

Using video feedback to support adoptive families in the UK: An exploratory pilot study

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Abstract

Once children are placed with adoptive families, their new parent(s) must learn to understand their unique communications and respond sensitively to them. This is essential for building the bond between parent and child and laying down successful foundations for lasting placements. The Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP–SD) is a parental sensitivity-focused intervention offered to all adoptive families in the Netherlands. This small-scale study considers the experience of adoptive families offered a version of VIPP–SD adapted for adoptive families in the UK and explores the difference that this type of post-placement support can make to them. It outlines the policy framework around this area and provides a summary of existing research, showing the impact of video intervention on parental sensitivity and attunement. The experience of the intervention, as described by the participating adoptive parents, suggests that there are clear benefits in offering it to adoptive families in the UK.

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Introduction

Policy context

Research undertaken in the UK shows that one of the most effective interventions for children unable to remain with their birth families is adoption and that the support offered by an adoptive family can promote developmental recovery (Selwyn, 2017). In England, the number of children who were adopted from local authority care rose from 2,710 at the turn of the century to 3,770 in 2005 and to a peak of 5,360 in 2015. However, the figures have since dropped to earlier levels and in the year ending March 2021, fell to 2,879. The average age at adoption in that year was three years old and the average time between entering care and placement for adoption was 15 months (Department for Education [DfE], 2020).

Government guidance on promoting the health and well-being of looked after children recognises that almost half have a diagnosable mental health disorder (DfE and Department of Health and Social Care [DHSC], 2015). Past experiences of abuse and neglect have often impaired children's health and development, presenting problems not only on entry to care but also later on for both children and carers. The care system itself, in particular the pattern of multiple placements, can further exacerbate children's psychological, social and educational difficulties (Hillen and Gafson, 2015; National Institute for Health and Care Excellence [NICE], QS31, 2013; NICE, NG205, 2021). The UK Audit Commission estimates that the cost of foster care ranges from £15,000 to £73,000 per year depending on the type of provision (Audit Commission, 2014), while a year in care with multiple placements, including some in residential care, costs approximately £56,000 per annum (DfE, 2012). Thus, the financial cost of placement breakdown and the damage to the emotional and physical health of the children and carers are significant and long-lasting.

In the UK, there is a dearth of evidence-based post-adoption support services for adoptive and special guardianship families.¹ The non-governmental organisation, Adoption UK, found that only 56% of those who underwent an assessment of their support needs received relevant help (Owers, 2019). The establishment of the Adoption Support Fund in 2015 (DfE, 2015) provided funding to local authorities and regional adoption agencies to pay for child-centred therapeutic support, and this certainly helped to publicise the availability of effective evidence-based interventions. A subsequent evaluation demonstrated that 81% of the parents involved believed that it had helped despite the fact that their children's needs remained severe and complex. In addition, it found that the parents saw modest but meaningful improvements in their own well-being (DfE, 2019). However, they also said that they would have benefited if support had been delivered earlier, particularly therapeutic parenting training. In the 2016 report, *Adoption: A vision for change*, the UK government acknowledged the progress made but recognised that there was still inadequate support for some adoptive families (DfE, 2016). It set out a vision that by 2020 every adoptive family should be able to access an ongoing package of appropriate support. The recent National Adoption Strategy (DfE, 2021a) further emphasises the government's commitment to

ensuring families get appropriate help when they need it with £48 million per year allocated to extend the Adoption Support Fund until March 2025. This enables applications for up to £5000 per child per year for therapy.

The Video-feedback Intervention to promote Positive Parenting (VIPP) has demonstrated long-term improvements in children's social, emotional and behavioural development (Juffer, Bakermans-Kranenburg and van IJzendoorn, 2017). It is an attachment-based programme aimed at increasing parental sensitivity and attunement between adoptive parents and children and has been used since 2000 in the Netherlands, where adoptive families can apply for up to four government subsidised sessions of video feedback in the two and a half years after the child's placement (Feltham-King, 2010). There is no equivalent provision in the UK but guidance from NICE on attachment (2015) recommends the use of video-feedback programmes for pre-school-age children to help improve carers' responsiveness to their child's emotional needs and to promote secure attachment.

The development of a relationship between the child and adults will be a key issue in any placement, but for adopted children the process is especially complex in that they are required to adapt from previous experiences of parenting, which may have included abuse and neglect. Similarly, the adoptive parent may have limited knowledge of the child's background yet must quickly attune to the child and show sensitivity to the meaning of what s/he says or does. This is especially important for adopted children who will often give subtle cues that are mismatched to their current environment and need to be understood through the lens of attachment trauma. Attunement and sensitivity are therefore crucial to building a set of new experiences and, in turn, creating a secure attachment relationship, helping to repair attachment impairments caused by placement moves, early neglect and trauma (Juffer, Bakermans-Kranenburg and van IJzendoorn, 2008). As a result, there is likely to be an enduring positive impact from promoting the continuity of the placement, helping parents manage their child's behaviour and facilitating their emotional regulation and reflective thinking (Livingston Smith, 2014).

Research context

Those working in the field of adoption and post-permanency have largely been influenced by attachment-based perspectives in understanding children's needs within the context of care. Attachment theory (Bowlby, 1969), with its evolutionary and developmental focus, identifies how children seek proximity to their caregiver to provide comfort during times of stress, danger and anxiety and then move gently away in order to explore as they feel more confident in their environment. This theory stresses the importance of early relationships with attachment figures from which a child develops an internal working model on which they base future relationships. This shapes their expectations, thoughts and feelings about themselves and others, which are likely to be positive if based on experiences of sensitive and responsive caring.

Bowlby and Ainsworth went on to identify a specific parental attribute, sensitivity, which is closely related to children's attachment security (Ainsworth et al., 1978). A sensitive parent is one who recognises, understands and responds accurately to their child's cues. Subsequent research, as summarised in the meta-analysis by De Wolff and van IJzendoorn (1997), has further confirmed the importance of this relationship.

Several studies have explored the processes involved in forming attachments and the factors likely to cause difficulties and have highlighted the greater risks faced by

looked after children. A meta-analysis by Schoemaker and colleagues (2020), for instance, found a higher prevalence of insecure disorganised attachment relationships and higher levels of emotional and behavioural problems in children who are fostered or adopted when compared with those raised by their biological parents.

Despite the damage caused by early experiences, an extensive tranche of research has shown that children's attachment security can be improved with interventions that focus on increasing the sensitivity of parents (Bakermans-Kranenburg, van IJzendoorn and Juffer, 2003). Furthermore, a meta-analysis assessing the effectiveness of interventions in preventing disorganised attachment found that those focused on increasing parental sensitivity resulted in a small but significant reduction in the prevalence of disorganised attachment and that this effect was greater for at-risk children (including intercountry adoptions) than interventions where the parents were at risk (Bakermans-Kranenburg, van IJzendoorn and Juffer, 2005). Further work by Juffer, Bakermans-Kranenburg and van IJzendoorn (2017) identified a need to include discipline strategies for parents in interventions as they adjust to the demands of their children as they grow older and start testing boundaries.

Interventions to tackle these problems are increasingly using video feedback for analysing and developing parental sensitivity and attachment security. For children under five, a systematic review by O'Hara and colleagues (2019) found evidence of improved parental sensitivity following an intervention but mixed results for attachment security. One study cited showed that the participants in the intervention group were more securely attached, while another, which measured the strength of attachment in a different way, showed no effect. Overall, the evidence for impact was rated as 'Moderate' for parental sensitivity and 'Low or very low' for other outcomes. The review concluded that while video feedback might improve parental sensitivity, the evidence that it improves the child's attachment security or behaviour, or parental stress and anxiety is slim. While this is a disappointing finding, the impact of interventions upon attachment security is difficult to measure, and the effects of increased parental sensitivity on attachment may take longer to manifest than the timeframes of the studies allowed. In addition, as Schoemaker and colleagues (2020) suggest, as the prevalence of stress levels in adoptive parents can inhibit their capacity for sensitive discipline, it is important for parenting interventions to seek ways of reducing this.

Development and design of VIPP

The research just discussed highlights two aspects of parenting that play an important role in the development and continuation of behavioural problems in children: sensitivity and discipline (Mesman et al., 2008; Van Zeijl et al., 2006). In a Dutch randomised trial evaluating the use of VIPP with 130 adoptive families, there was a significant improvement in maternal sensitivity and child attachment security post-intervention (Juffer, Bakermans-Kranenburg and van IJzendoorn, 2005) with some long-term improvements seen in the children's social, emotional and behavioural development when followed up at seven years of age (Juffer, Bakermans-Kranenburg and van IJzendoorn, 2008). In order to meet the emerging demands of parenting a child beyond infancy, VIPP was extended with an additional module focusing on Sensitive Discipline (VIPP-SD) and increased for use with children up to the age of six (Juffer, Bakermans-Kranenburg and van IJzendoorn, 2008; Mesman et al., 2008).

VIPP-SD has been developed as a manualised preventative intervention aimed at increasing sensitivity in and improving the discipline strategies of parents in order to encourage

positive interactions between parent and child and to prevent or reduce children's behavioural problems.² VIPP-SD has a firm evidence base, having been rigorously tested in randomised studies of various populations of parents and children at risk. It has demonstrated positive outcomes for adoptive families (Juffer, Bakermans-Kranenburg and van IJzendoorn, 2005; 2008; 2017) and been shown to increase sensitivity in mothers with an insecure attachment presentation (Bakermans-Kranenburg et al., 2008). In this latter study, mothers also showed more positive discipline strategies after the intervention than those in the control group and displayed a more positive attitude towards sensitive parenting and discipline. Further research has been undertaken in several different countries. In the UK, Iles and colleagues (2017) studied its use as an early intervention and found that those who completed an adapted version of VIPP-SD for co-parents (VIPP-Co) reported a positive impact on their understanding of their child's thoughts and feelings, as well as on their approach to individual parenting and co-parenting.

VIPP-Family Placement (VIPP-FP; Juffer, Bakermans-Kranenburg and van IJzendoorn, 2008) is an adapted version of VIPP-SD for specific use with adopted children and those subject to special guardianship orders. As with VIPP-SD, the focus is on supporting parents and carers to recognise and react to their child's signals in a sensitive and timely way. It specifically encourages adoptive parents to notice cues that may be difficult to interpret, subtle or misleading as a result of children's earlier life experiences. Significant dimensions of the intervention include creating a positive atmosphere, recognising the parent as the expert on the child and emphasising and reinforcing positive interactions between them, explaining that children's small steps in the right direction are important. In addition, VIPP-FP introduces a range of physical activities/games as an opportunity for adoptive parents to cautiously initiate physical contact with their child, paying attention to what the child is able to manage.

Background to the study

This study sought to identify how VIPP-FP translates to the UK post-permanency landscape and whether it promotes change for the families involved.

The Tavistock and Portman NHS Foundation Trust ('the NHS Trust') and The Adolescent and Child Trust were successful in securing funding from the DfE Voluntary Adoption Agency Expansion Grant Programme 2014-16 to pilot VIPP-FP. The aim was to see if this intervention promoted and maintained new and existing adoptive placements that were facing challenges from attachment issues, especially those common among the hard-to-place population of children.

The intervention was delivered to adoptive families in three London local authority areas over a two-year period. The decision to undertake a pilot study rather a large one that replicated the earlier Dutch research was based on the rationale that the context of adoption in England is very different from that in the Netherlands. In the Netherlands, there were 210 intercountry adoptions in 2017 (Ministry of Safety and Justice, 2018) and in 2016, only 17 domestic adoptions (ter Meulen, 2019) whereas in England, adoptions from care (currently just under 3,000; DfE, 2021b) vastly outnumber the 60 or so intercountry ones.

An outline of VIPP-FP

VIPP-FP aims to build strong attachment relationships between parents and children by increasing sensitivity and attunement and improving the discipline strategies of parents of

children aged one to six. To reach this goal, the intervener works on increasing parents' observational skills, knowledge about the development of young children and capacity to empathise with them and supporting parents to be more effective by encouraging sensitive responsiveness and sensitive discipline.

The intervention is undertaken in the family's home and comprises an initial introductory visit where the first recordings are made, followed by a further six visits of approximately 90 minutes. Each of them starts with a video recording of the parent and child undertaking basic activities, such as playing together and tidying up, after which the recordings of the previous visit are viewed and discussed with the intervener. The programme is divided into three phases, each containing two sessions.

Phase 1 (visits two and three) focuses on the child's perspective, where in addition to getting to know the parent and building a positive relationship with them, the intervener helps the parent to empathise with the child, placing particular emphasis on moments when the child responds positively towards them. These visits focus on the behaviour of the child and the technique 'Speaking for the child' is introduced to support the parent's capacity to mentalise (Fonagy and Allison, 2014); the intervener provides 'subtitles' for the behaviour of the child in the recordings, talking about what the child might be thinking or feeling and inviting the parent to do the same. This technique is used further during subsequent visits.

In Phase 2 (visits four and five) the behaviour of the parent in dealing with the child is actively addressed. Using illustrations from the child's recorded responses, the parent is supported to learn how and when their positive parenting behaviour is effective and to develop ways to apply their skills to different situations.

Phase 3 (visits six and seven) consists of two booster sessions in which all the themes are addressed once more. The first four home visits have their own sensitivity and discipline themes, all of which have been developed following years of research into attachment and parental sensitivity at Leiden University in the Netherlands. These include a focus on the importance of exploration versus attachment behaviour, positive reinforcement and the sharing of emotions. Each of the themes of the previous sessions is integrated into the subsequent visits. The programme also includes psychoeducation regarding behaviours typical among adopted children, offering strategies to manage these behaviours and identifying moments in the video where the subtle, attachment-orientated behaviours common among adoptive children might be seen.

Methodology

Research design

The study employed a mixed methods approach and consisted of quantitative data gathered through routine outcome measures, the findings of which will be the subject of a separate paper. Qualitative data were gathered from semi-structured interviews with parents who received the intervention face-to-face in the family home. On completion of the intervention, they were asked if they would be willing to participate in a telephone interview with an assistant psychologist who had not been involved in the delivery of the intervention.

Participants

Families were referred for VIPP-FP by three local authorities within a wider consortium. The criteria for inclusion followed the NHS Trust's referral guidance and was aligned with

the evidence base: the age of the child needed to be between six months and six years and the placement should ideally have been operating for between two to six months. Furthermore, the parent/carer needed to have good conversational English and to communicate with their child in English during the recordings to enable the intervener to understand what was being said. Parents/carers also needed to agree to their personal data being held on the NHS Trust's database.

Referrals were considered by the principal investigators (a consultant clinical psychologist and a senior social worker), and families that met the clinical criteria and gave consent to participate in the study were included. Eleven families commenced the intervention with 10 completing all seven sessions. These 10 parents were then invited to participate in the semi-structured interviews described previously in order to further explore their expectations and experiences of the intervention and to give permission for interview quotations to be cited anonymously in publications. Eight families participated in this stage of the study.

Five registered VIPP interveners were recruited from the NHS Trust and were all clinicians from social work or psychology backgrounds. Four of them identified as White British and one Any Other White Background; four were female and one male.

Participant demographics

Five of the eight children adopted by the eight participating families were male and three were female. As identified by the NHS ethnic group categories, four were White British, one was Any Other Asian Background, one Any Other White Background, one White Irish and one White and Black Caribbean. The ages of the children ranged from one to five years with the average age being 1.75 years ($SD = 1.04$). Of the participating parents, seven were mothers and one a father. One identified as Black Caribbean, one Indian, one Any Other White Background, one White Irish and four White British. Three families did not participate in the post-intervention interview; one of these families did not complete the intervention (both child and parent identified as White British). The ethnic backgrounds of the other two children whose parents did not participate in the interview were Any Other Asian Background, and White and Black African. The ethnic backgrounds of these parents were one White and Black Caribbean, and one White British. The average age of their children was 1.58 years ($SD = 0.24$). Table 1 outlines the demographical information collected on the children.

The average number of days between referral and the start of the intervention was 87.1 ($SD = 126.6$). The average number of days between the start and end of the intervention was 236.1 ($SD = 58.6$). Although this may appear to be a significant duration for an intervention, the seven sessions of VIPP are delivered in fortnightly to monthly intervals. There were some delays to delivering the intervention due to parent/carer and/or child illness or wider issues around placement stability. Without significant delays, the expected duration of the intervention is four to six months (121 to 182 days).

Interview analysis

Interviews were transcribed and analysed using thematic analysis (Braun and Clarke, 2006). This was chosen as it is a flexible method (Braun and Clarke, 2012) that provides a descriptive overview of the subjects' perspectives, allowing themes to emerge as the researcher is active in the research process.

Table 1. Baseline characteristics of participant and non-participant children.

Characteristics	Accepted into pilot and participated in research		Accepted into pilot but did not complete intervention or did not consent to take part	
	N	%	N	%
Gender				
Male	5	63	3	100
Female	3	37		
Age in years	1.75 (1.04)		4.67 (1.53)	
Ethnicity				
White British	4	50	1	33.33
White Irish	1	12.5		
White and Black Caribbean	1	12.5		
White and Black African			1	33.33
Any Other White Background	1	12.5		
Any Other Asian Background	1	12.5	1	33.33

Note: 'Non-participants' were defined as participants who were accepted into the pilot but did not complete the intervention or did not consent to take part. Mean values and standard deviation are presented for the second variable, age. For the other variables, sample size and percentages are presented.

Given the exploratory nature of the study, an inductive approach to data coding and analysis was used. Having familiarised themselves with the data through repeated listening and reading of the transcribed interviews, one of the researchers conducted open coding (Corbin and Strauss, 1990) using NVivo 12 software and identified initial codes. These were then grouped into overarching candidate themes and subthemes. The themes were then refined by the principal researchers with data extracts collated into coherent patterns; they were defined and named following further thematic review. These patterns were then presented to the final researcher who reviewed and further refined the themes. The most pertinent data extracts were then identified to support the themes and are included in the findings section below.

Ethical approval

Ethical approval was obtained from the North West – Greater Manchester South Research Ethics Committee. All participants provided written informed consent and the data handling adhered to NHS Information Governance procedures locally defined within the NHS Trust's record-keeping policies.

Interview findings

Table 2 provides the open coding analysis of the parent interviews. It shows six superordinate and 18 subordinate categories that the researchers identified from the analysis of parent views and their experiences of the intervention. The table also indicates that between two and six subcategories are associated with each of the major ones.

Table 2. Themes and subthemes.

Themes	Subthemes
Motivation to engage	<ul style="list-style-type: none"> • Access to evidence-based support • Early intervention for adoption
Bringing hope and expectation	<ul style="list-style-type: none"> • Improvement in attachment relationship • Parental strategies
Making a difference	<ul style="list-style-type: none"> • Overall experience for families • Promote intervention to other parents/carers • Accessible and safe home-based intervention • Placement stability and sustainability
The power of film	<ul style="list-style-type: none"> • Outcomes attributed to being recorded • Impact on the family
Seeing the world through my child's eyes yields change	<ul style="list-style-type: none"> • Impact on wider family • Confidence-building • Value of observation skills through video feedback • Developing attunement through observation • Seeing the world through the child's perspective • Parental self-reflection and self-efficacy (self, dyad, child)
Learning from the pilot	<ul style="list-style-type: none"> • Suggestions for improvement • Parent perceived challenges

Theme 1: Motivation to engage

The first theme comprised two subordinate themes describing the different reasons for the parents' engagement with the intervention. They described the want and/or need for specialist input that boosted their confidence to support the child and build their relationship. They emphasised how VIPP-FP provided an alternative to other interventions, such as one-to-one therapy or parenting work, and offered a unique perspective of observing their interactions with their child through the video reviews. As one parent noted: 'This is your interaction, these are ideas about what you can do to build that bond to address her distress and behaviour' (Parent 6).

Parents were also keen to enhance their existing skills to effectively parent their unique child, particularly while the child was newly in their care:

It felt like a very exciting and special experience to have support through the very early stages of having him in my life...I was very interested to learn about techniques, strategies that are particularly supportive for children who have been adopted. (Parent 4)

Theme 2: Bringing hope and expectation

The participants shared a number of hopes and expectations relating to what they would gain from the intervention. Some described wanting to develop practical skills or strategies to manage challenging behaviour in a positive way or to be better prepared if and when such problems arose in the future:

I was hoping to have . . . lots of positive strategies that work with my son, so that I didn't have to raise my voice and we don't have to have much negative energy. But I would [also] have ways of supporting him through difficult moments, transitions that he finds difficult, things like leaving the playground, which he will very often get upset about. (Parent 4)

Most described how they hoped the intervention would improve the attachment relationship and communication with their child and increase their understanding of her or his behaviour. In one parent's words: 'one of my goals was to increase physical closeness with my son . . .' (Parent 3).

Theme 3: Making a difference

The third theme included four subordinate themes describing the positive experience of completing the intervention. Parents discussed how they were initially nervous about taking part, but their intervener helped put them at ease and supported them and their child to have a positive experience, enabling them to pick up useful parenting strategies:

At first I was petrified because you always worry that someone's going to come into your house and judge how you're parenting, but to be honest as soon as I met [the VIPP intervener] she diminished any fears I had . . . The first video we watched back I was a bit nervous, because I've never watched myself play with [my child] before, so it was nice to hear her little points and her freezing the frames saying, 'Look at the way she's looking at you'. Then you start to pick those looks up yourself. Certain behaviours you pick up quicker each time, and by the end of it, it was quite emotional because we didn't want to say goodbye because it was a good experience and myself and [my child] learned a lot through that. (Parent 7)

When asked what they would say to other families thinking about taking part in the intervention, the parents were unanimous in recommending it, with one reporting that she had already done so:

I'd definitely say do it. It's the thing that made the difference in my life; just really do it. It's good for you, it's good for the kids, it's good for your relationships, it's good for your education, it's good for your understanding, it's good for your emotional well-being. It's the thing that made the difference. I would strongly recommend it. I would march so that people would have funding to do that because I think it could be make or break. (Parent 6)

The majority of the parents reported the benefit of the intervention being delivered in the home, improving their access to support which was delivered in a safe environment:

You feel completely safe and you feel you can be open. [The intervener] is completely non-patronising but will drop in little soundbites of support and help and [suggest] different techniques that you can use . . . she would back it up with the science theory behind it which really helped. (Parent 2)

It was organic as well, it grew and grew, so that helped me to learn, learn a lot. And, actually, being so hands on and having the opportunity to practice different techniques was really nice. (Parent 4)

It was apparent that for some parents, the intervention came at a time of great challenge, which significantly enhanced their confidence in their parenting ability and the stability and sustainability of the placement:

My real fear was that I'd given everything I could. I had nothing left in terms of ideas, nothing left in terms of energy and a child who needed more . . . I was so frightened that this wasn't going to be the right thing for her because obviously I wanted her. And it just gave me that adrenaline shot to keep going because things were moving forward, and I just couldn't see it. I suppose because it had such an overall positive effect for me and it came at a time when it was just so influential in, you know, keeping [my child], I can't see a negative. (Parent 6)

Theme 4: The power of film

The parents were especially vocal about their experience of being recorded. It was a novel experience for most and evoked some initial anxiety that later abated:

The first time we were going to watch the videos I was a bit nervous. I was actually dreading it; I was thinking, 'Oh my god, I'm going to be told all the things that I've done wrong'. It did not happen like that at all, I was surprised. She just pointed out all the positive things to me. So, I would say it's very positive and do it, don't be afraid. (Parent 3)

Through the recordings, existing positive interactions between parents and their child were highlighted to demonstrate how important they and their reactions were to their child. Reviewing these moments provided a unique opportunity for parents to observe their child and their shared interactions from a different perspective, which could sustain them through challenging day-to-day experiences:

It made a big difference at a time when I really needed it, otherwise I don't know that things would have continued and that would have broken my heart . . . There was one video where [my child] turns round and smiles at me, that image has kept me going through loads of problems, like, three o'clock to five o'clock in the morning sitting on my bed with a child who was screaming. (Parent 6)

Theme 5: Seeing the world through my child's eyes yields change

The fifth theme included six subordinate themes describing the impact of VIPP-FP on behaviour. Parents reported sharing the knowledge and understanding they had gained from the intervention with their partners and described how their wider family network had noticed improvements in the parent-child relationship:

We have had a few comments from our uncles and aunts around the way the boys are from where they were a year ago to now. Their behaviour is more settled, they are a lot more disciplined, and they know their boundaries. (Parent 2)

The majority of the parents said they had used the new parenting strategies and that this was having a positive impact on their child's behaviour. Collaboratively reviewing the video recordings helped them to develop their understanding and response to their child's emotions. This, in turn, enhanced their attachment relationship:

When you look back at the videos, I could actually see her looking at me for approval, I could see she was trying to develop a bond and it was enough to keep me going, to think this is a child who I can parent who does want to be part of this family, whereas before it felt like she very much was on her own . . . it just felt, not so much that she didn't want . . . my love or . . . care. And it really showed me that it wasn't a question of me forcing it on her. She did want it; she just couldn't accept it. (Parent 6)

I understood her before, but not at this level. I understand her emotions a lot more and . . . her body language. It's that bond we've got together and me knowing exactly what she means is brilliant because she then feels heard and that is something that VIPP has helped us with. (Parent 7)

It was also recognised that the intervention made parents feel more confident, and this was attributed to experiencing the benefits of playing with their child:

[I've changed my parenting in terms of] the importance of making time to play with them, which I now enjoy more. I used to find it very frustrating, some things I just can't play, and I would just go, 'Nope, I can't do that, mummy doesn't know', but seeing the importance and the positivity from a relationship point of view that comes out of that [has led to me] being more confident as a parent in myself and what I am doing. (Parent 8)

Parents shared how reviewing the video recordings with the VIPP intervener helped them to see positive reactions from their child towards them that had previously been difficult to notice:

. . . just noticing things, seeing things that [the VIPP intervener] noticed that I wouldn't have noticed . . . like my son putting his hand on my knee when he was playing with something he was enjoying . . . and that was just a subtle way of saying, 'This is lovely, I'm enjoying this, I want to share it with you'. (Parent 4)

Her behaviour was about her distress, she wasn't being badly behaved, like, being naughty on purpose, she was in distress. So, it was about somebody actually seeing an interaction between us and working with us . . . I didn't notice positives before. I couldn't see anything positive in it, I really couldn't. I couldn't see one positive thing. And the intervention has shown me the positives . . . (Parent 6)

Building on this, some highlighted how the aspect of speaking for the child helped them understand both their child's perspective and their importance to their child:

It was eye-opening because before it was, 'Oh, okay, well she's just putting that on wrong. I'll show her the right way to do it'. But then . . . actually no, she's exploring every element of it, she does that with everything. Why haven't I picked that up before? (Parent 7)

They also reflected on learning about the role of their interactions and developing ways to improve their child's behaviour through modifying their interactional responses:

To put it simply, I felt that it was my child's problem, not my problem and that I was the one being fixed... It forced, in the nicest possible way, me to look and examine my behaviours. There were things I was gently made to see that I could do better... showing me very nicely, in a non-critical way... That was astounding; personally, I am very good at being critical and it was beautifully done... just through showing and suggesting other ways of doing things. (Parent 8)

Theme 6: Learning from the pilot

All of the participants reflected on their experience and the ways in which the intervention could have been improved or done differently. Two expressed some concerns – one questioned the age appropriateness of the outcome measures used and the other noted how their child's behaviour changed when the intervener was present: 'As it happened [my child] was an absolutely perfect young man when our [VIPP intervener] was here and hardly displayed any challenging behaviour at all really' (Parent 1). But they also acknowledged that this could have been an outcome of the intervention and the benefit of dedicated play time with their child.

Despite the intervention being positively received, almost half of the parents stated it would have been helpful to have been given more information before commencing the intervention, such as through a phone conversation with the intervener or examples of case studies and endorsements from parents who had completed it: 'A lot more information beforehand would have been handy... that could ease fears going into it' (Parent 7). However, it was emphasised by one parent that knowing the strong evidence base was reassuring.

While all parents received the *My child and I* booklet on completing the intervention, one highlighted how it may have been helpful to have received supplementary reading material throughout in order to embed their learning: '... if an issue had come up, perhaps to give me some reading material... to help consolidate as we were going along would have been nice' (Parent 4).

Discussion

Overview of findings

The aim of this pilot study was to evaluate the use of VIPP-FP within the UK adoption landscape. Participants across the board were complimentary about the impact of the intervention on their child, their parenting and their family. The main themes from the analysis, as outlined above, were:

1. motivation to engage;
2. bringing hope and expectation;
3. making a difference;
4. the power of film;
5. seeing the world through my child's eyes yields change;
6. learning from the pilot.

The first three themes underpin the importance of providing adequate and timely post-permanency support for adoptive families, a view echoed by parents in the Adoption Support Fund 2019 survey in which 81% of them believed it had helped their child. While this study is too small to generalise, it suggests that VIPP-FP is effective in building the confidence of adoptive parents and developing their ability to understand the world through their child's eyes, strengthening the stability of the placement. The participants' desire to engage with this intervention also reflects their view that their families would have benefited from earlier therapeutic support, in particular therapeutic parenting training. VIPP-FP is, therefore, both a preventative intervention ideally offered in the early stages of a placement and a nurturing one that helps parents manage their child's behaviour by facilitating their emotional regulation and reflective thinking. Both types of intervention have been identified as valuable by Livingston Smith (2014) in an evaluation of post-adoption programmes.

In the NICE guidance on attachment (2015), the use of video-feedback programmes is recommended for pre-school-age children to help improve carers' responsiveness to their children's emotional needs and promote secure attachment. VIPP-FP is thus relevant to this as it comprises a short-term, effective intervention that can be accessed by the Adoption Support Fund. As in the Netherlands, it could be offered as a video-feedback approach to all adoptive families, thus meeting the UK government's target in *Adoption: A vision for change* which commits access to an ongoing package of appropriate support to every adoptive family.

In terms of daily practice, the study confirms that the parents who participated actively used the skills and knowledge they had learned from the intervention. This includes the importance and benefits of ensuring dedicated play time with their child and being able to observe her or his communications and subtle signals, again reiterating the benefits of increasing their confidence and understanding their children's needs as highlighted in the Adoption Support Fund evaluation (DfE, 2019). One consequence of this is a reduction in carers' stress levels which Schoemaker and colleagues (2020) warned can inhibit their capacity for sensitive discipline. As VIPP-FP helps parents develop strategies to discipline sensitively and provides an opportunity for reflective functioning and mentalisation, their capacity for sensitive parenting will hopefully increase as a result of participation. Iles and colleagues (2017), for example, found that parents' understanding of their child's thoughts and feelings increased along with their approach to individual parenting and co-parenting.

Despite these benefits, a common concern about the use of video feedback is that being recorded may induce anxiety. However, while most parents acknowledged this prior to starting the intervention, they overcame it relatively quickly and attributed this to the strengths-based approach and the skills of the intervener. Some also mentioned that another way of demystifying the experience and reducing anxiety would have been the provision of more information at the outset.

Limitations

The study is inevitably limited by its small size and the involvement of only three London local authorities. In addition, of the 10 families who successfully completed the intervention, it was not possible to interview two participants. Also, while VIPP-FP can be undertaken with mothers and fathers, 10 out of the 11 participants were mothers. The fact that five of the eight families identified as predominantly White does not reflect the demographics of

the participating authorities and the looked after population. In terms of organisation, the study did not explore whether the age and educational background of the participating families affected their take-up, completion or experience of the intervention and, for various practical reasons, the length of the intervention was longer than usual at 236 days compared with the more normal 121 to 182 days.

Future developments

This study suggests that VIPP–FP could make a valuable contribution to the offer of post-permanency support to adoptive families on a regional basis, in alignment with the UK government’s drive to establish regional adoption agencies across the country. This presents a capacity-building problem for the adoption workforce as there are a limited number of trained interveners in the UK – currently just over 100. For those who are qualified, the challenge is to prioritise their VIPP practice while managing the competing demands of their workloads. Engaging employers within the health, social care and allied sectors will be instrumental in broadening the reach of VIPP–FP, therefore. This will have an impact on the capacity to offer it as part of a holistic, ‘needs-led’ approach for adoptive families with shared decision-making at its core. Despite the importance of broadening awareness of VIPP–FP as a service available through the Adoption Support Fund, there will be many families unable to access the intervention due to a lack of trained intervenors across the country. In response to the pandemic, a protocol for delivering VIPP virtually has been developed (Stevens, 2020), which should also help with access.

Two suggestions for improving the experience of future participants that emerged from the study were hearing other parents’ accounts of receiving the intervention, such as through case vignettes, and increasing access to the intervener prior to commencing the intervention. To appeal to as diverse a range of families as possible, the NHS Trust co-produced an animation portraying the lived experiences of a parent who received VIPP–FP as part of this study (Tavistock and Portman NHS Foundation Trust, 2019).

It is difficult to be conclusive about the effectiveness of VIPP–FP from this study as replication in different contexts and on more diverse populations is needed, but its impact on reducing the likelihood of placement breakdown merits further investigation, as does the proposal that it should be more widely promoted as part of the post-permanency holistic package for adoptive families.

Conclusion

This article outlines a study evaluating the effectiveness of using video feedback, namely VIPP–FP, to support adoptive families. By presenting the qualitative findings of a pilot study delivering VIPP–FP to eight families with adopted children and drawing on their experiences, the positive impact that post-permanency support can make on adoptive families has been strongly indicated. Within the new landscape of regional adoption agencies, the challenge for the sector is to consider how to scale up the availability of VIPP–FP alongside a holistic range of other evidence-based interventions to ensure that all adoptive families can equitably access appropriate and timely interventions that best meet their needs.

Notes

1. A special guardianship order (SGO) is a legal order where the court appoints a carer (usually a relative or foster carer) as the special guardian of a child until they turn 18 to provide permanence and security. This is used in cases such as when adoption is not an option.
2. As previously mentioned, sensitivity in parenting refers to the capacity to notice the child's signals, interpret these correctly and respond to them promptly and appropriately. Sensitive Discipline includes the adoption of boundary setting to support emotional and behavioural regulation and the development of an empathic understanding of the child.

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