

## Adoption support: the evidence base for interventions

### Video-feedback intervention to promote positive parenting

#### Introduction

In our September 2016 Briefing Note, *The Adoption Support Fund: operational and strategic objectives – reflections*, a series of questions were identified about the current state of play in identifying evidence-based interventions, the importance of these becoming embedded, and driving the use of the Adoption Support Fund (ASF). Currently, an evidence base for a specified intervention is not a determining factor in an application for ASF funding, and little is known about the effectiveness or outcomes of those interventions funded to date, or indeed the risks. It should be a primary concern as the ASF moves forward that evidence informs interventions and the use of public money, and that risks are identified and mitigated.

The challenge in establishing the evidence base for interventions is a serious one. The range of issues adoptive and special guardianship families face is wide, including physical health, impairments and disability, emotional and behavioural issues, neuro-developmental disorders, learning and cognitive deficiencies and family issues such as the couple relationship, sibling relationships, and issues across the wider family. Other important matters include identity, life story narratives, and the arrangements for and consequences of contact. Each of these issues is likely to produce a multi-dimensional set of interacting factors

that present themselves in a variety of ways at different points in time. It is crucial in any assessment that there is not a rush to identify what intervention might be needed without exploring the family's perspective – thoughts, feelings and history – about the issues at stake for this family. This means not just the concern and urgency of what has become stressful or indeed an emergency, but about what has been tried, what works well, and how thoughts and feelings differ across family members.

But with all of this, there will still be the question of what is going to help and evidence tells us about that. This Briefing Note gives one example of an intervention that does have a robust international evidence base – Video-feedback intervention to promote positive parenting (VIPP). It is an “early” intervention, strongly attachment- and relationship-focused, and has been trialled in the UK. It is also identified by the National Institute for Health and Care Excellence (NICE) in their recent report on attachment.

This is only one example and it is focused on a particular set of issues at an early stage. It is therefore not, as with any intervention, a panacea. But it is known to have long-term positive outcomes. The sector needs to explore the implications of these kinds of interventions becoming much more widely established, as this one is in The Netherlands. For

Centres of Excellence for Adoption Support, should interventions such as VIPP be a firm direction of travel in their development? This Briefing Note is intended to stimulate that discussion.

## **Video-feedback intervention to promote positive parenting**

Over the past two years, the Tavistock and Portman NHS Foundation Trust (the Tavistock) has been collaborating with Leiden University in The Netherlands to provide training in Video-feedback intervention to promote positive parenting and sensitive discipline (VIPP-SD). The intervention has been developed by some of the world's leading attachment researchers and aims to increase parental sensitivity and attunement, drawing from a robust evidence base for preventing and/or reducing behavioural problems in young children. The Trust has been the UK training centre for VIPP.

Following a successful bid to the Consortium of Voluntary Adoption Agencies (CVAA), the Tavistock collaborated with The Adolescent and Children's Trust (TACT) in order to pilot the intervention for use with UK adoptive families and those with special guardianship orders. Funding was awarded for a two-year project, from April 2015 to March 2017, the aim being to build a community of practice across participating partners in London. More recently, agencies in the South East and the North West of England from a range of local authorities and VAAs have also participated in the training.

Using this grant, the Tavistock has been able to offer free or subsidised training places for children's practitioners to develop their skill and knowledge to deliver the VIPP-SD intervention, as recommended in the NICE Guideline for Children's Attachment (NICE, 2015). This training included an additional module whereby the intervention has been adapted for specific use with adopted children and those subject to special guardianship orders (video-feedback intervention to promote positive parenting – family placements, VIPP-FP). Additionally, the Tavistock has been delivering VIPP-FP to a number of families where children have been placed for adoption or have special guardianship orders. This work is currently in the process of being evaluated and the findings will be publicised once all interventions are complete. Initial outcomes demonstrate positive improvement through the Parent–Infant Relationship Global Assessment Scale, Strengths & Difficulties Questionnaire, Child Behaviour Checklist and Attitudes Towards Sensitivity Scale.

VIPP-FP is based on attachment theory and research, and has been developed as an intervention model with video feedback following rigorous testing in various populations of parents and children at risk. It is currently available on a national scale to all adopters in The Netherlands and has a firm evidence base, demonstrating positive outcomes for adoptive families. It is a preventive intervention aimed at increasing sensitivity and improving the discipline strategies of caregivers in order to encourage positive interaction between caregiver and child, and to prevent or reduce behavioural problems in children aged under six.

The VIPP intervention is a supportive and empowering method of building resilience into adoptive placements. Interveners speak of this being one of the most powerful therapeutic tools they have ever delivered. The intervention is offered in the family's home and is based on the importance of the intervener establishing a collaborative, non-judgemental relationship with the primary carer. By using video technology to record visits and caregiver/child interaction, the intervener can spend time studying reactions and pick up on signals and behaviours that could otherwise be missed in real time. The intervener is trained to identify these often tiny clues and to work with families to find effective solutions to any challenging behaviour or attachment issues, sharing the footage to illustrate specific points.

### **Who is VIPP-FP for?**

This programme is for families with adopted children and those with special guardianship orders. The ideal time to start the intervention in adoptive families is up to a year after placement.

### **How does it work?**

The allocated clinician comes to the family's home. Each visit takes approximately 90 minutes. The child and parent are given some basic activities to do together such as playing, tidying up and having a meal. These activities are video recorded by the clinician on a small hand-held video recorder. After the filming, the parent and clinician view the recording of the previous visit. They think together about what they see in the interaction between themselves and the child.

The programme is spaced over a four–six month period and the visits are normally arranged between two weeks and one month apart. Experience shows that families benefit more from the programme if they complete all of the sessions.

## What do parents who have taken part in the programme say?

*Throughout the sessions, I always felt supported in my parenting and never felt judged. I soon got used to being filmed and I didn't expect I would benefit in the ways I did from watching myself and my son on the videos and seeing the world through his eyes. I was able to stand back and see myself and my son as people as well as mother and child. I'm a better parent for it and my partner and I talk through different ways of dealing with situations now. Our son knows I listen to him and is happier as a result.*

## Does it work?

The effectiveness of VIPP-SD has been demonstrated in scientific research in different countries and for different groups. VIPP-SD was originally developed in The Netherlands and has been recognised as a proven and effective intervention by the Dutch Youth Institute, and is registered in the Effective Youth Interventions database. VIPP-SD is available to all adoptive families in The Netherlands.

## Current challenges

Over the past two years, two cohorts of practitioners have been trained by the Tavistock with a third cohort in training. Those trained are now starting to deliver the intervention within their own agencies, with the Tavistock providing ongoing supervision and support to develop interveners' confidence and ensure fidelity to the model.

There remains a shortage of evidence-based post-adoption support, as well as regional gaps. VIPP is predicated on being strengths-based, promoting parental efficacy and independence. It also encourages better communication between new adopters and their supporting agency, thereby making them better able to identify placement difficulties and avoid placement breakdown in the future. It builds resilience and sensitises the family to receive intervention/support positively.

The Tavistock would like to scale up the prevalence and availability of VIPP across the country to fill the regional gaps and build capacity across agencies to provide a co-ordinated support offer for adoptive families. The intention would be that VIPP can be considered and offered along with a range of other post-adoption or special guardianship order support programmes.

There will be regular training programmes in VIPP-FP at the Tavistock, but these can also be delivered locally should there be sufficient demand.

In the past year, local authorities have been applying to the ASF in order to refer families to receive VIPP.

If you are interested in referring a family to the Tavistock to be considered for VIPP, or are interested in the next VIPP training programme, visit their website or contact Paul Dugmore or Rachel James, whose contact details are given overleaf.

<https://tavistockandportman.nhs.uk/research-and-innovation/our-research/research-projects/video-feedback-intervention-promote-positive-parenting-and-sensitive-discipline-research/>

## Reference

NICE (2015) *Children's Attachment: Attachment in children and young people who are adopted from care, in care or at high risk of going into care*, NICE Guidelines 26, available at: [www.nice.org.uk/guidance/ng26](http://www.nice.org.uk/guidance/ng26)

## Note about the authors

The introduction to this Briefing Note was written by John Simmonds, Director of Policy, Research and Development at CoramBAAF. The rest of the text was written by Paul Dugmore and Rachel James, from the Tavistock and Portman NHS Foundation Trust.

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