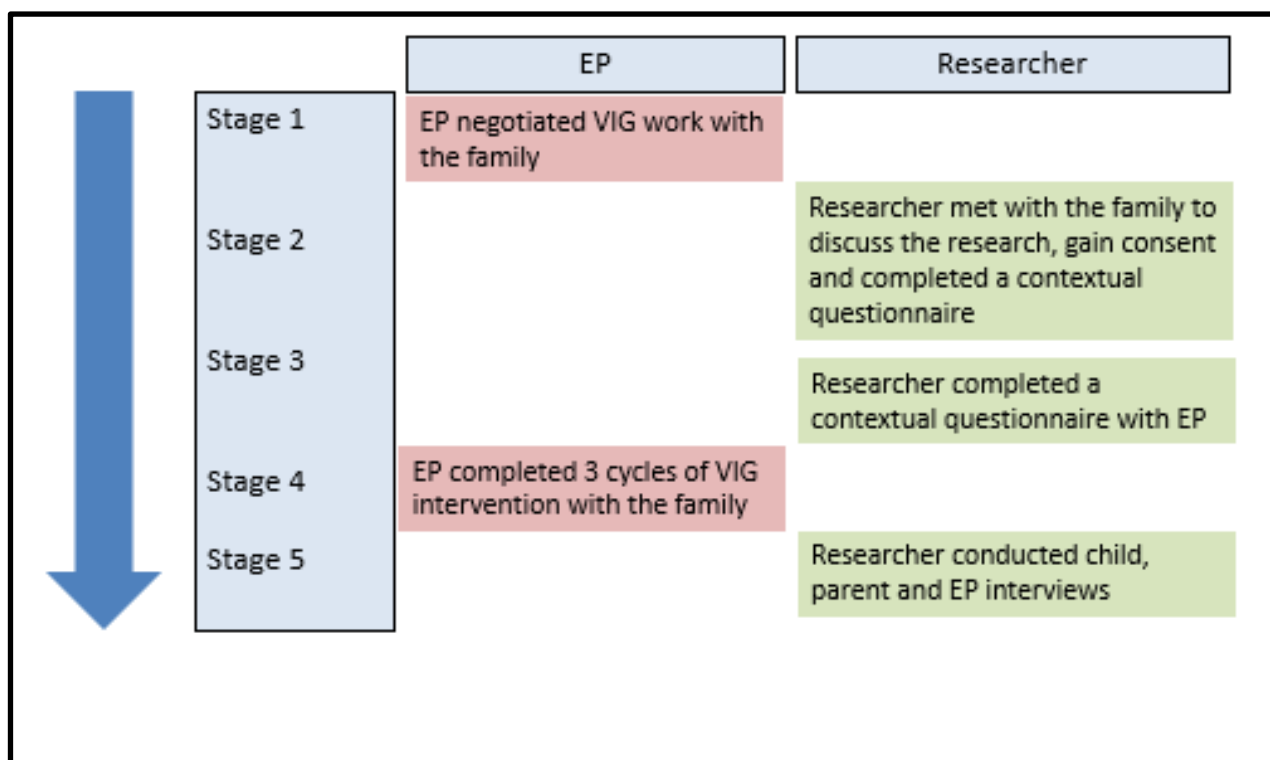
This stance was taken from the conceptual stage of the research, through to data collection, analysis and interpretation of findings.

It is acknowledged that there are weaknesses with using a social constructionist stance. Some of these weaknesses lie with the abandonment of 'truth'. Burr (2006) provided an example of the controversy of using a social constructionist stance when considering topics such as 'oppression.' As the paradigm would suggest that oppression would be just another discourse and we could never truly say that certain populations were 'oppressed'. Therefore, it is understood by the researcher, that social constructivism is just one lens through which to view the world, it may not be appropriate in all circumstances, but it has been deemed as appropriate for this piece of research.

3.2.2 Structure and Overview of the Methodology

The data collection consisted of five stages. The five stages of each case were conducted at different timepoints as these were real ongoing cases within the EP service and therefore the research had to fit around the schedules of the interventions taking place (in general, the VIG intervention took between 4-10 weeks). These five stages are outlined in Figure 4. Each case consisted of an EP, and Adult and a child taking part in a VIG intervention. Each case was an individual case study.

Figure 4. Overview of research design showing the integration of VIG intervention and the research data collection.



Stage 2 was concerned with gathering contextual information from adults and child participants before they began the VIG intervention. This contextual information was an essential part of the research as it gathered important information as to why and how participants had come to engage with VIG and also participants' motivations and expectations of the intervention. Each case would be different therefore the contextual information is essential. The information gathered in Phase 1 is summarised further in Chapter 3.5.1. Stage 2 gathered the adults and child's informed consent and contextual questionnaire. Stage 3 consisted of gathering contextual information from the EP. This included their training and experience of delivering VIG as well as contextual information regarding the case. This information gathered in Stage 3 is summarised in Chapter 3.5.1. Stage 5 took place after the full VIG intervention had occurred and it gathered the detailed qualitative data that was then analysed in Chapter 4. Stage 5 was the key data collection phase which

aimed to answer the research questions. Stage 2 and 3 were necessary to provide the context and richness for the data analysis in Stage 5.

The data was collected between June 2017 and December 2017, therefore each VIG case was in a different stage at different times during the data collection period. This meant that the time between Stage 1 and 5 was variable depending on when each case was started by the EP. It was essential to be flexible with the timeframe due to the constraints of research time allowed. Exact timeframes are specified per case in Chapter 3.7.

3.3 Ethical Considerations

Ethical approval was sought and obtained from the Ethics Board at UCL Institute of Education (see Appendix A for confirmation of ethical approval). This study adhered to the British Psychological Society's Code of Ethics and Conduct (British Psychological Society, 2009). Ethical considerations were given to the potentially sensitive nature of the topic and my dual role in the study. A number of steps were taken throughout the research to ensure that it was ethically sound, details of which are outlined in the following chapters.

3.3.1 Informed Consent

Informed consent was gained from every participant in this study before participation. EPs were approached and invited to take part in the research if they had an upcoming VIG case, therefore their informed consent was gained first. EPs were provided with a Research Information Sheet (see Appendix B)

and written consent was gained (see Appendix C). The EPs then invited the adults to take part in the research during their first VIG meeting when setting the intervention up. Once the adults had expressed an interest in taking part in the research, the researcher met with them to explain the details more fully and provided them with an adults Information Sheet (see Appendix D and E) and adults Consent Form (see Appendix C and F). All adults approached to take part in the study gave their consent, no adults declined. It was important that this meeting took place face to face to ensure that the likelihood of misunderstanding was reduced, to answer any questions and help the adults feel at ease with the nature of the research. In addition, meeting face to face to explain the research and the forms helped to support any adults who may experience literacy difficulties. Meeting the adult and child participants myself face to face also helped to ensure that the researcher was considered to be separate to the VIG intervention and that they were agreeing to take part in addition to, not as part of the VIG intervention. This is also in line with recommendations set out by the British Psychological Society to ensure integrity of research, that adults are provided with verbal and written information regarding the nature of the study (Section 4; BPS, 2009).

Once consent from the participating adults was gained, the child consent was gained separately by myself using the child-friendly Information and Consent form (see Appendix G). This form contained visual aids and reduced language content which was talked through with them by the researcher to ensure it was understood. It was particularly important that the child was consulted in equal measure about whether they wanted to take part. The child was given age-

appropriate information regarding the study and therefore able to make their own decision about taking part in the research. This followed the SEND Code of Practice (Department for Education, 2015, Section 68) which states that *“Local Authorities must ensure that children...are involved in discussions and decisions about their individual support”*, it goes on to say that *“children have a right to receive and impart information, to express an opinion and to have that opinion taken into account”*. This research honoured that legislation.

It might be argued; to what extent are young children able to understand the concept of research participation. This was accounted for by explaining the research but also explaining that the interviews were a friendly conversation with a professional who would keep their name private to those who would read about their experience. It was also explained and emphasised that they did not have to have this conversation if they did not want to, and they could stop at any time. Therefore, the consent procedures were explained in age appropriate, child-friendly language. Talking one child through the information and consent form was part of the pilot study and this was deemed to be effective as it was perceived that the child was satisfied with the explanation and happily cooperated with the study.

3.3.2 Protection of Participants

The adult-P and child interviews were all carried out in the home. This was a non-threatening environment in which the adult-P and child could be comfortable. Adults were given the option of whether they would like to be interviewed at home, at the child’s school or a nearby Local Authority office. It

was hoped that carrying out the interviews in a place where the participants felt most comfortable allowed them to freely express their views. Adult-TA (and child in that case study) interviews were conducted at the school, this was deemed most appropriate as they were being interviewed with regard to their professional role. The researcher spent time developing rapport with each participant prior to starting the interview, again in order to make them feel more comfortable.

It was recognised that participants taking part in VIG will be those who are experiencing difficulties in their relationships. Therefore, ethical considerations were made to the potentially sensitive nature of the topic being discussed. It was acknowledged that distress or embarrassment may have occurred during the VIG filming process, but it was agreed to be the role of the EP undertaking the intervention and trained in VIG to manage those emotions as they happened. However, distress or embarrassment was not identified during the data collection periods. However, if this distress was not immediately obvious a full debrief was offered as well as a referral back to the EP to discuss any issues. EP participants will receive feedback of the overall research findings within the EP service professional development sessions over the upcoming year. Adult and child participants will receive feedback of the research findings upon their request.

3.3.3 Confidentiality and Data Protection

All participants had the right to confidentiality and anonymity. To ensure this was maintained, all names and identifying features of all participants have been omitted from this research. This includes some identifiable features from

the contextual questionnaire. Where details have been anonymised or changed to protect confidentiality, this information will be marked with an asterisk.

In accordance with the Data Protection Act 1998, the original audio recordings of the interviews have been stored in an encrypted password protected computer file. Hard copies of data such as contextual questionnaires and interview transcripts have been anonymised and stored in a locked filing cabinet. Following examination of the thesis, all hard data will be destroyed, and all electronic data permanently deleted.

It is acknowledged that participants may speak about or have identifiable features to them within the research. To avoid this occurring, any identifying details have been anonymised or changed. Where this has occurred, it has been clearly noted that details have been changed to protect the anonymity of participants through an asterisk and an accompanying note. Every participant was made aware of their right to withdraw at any time, to have their data and information deleted after the interview up until October 2017 when the research had begun to be written up.

3.4 Participants

In line with the social constructionist stance of this research, it is important to reflect on the context in which the research took place. This is to enable exploration of the relationships between the participants and their

environment. Participants were families who engaged in a VIG intervention with an EP from a South East England Local Authority. This area is characterised by a diverse mix of both urban and rural areas. The socio-economic statuses of the residents varied widely, ranging from affluent to socially deprived. As of 2015, the population was estimated to be around 1,524,700 with 85% of those people being 'White British'. The second largest ethnic group is 'Asian or Asian British'.

Participants in this study were from a variety of different areas across the large Local Authority. They agreed to take part in a VIG intervention with an EP and then subsequently agreed to take part in the research. Typically, the child's SENCO (Special Educational Needs Coordinator) had referred them to the EP for social and emotional issues, which the EP had then recommended VIG work. This research used purposive sampling. Purposive sampling is necessary to provide a rich picture of the VIG interventions that are carried out in the EPS. The criteria for participant selection was decided upon due to practicality purposes and was as follows;

- 1) The Adult was about to begin a VIG intervention with the child.
- 2) The child was school aged (4 years plus). The child was able to verbalise their views and opinions.
- 3) The EP agreed to take part in the research and gave consent for the researcher to approach the family.
- 4) The Adult gave consent and was available to be interviewed after completion of the VIG intervention.

It is acknowledged that participants in the study may have agreed to take part as they had a particular interest in the research, which may have driven them to participate. Therefore, the research may not reflect a truly representative sample of the breadth of views that participants hold. However, it is noted that this is the nature of all ethically robust research when gaining participants; participants must be fully informed of the research aims and be invited to attend of their own will.

Descriptive information regarding each participant and family context collected through questionnaires in Phase 1 of the research is outlined in Appendix H. This information provided a contextual understanding of each case, which was essential for understanding the individual experiences of each participant.

Six cases were included in the research. Each case consisted of an EP, an Adult and a child. Therefore, there were 18 participants in total, 6 EPs, 6 adults and 6 children. As previously mentioned, ‘adults’ refer to either a Parent or a TA. TAs were involved in the intervention when the EP had deemed it most appropriate to target the work on the relationship between the child and TA, rather than child and Parent. Figure 5 demonstrates each case and its participants as described.

Figure 5. A table showing the participants within each case study

Case Study	Participants		
1	EP	Adult-P	Child

2	EP	Adult-TA	Child
3	EP	Adult-P	Child
4	EP	Adult-TA	Child
5	EP	Adult-P	Child
6	EP	Adult-P	Child

3.5 Research Tools

The following section outlines the qualitative research tools that were used to collect the research data in Phase 1 and Phase 2 of the data collection process.

3.5.1 Phase 1 and 2: Contextual Questionnaire

Due to this research adopting a multiple case approach, it was necessary to collect some contextual information regarding each case. A questionnaire was designed to gather contextual information from the EP and the Adult participants. This questionnaire provided qualitative information about each participant but was not intended to be part of the data analysis. The main purpose of the questionnaire is to provide information regarding the context to each case study. Each case has their own unique reasons for referral, different goals and different family dynamics. To acknowledge these differences and to take account of them within the analysis it is necessary to acquire some background information. The anonymised information gathered from the contextual questionnaire can be found in Appendix H.

3.5.2 Phase 3: Semi Structured Interview

This study employs qualitative methodology to explore the experiences of the participants. Semi-structured interviews were carried out with the adults (see

Appendix I), Child (see Appendix J) and EP (see Appendix K) individually after the VIG intervention had taken place.

A semi-structured interview approach (Fylan, 2005) was used to allow for pre-prepared questions to be asked as well as providing the flexibility to ask questions of interest that arise during the interviews. Open ended questions were asked to allow the participants to expand on their views and opinions without limiting them. The flexibility of semi-structured interviews allowed for a more natural conversation, putting the participant at ease and relaxed. The relaxed feel of the interviews was important in order to develop rapport between researcher and participant, particularly when discussing potentially sensitive topics such as their family relationships. Other advantages of using a semi-structured interview format included; pre-written questions which could be adapted in situ according to the participant's responses; follow-up questions could be included and it allowed for flexibility of responses (Robson, 2002). It was recognised that each individual's experience would be different, therefore the interview schedule was designed to have questions of a general nature followed by the use of prompts for participants to elaborate on their responses. The semi-structured interview schedules were piloted, and this is discussed further in Chapter 3.6.1.

Limitations of using a semi-structured interview format include; the time-consuming nature of carrying out the research, transcribing the interviews and analysing the data as well as the risks of social desirability effects in responses from participants. The timely nature of the data collection was addressed with the relatively small sample size ($n=18$) and the social desirability effects are considered and discussed in Chapter 5.

It is understood that the effectiveness of the semi structured interview method relies heavily on the communication and interpersonal skills of the interviewer (Clough & Nutbrown, 2007). As a trainee Educational Psychologist, communication and interpersonal skills are focused on as key skills to develop as well as being pre-requisites for the training itself. Therefore, it can be considered that this method of research is suited to the profession and professionals who undertake it. Other limitations of using a semi-structured interview format include: the time-consuming nature of carrying out the research, transcribing the interviews and analysing the data as well as the risks of social desirability effects in responses from participants. The timely nature of the data collection will be addressed with the relatively small sample size (n= 18) and the social desirability effects are considered within the Chapter 5.3.

The semi-structured interviews schedules were developed by the author (and revised with research supervisors in supervision meetings) based upon information from the existing literature and own ideas around how to elicit information from participants regarding the VIG intervention. They adopted a structure which included a sequence of introductory questions, key questions and ending questions, as suggested by Krueger, 1997. Introductory questions aimed to build rapport, warm up the participants and to help them feel comfortable answering questions whilst being audio recorded. The key questions aimed to generate responses which answer the research questions

whilst also being open and flexible to allow participants to elaborate on their responses. The main body of the interview questions were based upon the process of VIG in order to ask participants about each stage of the intervention. Questions were triangulated across EP, adult and child interviews to explore the same areas, but using appropriate language for each participant. For example, child friendly language for children, and less VIG terminology for adults. The ending questions of the interview allow participants to add anything else they wish to as well as time to ask any questions they might have.

When developing the child questionnaire, it was kept in mind that Pascal and Bertram (2009) found when eliciting the views of children in research, that there is no one, single approach or method that works. Rather a range of methods will need to be available, and different methods will suit the needs of different children. Pascal and Bertram go on to suggest that young children need to be given a range of forums and means to express themselves, and researchers need to use all their senses to listen to what is being communicated to them and then reflect on the meaning of this communication. Therefore, a semi-structured interview schedule was developed for the child participants and adaptations made are outlined in Chapter 3.6.2.

3.6 Procedure

The following section provides a detailed picture of how the research was carried out.

3.6.1 Pilot

Robson (2011) highlighted the importance of piloting in research in order to test for any problems which then allows time for them to be resolved before the formal data collection begins. The semi-structured interview schedules were firstly piloted through supervision with the researcher's academic and EP supervisor. Subsequently minor amendments were made including moving some 'prompts' on the schedule to 'questions' (for example, "*How was the referral made for this work? Through school or another service?*" was moved from a prompt to a question) and the addition of a question on the hopes of the intervention for adults.

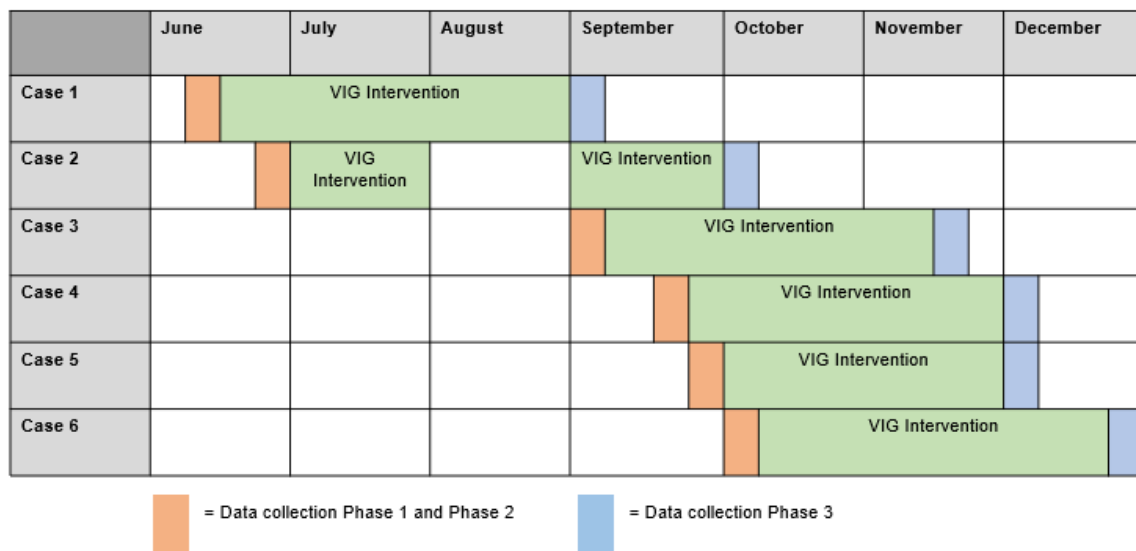
Following this initial piloting, an EP, Adult and child who were not a part of the subsequent main data collection, were recruited to take part in a full pilot interview. This enabled the interview questions to be trialled. These interviews were not transcribed or analysed, but they were used to gain an insight into how the questions were received and understood by the participants. The pilot interviews showed that the EP interview schedule was fit for purpose. However, the Adult's interview needed editing in terms of some of the technical VIG language which needed replacing with simpler language and additional prompts were needed to encourage extended responses. The child pilot interview showed that the questions could be adapted in situ to accommodate the age and ability of the child, with more or less explanation and prompting given as needed. It also showed that the child interviews needed to be less

formal and to follow their lead in terms of duration depending on their level of engagement.

3.6.2 Data Collection

Data collection was conducted between July and December 2017. Figure 6 below shows when the data was collected for each case study.

Figure 6. A table showing the timeline of when data was collected for each case



This timespan had to accommodate six interventions taking place at different times. Phase 2 EP interviews were conducted first at the Local Authority building in a private room. Adult and child interviews were arranged shortly after, less than a week apart. All Adult and child interviews took place on the same day in the same location. adult-Ps were provided with the option of the interviews taking place in their home or at the nearest Local Authority Family Centre. All adult-Ps chose for the interviews to take place in their home. All

adult-TA interviews (including the child in the case) were conducted in a private room in their school building.

EP interviews lasted between 45 minutes to one hour. Adult interviews lasted between 30-40 minutes and child interviews lasted between 15-30 minutes. It was found that EP interviews lasted longer as the EPs had a lot to say on the topic, often being very passionate and wanting to share their experiences. Child interviews were adapted to include strategies for gaining the views of children. Adaptations included allowing extra time for rapport building and to create a relaxed atmosphere. Children were also shown a picture of a VIG guider filming a parent and child (see Figure 7 below). This was done to aid the memory of the child participants, to help them recall their experience.

Figure 7. Picture prompt used in child interviews to act as a memory aid. Picture taken from a still of a VIG video found here; https://www.youtube.com/watch?v=YRVaL_ZlXs



During the interviews it was important to minimise researcher bias. Researcher bias occurs in many forms, from participants presenting responses which

present them in a favourable light (Yin, 2009), to power and social status between interviewer and interviewee influencing participants in a particular manner (Barbour & Shostack, 2005). To reduce these effects particular techniques were applied such as; careful questioning and adopting the language of the participants to reduce any power imbalance (Barbour & Shostack, 2005). Additionally, all interviews began with explaining to the participants the importance of their unique views and opinions to the research and emphasising that there are no right or wrong answers, only their opinion.

3.7 Data Analysis

The following section will outline how the data was analysed. Thematic analysis was selected as the most appropriate form of analysis. This is popular amongst qualitative researchers for its flexibility in identifying patterns in the data. It is “*a method for identifying, analysing and reporting patterns (themes) within data*” (Braun & Clarke, 2006). This method of data analysis provides us with themes; themes refer to a pattern of ideas or meanings which have been found in the data. These themes then become clear, providing potential and distinct categories for interpretation and analysis. Thematic analysis has also been criticised for its lack of structure when analysing data (Boyatzis, 1998) allowing the researcher to have too much freedom over selecting or not selecting themes for interpretation. However, as a social constructionist researcher there is a need to understand that individuals construct versions of the world through their activities (Henwood, 1996). Therefore, it is acknowledged within this research that each participant, and the researcher

themselves, brings with them their own social experiences and this adds to the understanding of the world. Additionally, the following subheadings aim to outline the systematic approach taken to analyse the data, contradicting the criticism of qualitative research that it is unsystematic.

Once thematic analysis had been determined as the most appropriate tool, Braun and Clarke (2006) was selected as a guide to this process. Braun and Clarke's five steps are outlined below with a description of how the process was applied to this data. Braun and Clarke do note some disadvantages to using thematic analysis, for example, the researcher may be overwhelmed with data and find it hard to filter out relevant data. To mitigate this, they suggest applying a rigorous approach when following each step. This rigorous approach is outlined below.

3.7.1 Step 1: Familiarising yourself with your data

The interviews were carried out by the researcher, therefore some level of familiarity with what participants had said had already begun when it came to the analysis stage. Interview recordings were transcribed into written form partly by the author and partly using an online transcription service, called 'PageSix'. It is acknowledged that the researcher solely transcribing the interviews would have allowed for greater familiarity with the data, however given the time constraints of the research, for practicality, it was decided that using a transcription service would be the best way to complete the research in time. Once the transcribed interviews were received, they were read

alongside the audio recordings to check for any errors. Reading the interviews several times over also allowed them to become familiar. The interviews were read ‘actively’, this means that any initial thoughts about points of interest within the data were noted to return to later for further investigation. In summary, by the researcher personally conducting all the interviews, reading all transcripts repeatedly and noting initial thoughts, there was full immersion within the data. Immersion in the data was vital for providing a good foundation for the following steps.

3.7.2 Step 2: Generating initial codes

Step 2 involved the development of formal codes. Coding took place manually, using printed transcripts, highlighters and ‘post-it’ notes. It was decided not to use a software programme for transcription (such as NVivo9) due to the software limiting the amount of data you can see at one time on the screen.

Codes were allocated to short extracts (typically 5-10 words). The codes were generated from the language used in the extract, at the semantic level. This was to ensure the codes were reliably representing what the participant had said and to avoid adding a level of interpretation at this point. However, latent codes were also identified; these involve looking for underlying meanings in participants’ responses (Boyatzis, 1998). Latent codes are often associated with the social constructionist paradigm therefore it was important to do this. See Figure 7 for an example of codes applied to a short segment of data.

Figure 8. Table showing example of data extract and the code applied to it.

Interview No.	Data extract	Coded as
Adult-P6	“I think people act differently especially as teachers here, you’re	Act differently on camera

	in a school you've got a teacher, a psychologist and a camera...you try harder for one"	Try harder when being filmed
EP-2	"No he didn't, but he never asked either actually, which is something I hadn't thought of, but no he hasn't seen them"	*does not show video to child

*latent code

The data that was coded was firstly driven by the research questions; any data that referred to children's views or personal experience of VIG was coded. Secondly anything additional that participants had said that was not directly related to the research questions but was of interest to the researcher was also coded. This inductive approach meant that all codes were strongly linked to the data.

Extracts were highlighted, and codes were written onto the printed transcripts. One transcript was shared with a peer reviewer for them to also code. Codes from the same transcript were compared and any differences that occurred were discussed. Codes were then mutually agreed upon. Following peer reviewing of codes, changes were made to make the codes more descriptive and clearer to understand. For example, the code "*act differently*" was changed to "*act differently on camera*".

The data set was worked through systematically, case by case, in the same order the interviews were conducted in; EP, Adult, child. Data extracts of the same code were then gathered together by photocopying the coded transcripts, cutting them out and grouping them together (see Appendix L for

a photographic example of this). If a data extract contained multiple codes, it was copied multiple times and grouped accordingly.

3.7.3 Step 3: Searching for sub-themes and themes

Once all the data had been coded, each code was then written onto a 'post-it' note. Codes on 'post-its' were then grouped according to initial thoughts on possible sub-themes. The development of the sub-themes took place over several days to allow for reflection time and the swapping and movement of the grouping of codes. Sub-themes were selected for their prevalence in the data set and their potential to draw out unique and interesting findings.

Overarching themes were then developed from the sub-themes. They worked by grouping together sub-themes which together captured something important or interesting in relation to the research questions.

3.7.4 Step 4: Reviewing themes

Braun and Clarke (2006) suggest that when reviewing themes Patton's (1990) dual criteria should be used. This involves considering *internal homogeneity* and *external homogeneity*, which means that themes should together provide coherence, but should also be distinct from each other. Therefore, themes were checked for these dual criteria.

It is acknowledged that it is the researcher's interpretation which develops themes, therefore codes could be grouped into themes in several different ways. Due to this, the developed themes were discussed with research

supervisors to explore the interpretation and to gain other perspectives on that interpretation. This helped to ensure the themes were valid and rooted in the data, avoiding researcher bias as much as possible.

It was also important to consider the prevalence of the themes. To do this, a table was developed to show the occurrence of the themes in the data set. This ensures that there is enough data to support each theme. Table C below provides an outline of this.

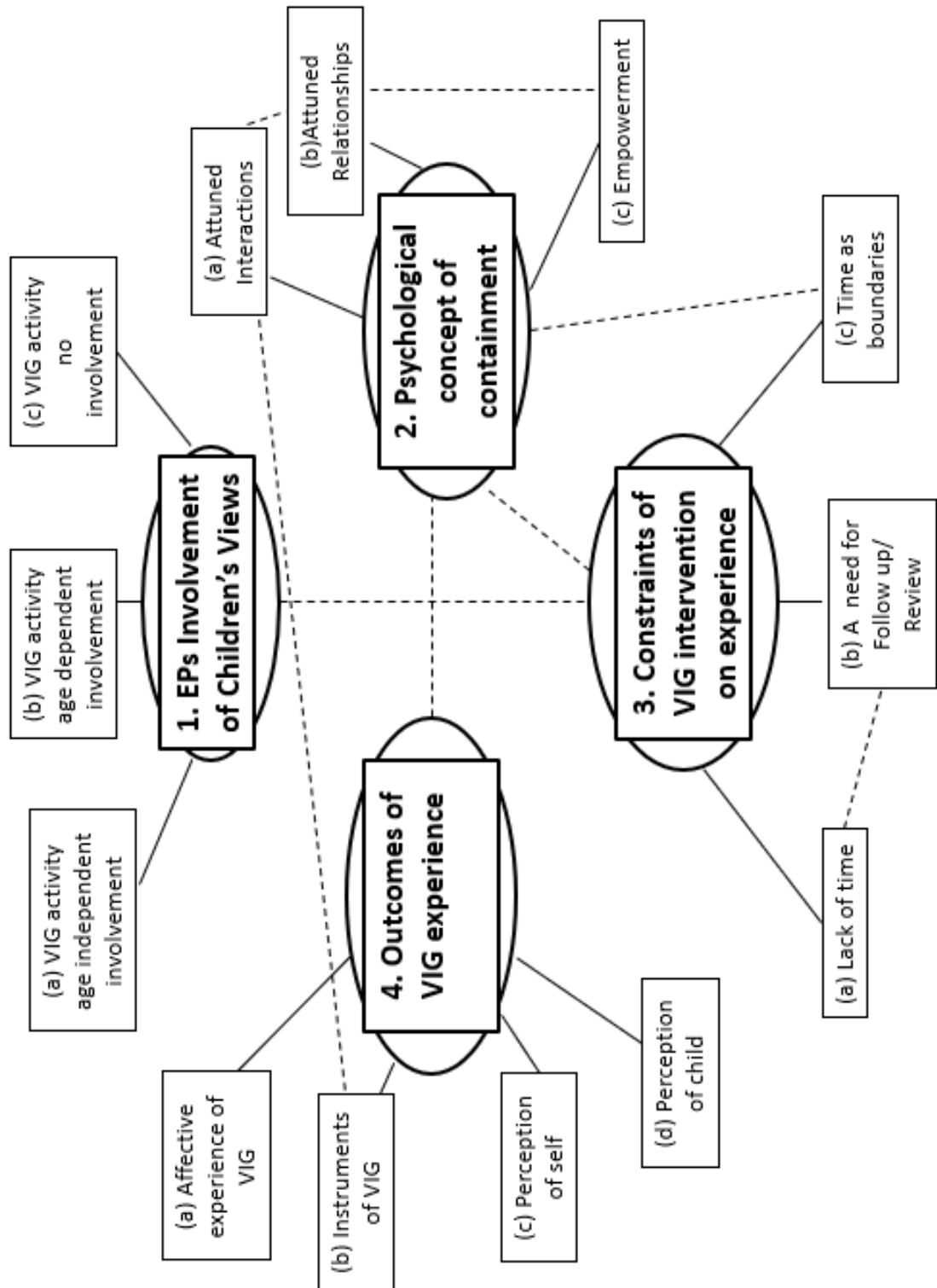
Table C. Overarching Themes and Sub Themes and their occurrence in each transcript

Overarching Theme	Sub Theme	EP	Parent/TA	Child
1: EPs Involvement of Children's Views	(a) VIG activity age independent involvement	EP3, EP6		C5
	(b) VIG activity age dependent involvement	EP1		
	(c) VIG activity no involvement	EP2, EP4, EP5	TA4	
2: Psychological Concept of Containment	(a) Attuned Interactions	EP3, EP4, EP6	Parent1, TA2, Parent3, TA4, Parent6	
	(b) Attuned Relationships	EP3, EP4, EP5, EP4, EP5	Parent1, TA2, TA4, Parent6	C6
	(c) Empowerment	EP2, EP3, EP4, EP5	TA2, TA4, Parent6	
3: Constraints of VIG Intervention on Experience	(a) Lack of Time	EP1, EP2, EP4, EP5		
	(b) A need for follow up/review	EP3, EP5, EP6	Parent1	
	(c) Time as Boundaries	EP3, EP6		
4: Outcomes of VIG Experience	(a) Affective experience of VIG	EP1, EP2, EP3,	Parent1, TA2, Parent3, TA4,	C1, C2, C3, C4, C5, C6

(b) Instruments of VIG	EP4, EP5, EP6 EP5, EP6	Parent5, Parent6 Parent1, TA2, Parent3, TA4, Parent5, Parent6	C2, C4, C6
(c) Perception of Self	EP2, EP5	Parent1, TA2, Parent3, TA4, Parent5, Parent6	
(d) Perception of Child	EP1, EP2, EP3, EP4, EP5, EP6	Parent1, TA4, Parent6	

Once the themes had been finalised, a thematic map was developed. Figure 8 below shows the thematic map.

Figure 9. Thematic Map of Themes and Subthemes



3.7.5 Step 5: Defining and naming themes

This step involved defining each theme and sub-theme and refining what each one represented. The name of each theme and sub-theme was important as

it needed to capture the essence of what it represented. It was also important to review whether each theme addressed the research questions and contributed something of interest to the field of psychology. Each name was also checked against each other for no overlap or repetition; every theme must be exclusive of the other.

3.8 Trustworthiness and Credibility of the Research

Within quantitative research it is necessary to demonstrate validity and reliability in order to provide the reader with a clear understanding of the quality of the research. However, with qualitative research the same measures of quality are not so clear cut. Robson (2011) states that notions of validity and reliability are rejected by many researchers in the field of qualitative research, instead terms of trustworthiness and credibility are used instead. Therefore, the terms trustworthiness and credibility will be used throughout this research to ascertain how the methods employed are accurately measuring the subject of the research.

Trustworthiness and credibility refer to the degree to which you can trust that the findings are credible given the data presented (Lincoln & Guba, 1985). This was ensured during the data collection, firstly, by the triangulation of participant responses. The child's views, Adult's views and EP's views were all gathered for each intervention through interviews. This meant that the same information was sought from multiple sources and therefore there is a coherent justification for the development of the themes. It can be argued that seeking

triangulation in qualitative data diminishes the view of the individual. However, in this research, where only an individual held a particular view, this is also incorporated as well as views which were triangulated by other participants. Where differences of opinion occur, it provides useful data and learning as well as highlighting the social constructivist stance whereby people construct their own version of reality.

In addition, two peer reviewers were asked to counter-verify the codes and themes used in the analysis to increase the credibility of the coding process. The first peer reviewer was asked to independently code one blank interview transcript. The researcher and peer reviewer then came together to discuss and compare how they had coded each item. Any discrepancies were discussed, and the code was jointly agreed upon following the discussion. This was done at the start of the data analysis and therefore the learning from the discussion guided the subsequent coding. The second peer reviewer was provided with a list of codes from one interview transcript and was asked to draw out themes. The researcher and peer reviewer then compared their own themes. Any discrepancies were discussed, and themes were then jointly agreed upon. Again, this occurred at the start of the development of themes so that learning from the discussion was taken forward for the remaining generation of codes into themes. In addition, regular collaboration with supervisors provided scrutiny of the codes and themes throughout the research. This process of peer reviewing enabled the participant's views to be represented as accurately as possible through the codes and themes. It also enabled the level of interpretation to broaden and to increase the reflexivity

asa researcher to not be narrowed by personal views, but to continually be open to other interpretations as well.

Furthermore, Creswell (2013) states that trustworthiness and credibility can be improved through the researcher thoroughly engaging with the data. This was done by developing familiarity with the data over an extended period of time through repeatedly listening to the interview recordings, repeatedly reading the transcripts and carrying out a thematic data analysis. This ensure the data well known, but it also allowed the space and time to reflect upon it. This time to reflect was crucial for the incorporation of the social constructivist stance which enabled the understanding about not only what was being said, but what was not being said or what might have been implied in the data.

Braun and Clarke (2006) recommend returning to your participants and checking that the developed themes which have been interpreted by the author match with what the participants had intended when they shared their experiences. Doing this increases trustworthiness and credibility to the research. This process was not carried out within the current research, however if the research were to be conducted again without the same time constraints, this would be carried out.

3.9 Reflexivity

Reflexivity is defined as;

“...the process of a continual internal dialogue and critical self-evaluation of researcher’s positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome.” (Berger, 2015, p220).

Therefore, it is essential to acknowledge the influence of the researcher over the research. The researcher shapes the research through their values, interests and their personal, political and professional beliefs (Willig, 2013). This will have begun in very early stages of research design, through to data collection and particularly during the data analysis. Berger (2015) argues that reflexivity is a major strategy for good quality qualitative research.

Reflexivity in this research will be discussed here and again in Chapter 5: Discussion. However, reflexivity was held in mind throughout conducting the research, for example by remaining open to other interpretations of the data, not just the researcher’s own. A key aid to considering reflexivity throughout the research was a research diary. This was used to write down thoughts, reflections and ideas throughout the process, providing an aid to awareness of any biases.

Through the research diary it was possible to reflect on many areas including the time spent coding and analysing each interview. It was noticed that the EP interviews were taking much longer to code and analyse than the Adult or Child interviews. There had also developed a greater number of codes for the EP interviews. This was not only because they were slightly longer, but also

because they were found to be richer in data. This was reflected upon and thought to be an unconscious bias given the researcher's alignment with the profession. Upon noticing this, the approach was adjusted to look much more closely at the Adult and Child data, to see the intervention through their eyes, and not only through the eyes of a trainee EP.

This allowed the consideration of catalytic validity within research supervision. Catalytic validity refers to the degree to which the research process re-orientes, focusses and energises participants. This can also be thought of knowing reality in order to better transform it (Friere, 1973). This means that research can be participatory and emancipatory. By reflecting and realigning with the different participant groups the researcher was better able to hear their voices and therefore represent them in a truer form.

CHAPTER 4: FINDINGS AND DISCUSSION

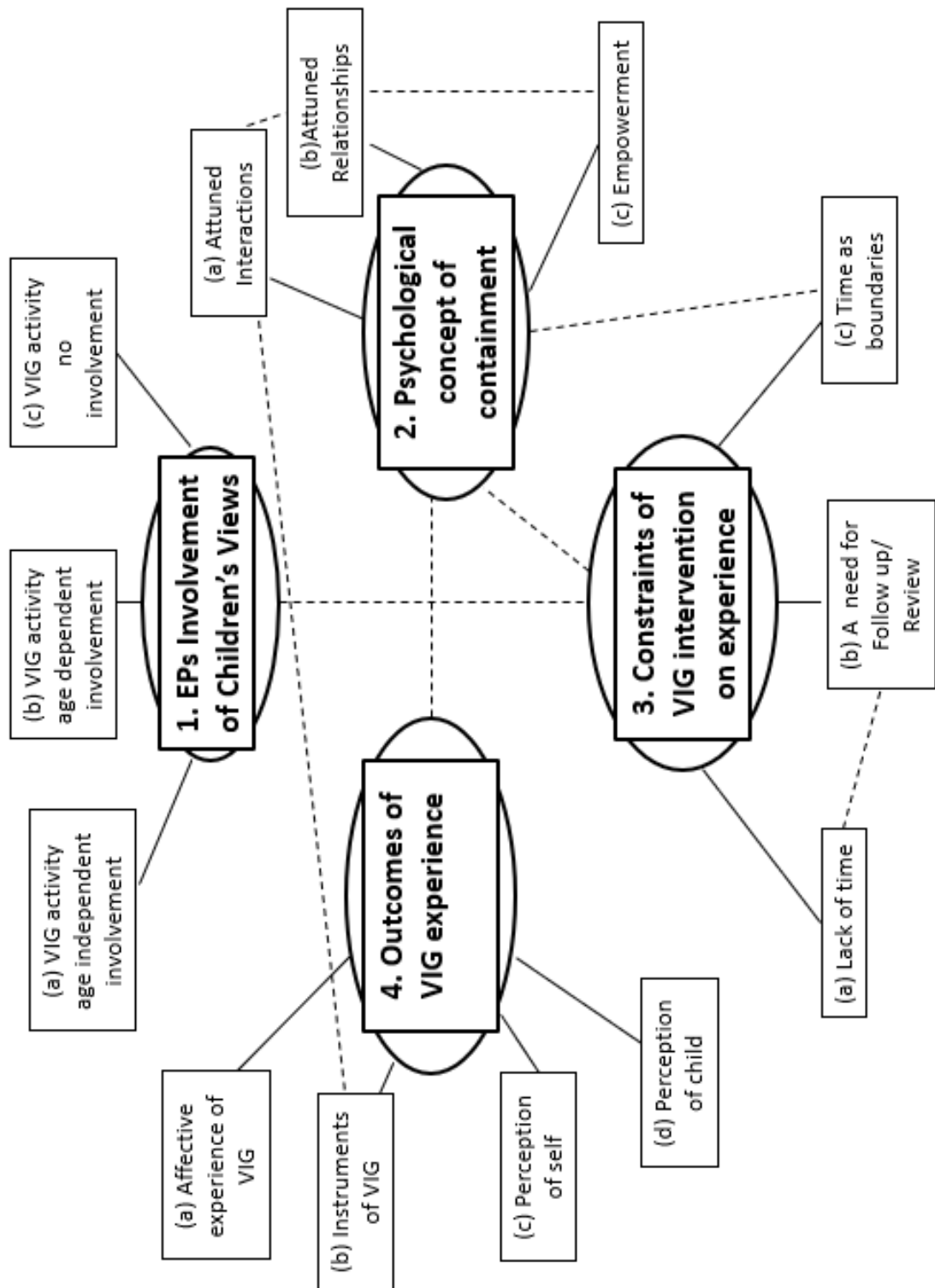
This chapter will outline the findings of the thematic analysis, including short extracts to demonstrate clear examples of the findings. It will provide a narrative of the analysis and conclude by making a reasoned argument in relation to each of the research questions. In addition, it will place the findings in the context of relevant literature in a discussion format. Each theme will be discussed in turn and connections between the findings and research questions will be made.

4.1 Analysis of Interview Data

Using Braun and Clarke's (2006) six phases of thematic analysis, five main themes emerged from the data. These are illustrated in the thematic map in Figure 9 shown again below for reference. The four main themes (labelled 1, 2, 3 and 4 on Figure 9: Thematic Map) had interrelated characteristics, however each stood out as an independent theme. The black lines on the Thematic Map indicate a stronger relationship than the dotted lines. Each main theme contained sub-themes (labelled a, b and c in Figure 7: Thematic Map). For example, the first theme: '1. EPs-Involvement-of-Children's-Views' which represented how EPs were working to include and take account of children's views within VIG, it contained sub-themes of '(a) VIG-activity-age-independent-involvement', '(b) VIG-activity-age-dependent-involvement' and '(c) VIG-activity-no-involvement'.

The following sections will discuss each theme and sub-theme in turn, using the data to show how the themes were created and how they relate to the research questions. Throughout this chapter quotes from the participants will be used to illuminate the research findings.

Figure 10. Thematic map of Interview Analysis



4.2 Overview of Occurrence of Themes in the Data

Table D shows the occurrence of themes and sub themes in the data set. This table demonstrates the prevalence of the findings across the data set which allows for analysis of trustworthiness and credibility of the research.

Table D. Table of Themes and Participants				
Overarching Theme	Sub Theme	EP	Parent/TA	Child
1: EPs Involvement of Children's Views	(a) VIG activity age independent involvement	EP3, EP6		C5
	(b) VIG activity age dependent involvement	EP1		
	(c) VIG activity no involvement	EP2, EP4, EP5	TA4	
2: Psychological Concept of Containment	(a) Attuned Interactions	EP3, EP4, EP6	Parent1, TA2, Parent3, TA4, Parent6	
	(b) Attuned Relationships	EP3, EP4, EP5,	Parent1, TA2, TA4, Parent6	C6
	(c) Empowerment	EP2, EP3, EP4, EP5	TA2, TA4, Parent6	
3: Constraints of VIG Intervention on Experience	(a) Lack of Time	EP1, EP2, EP4, EP5		
	(b) A need for follow up/review	EP3, EP5, EP6	Parent1	
	(c) Time as Boundaries	EP3, EP6		
4: Outcomes of VIG Experience	(a) Affective experience of VIG	EP1, EP2, EP3, EP4, EP5, EP6	Parent1, TA2, Parent3, TA4, Parent5, Parent6	C1, C2, C3, C4, C5, C6
	(b) Instruments of VIG	EP5, EP6	Parent1, TA2, Parent3, TA4, Parent5, Parent6	C2, C4, C6

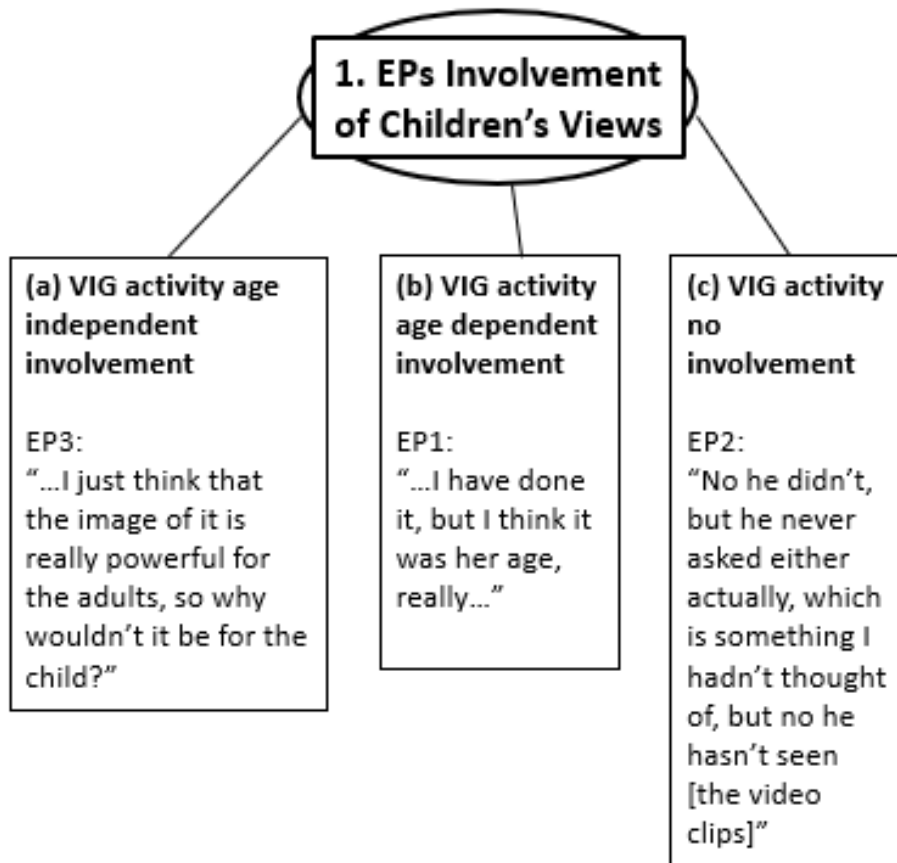
(c) Perception of Self	EP2, EP5	Parent1, TA2, Parent3, TA4, Parent5, Parent6
(d) Perception of Child	EP1, EP2, EP3, EP4, EP5, EP6	Parent1, TA4, Parent6

4.3 Theme 1: EPs Involvement of Children’s Views

Involvement is defined as having active participation in the intervention; being asked for your views, having them listened to, taking account of them and incorporating them into the intervention. It is important to acknowledge that ‘involvement’ is not the same as ‘informed consent’. Informed consent is defined as talking to the child in age appropriate language (language they can understand) about what the adults would like to do and gaining their agreement with it. Involvement is different to informed consent due to the children influencing how the intervention is conducted.

The semi-structured interviews conducted in this research consisted of specific questions around the involvement of children’s views in the VIG intervention. Participant responses fell within 3 subthemes. These three subthemes were; VIG-activity-age-independent-involvement, VIG-activity-age-dependent-involvement and VIG-activity-no-involvement. Each of these subthemes will be defined under their headings. Figure 10 below provides an overview of Theme 1 and its subthemes.

Figure 11. Thematic map extract of Theme 1. EPs Involvement of Children's Views



4.3.1 VIG Activity Age Independent Involvement

VIG-activity-age-independent-involvement subtheme refers to children's views being involved in the VIG intervention *regardless of their age or stage of development*. Working in this way was a feature of two participating EPs.

Examples they gave of how they involved children's views were;

- Allowing the child to choose the activity being filmed,

- Allowing the child to view the video and comment on the video afterwards,
- Including the child in the shared reviews.

A quote from EP3 demonstrated sharing the video with all children they work with, incorporating them into the shared review and it being a very powerful part of the intervention;

“So, the child will always get to see the clips with the mum or whoever, but I think it has been a thing that I’ve started to include because I think it’s important... I really want the child to see the good moments...because actually, they need to know...and remember, that there are some good moments...I just think the image of it is really, really powerful for the adults, so why wouldn’t it be for the child?”

This quote described how the EP had begun to involve children’s views when they used the words, *“it has been a thing that I’ve started to include”*. This suggested that they haven’t always done this, but through their practice they have seen the value in doing so and therefore changed what they do accordingly. Therefore, their experience had informed their practice of involving children’s views. This same EP described why they think it is an important thing to do in the following quote;

“I actually thought that that was a really important moment because you had mum and L watching mum and L, but interacting positively, and he was all smiles, big beam, you know, he loved it.”

This quote described the positive affect that showing the child and parent the clips together had on the child. Creating moments of positive feelings for parent *and* child in the shared review was a big feature in the reason for success of the intervention for this EP.

EP6 described how they like to involve children's views by asking them to contribute to deciding upon the 'helping question' within the VIG intervention.

"...I asked her what she would like to work on and she said staying in class because actually at that point when she was anxious, she was coming out of class...So I said okay, if we can perhaps look at what helps you in the classroom or helps you in this interaction, perhaps that might help you to be in the class."

This quote demonstrated how this EP consulted with the child about what they would like to work on or improve and then that became the focus for the intervention. Here the child is put at the centre of the decision making for the intervention.

What was apparent from both EPs who involved children's views regardless of their age, was that they were approaching it in different ways and adapting their approach according to the needs of the child. EP6 gave another example of how they had incorporated children's views when the child was not yet able to help contribute to the helping question due to her age. Instead they asked them to decide upon the activity to be filmed;

"So, what we did with this one was, because she is only Reception, we just said that we were going to do a fun activity, that you could choose, with your Mum...and then afterwards, you can look at the video with your mum, and look at all the nice bits of how nicely you played together."

This quote demonstrated the child being offered to choose the activity and then be involved in watching the video clips back together in the shared review. It also showed how the EP adapted involving children's views when they are younger, this child being in Reception class (aged 4 years old). Therefore, this

contributed data to the subtheme of involving children's views regardless of their age.

In the data, one child suggested that asking the children their opinion of whether they would like to be filmed or not is important.

[In response to "Would you recommend other children to be videoed with their TA?"] "It depends on the type of child, some children rather don't want this because they might think its embarrassing or something, others like me that don't really care think its alright its ok so to be honest its best to ask the TA or the parent first ok and if they say yes they'll be fine or no they wouldn't really like that." Child

This subtheme demonstrated EPs working to incorporate Article 12 of the United Nations Rights of the Child legislation which outlines that all children who are capable of forming their own views, have a right to have those views heard on all matters affecting them and that those views should be given due consideration. Therefore, the involvement of children's views in VIG is not just listening to them but taking them into consideration when making decisions regarding them. Pascal and Bertram (2009) argue for the inclusion of children's perspectives which allows for a co-construction of meaning between adults and children. It can be argued that this will only enrich the understanding of adults and children and therefore should hold precedent within all interventions with children.

4.3.2 VIG Activity Age Dependent Involvement

VIG-activity-age-dependent-involvement subtheme is defined as children's views being involved in the intervention *dependent* on their age, stage of development and understanding. One EP contributed to this subtheme and some quotes from their interview are provided.

EP2: "I have shown it with older children. When I've done it with older children, as in secondary age pupils, they tend to get it a bit more, so they will then be involved a bit more. They can understand a bit more what you're asking them to do."

EP2 said that they would involve children's views depending on their age and understanding of the intervention. An example given by EP2 was involving a young person in a secondary school into the shared review with their Teaching Assistant. They also described knowing colleagues who had involved children's views and relating that to the professional skillset of the individual.

"...I've seen other colleagues who have involved children much more in the review of the video and that's worked really well as well. So I think it just depends on the child ... and obviously the skills of the video person"

Therefore, they suggested that involving children's views required particular skills. Perhaps skills they do not feel they possess themselves.

EP2 described working with younger children and trying to involve their views but not having much success as their concentration and interest was not there.

EP2 stated:

"They quite like looking at themselves, but I think they think how on earth do they sit in a room and talk for all that time. They think 'they're really boring.' You know, they can appreciate the fact that they're having a nice time. But I think it's the same as looking at a photo, you

know, kind of like, "Yeah. And?" So their involvement potentially is quite fleeting at that point. They will look, but then that's it."

This subtheme demonstrated EPs giving some consideration to the Article 12 of the United Nations Rights of the Child legislation but placing it in the context of to what extent the child is interested in forming an opinion about VIG. The age and stage of their development may affect the value children see in forming their own views; older children placing higher value on being listened to. Pascal and Bertram (2005) argue that children are often silenced due to adults believing that children are too young to form a viewpoint. Therefore, societal influences may have impacted on children's willingness to form a viewpoint; they are not accustomed to being heard therefore present as not interested.

4.3.3 VIG Activity No Involvement

The subtheme VIG-activity-no-involvement refers to the children not being involved in the intervention. This means that children were part of the intervention but not involved in providing their views that had an impact on how the intervention ran.

EP3 described how their focus was on the adult's behaviours, therefore the child was asked for consent, but not necessarily involved in the running of the intervention. EP3 stated;

"I was looking at how well he worked with the TA, looked at what he was doing well, and it was very emphasised that it wasn't looking at him, it was looking at what the TA does, so it was very directed on the

adult behaviours rather than his. And he was quite happy with it actually, he didn't seem very fussed at all that I was there with my camera. He was initially quite interested in the camera itself, and there were a couple of little playing up for the cameras, but overall he wasn't – I don't think he was that interested to be honest, he just let us get on with it (laughing)!"

This quote suggested that the child was interested in the camera but was not interested in what the adults were doing, therefore this EP felt they were able to continue with what they had planned. This was similarly suggested by EP4 who said;

"Yeah, so if you can involve them, its great. But I think my experience is generally they're not that interested. They want to know what's been filmed but that's it."

EP4's experience of VIG had been that the child was interested in the camera, what was being filmed, however they were not interested in being involved beyond that.

As well as quotes which demonstrated no involvement of children's views, latent quotes also demonstrated VIG-activity-no-involvement. EP5 did not explicitly say that they don't involve children's views but it was understood from the descriptions of their intervention that they had not involved children's views. Therefore, their experience fell into the VIG-activity-no-involvement subtheme. EP5 stated:

"... it can't all be down to the child because otherwise I'm doing the same as the parents."

This quote suggested that they chose not to involve children's views because they wanted to move away from focusing on the child, as the parents had done, and move towards focusing on the adult.

This subtheme acted in contrary to the United Nations Rights of the Child legislation previously discussed. To understand this, it may be useful to draw upon Bronfenbrenner's Ecosystemic theory (Bronfenbrenner, 1979). This theory has not been previously explored in VIG, and therefore not in this research, therefore it will be outlined here now. Bronfenbrenner's theory promotes working with the systems around a child which influence their behaviour such as; the immediate family, the school and the community. Therefore, by not including children's views in VIG, it may be argued that EPs are working in the immediate family system to bring about positive change for the child. Further consideration of implications for EP practice regarding this subtheme will be discussed in Chapter 5.4.

4.4 Theme 2: Psychological Concept of Containment

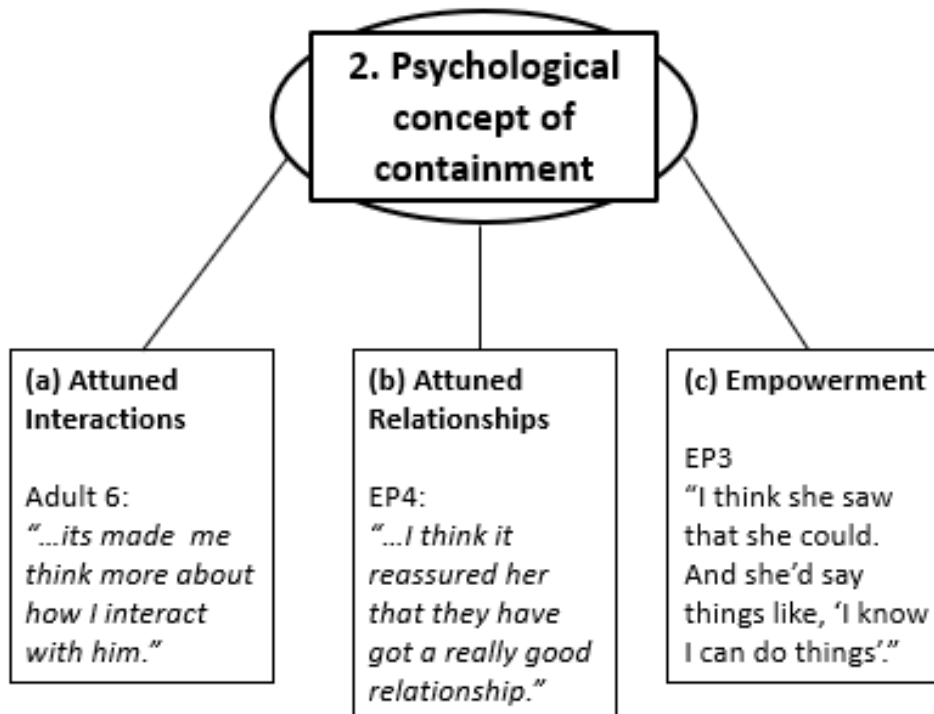
The Psychological-Concept-of-Containment emerged as a theme as there appeared elements of containment theory running throughout the data. This was an unexpected finding as 'Containment' has not previously featured in the VIG literature, it will therefore be outlined here.

Containment is a concept developed by Bion (1961). Bion's theory of 'Containment' originates in the mother-infant relationship in which the mother provides the infant with emotional comfort. The infants' feelings of anxiety

(originating from physical pain – in need of food, warmth etc, or emotional pain – in need of soothing or comforting etc) are then sufficiently comforted so that the infant can safely explore the world and, importantly, engage in learning. This process also models for the baby emotional regulation; the ability to regulate one's emotions and self-soothe. By modelling this, the baby is then learning to do this for themselves. Winnicott (1960) extended this theory from the mother-infant relationship to the mother receiving emotional support or 'containment' from a partner or extended family. This is known as the 'nursing triad' whereby the mother is held and supported by either the child's father or another supportive adult. Containment is where a person receives and understands the emotional communication of another without being overwhelmed by it and communicates this back to the other person. Therefore, this concept is useful not just for parent-child relationships but also in a professional supervisory relationship (Hawkins, & Shohet, 2012). This process can restore the ability to think in the other person. This concept featured throughout the data in many ways, including EPs, Parents and TAs being contained which allowed them to think in new and different ways which they found helpful. It will also be discussed further in Chapter 5.2.

The Psychological-concept-of-containment theme contained three subthemes; Attuned-interactions, Attuned-relationships and Empowerment (as shown in Figure 11). Each subtheme will be defined under its own heading.

Figure 12. Thematic Map Extract of Theme 2. Psychological Concept of Containment



4.4.1 Attuned Interactions

The subtheme Attuned-Interactions is defined as a reciprocal action between two people. It can be verbal or non-verbal communication that is sensitive or empathetic to the other person. It is often noticing cues from another person and responding promptly and appropriately.

EPs work with children and families when there is a problem and people are usually feeling stressed or anxious about this problem. Attuned-Interactions subtheme represents when participants were able to feel contained with their problem and reflect on their interactions in a useful and helpful way. Three EPs, three parents and two TAs contributed to this subtheme.

TA4 spoke of not noticing or considering the interactions between themselves and the child before, but when they were guided to by the EP they noticed a good rapport between them.

“Yeah what T was saying was the interaction between us, myself and S, that I hadn’t noticed or thought of before, in that there was a good... rapport with us.”*

The VIG intervention had shown participants a new and different way of tuning into and examining the tiny interactions between people;

“...it was so small, the details were so small, the interaction, how he looks and where he is and what he notices.”

TA4 found that being guided to notice these interactions was very interesting and helpful;

“I was going back and seeing the little things with S, the little things that you do as a person, it was really interesting, really interesting, really good, really helpful.”*

When looking at the interactions, Parent 6 recalled what specific interactions they remembered noticing and how those interactions impacted upon their child. Parent 6, in the following quote, refers to noticing the “*little things*” that had big effects;

“...there was a moment when he just went off on a random tangent and rather than make him feel bad I sort of got him back to where we wanted to be but without making him feel bad, I didn’t actually realise how I’d done it, and when you see it on the video you see ok yeh, so understanding things that I didn’t realise, so sometimes making a joke and sometimes quite stern when I didn’t necessarily mean to ...little things...I don’t know...little things like it showed you that if you just went ‘no’ and just did one little finger, I didn’t realise that had such an effect on him.”

As a result of noticing the “*little things*”, or as we can also call them attuned-interactions, it has subsequently changed the way they thought about how they interacted. Parent 6 said;

“It changes the way I think about what I’m doing. So I’ll think more about my interactions with him...and if I don’t I’ll think about it later, like how I’ve been with him, have I said ‘yes’ or ‘no’...so yeh...have I acknowledged him a lot of time.”

EPs spoke of attuned-interactions shown in video clips during VIG, as a powerful tool for helping to bring about positive change for young people. EP3 stated that VIG lends itself very well to looking at the interactions and connections between people, even when the original problem may be an academic query. EP3 stated;

“somebody said to me they had a query about a young boy who they hadn’t yet tapped into his potential, they didn’t feel, his academic potential. And they felt they couldn’t connect with him, I think were their words: “We can no longer connect with him.” And he’d been doing okay up until that point. He was going into Year 3. He was in Year 2 before the summer. And I just thought that idea of connection, video work really lends itself to that to look at moments when people do connect and what they’re doing to support that and build their own understanding.”

EP4 said that when you can find examples of mirroring (when body language by one person is immediately and unconsciously copied by the other person) it is very powerful for demonstrating the attuned-interaction between two people. EP4 said;

“She was in tune with the young person. And then as we progressed, I found examples of mirroring, which I always think if you can find those in the video, and they do happen quite a lot, that is when adults go, “Oh,

my goodness. I didn't realise I was so connected," whether it be a parent, teacher, teaching assistant. I think that's often a kind of light bulb and wow moment for them and they did quite a lot of that."

EP4 described a "wow moment" that she enjoyed facilitating in the participating adult. EPs may feel contained in their professional role when they are able to show attuned-interactions within the video clips.

Attuned interactions feature prominently in the VIG literature and become the goal to achieve within the intervention. Trevarthen's Intersubjectivity (1979) says that attuned-interactions are the foundation of the development of the sense of self. Biemans (1990) principles of attuned interactions (Chapter 2.5.1) provide an overview of what harmonious and responsive non-verbal interactions look like. These findings show that participants in the VIG intervention find noticing the attuned interactions very powerful and that the intervention is achieving the desired effect of understanding how to be attuned and increasing moments of attuned-interactions.

4.4.2 Attuned Relationships

The subtheme of attuned-relationships refers to the way in which two people are connected in a manner which is happy, harmonious and responsive to each other. Three EPs, two Parents, two TAs and one child featured within this subtheme. EPs spoke about recommending VIG in situations where there may be a disharmonious relationship between parents and school;

"I've found that in both cases...I've done that it's been where relationships between school and parents are really breaking down, massive behavioural issues with the young person - that's how they would kind of construct it. And then you're getting into a kind of blame of it's home or it's school. So we've used VIG as our common goal and come together and shared what we've found, not the actual video, but what we've found."

Here, VIG had been used to bring people together through a common goal and by sharing that, they found a way to move the parents and school into a more attuned-relationship. EPs also felt that VIG provided reassurance to participants, that they had a positive relationship with the young person which they consider to be very important. EP4 stated;

"I think it has reassured her and made her more confident, the fact that she is working well with them, she has got a relationship with them, which I think sometimes can be hard for her when – because obviously she spends the most time with them, she is at the brunt of a lot of the incidents, and the 'I don't like school, I don't like you' kind of situations. So I think it reassured her that they have got a really good relationship and what she is doing is effective, and I think that was the biggest outcome."

For EPs the outcome of reassurance in the relationship was very important as they believed that successful learning could only take place once an attuned-relationship was there. EP5 stated;

"I'm a real believer that in order to even start to engage a child in learning, you have to have that baseline of relationships built. I think [VIG] is a way of doing that."

Showing moments of positive interaction through the video clips helped EPs to show parents the attuned-relationship they had with their child, when previously the parent may have felt the relationship to be a difficult one;

"and I often find in the first shared review and sometimes the second, parents in particular where things have been really difficult reflecting on how they are feeling. And several times parents have said to me, "Oh

my goodness. It's how I feel that is affecting how they are," or, "I didn't realise that they looked to me so much. I thought we didn't have a relationship. I thought that I didn't connect with them."

The goal of VIG is to improve the relationship between the Parent/TA and child, but during VIG there is also the attuned-relationship of the EP and Parent/TA which is important for facilitation of the intervention. EP5 discussed the challenge of her relationship with the TA initially. EP5 used the video to look back and unpick what was uncomfortable about their relationship in order to move them forward into a more attuned-relationship;

"the teaching assistant being slightly defensive initially - that was hard. And it wasn't until I had kind of looked back at the video... I had a sense that there was something in our interaction that felt a little bit uncomfortable, but it took me going back to the video of the shared review, of her and I, to have a look and think okay, I think that's where it is, that although she's giving me lots of answers, it's quite defensive the language that she's using. And that was really helpful because then the next time I went back I was able to do something slightly differently with her and really encourage her to identify things rather than in hindsight maybe I'd led it a bit too much in shared review one. Which can be hard to do because it's the first one, but I think actually she needed the opportunity to lead a bit more and when she did that, she definitely was a lot more engaged."

Therefore, the attuned-relationship subtheme featured not only between the Parent/TA and child, but also between the Parent/TA and EP. Both were equally important to the success of the VIG intervention.

Attuned-relationships links to its theoretical foundations of Bowlby's Attachment Theory, as outlined in the literature review. Developing a secure attachment enables the child to feel safe and this in turn allows the child to be

free to learn. This could also be said of the relationship between EP and Parent/TA (for the Parent/TA to learn from the EP they must feel safe in the relationship). The connection between relationships and learning has been noted in the literature. Youell and Canham (2006) says that the experience of learning and being in a state of 'not knowing' can only be comfortable where there is sufficient containment.

4.4.3 Empowerment

The subtheme of Empowerment is defined as the process of becoming and feeling more confident in your own ability. Empowerment comes under the Psychological concept of containment as it appeared that the feeling of empowerment came as a by-product once the person felt contained. This meant that during VIG, EPs, Parents and TAs experienced being contained and once they were able to self-regulate and think about their skills in a positive manner they developed a sense of confidence in themselves.

This subtheme featured across four EPs, two TA's and one parent. Empowerment featured in EPs and TAs interview data in terms of professional empowerment; the feeling of recognising that you are skilled at your job role. Whilst empowerment featured in one parent interview as becoming confident in their ability to be a good parent. Both will be explored in this section.

Firstly, EPs spoke passionately about applying VIG and described how they had felt empowered in their job role because they had witnessed lots of positive change within families. EP3 stated;

“I really like the approach and it’s evidence-based, and it’s, kind of, has quite a dramatic impact, so when you see that happening, it kind of makes you want to do more. So, I’ve kept my enthusiasm up, despite the pressures that we’re under.”

Therefore, EP3 liked the evidence-based approach, she felt empowered knowing that she was delivering an intervention which had a good foundation of evidence behind it. She also felt empowered to continue with the intervention, despite the pressures she was under because she had seen it have a dramatic impact on the families she worked with. EP3 further added;

“It feels like real psychology, and it feels like you go in and you sort of set this thing up, and then the family really moves it on themselves, and it just feels really nice to see that happening.”

She described VIG here as feeling like “*real psychology*” which suggested that this aspect of her job role was a part she really valued and saw as having a grounding in psychology. When delivering VIG she utilised her skills as a psychologist which brought about change for families. She goes onto say that “*the family really moves it on themselves*” which implied that she empowered the family to make positive change through her facilitation. This quote ended with, it “*feels really nice*” suggested that she herself had experienced empowerment and professional satisfaction in her role as a psychologist.

EP4 described delivering VIG with a TA which had a dramatic impact on her confidence in her own skills. EP4 stated;

“it was just lovely to see the impact it had on the TA who’d kind of lost her confidence, and she, you know, seeing yourself at your best in VIG,

just really seemed to empower her in some respects. She could see that what she was doing was working, and I really liked that aspect of it.”

This quote demonstrated the impact that EP4 believed VIG had on the TA. EP4 suggested that VIG empowered the TA because she had lost her confidence and this intervention showed her that she was doing well despite not feeling as though she was. EP4 went onto state;

“...and I think it just really reassured her and gave her more confidence in those aspects, rather than ... there was no teaching element... it was what she was doing naturally but helping her recognise it.”

This outlined that VIG was not an intervention for teaching skills, it was an intervention for recognising the skills you already have, and this gave reassurance and confidence.

TA4 (who had worked with EP4) stated;

“I found out that I wasn’t doing too bad (laughing) because you do things without thinking and then you don’t know you’re doing ok and I found out I was doing ok, it was good (laughing).”

This quote showed that EP4 had an accurate interpretation of how TA4 felt about VIG and the development of her confidence in her skills. TA4 felt that she was doing things without thinking and this gave her the confidence that she was doing well. This reassurance acted as containment and developed empowerment in their professional skills. The concept of containment was also connected to empowerment because the EP and Parent/TA were on a journey of a shared experience in which they were learning alongside each other. The EP was learning about themselves and their own skillset, whilst the Parent/TA was learning about theirs.

Containing the parent to enable them to see their own skills and to transform as a parent or containing them enough to just carry on in a difficult situation is how EP6 described VIG. EP6 said;

“I think for some people for a time it can act as...reassurance that they're doing all right and with parents that actually they're doing all right and, if nothing else, it allows them to carry on... I think when things are really tough if you just know that you're basically getting it all right some of the time, that's enough to make it okay. Because I don't think many people agree to be filmed if things are okay, so things must be bad. So sometimes it makes a huge difference and I think other times it just makes it tolerable to carry on.”

This quote showed that empowerment can look different for different parents depending on their situation. For some, it might mean supporting them with the resilience to carry on and for others it has a more transformative effect.

Finally, in the subtheme of Empowerment, Parent 6 felt as though their skills as a parent had never previously been acknowledged before taking part in VIG. Parent 6 stated;

“...she was the first person to say that I did anything nice as a father...that was really nice.”

This is a powerful quote as it signifies the importance of acknowledging a parent's skills and how much it can mean to the individual. This parent had not previously experienced someone acknowledging their skills before and this began the process of empowerment of their parenting.

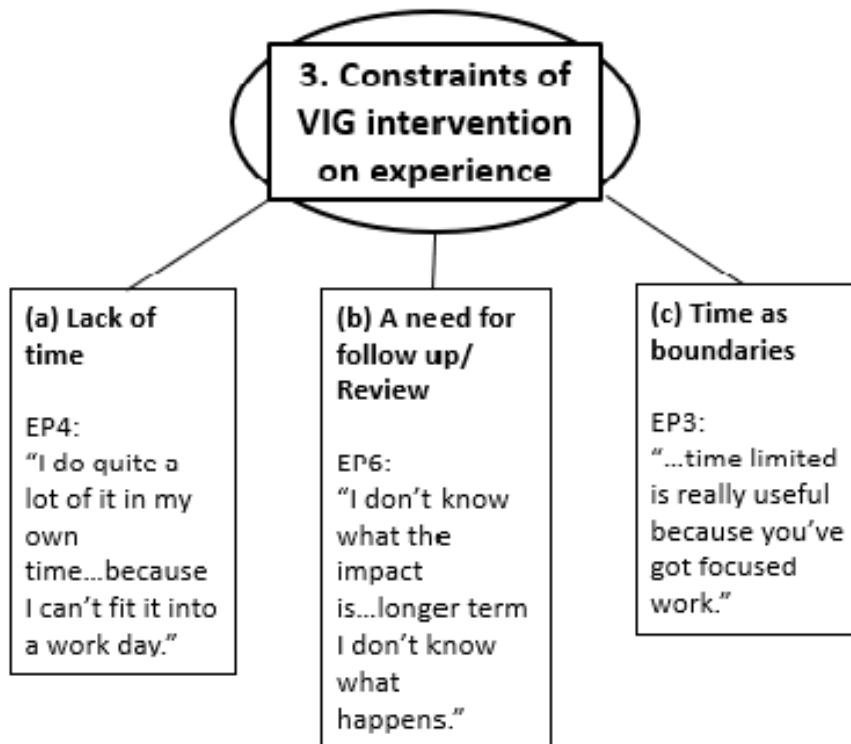
The process of guiding a person to experience empowerment is a complex one. Bandura's Social Learning Theory suggests that we learn from observing

others and copying that behaviour. Further literature suggests that learning is more powerful when 'self-modelling' takes place; when a person is filmed they then watch and learn from themselves. The findings of this subtheme show that the self-modelling which occurs in VIG, generates feelings of empowerment. This fits with previous research showing that more powerful feelings of self-efficacy are generated through self-modelling.

4.5 Theme 3: Constraints of VIG Intervention on Experience

'Constraints-of-VIG-Intervention-on-Experience' developed as a theme as participants were able to identify factors that constrained their experience of VIG. Constraints is defined as a limitations or restrictions. Theme 2 is linked to Theme 3 in that if you are successfully contained and can return to a self-regulatory state, you are then able to think and problem solve. This ability to think allows us to critique and evaluate our experience. Therefore, participants who felt contained by the VIG intervention were able to offer insights into what could be better about it. Theme 3 contained subthemes of 'Lack-of-time', 'A-need-for-follow-up/review' and 'Time-as-boundaries', as shown in Figure 12 below.

Figure 13. Thematic Map Extract of Theme 3. Constraints of VIG Intervention on Experience



4.5.1 Lack of Time

'Lack-of-Time' is defined as there not being enough time within the VIG intervention. Thereby implying that it would be better for them if they had more time. Within this Local Authority, those in management positions dictate that a VIG intervention has a time limit of 1 and half days. This means that in total an EP can spend up to 1 and half days delivering VIG; this time is usually broken down into a series of one-hour meetings, individual video editing time and supervision over the course of a few weeks.

This subtheme appeared in four EPs interview data. EPs discussed VIG as being time consuming for them in terms of the amount of time it takes to deliver

the intervention as a whole, with most feeling that it takes much longer than 1 and half days to deliver the intervention.

EP5 stated that the professional development and additional training required to deliver VIG is time consuming and often they have found themselves using their own time (non-work time) to complete aspects of it such as video editing.

EP4 said;

“VIG can be quite time-consuming in terms of our own professional development in VIG and the training that’s needed. And if I’m completely honest, I do quite a lot of it in my own time in terms of the editing (laughing) because I can’t fit it into a work day, but you still want to do the cases and you still want to help.”

Despite it taking a long time and completing parts of it their own time, EP4 suggested that they want to do that because they want to help the families they are working with. Therefore, there is a connection here between seeing the value in the work and being happy to spend additional time on it because they see it as valuable.

This subtheme of ‘lack-of-time’ appeared within a context of a current government administration who has set out to reduce the deficit and as a result we are in times of austerity. This has meant a reduction in all areas of public spending (Fallon, Woods and Rooney, 2010). With less money going to each local authority, there is less money going to each service within those Local Authorities and this has generated a cultural move towards the notion of ‘best value’ i.e. a pressure to ensure the delivery of value for money services. EPs may be feeling this pressure within their EP service and are feeling the effects of reduced time to deliver services in comparison to before times of austerity.

It is important to acknowledge the context in which EPs work as it illuminates our understanding of the findings.

4.5.2 Follow up/Review

'Follow-up/Review' subtheme refers to the appearance in the data of participants suggesting that a follow up meeting (review) would have been useful. A follow up or review meeting is a meeting that usually takes place a period of time after the intervention has finished in order to discuss the progress (or lack thereof) that has been made and to discuss further strategies or next steps if deemed necessary by attendees. Three EPs and one Parent featured in this subtheme.

EP6 stated that they would see a benefit of coming back and reviewing the VIG work as sometimes at the end of three cycles there can be more work that needs to be done. EP4 said;

"...and then after that I always find with VIG three cycles are great, but it would great if that was embedded for a bit and then you went back and revisited. That idea of then stopping at that point can be quite tricky.... but I think actually there is a time for coming back and reviewing it and I do find that a challenge with VIG. And sometimes needing to do more than three cycles, that can be challenging as well."

This suggested that they feel participants need a certain amount of time to embed the learning from VIG but then to come back and review it again through a follow up or review meeting would be helpful. EP6 went onto say;

"...because we step away, I don't know is what the impact is on the child's behaviour for longer term, or what the people are seeing. That I would like to know. So I know it is making a difference...but as far as longer term I don't know what happens."

This suggested that meeting again for a follow up or review meeting would help the EP to ascertain what the long-term impacts are of VIG. Due to VIG being a short-term intervention, it was difficult to see the impact the intervention had on the child in the long-term.

EPs calling for more long-term work such as a ‘follow-up/review’ meeting is mirrored with what we understand from the literature and legislation to be best practice. The SEND Code of Practice (Department for Education, 2015) promotes an ‘Assess, Plan, Do, Review’ cycle of working in which any interventions in place for children and young people are formally reviewed after a period of time and then continued or adjusted accordingly. This way of working ensures a proper follow up is provided and is important for ascertaining the effectiveness of intervention. The findings show there is a conflict between the current way of working and what we know to be best practice.

4.5.3 Time as Boundaries

‘Time-as-boundaries’ subtheme refers to the time limited nature of the VIG intervention acting as professional boundaries. Two EPs contributed to this subtheme and presented with conflicting views. Boundaries are the limits of the relationship between the EP and Parent/TA. Boundaries can provide a safe working structure which protects the professional and the client. EP6 felt the time limited nature of the work encouraged all participants to work in an efficient and focused manner. EP6 stated;

“I think having it time limited is really useful because you’ve got focused work”

This suggested they felt contained by the time limited nature which enabled them to know when the work started and finished which is useful in terms of the professional boundaries.

Conversely, one EP felt restricted by the time-as-boundaries and therefore felt they did not have control over the way the VIG intervention ran. EP3 felt they would like to be more flexible with the time allowed for the intervention which would enable them to explore questions as they arise. EP3 stated;

“I think actually if you could offer more... It obviously depends on the case. I mean, I’m quite used to doing three cycles, but sometimes I just think there’s still this other question. And you know, you start out with a particular question which tends to be quite general and as you video more, it becomes quite specific. You think I’d just like to explore that a bit more and allow time for it to embed in practice, you know, whether it be the parent and the child’s interaction or teaching staff, the teaching assistant, and then come back and look at how that’s going and revisit it.”

Therefore, EP3 felt as though they would like to offer more time and not be so limited by the time allocation.

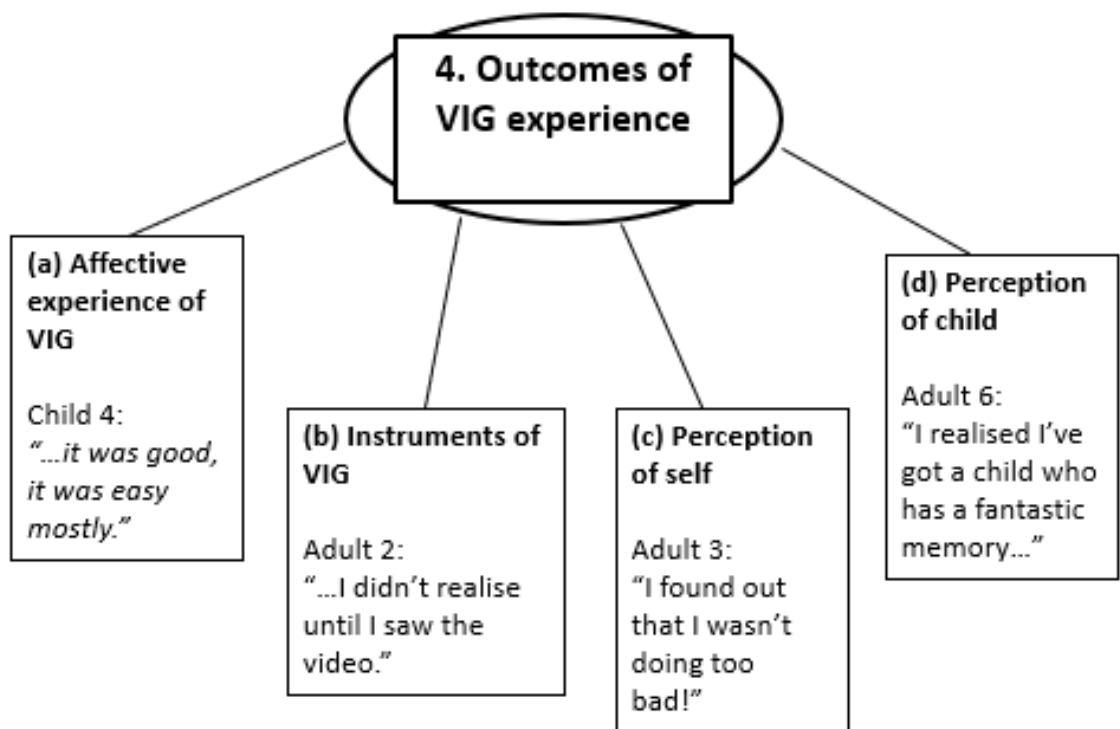
The conflicting views between EPs in this subtheme may suggest that their personal contexts shaped their views in this area. For EP6 the boundaried time allocation for VIG work acted as a containing factor for themselves and helped them to work in a focused manner. Whereas for EP3, they felt restricted by these same boundaries.

4.6: Theme 4 Outcomes of VIG Experience

The theme ‘Outcomes-of-VIG-Experience’ is defined as consequences of the VIG intervention; what happened as a result of the intervention. These have

come through most prominently into four subthemes; Affective-experience-of-VIG, Instruments-of-VIG, Perception-of-self and Perception-of-child (shown in Figure 13 below). Each subtheme will be defined under each respective heading.

Figure 16. Thematic Map Extract of Theme 4. Outcomes of VIG Experience



4.6.1 Affective Experience of VIG

Affective-experience-of-VIG sub theme describes the positive moods, feelings and attitudes of participants towards their experience of VIG. All (N=18) participants described having positive feelings towards their experience of the VIG intervention. This was the most populated subtheme and therefore one of

the most powerful. All children reported to have enjoyed the experience of being filmed. Child 4 stated:

“...it was good, it was easy mostly.”

Child 4 found the process of being filmed doing an activity with the TA easy.

Child 4 also offered some insight into how their school experience had improved since last year;

[In response to: “How is school going for you now?”] Child 4: “Erm good in lessons, definitely good in lessons, in a lot of lessons..erm yeah a few times and few people have been a little bit silly but the same thing happened in year 5 really and I have to be honest erm its probably not as bad as year 5” Child.

This improvement in school experience may be a result of the VIG intervention which took place with their TA. Child 4 stated that school was “*definitely good in lessons*” which showed a positive affective response to the question, and in relation to lessons where the TA mostly supported.

Positive affective responses were the case across all the child interviews, all reported it to be a positive experience. Likewise, TAs found the experience very positive, TA2 said that they enjoyed positive element of the intervention as in their own practice they usually pick up on the negative parts, whereas this gave a positive perspective. TA2 said;

“I really liked it. Like I said, as a person, you just pick up on the negativity of everything and I was like oh my gosh, that’s going to be awful. And actually she said she could have just showed me the whole thing and it was all positive. Where I don’t think you see that in your own practice. So yeah, I thought it was really nice, a really good thing to do.”

This quote from TA2 highlighted how positive they found the experience of VIG and they describe it as “*a really good thing to do*”.

All parents reported positive experiences of the intervention and noted that it helped you to notice things which was very interesting for them. Parent 3 stated;

“I was going back and seeing the little things, the little things that you do as a person, it was really interesting, really interesting, really good, really helpful.”

The repetition of “*really interesting*” and the use of “*good*” and “*helpful*” highlight the emphasis of Parent 2’s positive feelings about VIG.

All EPs spoke very passionately about VIG as an intervention which they deliver in schools and with families. EP4 stated;

“I think out of all the work I do, it's, I feel, the most effective way of working....this is the most efficient and effective way of working”

This quote showed that EP4 believed VIG to be “*efficient*” and “*effective*” suggesting that VIG worked as a short-term intervention and provided the best results in terms of positive changes for children and young people. EP4 also placed VIG as “*the most effective way of working*” which showed that their experience of VIG is that it is better than a variety of other approaches they are trained to use.

A common theme that came from EP interviews under the subtheme of affective-experience-of-VIG was associated VIG with ‘passion’. Passion suggested very strong positive feelings. EP2 stated;

“It was the most powerful thing doing it on my course and I know lots of training courses offer it, initial EP training courses, but not all of them. So yeah, that’s something I feel quite passionately about.”

EP2 felt that not all EP training courses offer the additional VIG qualification, but they should because it is a very powerful thing to learn to do.

This subtheme found that a positive affective experience is linked to (at least a perception of) effective outcomes. This finding draws links to the three pillars framework of Positive Psychology (Seligman, 2002). The three pillars include; positive subjective experience, positive individual characteristics and positive institutions and communities. This subtheme drew links to the pillar of positive subjective experience. Having a positive subjective experience means the extent to which a person typically feels positive emotions. Martin and Huebner (2007) found links between positive affective experience and psychological well-being. Positive psychology has risen in popularity more recently within Educational Psychology (Boniwell, 2006). A shift from focusing on fixing problems has moved to methods of finding solutions through a positive mindset. This shall be discussed further in Chapter 5.

4.6.2 Instruments of VIG

The subtheme ‘Instruments-of-VIG’ refers to the tools used for VIG and the effect they had. In the case of VIG, the main tool is video recording. Video recording is used to record an interaction between the Parent/TA and the child which is then clipped by the EP and viewed by the Parent/TA and the EP in the shared review. This subtheme emerged from the data as two EPs, two

TAs, four Parents and three children spoke about the use of video within the VIG intervention.

The three children who spoke of the use of video were mostly indifferent to its use. Thereby they did not mind being filmed. Child 4 said that they had been filmed few times before and had filmed themselves before also. Child 4 stated;

Child4: [In response to "Did you mind being filmed?"] "No, I've been filmed a few times before, I've filmed myself on my ipad before, I've done a big thing about filming before with these two people where they film me for this video about Autism from the Guardian and I went on the radio once."

This quote showed that Child 4 is very used to being filmed and had even taken part in professional filming before. Therefore, it may be the case that children growing up in the current time are more accustomed to this type of technology and thus unfazed by it. Child 4 said, "*I've filmed myself on my ipad before*" which suggested that video technology was embedded within the household and freely used by the child.

Commonly featured in the data was that the video enabled people to see for themselves things that they had never known before. TA4 stated;

"I didn't realise until I saw the video, its almost like you know if you have a calling to do a particular thing because you are naturally good or you can naturally do something without even thinking about it, I think that's how it came across to me anyway."

This quote from TA4 suggested that there is something more powerful about seeing it for yourself with your own eyes that makes the feeling you have about it stronger. TA4's takeaway feeling from VIG was that they are naturally good at their job, which they didn't realise before, and that is a significant feeling to

have. Therefore, there appeared to be a connection between seeing it on video and the depth of feeling it created. Likewise, Parent 6 stated that they remembered the realisation of the effect they had on their child the most from the videos;

“I didn’t realise that had such an effect on him. I think it was more things of him testing me, like ‘oh look dad’ that I remember from the videos most.”

This quote from Parent 6 showed that they remembered not only the realisation they had, but also the moment they had it from the film – “oh look dad” – which is most likely bringing an image from the video to their mind. Therefore, it is perhaps the picture of it, the visual image on the screen that causes people to remember it in much more detail than if they were just told. The connection between visual imagery and memory is present here.

Furthermore, EPs, Parent and TAs noted that the video allowed them to see the tiny details in interactions that they would not otherwise have been able to see. The video allows you to pause, slow down and rewind interactions in order to analyse them in micro detail. Parent 2 stated that the video helped them to see the details but also to see the interactions from child’s perspective;

“The video itself was more, I feel, for the parent to understand how, it was so small, the details were so small, the interaction, how he looks and where he is and what he notices.”

Seeing the interactions from the child’s perspective offers a different insight which might not have been possible without the use of video.

In addition, the use of video allowed EPs to later view the sessions again if they needed more thinking time about the case. EP5 discussed video recording their shared review sessions and later reflecting on them;

“the teaching assistant was being slightly defensive initially...and it wasn't until I had kind of looked back at the video... I had a sense that there was something in our interaction that felt a little bit uncomfortable, but it took me going back to the video of the shared review, of her and I, to have a look and think okay, I think that's where it is, that although she's giving me lots of answers, it's quite defensive the language that she's using. And that was really helpful because then the next time I went back I was able to do something slightly differently with her and really encourage her to identify things rather than in hindsight maybe I'd led it a bit too much in shared review one. Which can be hard to do because it's the first one, but I think actually she needed the opportunity to lead a bit more and when she did that, she definitely was a lot more engaged.”

This quote showed the process of reflection that EP5 went through using the video to analyse their own interactions with the TA. Following reflection, they were able to learn from and resolve some of the tensions in the relationship. This extended reflection was only possible using the video.

Video is a powerful medium for family interventions that has been previously recognised in the literature. The findings are supported by neurological research into the brain processes that occur when we watch ourselves performing on video (as previously discussed in Chapter 2). Gallese et al's (1996) discovery of mirror neurons in the brain suggests that we learn by observing others and this triggers brain activity. Furthermore, we learn more powerfully (with greater feeling) by observing ourselves on video. We process images through feelings before we engage in thinking (Kennedy, Landor &

Todd, 2011). Therefore, seeing and learning from ourselves on video sparks much greater emotional connectedness and significance than by watching and learning from someone else.

4.6.3 Perception of Self

'Perception-of-self' subtheme is defined as participants (Parents/TAs) coming to a new understanding about themselves. In the data there were numerous examples of participants stating that they had learnt something new about themselves that they hadn't previously known prior to the VIG intervention. Two EPs, four parents and two TAs contributed to this subtheme. That also meant that every parent and TA interviewed for this research reported that they learnt something new about themselves that caused them to adjust their perception-of-self.

The quote below from Parent 5 summarised the change they felt because of VIG;

"...it hasn't changed anything drastically...other than our perceptions."

This quote showed that they felt their perceptions had changed but it wasn't a drastic change, however a psychologist may argue that a change in perceptions is a drastic or important change which led to a change in behaviour and that is the aim of the intervention. EP5's perspective of the impact that VIG had on the parent was that it had a dramatic impact with moments of big changes in perception. EP5 stated;

"She mentioned in the second session how similar she feels she is with L...he likes structure and routine, and he likes to know what's

happening; and, she... I think we were talking about the activities she'd chosen, and I said that I'd noticed that they were quite structured activities, and then she said, "Ah! Structure is the key word," and that kind of set her off on this thing talking about how difficult she finds sort of spontaneous play. And, from that, we were able to talk about why she felt frustrated in her play with L, and I think what happened was, she came to the conclusion that actually it was easier for her, and she felt for L, as if she'd had this 'aha' moment, she felt that L had managed the play, the board game, as well as he did because he knew it was going to happen, because they'd planned it in. So, that was like an 'aha' moment for her. She was like, "Oh!" ...it had quite a dramatic impact."

This quote showed that through viewing the video clips and analysing what was going on, EP5 felt that Parent 5 had had a shift in the perception of herself; realising how difficult she found spontaneous play which may be the root of her frustration with her son. EP5 felt this to be a dramatic impact.

Parent 6 came to a new understanding about themselves and the impact they have on their child. Parent 6 stated;

"I didn't realise that I had such an effect on him. I think it was more things of him testing me, like 'oh look dad' that I remember from the videos most. How he reacts to me and how I should be different, how I need to actually ...how what I do, I'm not consciously thinking of it, I'm not conscious of it but there are times when I ignore you and I don't mean to be, that is what I thought about the video."

This quote showed that Parent 6 became conscious of the interaction between himself and his child and he came to a new understanding that there are times when he is ignoring him but doesn't mean to be.

EP2 and EP5 noted that showing clips of successful moments helped build confidence in people and helped to change their perception of themselves from someone to isn't competent to someone who is competent. EP5 stated;

"I think she just saw that she could. ...she'd say things like, "I know I can do things". And I think that had been her, kind of, belief about herself was that she couldn't and she was useless. And actually, she'd been shown clips, and they weren't huge clips, and, yeah, you're competent; you can do stuff. And that's all she needed and she'd taken it forward. And it was just miraculous."

This quote showed that EP2 felt that the shift in perception-of-self to someone who is competent had had a “*miraculous*” impact. EPs felt that VIG helped to change the Parent/TAs perception-of-self through enabling them to recognise their skills that they may not have thought of before. EP5 likewise felt that helping the parent to think about their relationship with the child changed their perception of themselves and of the problem. EP5 stated;

"I don't think her confidence and her relationship with the child was necessarily at the forefront of her mind...in terms of the problem"

EP5 had tried to bring ‘*confidence*’ and the ‘*relationship*’ to the forefront of the parent’s mind to help shift their perception. This suggested that an aim of EPs delivering VIG was to change their perception-of-self to one that is conscious of the relationship and feeling confident.

In addition, EPs reported that VIG helped Parents/TAs to see the impact that their own behaviour had on the child, which therefore readdressed their focus from the child to themselves. EP5 stated;

"...several times parents have said to me, "Oh my goodness. It's how I feel that is affecting how they are," or, "I didn't realise that they looked to me so much. I thought we didn't have a relationship. I thought that I didn't connect with them."

This was important to EPs as they wanted to shift the focus from what the child can do to change, to what the adults (Parents/TAs) can do to support the child which will result in a positive behaviour change.

Challenging perception-of-self appears in the literature regarding VIG. Wels (2004) states that the use of video is so effective within family intervention due to its links to concepts of self-confrontation, self-awareness and self-modelling. Self-confrontation asserts that viewing positive clips of exceptions in video clips may lead to change in beliefs. In connection to this, Bandura's Social Learning Theory (1977) is helpful when considering the cognitive change that occurs when people repeatedly see themselves on video achieving the goals they had set for themselves. People are confronted with video evidence of themselves as they would like to be, which leads to a change in their perceptions of their skills and capabilities.

4.6.4 Perception of Child

'Perception-of-child' subtheme refers to participants coming to a new understanding about the child. This means that they learnt something about their skills or development that they had not previously known before the VIG intervention. Through the data it emerged that six EPs, two Parents and one TA felt that there had been new learning about the child.

EP1 said that VIG had provided those involved with a new understanding about the child's anxiety and interaction with those around them. People had believed that the child was someone who did not like to talk about topics that weren't of interest to them, however they found that the child spoke about topics of interest to disguise when she did not understand a question. EP1 stated;

“I think it developed everybody's understanding of the young person and what helps to reduce her anxiety around tasks and what helps her to interact with others as well. People had a construct of her as somebody who didn't make eye contact, who only initiated conversation in an area that was of interest to her. And actually what I found, which was interesting for me as well, was when she initiated what would call off-topic conversation, it was actually when there was a task that was difficult and where she felt that she'd failed the task.”

This showed that VIG was used to develop greater understanding about the reasons for the child's behaviour. Parent 6 had a similar discovery, as they learnt that their child's behaviour was due to him feeling nervous, which they did not know before. This resulted in Parent 6 changing their perception-of-child. Parent 6 stated;

“I think its changed how I look at him...its probably changed our outlook on him quite a bit and how he reacts and how it is on his side, so you're kind of looking to help him come out and understand that he wants to its just that's he's nervous...he's changed a lot.”

Six EPs contributed to this subtheme (all EPs who were interviewed for the research) and they similarly reported that VIG changed the way Parents/TAs viewed and spoke about the children. They came to a new a different understanding about the way the children behaved. EP3 stated;

“I just think sometimes that parents haven't really thought about why their child might be doing something and what that's about and thinking through what they might be doing to help them.... and people start to talk about their children differently.”

Finally, Parent 6 reported finding out through VIG that their child had a fantastic memory, which they did not previously know. Parent 6 stated;

“I realised we've got a child who has a fantastic memory and is very sensitive to you as a parent.”

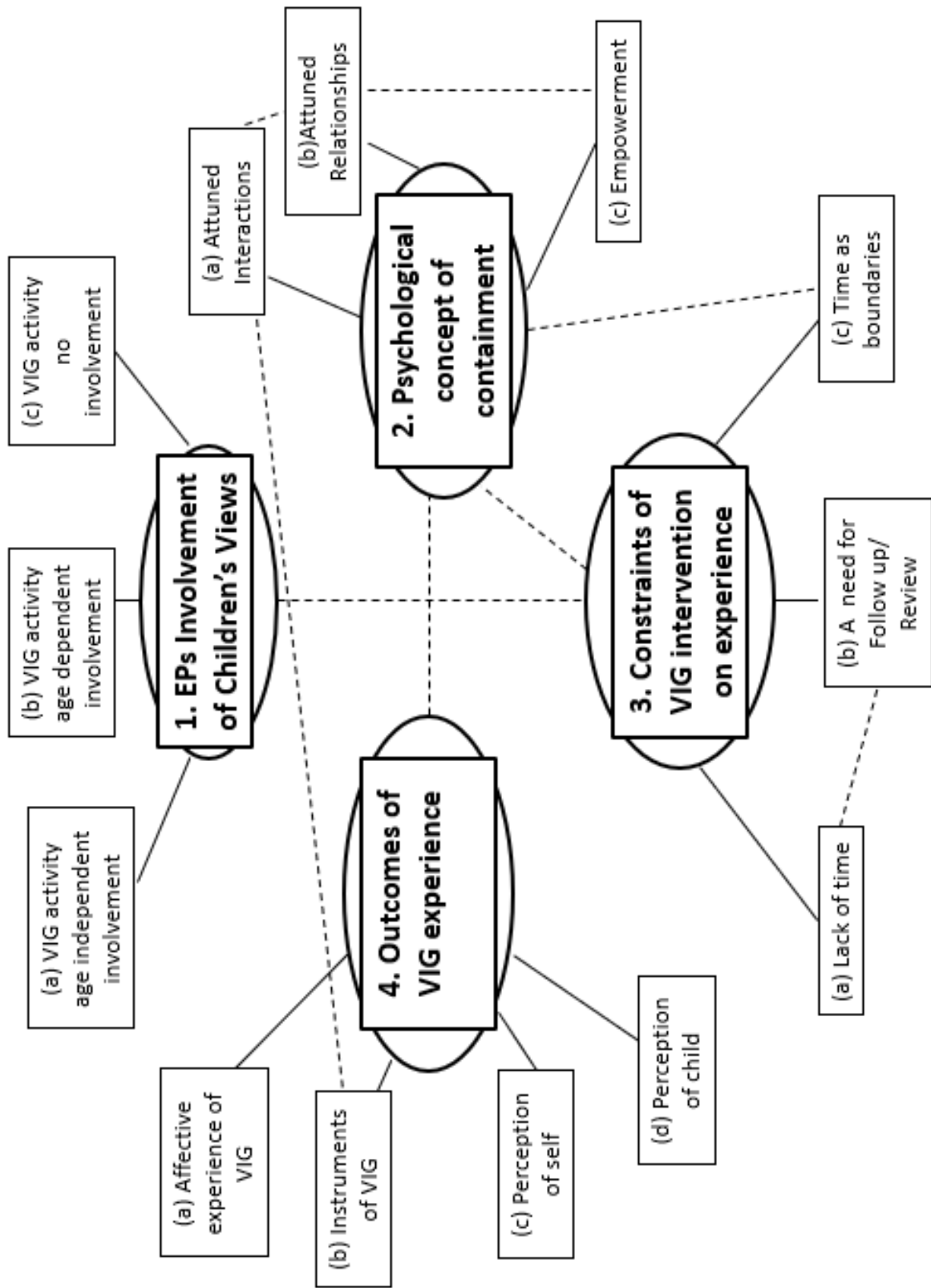
This quote showed how VIG gave Parent 6 a new perception of the skill and ability of their child.

Likewise, with perception-of-self subtheme, this subtheme drew links to the research which suggests that VIG creates self-confrontation and challenges previously held perceptions. However, this is a unique finding from the current study, that not only does it challenge self-perceptions, but also perceptions regarding the child.

4.7 Summary of Findings and Discussion

This Findings and Discussion chapter outlined the main findings from the thematic analysis of the research through four main themes; EPs involvement of Children's Views, Psychological Concept of Containment, Constraints of the VIG intervention and Outcomes of VIG experience. Each theme contained subthemes and connections between these have been outlined on the thematic map (shown again below in Figure 12). Links have been made between the findings and existing relevant research and literature.

DeFigure 17. Thematic Map



CHAPTER 5: SUMMARY AND CONCLUSIONS

This chapter will provide readers with a summary of the main findings from this research, as well the author's interpretations linked to key psychological theory and research. Unique findings and contributions of the research to the field will be discussed. Strengths and limitations of this study will be explored. Finally, the implications of this research on EP practice will be outlined and consideration will be made to possible directions for future research.

5.1 Summary and Interpretation of Findings

Previous research of VIG has neglected to include children's views of their experience. This gap in the research was addressed in this study through exploring children's, EP, Parents and TA experiences of VIG. More specifically, the research questions were as follows;

RQ1: What are parents' and TAs' experiences of VIG?

RQ2: What are EPs' experiences of VIG?

RQ3: What are children's experiences of VIG?

RQ4: What impact does the VIG process have on children, parents, TAs and EPs?

In answer to the research questions, 18 participants (6 children, 6 EPs, 4 parents and 2 TAs) took part in a semi-structured interview after taking part in a VIG intervention. Participants were participating in a VIG intervention prior to the study and subsequently agreed to take part in the research. EPs were

delivering VIG with parents and with TAs, showing that they are adapting the VIG intervention to different clients depending on their needs. Interviews were transcribed verbatim and analysed using thematic analysis (Braun & Clarke, 2006).

Findings from this study suggest that children's views are currently being included to varying degrees by EPs; ranging from not included, included when judged to be age appropriate and always included (answering RQ3 and RQ4). This finding is important when considering the current legislation, such as the SEND Code of Practice (Department for Education, 2015), regarding listening to the views of children. This piece of legislation provides statutory requirement to listen to children by emphasising the need for them to participate in matters which concern and affect them. Hawkins & Soni (2018) argue that although child participation has renewed prominence, there is no universally agreed framework that outlines what participation looks like. This may account for why this study has found that EPs are including children's views to varying degrees. Implications for EP practice from this finding are outlined in Chapter 5.4.

Secondly the findings of the current study show links between VIG and the psychological concept of 'Containment' (Bion, 1961). Sufficient containment allows a person the capacity for self-reflection and self-regulation. It is through these actions that empathic attunement between a Parent/TA and a child can be developed, which is the goal of VIG. Therefore, it is reasonable to conclude that the psychological concept of 'Containment' plays a role in underpinning

the effectiveness of the intervention. Additionally, the supervision arrangement in place for VIG guiders, whereby they video record a shared review session and then reflect on that with a supervisor, allows the guiders themselves to be contained making them adequate containers for the Parent/TA who become adequate containers for the child. A Russian nesting doll analogy is helpful for thinking about this container/contained process between the clients and practitioners; one contains the next. This finding answers RQ2, RQ3, and RQ4.

Listening to and analysing participants experiences of VIG also identified constraints of the intervention (answering RQ2 and RQ3). It was felt that participants were able to name and identify constraints of VIG as they had experienced being contained and therefore able to think and problem solve about how the experience might be better. Constraints mainly focused around time; there being a lack of time to deliver the intervention, a necessity for a follow up or review meeting at a later stage and restricted time acting as boundaries, viewed as either containing or restrictive by two EPs with opposing views. This finding contrasts with the literature outlined in Chapter 2 from Bakermans-Kranenburg, van Ijzendoorn and Juffer (2003) who found that shorter interventions were more effective, whereas the findings from this study suggest that more time is wanted. This subtheme of a lack of time may be explained given the social and political context in which Local Authority EP and school staff employees are working. There is vast reduction in public spending and many services are being reduced or cut (Allen, 2017). Schools are particularly struggling to meet the needs of their pupils, particularly those

with complex special educational needs where a greater amount of provision is required (Tickle, 2017). Therefore, there exists feelings of 'not receiving enough' resources and 'not having enough' resources to be able to cope. It is of interest that despite many positive outcomes of VIG, as found in this study, there is still a view of requiring more, and in these findings, it is more *time*. Time is seen as an essential resource by EPs and Parents. This makes an interesting link to the work of EPs, as many EP services operate a traded service (Fallon, Woods & Rooney, 2010). A traded service means that schools buy in time from the EP service. Therefore, for EPs, their commodity is their time. In a context of less public money available this finding may reflect the experience of EPs not feeling able to provide enough time to schools and parents, as it cannot be afforded.

Furthermore, as the SEND Code of Practice (Department for Education, 2015) highlights, best practice for interventions takes the form of a 'Plan, Do, Review' cycle. Participants have highlighted that there is a lack of time for the delivery of the 'review' part of this cycle. This is an essential finding for future research to establish long term impacts of VIG. It also links to EPs offering a traded service, as schools are commissioners of this service. In the context of reduced money available, schools may feel unable to buy extra time from the EP service in order to complete a review. They may be prioritising purchasing the intervention work and sacrificing the costly time to come back and review. The finding also shows EPs awareness of the essential aspect outlined in the SEND Code of Practice regarding 'reviews'. EPs are suggesting that despite

statutory obligations to carry out reviews of all interventions, systemic pressures are disabling them from doing so.

Outcomes of the VIG experience came out as a main theme in the findings. Importantly, *all* participants reported a positive affective experience of taking part in VIG (answering RQ1, RQ2, RQ3 and RQ4). This is a significant finding because of the link between positive affective experience and positive outcomes such as psychological well-being (Martin & Huebner, 2007). The findings showed outcomes of VIG which included adjustment in the perception of self (Parent and TA) and an adjustment in the perception of the child. In connection with Containment, Fonagy and Target (1998) conceptualised mentalization as the process by which we make sense of the actions of another person by recognising that their actions are the result of reasons, motivations, feelings, thoughts and desires in the mind of another person. When a person is engaged with the mentalizing process they are able to recognise that a child has a mind of their own. Fonagy and Target described this as *“keeping the other’s mind in mind”*. VIG enabled the Parent/TA to mentalize and therefore adjusted their perceptions about why the child may be behaving in a certain way and how it is connected to their own behaviour. Thus, there was a change in their perception of their own and child’s strengths and skills.

A change in perception of self is closely linked to the social constructionism paradigm. Participants who reportedly experienced a change in perception of

self, found out about skills and strengths they did not know they had prior to completing the VIG intervention. Social constructionism is the idea that our experiences are given meaning by our social context. In other words, the perspectives we hold about ourselves are informed by those around us, the contexts we inhabit and the discourses within those. VIG creates a situation whereby the guider and the Adult co-construct meanings together from watching the video. This co-construction creates new meanings based on skills and strengths of the Adult. Kennedy, Landor and Todd (2011) suggest that one of the strengths of this approach is that it recognises experience is constructed, not just as internal, but constructed through the social context. Therefore, it helps those struggling to realign their perceptions of themselves as someone who has skills to manage the situation they are in.

The use of video in VIG allows for a level of analysis of behaviour, without which it would not be possible. The findings of this study show that EPs, Parents, and TAs find the use of video to be extremely effective in enabling them to confront negative perceptions of self with new realisations of their skills (answering RQ2, RQ3 and RQ4). Wels (2004) suggests that within family interventions, the use of the video is not an objective representation of reality, but it is deliberate construction of reality which is positively skewed in order to convey a message. That message is one of competence and confidence. Further links can be made here between the use of video and the social constructionist paradigm. The effectiveness of the video, as the current findings suggest, is the self-confrontational nature of a new, socially constructed, strengths-based reality. This finding fits with the literature on

Social Learning Theory as one of the theoretical foundations of VIG as outlined in Chapter 2. In particular, Berger (1978) stated that watching ourselves on video can be 'self-confronting' and therefore very powerful.

In summary, the present study found that children's views are included in VIG interventions to varying degrees; ranging from not included, included when judged as age appropriate and always included. This study uniquely drew connections between VIG and the psychological concept of Containment as a contributing factor in the success of the intervention. Containment was present in the relationships and interactions between EPs, Parents and TAs which enabled them to self-regulate and learn. It is concluded that once participants felt contained they were then able to reflect on how the intervention might be improved, with more time allocated to it. Time was seen to be a valuable resource in a social and political context when there is a pressure on public services. Outcomes of the VIG experience were found to be that all participants had a positive affective experience which drew links with positive psychology theory. Other outcomes of experience included shifts in perception of self and perception of child. These shifts in perception, together with the effectiveness of video as a medium, can be explained by the connection with the social constructionist nature of the intervention.

5.2 Unique Contribution to the EP Field

This section aims to outline the original contribution this study makes to the psychological literature. The present study has contributed important findings

to the field of research on VIG, which is presently very sparse. Contributing to the literature on VIG is essential for EP practice and for effective delivery of this intervention, which seeks to support children, school staff and families.

The unique element of this research is incorporating children's views. At the point of submission, *no previous research on VIG has done this*. It has mainly focused on the 'guiders' or parent's views. Incorporating children's views in research is necessary as they add valuable insight into their experience and thus we can learn from them (Pascal & Bertram, 2009). Likewise incorporating children's views within day to day practice of EPs is essential according to the literature and legislation. The unique finding of this study includes that EPs are incorporating children's views to varying degrees. There are therefore major implications for EP practice in terms of helping EPs to interpret and implement statutory obligations of included children's views. Implications for EP practice will be explored further in Chapter 5.4.

An additional finding of this study is the connection of 'Containment' theory (Bion, 1961) to VIG. This is important because an awareness of the importance of containment in VIG will help to inform and improve VIG training and implementation for professional who deliver the intervention. This study has provided a unique and a distinct contribution to professional knowledge by providing insight into the experiences of parents, TAs, children and EPs taking part in VIG.

5.3 Evaluating the Methodology and Limitations of the Study

Within every piece of academic research there are strengths and limitations to a certain degree. This chapter allows for reflection of those strengths and limitations. Strengths of research relate to robust research methods which reveal findings that connect to and build on previous research. Limitations refer to the methodological issues which may have impacted upon the research findings. Potential improvements suggestions are also made which are helpful if the study were to be repeated.

5.3.1 Strengths of the Research Methodology

Strengths of this research include the enabling of children's views about VIG to come to light; a unique component of the study. It also contributes to the field of research regarding VIG, which is significantly under-researched. The study gave the Local Authority the opportunity to hear the views of its employees (EPs) and its clients (Parents, TAs and children) and allowed for the possibility for those views to be incorporated into practice.

When significant resources (time, money, expertise etc) are applied to provide an intervention such as VIG, it is vital that participants in the intervention have their views heard regarding their experience. It is of great importance to acknowledge that the accounts of participants revealed similar and shared experiences which are reflected in previously identified research relevant to

this field of study. For example, Taylor (2016) found that parents felt *empowered* to develop their relationships with their children, this is therefore a similar finding between that study and this one, where *empowerment* emerged as a common theme of both. This means that the findings of this study have a certain level of generalisability.

The findings show that the semi-structured interview method allowed participants to discuss issues which were important to them, but which had not been predicted. For example, the subtheme of 'Time as Boundaries' had not been anticipated and its link to the theme of 'Psychological Concept of Containment' which highlighted new areas of interest. The semi-structured interview method also allowed for flexibility of interview approach which provided the ability to adapt to practical constraints of conducting research with children. For example, using a sensitive approach and allowing for time within the interview of build rapport by taking an interest in the child which was off topic to the research aims. This approach was vital for gaining the trust with children, so they are open to talking with you.

5.3.2 Limitations of the Research Methodology

Although case studies generally have small sample sizes, it is important to acknowledge that a small sample size also limits the generalisability of the research findings. The sample size in this research was N=18 which is acknowledged to be a relatively small number. However, the links between the current findings and previous research show that although the sample size is

small, it still provided valuable contributions for exploring participants' experiences of VIG.

Semi-structured interviews conducted with each participant took place on one occasion. This means that the research provided a 'snapshot' of views and experiences at that point in time. If the research were to be repeated, with reduced practical constraints and time limitations, it would be important to capture views and experiences over time. Taking a longitudinal approach whereby the participants would be interviewed at multiple points over time would allow for greater depth of data regarding the long-term impact of VIG. Long-term impacts of VIG is currently a significant gap in the research literature. Alternatively, a follow up study to this one would allow participants to share their views and experiences over time to determine the long-term impact.

Within the research findings of the current study, the voices of the child participants are present, although do not appear as frequently in the themes compared to EPs, Parents and TAs. There could be many reasons for this, a few of which will be explored here now. The interview duration of the child interviews tended to be between 15-30 minutes long due to their attention and interest in the topic. Compared to the interviews with adults (EPs, Parents and TAs) which generally ranged from 40-60 minutes long. Therefore, the quantity of codes was much greater within the adult interviews which therefore appeared more frequently within the themes. Additionally, it may be argued that in the cases where EPs came within the subtheme of 'VIG Activity No

Involvement', which was N=3, the children had less awareness of the VIG intervention and therefore had less to say about it within the interview. If children had had more involvement within VIG they may have been able to contribute more within the interview. This issue will be explored further within Chapter 5.4 Implications for EP Practice.

It is acknowledged that the experiences of the children were difficult to ascertain. It is therefore important to reflect upon the limitations of the child interview schedule which may have hindered child participation and the sharing of their experiences. Although extra time was spent rapport building with the child participants and a visual strategy of providing a VIG picture (Figure 7, page 70) was used, it may have been the case that if additional strategies had been used, further experiences of the children would have been gained. Additional strategies that could have been used include viewing the video clips again during the interview and using picture cards to gather their views. In addition, if picture cards had been used alongside each question, this may have reduced the complexity of the questions.

As a UCL, IOE student on the course of the Educational Psychology Doctorate, I am also a trainee on placement within the Local Authority as a Trainee Educational Psychologists and these two roles run concurrently. Therefore, I am required to undertake a piece of unbiased objective research within the Local Authority, whilst also working under the rules and guidelines of a Local Authority employee. It is important to acknowledge this position

within the context of the data collection as it will have impacted the way in which the participants related to me within the interviews. Parent and TAs who took part in the study, will have been aware of my affiliation with the EP service and this may have affected what they felt willing to share or withhold. EPs who took part in the study will have been aware of my affiliation with the UCL, IOE University this may too have affected what they were willing to share or withhold. Steps were taken to negate this issue such as assuring participants that all responses would be kept confidential from other people and in publication and any identifiable features would be changed to protect anonymity. In addition, I myself was not part of delivering the VIG interventions therefore there was a distance between myself and the participants which increased objectivity and impartiality. However, it is still important to acknowledge this important interpersonal factor within the research methodology.

5.4 Implications for EP Practice

This study has many implications for EP practice in delivering VIG as a relational intervention and it supports the evolving knowledge base of the profession. However, it also has implications for any professionals who are trained in delivering VIG. Enabling both to better understand the experiences of participants involved in the VIG intervention and how delivery of the intervention may be improved. More general implications will be outlined as well as specific implications for EPs.

5.4.1 Implications for Educational Psychology Services

Implications more broadly for general VIG delivery include the inclusion of children's views within the intervention. Educational Psychology Services may need to review their protocol and guidance at a service level for supporting EPs to develop their skills in included children's views. Up until this research study, the inclusion of children's views within VIG had not been acknowledged. This may be because the interventions origins began with the mother-infant relationship. Since then it has developed and extended to include children and young people of all ages. It is therefore essential, according to legislation and moral practice that the inclusion of children's views be considered. Hawkins and Soni (2018) suggest that there are a range of useful frameworks in existence which guide us to consider if a child has been able to participate fully in a process (such as; The Lundy Model of Child Participation checklist; Lundy, 2007). Frameworks such as these help professionals to think about how children might be included and if they have done enough to include them. It would be useful for these frameworks to be embedded into EP practice through at s service level to create systemic change.

5.4.2 Implications for EP Professional Development

This study has shown video to be an effective medium for use in interventions. This leads to the consideration of whether video could be a useful medium in other areas of EP work. It is presently also used in VERP (Video Enhanced Reflection Practice), a method connected to VIG, which allows EPs to learn and develop vital consultation skills when in training. It is suggested that video

might also be used with learning other skills such as training and presentation skills, as just one example. A prominent part of the EP role is delivering training to small and large groups of school staff and other professionals. Therefore, using video to develop these skills could enhance the professional development of EPs. Reflection is a key skill for EPs, and the use of video allows a greater level of reflection.

However, it is also acknowledged that there are disadvantages with using video, including the time-consuming nature of getting to grips with the technology, resolving technical difficulties, watching the video and reflecting on the video. There are also issues regarding consent to film and secure storage of the film. If these issues can be overcome, further video work should be explored.

5.4.3 Implications for EP Training

Specific implications for EPs include improvements to the training and continued professional development of EPs. This research found that EPs enjoy delivering this intervention; it contributes towards their professional job satisfaction which is important information for EPs and for EP services. In addition, adults and children reported a positive affective experience of VIG. These findings suggest that VIG is a good intervention for EPs to be able to deliver. Birch, Cline and Gulliford (2015) suggest that EPs have a 'toolkit' which represents a wide range of approaches and evidence-based interventions that they can draw upon to meet the needs of those they work with. VIG adds an evidenced-based intervention to their toolkit. Therefore, it is suggested that VIG training should be added as an essential component to all

initial EP training courses in the UK. It is currently offered on a minority of courses. In addition, a VIG training path should be made more available to practising EPs wishing to continue their professional development.

It is anticipated that the current findings will be disseminated through presentations within the Local Authority research context. This will be for the benefit of EPs and VIG practitioners and it is hoped that the findings will inform decision making of key stakeholders in management positions.

5.5 Recommendations for Future Research

This research centred on the views and experiences of its participants; children, parents, TAs and EPs. It is important to acknowledge recommendations for future research in order to continue to expand and build on the knowledge and evidence base of VIG as an intervention.

As it has been previously stated, VIG is a relatively new intervention and therefore there is little research carried out. More research on VIG is needed to contribute towards its growing evidence base. More specifically, it would be of value to replicate this research and further explore the experiences of children and young people taking part in VIG, but to include a wider range of ages. This would provide an insight into how children's views could be included in VIG from a variety of different ages and stages of development.

Further study into 'Containment' theory within VIG would be pertinent to ascertain the generalisability of this unique finding.

As previously mentioned in Chapter 5.3.2, longitudinal research is recommended as it will offer more understanding about the long-term impacts of VIG. It is essential to understand the long-term impacts of work that EPs deliver as it will help to determine the value of the intervention. Although, this study has shown that VIG has short-term benefits such as containment and changes of perception, it would be of strong interest to see if these benefits are sustained over time. It is suggested that participants should be followed up with a second interview at two-time points of 6 months and 1 year. These interviews would not only contribute to the research findings but may act as catalytic validity to participants when revisiting the skills and experiences they had during the intervention.

Finally, it is recommended that research is carried out looking at the effectiveness of VIG post intervention where children's views have been fully included. Children may have more contributions to make regarding their experience when they have been fully informed and involved with the intervention.

5.6 Final Conclusions

This study has contributed to the exploratory knowledge and understanding of VIG as an effective intervention for enhancing the communication between an Adult and child. All participants reported a positive affective experience of VIG and many adults reported to have experienced a positive change in their

perception of self and their perception of their child. The findings contributed to a link drawn between participants experience of VIG and Containment theory (Bion, 1961) whereby the process of VIG provides emotional support to its participants which enables them to self-regulate and then be able to learn successfully. Learning that took place was the change in perceptions, which arguably would not have been possible if participants were not sufficiently contained. EPs also experienced containment through the supervision process and the belief they held that VIG felt like they were delivering 'real psychology'.

Importantly, this study also found that children's views were being included in VIG to varying degrees; ranging from not included, included when judged as age appropriate to always included. This finding is crucial for our understanding for understanding how current legislation (SEND Code of Practice, 2015, United Nations, 2017) on including the views of children in all matters which affect them, is being interpreted and implemented. Due to the inclusion of children's views being a statutory requirement, and arguably a moral one too, it is essential that EPs are getting this right. Recommendations and have been made that EPs work to apply a framework which guide EPs to consider if a child has been able to participate fully in a process. Hawkins and Soni (2018) recommend that a useful framework to use is the Lundy Model of Child Participation checklist (Lundy, 2007) to help professionals to think about how children might be included and if they have done enough to include them. Educational Psychologists are well placed to lead the way with applying these frameworks and ensuring children's views are included as standard practice.

EPs have the skills and knowledge required to ethically access the voice of the child using a range of tools and methods.

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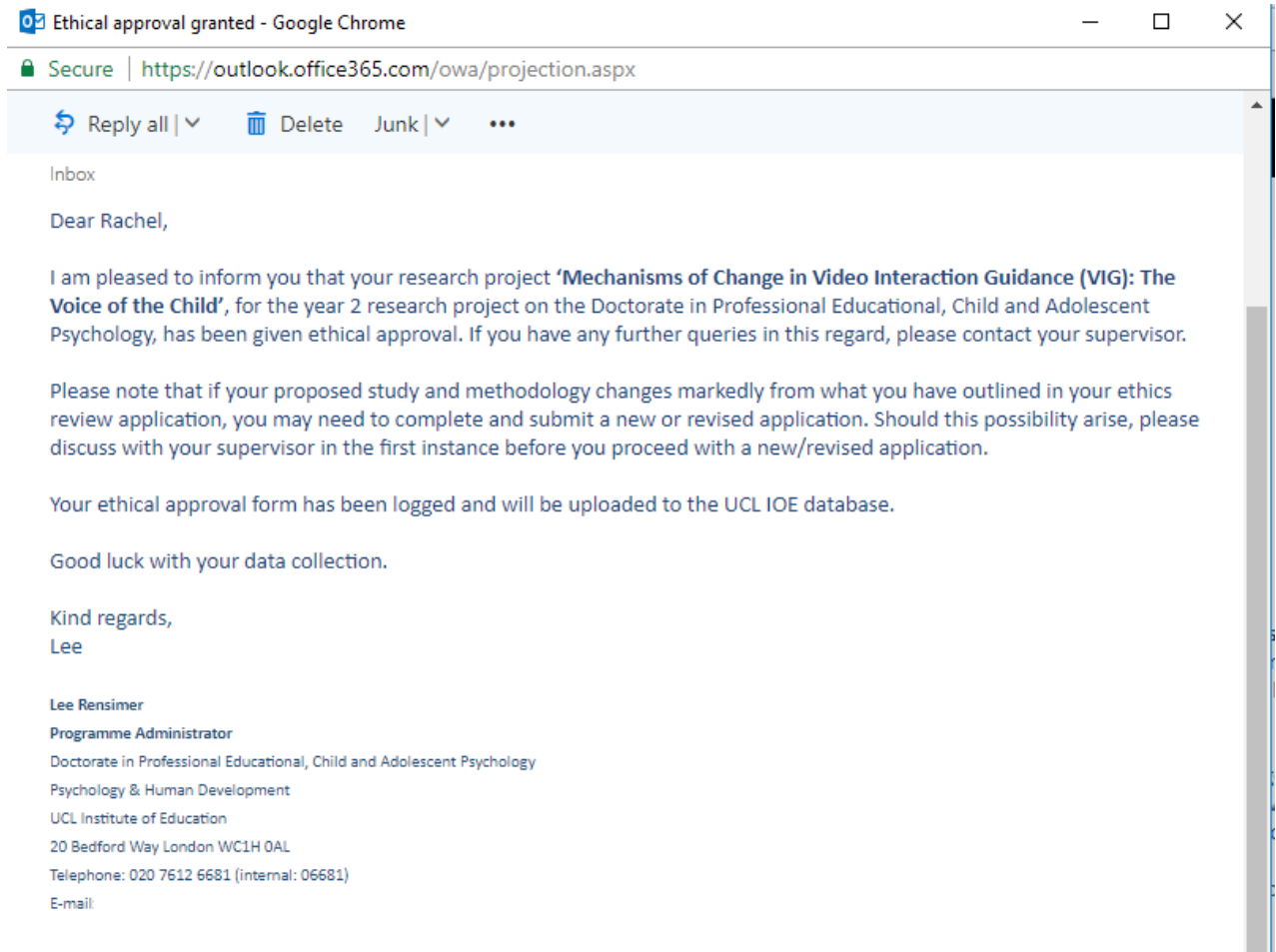
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Appendices

Appendix A: Confirmation of Ethical Approval



Appendix B: EP Research Information Sheet

Research Information Sheet for Educational Psychologists

Title of the Study: Video Interaction Guidance (VIG) and The Voice of the Child

My name is Rachel McKeating and I am currently a Year 2 Trainee on the 3 year Doctoral Course of Child and Adolescent Educational Psychology at UCL Institute of Education. I am also working on placement at [REDACTED] Educational Psychology Service. I would like to invite you to participate in this research project on a voluntary basis. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

What is the purpose of this study?

The aim of this study is to provide a better understanding of how Video Interaction Guidance (VIG) achieves good outcomes for children and families. I am specifically interested in children's views of their experience in taking part.

This is an under-researched area, which is vitally important to find out more about. EP practice emphasises the need for professionals and researchers to be listening to the views of children and taking those views into account when planning their future. This study is an opportunity to speak about your experience of delivering VIG, as well as an opportunity to reflect on what works. Findings from this study may help us to improve the way we deliver VIG to children and families.

Why have I been invited to take part?

I am inviting any trained VIG guiders within the [REDACTED] Educational Psychology Service to take part in this study who are about to begin a case. As part of the study I will also be inviting the parent and child of your VIG case to be interviewed after the intervention has finished.

What will happen if I take part?

If you decide to take part you will be given this information sheet to keep and will be asked to sign a consent form. Interviews will be carried out at the end of the intervention with yourself, the parent and the child, at separate times.

The interview will take approximately one hour and the questions will be based around the title above, but it is designed to be flexible so it can be guided by your views. The interview will be audio recorded, subject to your permission. All recordings of data on audio and video equipment will be deleted after transcription. Even if you have decided to take part, you are still free to stop your participation at any time during the interview and to have research data/information relating to you withdrawn without giving any reason up to 1st November 2017 when the research will be written up.

Will my taking part be kept confidential?

What is said in the interview is regarded as strictly confidential and will be held securely until the research is finished. All data for analysis will be anonymised. In

reporting on the research findings, I will not reveal the names of any participants. At all times there will be *no* possibility of you as an individual being linked with the data.

This research has been approved by the UCL Institute of Education ethics board and follows the necessary data security protocol accordingly. Upon completion of the data analysis, all recordings will be deleted. Data collection will also comply with the Health Care and Professionals Council (HCPC) and British Psychological Society's (BPS) research ethics and standards.

What will happen to the results of the study?

I will produce a final report summarising the main findings, which can be sent to you upon request.

Who should I contact for further information?

If you have any questions or require more information about this study, please contact me using the following contact details:

Rachel McKeating

Alternatively, you can contact my research supervisor using the following details:

Karl Wall

Thank you for reading this information sheet and for your consideration in taking part in this research study.

Appendix C: EP and TA Consent Form

Consent Form for Educational Psychologists and Teaching Assistants

Please complete this form after you have read the Research Information Sheet and/or listened to an explanation about the research.

Thank you for considering taking part in this research. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to participate.

Please tick

1. I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information and asked questions which have been answered to my satisfaction.

2. I understand that my participation is voluntary and that I am free to withdraw until submission of the research (March 2018) without giving any reason.

3. I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications.

4. I give permission for this interview to be audiotaped. Audio files will be securely stored and kept confidentially as indicated on the information sheet.

Name of Participant

Date

Signature

Professional Title

Email contact

Appendix D: Parent Research Information Sheet

Research Information Sheet for Parents

Title of the Study: Video Interaction Guidance (VIG) and The Voice of the Child

Dear Parent/Guardian,

My name is Rachel McKeating and I am currently a Year 2 Trainee on the 3 year Doctoral Course of Child and Adolescent Educational Psychology at UCL Institute of Education. I am also on placement with the [REDACTED] Educational Psychology Service. I would like to invite yourself and your child to participate in this research project which forms part of my professional qualification on a voluntary basis. You should only give permission to participate if you and your child wish to. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what you and your child's participation will involve. Please take time to read the following information carefully. Ask me if there is anything that is not clear or if you would like more information.

What is the purpose of this study?

The aim of this study is to provide a better understanding of how Video Interaction Guidance (VIG) achieves good outcomes for children and families. I am specifically interested in children's views of their experience in taking part.

This is an under-researched area, which is vitally important to find out more about. Government legislation has outlined the need for professionals and researchers to be listening to the views of children and taking those views into account when planning their future. This study is an opportunity to speak about your experience of VIG, as well as inviting your child to speak about theirs. Findings from this study may help us to improve the way VIG is delivered to children and families.

Why have I been invited to take part?

I am inviting families to take part in this study who are about to begin a VIG intervention with an Educational Psychologist (EP) from [REDACTED] Educational Psychology Service.

Do I have to take part?

Participation is voluntary. Should you choose to take part, and then change your mind, you have the right to withdraw at any time.

If you would like to take part, and agree for your child to take part as well, I will also require the separate agreement of your child. Your child has the right to decline, and to withdraw at any time.

What will happen to me if I take part?

If you decide to take part you will be given this information sheet to keep and will be asked to sign a consent form. I will then discuss the interview procedure with you and arrange the interview either at your home or in [REDACTED] County Council office in a private room, wherever you would prefer. This will take place after you have completed the

VIG intervention with your EP. The time of the interview can be scheduled around when would be most convenient for you.

The interview will take approximately one hour and the questions will be based around the title above, but it is designed to be flexible so it can be guided by your views. The interview will be audio recorded. All recordings of data on audio-equipment will be deleted after transcription. Even if you have decided to take part, you are still free to stop your participation at any time during the interview and to have research data/information relating to you withdrawn without giving any reason up to 1st November 2017 when the research will be written up.

What will happen to my child if they take part?

With your consent, your child will also be invited to take part in an interview with myself. The interview will consist of a number of questions about what it was like to take part in VIG.

The interview will take approximately 45 minutes, and it will be child-friendly. The interview will be audio recorded. All recordings of data on audio-equipment will be deleted after transcription. Your child will be free to stop the interview at any point and withdraw their data, the same as stated above.

Will our taking part be kept confidential?

What is said in the interview is regarded as strictly confidential and will be held securely until the research is finished. All data for analysis will be anonymised. In reporting on the research findings, I will not reveal the names of any participants or the county in which you reside. At all times there will be no possibility of you as individuals being linked with the data.

This research has had ethical approval from UCL Institute of Education. No data will be accessed by anyone other than the researcher. No data will be able to be linked back to any individual taking part in the interview. Upon completion of the data analysis, all recordings will be deleted. Data collection will also comply with the Health Care and Professionals Council (HCPC) and British Psychological Society's (BPS) research ethics and standards.

What will happen to the results of the study?

I will produce a final report summarising the main findings, which can be sent to you upon request.

Who should I contact for further information?

If you have any questions or require more information about this study, please contact me using the following contact details:

Rachel McKeating

Alternatively, you can contact my research supervisor using the following details:

Karl Wall

Thank you for reading this information sheet and for your consideration in taking part in this research study.

Appendix E: TA Research Information Sheet

Research Information Sheet for Teaching Assistants

Title of the Study: Video Interaction Guidance (VIG) and The Voice of the Child

Dear Teaching Assistant,

My name is Rachel McKeating and I am currently a Year 2 Trainee on the 3 year Doctoral Course of Child and Adolescent Educational Psychology at UCL Institute of Education. I am also on placement with the [REDACTED] Educational Psychology Service. I would like to invite you to participate in this research project which forms part of my professional qualification on a voluntary basis. You should only give permission to participate if you wish to. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully. Ask me if there is anything that is not clear or if you would like more information.

What is the purpose of this study?

The aim of this study is to provide a better understanding of how Video Interaction Guidance (VIG) achieves good outcomes for children and families. I am specifically interested in children's views of their experience in taking part.

This is an under-researched area, which is vitally important to find out more about. Government legislation has outlined the need for professionals and researchers to be listening to the views of children and taking those views into account when planning their future. This study is an opportunity to speak about your experience of VIG, as well as inviting your child to speak about theirs. Findings from this study may help us to improve the way VIG is delivered to children and families.

Why have I been invited to take part?

I am inviting schools and families to take part in this study who are about to begin a VIG intervention with an Educational Psychologist (EP) from [REDACTED] Educational Psychology Service.

Do I have to take part?

Participation is voluntary. Should you choose to take part, and then change your mind, you have the right to withdraw at any time.

If you would like to take part, I will also be inviting the child you participated in the VIG intervention with to take part (with permission of their parent/guardian as well).

What will happen to me if I take part?

If you decide to take part you will be given this information sheet to keep and will be asked to sign a consent form. I will then discuss the interview procedure with you and arrange the interview either at your school or in [REDACTED] County Council office in a private room, wherever you would prefer. This will take place after you have completed the VIG intervention with your EP. The time of the interview can be scheduled around when would be most convenient for you.

The interview will take approximately one hour and the questions will be based around the title above, but it is designed to be flexible so it can be guided by your views. The interview will be audio recorded. All recordings of data on audio-equipment will be deleted after transcription. Even if you have decided to take part, you are still free to stop your participation at any time during the interview and to have research data/information relating to you withdrawn without giving any reason up to 1st November 2017 when the research will be written up.

Will my taking part be kept confidential?

What is said in the interview is regarded as strictly confidential and will be held securely until the research is finished. All data for analysis will be anonymised. In reporting on the research findings, I will not reveal the names of any participants or the county in which you reside. At all times there will be no possibility of you as individuals being linked with the data.

This research has had ethical approval from UCL Institute of Education. No data will be accessed by anyone other than the researcher. No data will be able to be linked back to any individual taking part in the interview. Upon completion of the data analysis, all recordings will be deleted. Data collection will also comply with the Health Care and Professionals Council (HCPC) and British Psychological Society's (BPS) research ethics and standards.

What will happen to the results of the study?

I will produce a final report summarising the main findings, which can be sent to you upon request.

Who should I contact for further information?

If you have any questions or require more information about this study, please contact me using the following contact details:

Rachel McKeating

Alternatively, you can contact my research supervisor using the following details:

Karl Wall

Thank you for reading this information sheet and for your consideration in taking part in this research study.

Appendix F: Parent Consent Form

Consent Form for Parents

Please complete this form after you have read the Research Information Sheet and/or listened to an explanation about the research.

Thank you for considering taking part in this research. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to participate.

Please tick

5. I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information and asked questions which have been answered to my satisfaction.

6. I understand that my participation is voluntary and that I am free to withdraw until submission of the research (November 2017) without giving any reason.

7. I understand that confidentiality and anonymity will be maintained and it will not be possible to identify me in any publications.

8. I give permission for this interview to be audiotaped. Audio files will be securely stored and kept confidentially as indicated on the information sheet.

9. I give permission for my child to be invited to take part in the research and I understand that the above will also apply to them.

Name of Participant

Date

Signature

Relationship to child

Email contact

Consent Form for Parents

The aim of this interview is to provide a better understanding of how Video Interaction Guidance (VIG) achieves good outcomes for children, families and schools. I am specifically interested in children's views of their experience in taking part in VIG.

I would like to invite your child to be interviewed. I will ask them questions about what it was like to be filmed by and Educational Psychologist. I will also ask them how that has helped them in school.

Please tick

10. I give permission for my child to be invited to take part in the interview

11. I give permission for this interview to be audiotaped. Audio files will be securely stored and kept confidentially.

12. I understand that my child's name will be kept confidential.

13. I understand that my child's participation is voluntary and that he/she does not have to take part.

Name of Parent

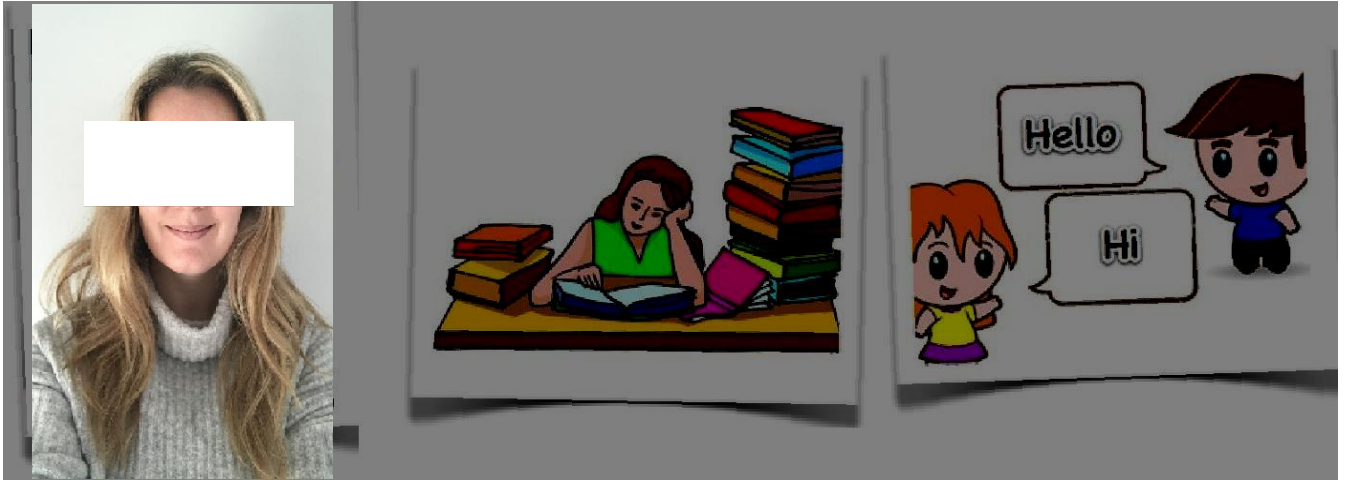
Date

Signature

Name of Child

Appendix G: Child Information and Consent Form

Information Sheet



Hello my **NAME** is
Rachel McKeating

I am **STUDYING** at
UCL Institute of
Education

I want to **TALK** to
young people



I want to ask you **QUESTIONS** about what you **THINK** and what you **FEEL** about being videoed and the activities you did whilst being videoed.

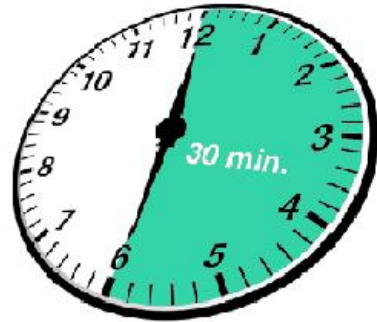
Information Sheet



To help me **UNDERSTAND** your thoughts and feelings.



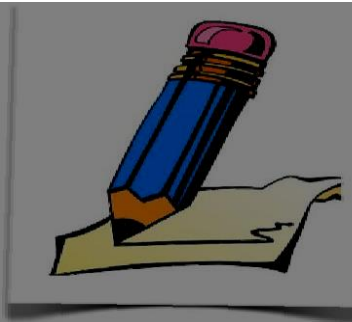
When we talk it will be **1 TO 1**. This means only **YOU** and **ME** in the room.



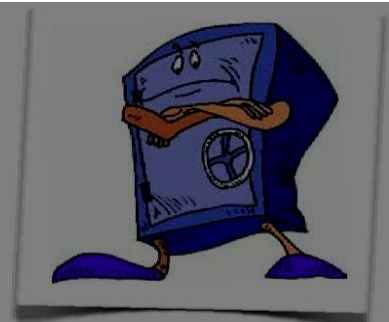
We will talk for up to **30 MINUTES**.



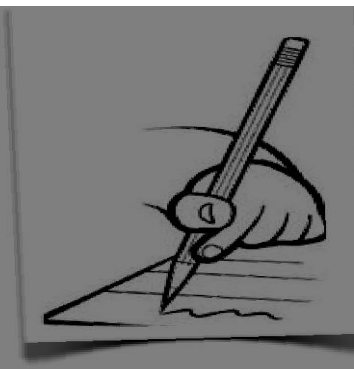
I will **RECORD** us talking so I can **LISTEN** to it again



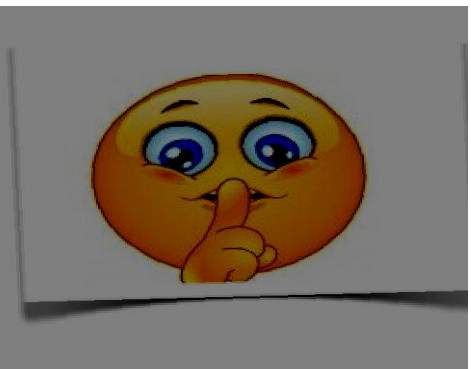
And I will keep the recording and what I write in a **SAFE PLACE**.



What we talk about is **CONFIDENTIAL**. This means I **WILL TELL** Psychologists what you have told me

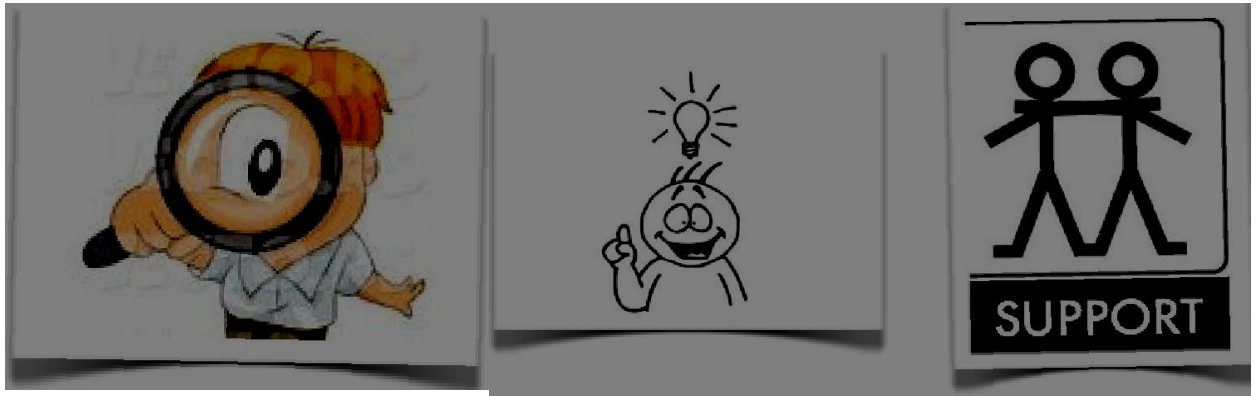


I will **WRITE** a report about what you have told me



I might use **YOUR WORDS** but I **WON'T** use **YOUR NAME**.

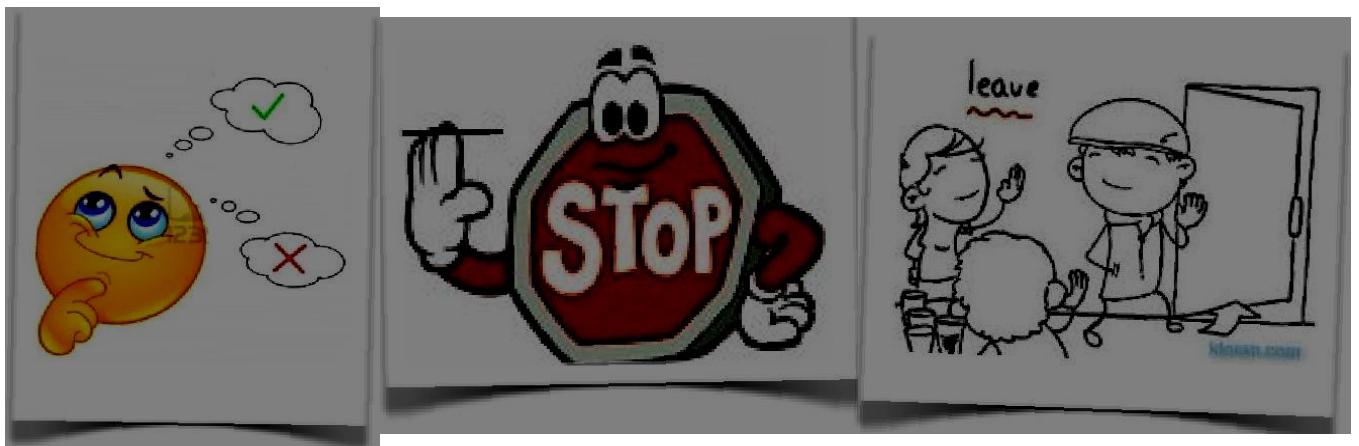
Information Sheet



I will **SHOW** this report to other professionals.

This will help them to **UNDERSTAND** what it's like for young people to take part in this intervention.

This will help to **SUPPORT** other people.



You can choose to say **YES** or **NO** to talking to me.

You can change your mind and **STOP** if you want to.

You can **LEAVE** whenever you want to.

My name is:

I am happy to talk with Rachel McKeating about my experiences of being videoed.

I understand that what I tell Rachel will be private and that my name will not be shared with anyone. When I write up my findings, I will change your name and personal information so that no one will know it is you. If you would like to find out what I have written you can ask your parent to contact me and I will let you know.

I understand that I can change my mind and stop talking to Rachel at any time.

Signed:

Date:

Appendix H: Participant Information

Descriptive Information from Contextual Questionnaire*

CASE 1	Information gathered
Adult participating in VIG	Mother
Age and sex of child	5 years, female
Family Composition	Mother, Father, two daughters
Referred by	School SENCO
Reason for VIG referral	Child showing aggressive behaviours at home and at school. Child at risk of permanent exclusion.
Desired outcome from VIG the referrer	Reduced occurrence of aggressive behaviours. Reduce risk of permanent exclusion. Child to feel happier at home and at school.
VIG Guider level of training	Qualified guider, 3 years of experience
CASE 2	Information gathered
Adult participating in VIG	Teaching Assistant
Age and sex of child	8 years, male
Family composition	Mother, two sons and one daughter
Referred by	School SENCO
Reason for VIG referral	Child spending a lot of time out of class due to disruptive behaviour. Child spending a lot of time working in a 1-1 situation with TA which was often challenging.
Desired outcome from VIG from the referrer	Child to spend more time in the classroom. Reduced incidences of challenging behaviour from child.
VIG Guider level of training	Qualified guider, 1 year of experience.
CASE 3	Information gathered
Adult participating in VIG	Mother
Age and sex of child	9 years, male.
Family composition	Mother, Step-father and one son
Referred by	School SENCO
Reason for VIG referral	Mother experiencing behaviour difficulties with child at home. Mother felt unable to connect with child.

Desired outcome from VIG from the referrer	Child to feel more settled when they come into school. Reduction in behaviour incidences.
VIG Guider level of training	Qualified guider, 3 years of experience.
CASE 4	Information gathered
Adult participating in VIG	Teaching Assistant
Age and sex of child	10 years, female
Family composition	Mother, Father, one daughter, one son
Referred by	School SENCO
Reason for VIG referral	Child experiencing anxiety in class when faced with difficult questions and perceived challenges. This was impacting on academic progress.
Desired outcome from VIG from the referrer	To understand how to support the child better in class
VIG Guider level of training	Qualified guider, 4 years of experience. In training for supervisor level.
CASE 5	Information gathered
Adult participating in VIG	Mother
Age and sex of child	8 years, male.
Family composition	Mother and one son
Referred by	School SENCO
Reason for VIG referral	Child not making expected progress in school. Parent finding it difficult to support child at home with learning.
Desired outcome from VIG from the referrer	Child to make better progress at school. Child to feel happier in school.
VIG Guider level of training	Qualified guider, 3 years of experience.
CASE 6	Information gathered
Adult participating in VIG	Father
Age and sex of child participating in VIG	7 years, male
Family composition	Father, Step Mother, three sons and one daughter
Referred by	School SENCO
Reason for referral	Lack of academic progress, concerns of managing child's behaviour at home and at school

Desired outcome from VIG from the referrer	Childs behaviour to be better managed at home and at school.
VIG Guider level of training	Qualified guider, 8 years of experience. Supervisor level.

***some of these details have been changed to protect the anonymity of the participants.**

Appendix I: Parent Semi-Structure Interview Schedule

Semi-Structured Interview Schedule – Parent

Thank you for meeting with me today and for your time. The purpose of this interview is to explore your experience of taking part in the video intervention with the Educational Psychologist. This is part of a wider research project which aims to find out how effective the intervention is. I wish to highlight that there are no right or wrong answers; I am interested in your personal experience.

As was mentioned in the information and consent form I will be audio recording this interview to help me with writing it up. Anything you say will be kept confidential and any details which might identify you will be changed. This confidentiality includes the Educational Psychologist who worked with you. You are free to stop the interview at any time, and you do not need to provide any reason for doing so.

I imagine this interview will last approximately one hour.

Have you got any questions or need anything clarifying before we begin?

Ok, I'm going to turn on the audio recorder.

Can you tell me about how the work with the Educational Psychologist – EP – came about?

How was a referral made for this work? Through school or another service?

What is your understanding of what Video Interactive Guidance (VIG) is?

Prompts:

- *How did the EP explain VIG to you?*

How did you feel about taking part in VIG?

Prompts:

- *What were your initial thoughts about VIG?*
- *Did those thoughts change over the course of the intervention?*

Can you tell me what it was like being filmed?

Prompts:

- *How did you feel about being filmed?*
- *How was the need to film explained to you by the EP?*
- *What activity was filmed and how was it chosen?*
- *Did your feelings about being filmed change over the course of the intervention?*

How did your child find being filmed?

Prompts:

- *How was the need to film explained to your child?*
- *Did they enjoy/not enjoy being filmed?*

Can you tell me what the reflection sessions (when you re-played the videos and discussed them) were like?

Prompts:

- *What did you discuss in the reflection sessions that you found helpful?*
- *What did you discuss in the reflection session that's you found unhelpful?*

Did you provide your child with any feedback about the filming or reflection sessions?

Prompts:

- *Did you tell your child what you discussed with the EP about the video clips?*
- *If so, why?*
- *If not, why?*

Did you learn anything or find anything out about yourself during the intervention?

What impact do you think the VIG intervention has had?

Prompts:

- *Has the intervention had an impact on your relationship with your child?*
- *Do you think the VIG intervention will have any long term impacts?*

Did you find anything difficult about taking part in the VIG intervention?

Did you enjoy any particular aspects of the VIG intervention?

In your opinion, is VIG a good intervention?

Is there anything you wish to add, or anything that I haven't covered?

Thank you very much for your time. This is the end of the interview and I shall now stop the audio recorder.

Appendix J: Child Semi-Structured Interview Schedule

Semi-Structured Interview Schedule – Child

[Each child interview will be individually adapted to suit the developmental age of the child being interviewed. This may include pictures to support the verbal questions. The below interview schedules provides a guideline of the questions that will be asked.]

Thank you for meeting with me today. I have spoken with your [...parent/carer/TA...] and [...EP's name...] about the video work you did together. But now I am interested in hearing your point of view. There are no right or wrong answers, only your opinion.

Just as I have told you about before, I will be recording what we say today on this device. This is to help me remember what we have spoken about. Our conversation will be private between us, and I won't tell your [...parent/carer/TA...] or [...EP's name...] what we have said, unless you are in danger. If you would like to stop answering my questions at any time, just let me know.

These questions should take about half an hour [length of time dependent on child's engagement and focus].

Have you got any questions before we start?

Ok, I'm going to turn on the audio recorder now.

[Warm up/ rapport building question]

Can you tell me about your family?

[Warm up/ rapport building question]

Can you tell me what things you like to do at home?

Can you think back to when you were filmed doing [..activity..] with your [...parent/carer...]? Can you tell me what you did?

And what was it like being filmed?

Prompts;

- *Can you describe what it felt like to be filmed?*
- *What were you doing?*
- *What was your parent/carer/TA doing?*
- *Was there anything you liked about filming?*
- *Was there anything you didn't like about filming?*

Can you tell me why you think you were asked to take part in filming?

Prompts:

- *How did the EP explain it to you?*
- *How did your parent/carer/TA explain it to you?*

Can you tell me what happened to the video after you filmed it?

Since you finished making the videos, what has it been like with your [...parent/carer...]?

Prompts:

- *Is anything different?*
- *Has anything changed?*

Why do you think families take part in making videos like this?

Prompts:

- *Does it help with anything?*
- *Would you recommend it to other families?*

Is there anything else you would like to say about taking part in this filming?

Thank you very much for talking to me today. I am going to stop the audio recorder now.

Appendix K: EP Semi-Structured Interview Schedule

Semi-Structured Interview Schedule – EP

Thank you for meeting with me today and for your time. The purpose of this interview is to explore your experience of delivering this VIG intervention, as part of a wider research project focusing on the child's experience of VIG and the long term impact that VIG has.

As mentioned in the information and consent form, I will be audio recording this interview to aid me with transcribing. Anything you say will be kept confidential and the transcripts will be kept confidential. You are free to withdraw at any time and do not need to provide any reason for doing so.

It is envisaged that this interview will last between 45 minutes to one hour. Have you got any questions or need anything clarifying before we begin? Ok, I'm going to turn on the audio recorder now.

Can you describe to me your experience of delivering VIG?

Prompts:

- *How many VIG interventions have you delivered?*
- *How do you usually deliver VIG? –with parents? Teachers?*

For the current case, could you tell me about how the work was set up?

Prompts:

- *How was the referral made?*
- *Why was VIG felt to be an appropriate intervention?*
- *How did you explain the intervention to the parent/carer?*
- *How did you explain the intervention to the child?*

Could you tell me about the running of this current case;

How many video and reflection sessions did you have?

Over how many weeks did the intervention run?

Where did the sessions take place?

Can you describe to me how the intervention as a whole went from your perspective?

Prompts:

- *Were you happy with how the VIG work was set up?*
- *How did the running of the intervention match how you typically deliver VIG?*

Do you think the parent/carer was engaged with the intervention?

Prompts:

- *How did you manage the engagement of the parent/carer and child?*

How did the parent experience being filmed?

Prompts:

- *What were the parent's initial feelings about being filmed?*
- *How did you manage the parent's experience?*
- *What activity was filmed and how was it chosen?*

How did the child experience being filmed?

Prompts:

- *What were the child's initial feelings about being filmed?*
- *How did you manage the child's experience?*
- *How did you describe the purpose of filming to the child?*

Could you talk me through the key moments of success that were picked out from the videos and how they were reflected upon with the parent/carer?

Prompts:

- *How many clips did you select?*
- *Why did you choose those clips?*
- *How did the parent respond to viewing and discussing the video clips?*

Did the child receive any feedback following the filming sessions?

Prompts:

- *Any on the day feedback? Or at a later stage?*
- *Was the child included in any of the reflection sessions?*

What challenges did you encounter with this case, if any?

What was your relationship like with the parent/carer?

Prompts:

- *How did the relationship develop over the course of the intervention?*

What was your relationship like with the child?

Prompts:

- *How did the relationship develop over the course of the intervention?*

In your opinion, what impact has the intervention had as a whole?

Prompts:

- *What impact did viewing and reflecting on the video clips have on the parent?*
- *What impact has the intervention had on the child?*
- *What impact has this intervention had on your professional practice?*

In your opinion, how effective is VIG as an intervention?

Is there anything you wish to add, or anything that I haven't covered?

Thank you very much for your time. This is the end of the interview and I shall now stop the audio recorder.

Appendix L: Photograph of grouping of codes process

