

**Exploring practitioners' experiences of delivering
Video Interaction Guidance to mothers who
report to have been domestically abused**

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Abstract

The national context shows that violence against women and girls is a widespread issue in society leading to significant and long-lasting consequences. Furthermore, the impact of domestic abuse (DA) on children and young people (CYP) is a growing concern with government statistics showing an increase in prevalence rates across the country with support for families being inconsistent and often down to a 'postcode lottery'. Educational Psychologists (EPs) as professionals are well placed to improve outcomes for CYP.

Video Interaction Guidance (VIG) is an intervention aimed at improving communication and attuned interactions. This exploratory study focused on the views of four practitioners who have delivered VIG to mothers who report to have been domestically abused. A systematic literature review was conducted, highlighting a gap in the research relating to VIG for families who have experienced DA across a range of settings. The study aimed to add to the knowledge of research regarding strength-based, relational interventions which can lead to positive change for vulnerable families.

The researcher embodied the VIG methodology throughout and valued social justice. Epistemological and ontological positions included relativism and social constructivism. A qualitative design was adopted using conversational-style interviews online. Interpretative phenomenological analysis revealed findings relating to strengths and challenges of delivering VIG and careful considerations for practitioners. The roles of power, culture and risk management were emphasised.

Overall, despite complexities in the system, VIG seemed a positive experience for participants yielding successful results. This suggests the need to build capacity in services for professionals and EPs to be able to deliver such interventions. Opportunities for empowering and instilling hope are considered with the belief that everyone has the capacity to change. Addressing societal inequalities and unhelpful dominant narratives remain imperative for the work of EPs.

Student Declaration

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I declare that while registered as a research degree student at UEL, I have not been a registered or enrolled student for another award of this university or of any other academic or professional institution.

I declare that no material contained in the thesis has been used in any other submission for an academic award.

I declare that my research required ethical approval from the University Ethics Committee (UREC) and confirmation of approval is embedded within the thesis.

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List of Abbreviations

AVIGuk	Association for Video Interaction Guidance UK
BPS	British Psychological Society
CASP	Critical Appraisal Skills Programme
COVID-19	Coronavirus Pandemic
CYP	Children and Young People
DA	Domestic Abuse
EP	Educational Psychologist
EPS	Educational Psychology Service
EThOS	Electronic Theses Online Service
GETS	Group Experiential Themes
HCPC	Health and Care Professions Council
HQ	Helping Question
ID	Intellectual Disabilities
IPA	Interpretative Phenomenological Analysis
NPT	Normalisation Process Theory
NSPCC	National Society for the Prevention of Cruelty to Children
ONS	Office of National Statistics
PAIG	Principles of Attuned Interactions Guidance
PETS	Personal Experiential Themes
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-analyses
PSI	Parent Stress Index
PTMF	Power Threat Meaning Framework
SSIs	Semi-structured interviews
TA	Thematic Analysis
TEP	Trainee Educational Psychologist
UEL	University of East London
UK	United Kingdom
VERP	Video Enhanced Reflective Practice
VIG	Video Interaction Guidance
ZPD	Zone of Proximal Development

Chapter 1: Introduction

1.1 Overview

This chapter outlined the researcher's interest in the areas relating to Domestic Abuse (DA) and Video Interaction Guidance (VIG). The national context was considered around DA, including key legislation, prevalence and outcomes for children and families. The role of the Educational Psychologist (EP) was discussed and the relevant guidance and frameworks which are used for supporting those in an educational setting affected by DA. The history of VIG and information about the training process were detailed. Theoretical underpinnings of VIG were defined and explored. The position of the researcher was expressed. Information was provided about the research rationale and aims, specifically highlighting the necessity of exploring practitioners' views of delivering VIG to mothers who report to have been domestically abused.

1.2 The Researcher's Interest and Relationship to the Topic

1.2.1 Violence Against Women

The historical context outlines the law in England in the 18th and 19th century where culture dictated patriarchy and subordinated women (V. C. Fox, 2002). Firstly, the 'rule of thumb' law outlined legal guidelines which put women under the obedience of their husbands. It allowed a husband's instrument of rectification to be as thick as a man's thumb although prohibited the drawing of blood. The common law of 'coverture' conveyed how a husband and wife were "one body" before God. This meant a married women had to get her husband to co-sign contracts and allowed for him to legally control her personal and real property. 'Wife beating' was prevalent during the 16th, 17th and 18th centuries (V. C. Fox, 2002). Reasons for wife

beating included extravagance, verbal defiance and sexual jealousy, among others. Lastly, marital rape had not been recognised in recorded history as the wife's consent was already assumed by the marital contract (V. C. Fox, 2002). Marital rape was only made a criminal act in 1991 (Williamson, 2016). Professionally, this area was of interest to the researcher as at a local level, there seemed to be little support offered to those who have experienced DA. There was growing concern over influencers such as Andrew Tate and the misogynistic messages online that portrayed and endorsed violence against women and girls. The researcher has been involved in case work on placement where DA has either had an impact on families or been an important part of a child's developmental history and current functioning. Completing the professional doctorate course in educational and child psychology, in the context of the Coronavirus pandemic (COVID-19), it was made apparent to the researcher that DA was a significant public concern and issue. The police recorded 259,324 DA-related offences in the period March to June 2020. This was a 7% rise from the same period in 2019 in the United Kingdom (UK). In the months April, May and June, one in five of all offences recorded by police were related to DA (The Office for National Statistics [ONS], 2020). Violence against women was being stressed continuously on the news with murders such as Sabina Neesa (Topping, 2022a) and Sarah Everard who tragically lost their lives (Topping, 2022b). Whilst these horrific murders were carried out by men who were not known to the victims, the reality is that a woman is killed by her partner or ex-partner every four days in the UK (J. M. Smith, 2021). Other high-profile DA examples include Sean Combs (known as P Diddy) attack against his ex-partner, Cassie Ventura (Yang, 2024). Katie Piper was sexually assaulted by her ex-partner and an acid attack was

arranged by him which led to terrible injuries and permanent scarring (Banfield-Nwachi, 2024).

1.2.2 Video Interaction Guidance

There are many types of video use in intervention. However, the researcher wanted to focus on the video feedback intervention known as VIG in the current study. Due to the focus on the relationship between the VIG practitioner and parent, it can be distinguished from other video-feedback approaches (Todd et al., 2015). The researcher is completing a doctorate in order to become an EP. Learning modules were introduced to the researcher that were pivotal tools used to enhance their professional practice. Video Enhanced Reflective Practice (VERP) is a reflective practice aimed to enhance what professionals are already doing well in their practice by the use of video clips and learning from micro-analysis. Short video clips of their practice are reflected on in groups or by individuals, with the emphasis on developing communication skills. These are identified via a 'Helping Question' (HQ) and focus on moments of exception according to the Principles of Attuned Interactions Guidance (PAIG). The focus is on the practitioner's goal for change (Todd et al., 2015). Similarly, VIG is an intervention where video clips are used and clients are encouraged to reflect on their own accomplished interactions. The Video Interaction Guider (known as 'guider') facilitates and engages with the client throughout the process. It works by clients being active in the change process, striving towards better relationships with those around them who are considered significant (Kennedy et al., 2011). VERP and VIG are intertwined and both are underpinned by the PAIG (Todd et al., 2015). The researcher was struck that focusing on successful moments seemed to be the key to positive change. It felt very containing and supportive having experienced the process for themselves. The

researcher completed the initial VIG training course in February 2022 to learn more about VIG and its values and beliefs.

1.3 Terminology

DA can be defined as ‘any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality’ (Home Office, 2013, p. 2). The Domestic Abuse Act (2021 as cited in Safeguarding Hub, 2023) brought several changes to the way DA is defined, expanding the understanding to include non-physical forms of abuse.

The Domestic Abuse Act (2021) states that behaviour is abusive if it involves of any of the following:

- physical or sexual abuse;
- violent or threatening behaviour;
- controlling or coercive behaviour;
- economic abuse;
- psychological, emotional or other abuse

Whilst the Domestic Abuse Act (2021) uses a gender-neutral definition to capture and ensure all victims of DA are recognised and have a right to protection, it highlights that the majority of victims are women. The victims were female in 73.5% of domestic abuse-related crimes in the year ending March 2023 (ONS, 2023). DA occurs across all social groups regardless of sex, socio-economic status, ethnicity, age, background or sexuality (Home Office, 2022).

1.4 Context

1.4.1 National Context

The ONS (2023) estimated that 2.1 million people in England and Wales experienced DA, aged 16 years and over, in the year ending March 2023, although prevalence rates are suspected to be higher. It is thought to be a hidden crime as police do not always get reports of DA. It is recognised in the Domestic Abuse Act (2021) that children are victims in their own right, if they are under 18 years of age and experience (see or hear DA) as a result of a parental relationship to the perpetrator of abuse or adult victim. The act also stresses the long-term emotional and psychological impact DA has on children. Children may have to flee their family home as a consequence or can often feel at fault (Department for Education, 2021). A study by Meltzer et al. (2009) suggests that in every class there will be one child who has witnessed severe domestic abuse at home. This rises to around one in every five children who have been exposed to domestic abuse to some extent (Radford et al., 2011).

1.4.2 Risks and Outcomes for Children

Exposure to DA in pregnancy creates an extra danger to the child, as it can affect early infancy wellbeing and create neurological differences (Gerhardt, 2004). When exposed to DA, children are at an increased risk of experiencing physical or sexual abuse themselves (Holt et al., 2008). Those children who have been exposed to DA are more likely to develop conduct disorders, enter the care system and have a parent with a mental health need (Devaney, 2008; Meltzer et al., 2009). Due to desensitised or heightened arousal systems, children's social skills may be impacted which manifests through their behaviour. (Ellis, 2012). Research suggests that often

children exposed to DA are at a substantial risk of experiencing other adversities, such as substance misuse and parental poverty (Holt et al., 2008). Children who have witnessed DA, compared to those who have not, can demonstrate lower verbal ability (Dodd, 2009). The effects can last into adulthood and have a serious impact on a child's development and behaviour (National Society for the Prevention of Cruelty to Children [NSPCC], 2021). Women are more likely to be survivors of DA and therefore the research focus will be on mothers which will be addressed further in the next section.

1.4.3 Impact of DA on the Mother's Role

Despite the possible harmful consequences, outcomes can vary widely with many children still showing positive emotional and social development when exposed to DA. Previous literature has shown that the quality of maternal care is an important factor influencing how children might be impacted by DA. However, whilst some parents seem to recover quickly after the abuse (Casanueva et al., 2008; Letourneau et al., 2007), other studies highlight detrimental effects on parenting (Huth-Bocks et al., 2004; Rossman & Rea, 2005). Thus, discrepancies in research findings exist. Several authors argue that this type of narrative can be damaging as it does not consider the complexities of the mother's experiences (Johnson & Sullivan, 2008). It shifts the blame onto the mother's 'failure', rather than focusing on the perpetrator's abuse (Strega et al., 2008). Lately, more attention is now being given to the mother-child relationship (Hester et al., 2007; Humphreys et al., 2006). VIG as an approach, encourages secure attachments by strengthening attuned interaction which increases parental sensitivity (Maxwell & Rees, 2019). It empowers the client to see for themselves their own strengths.

1.5 Educational Psychologists

1.5.1 The Role of the EP

There are said to be five core functions to the role of the EP: research, training, consultation, assessment and intervention. These functions can serve at an organisational level (e.g., the school or local authority), the group (e.g., family or whole class), and on an individual basis (e.g., a child or young person) (Fallon et al., 2010). EPs have moved towards a model that perceives difficulties arising as a result of an interaction of children with their environment e.g., teachers, peers or the curriculum. This model lends itself well to a social model of disability, rather than a medical model which may interpret the problem as inherently 'within' the child and requires assessment, diagnosis and treatment (Currie, 2002).

1.5.2 Relevant Legislation

HM Government (2023) is statutory safeguarding guidance set out to help protect and promote the welfare of children. It is the responsibility of everyone to safeguard children. Safeguarding children as defined by the guidance means protecting children from maltreatment and preventing impairment of children's mental health or physical development (physical, intellectual, emotional, social and behavioural) (British Psychological Society [BPS], 2017). The implementation of legislation, such as, the Children and Families Act 2014 (HM Government, 2014), and the Special Educational Needs and Disability (SEND) code of practice: 0 to 25 years (Department for Education, 2014), outlines an EP's responsibility is with the parent and child.

1.5.3 The Position of EPs

Several studies have used VIG as a tool in educational settings to support other assessment and intervention work (Ciara Rogers et al., 2022). The overall VIG model where the 'work' sits with the adults to make the changes and is an indirect intervention, fits with EP practice. Positioning theory is concerned with the ways people act towards others through implicit or explicit patterns of reasoning (Harre et al., 2009). It can be argued that EPs should be advocating for children and families and promote a social model of needs and provision. In this position, EPs are placed on the side of people who hold the least power e.g., children and oppressed groups (M. Fox, 2015). EPs have relevant skills in creating containing spaces for adults to reflect and promote attachments, thus fostering positive outcomes for CYP. There are numerous psychological theories (e.g., attachment theory, relationships and social interaction; all of which are detailed below) that show the significance of supporting the parent-child relationship (Cort & Cline, 2017). EPs have been involved in developing and promoting positive parenting programmes (Sanders et al., 2002). Research has also shown EPs can help by raising awareness in other professionals about the impact of DA and how best to support families (Dodd, 2009; Sterne & Poole, 2010). Thus, EPs can use VIG in a variety of ways to support CYP affected by DA.

1.6 Why VIG?

The use of video feedback as an intervention to support parent-child relationships has been growing in evidence base. A meta-analysis by Fukkink (2008) found for children between 0 – 8 years old, video feedback produced statistically significant improvements in parenting sensitivity, parenting behaviour and attitudes and child development. In many of these studies, parents were receiving clinical

support, or couples were involved in 'risky' behaviours. VIG originated in the Netherlands by Biemans who was trying to identify successful approaches to child safety and wellbeing (Biemans, 1990). VIG is a therapeutic video-feedback intervention that is now used in several settings such as health, education and social care, and by various professionals across a range of countries, including the UK (Association for Video Interaction Guidance UK [AVIGuk], 2023a).

1.6.1 The Origins of VIG

Trevarthen (1979) spent years examining moments between parents and their children described as 'vitality' or attunement. It was noted that a communicative dance takes place. Trevarthen studied the natural pauses of vocalisation and tone of infants. Parents followed the child and vice versa, he noticed a rhythm and both parent and child giving space for another. This was also the case in premature babies (Kennedy et al., 2011). Trevarthen's films on parent-baby interactions inspired Biemans and based on their discussions led to primary and secondary intersubjectivity theories (Kennedy et al., 2011). In the early 1980s, Biemans developed the VIG principles for attuned interactions (Biemans, 1990).

1.6.2 VIG Training

VIG training in the UK typically comprises of an initial two-day training course followed by three phases of training. These consist of 25 hours of individual supervision spread over at least 18 months plus three accreditation days. It is the supervisor's role to guide the trainee through the different phases of training, providing both challenge and support to enable professional growth (Todd et al., 2015). With regards to the psychological underpinnings of VIG which will be outlined

later in this section, and skills required by the guider, it is unsurprising that many EPs have chosen to be trained in this intervention (Ciara Rogers et al., 2022).

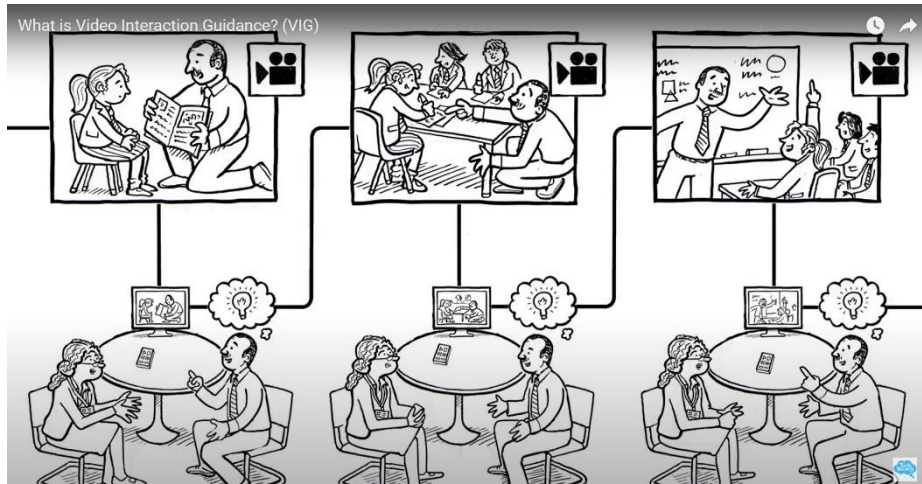
1.6.3 VIG Process

There are several stages in the VIG process. The first step is for a goal of the session to be established by the VIG guider and client. This is known as a Helping Question (HQ). The VIG guider, scaffolds a situation to film, such as the child and parent completing a task or playing together (Maxwell & Rees, 2019). The VIG practitioner then takes a 5 -10 minute video of the child and parent interacting. The most successful interactions are selected and edited by the VIG practitioner in very short clips called 'micro-moments' that connect to the parent's goal for change and to the principles of attuned interaction. These are likely to be exceptions to the usual patterns of communication according to the HQ (Kennedy et al., 2017). The VIG practitioner and parent have a shared review. The selected micro-moments are studied and there are guided conversations about what the parent is doing to help build an attuned relationship with their child. The emphasis is on receiving the parent. The shared review is also filmed by the VIG practitioner and is taken to supervision so they can discuss micro-moments of attuned interaction with their client, captured on film during supervision (Kennedy et al., 2017). The cycle then repeats itself. Kennedy et al. (2011) suggests that clients typically make good progress in three or four cycles of VIG (video situations and shared reviews as shown in Figure 1), although it should be tailored to the individual wishes of the client and to the extent of the difficulties experienced.

Figure 1

Example of VIG cycles

(Kent Educational Psychology Service, 2012)



1.6.4 VIG Core Values and Beliefs (AVIGuk)

The VIG beliefs include:

- Everyone is doing the best they can at that time;
- Recognition and empathy for what people are managing builds trust;
- People have an innate desire to connect with others;
- All people, even in adverse situations, have the capacity to change;
- In every interaction there are two equally important people;
- People must be actively involved in their own change;
- Affirmation and appreciation of strengths is the key to supporting change

The VIG values are as follows: respect, hope, trust, equity, empathy, connections, cooperation, compassion and appreciation. These link hand in hand to the VIG beliefs and provide a basis for professionals trained in VIG to embody throughout their discipline (Todd et al., 2015). They likewise are of significance to the way VERP training is delivered.

1.6.5 Principles of Attuned Interactions Guidance (PAIG) (Kennedy et al., 2011)

The PAIG were inspired by films based on parent-baby interactions (Biemans, 1990) and have been developed by micro-analysis of optimal interactions (Trevarthen, 1979). These link to relevant theories, detailed below. Table 1 provides a summary of the attunement principles. It has been suggested by starting at the top (e.g., being attentive) parents can build the essentials of an attuned relationship (Kennedy et al., 2011).

Table 1

Principles of attuned interactions and guidance with theory (AVIGuk)

Principles of attuned interactions and guidance		Theory
Being attentive	<ul style="list-style-type: none">• Looking interested with friendly posture• Giving time and space for the other• Wondering what the other person is doing, thinking or feeling• Enjoying watching the other	The foundations of intersubjectivity
Encouraging initiatives	<ul style="list-style-type: none">• 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• Looking for initiatives	The foundations of intersubjectivity
Receiving initiatives	<ul style="list-style-type: none">• Showing you have heard, noticed the other's initiative• Receiving with body language• Being friendly and/or playful as appropriate• Returning eye contact, smiling, nodding in response• Receiving what the other is saying or doing with words• Repeating/using the other's words or phrases	Intersubjectivity

Developing attuned interactions	<ul style="list-style-type: none"> • Receiving then responding • Checking the other is understanding you • Waiting attentively for your turn • Having fun • Giving a second (and further) turn on the same topic • Giving and taking short turns • Contributing to interaction/activity equally • Cooperating – helping each other 	Intersubjectivity
Guiding	<ul style="list-style-type: none"> • Scaffolding • Extending, building on the other's response • Judging the amount of support required and adjusting • Giving information when needed • Providing help when needed • Offering choices that the other can understand • Making suggestions that the other can follow 	Mediated learning
Deeping discussions	<ul style="list-style-type: none"> • Supporting goal-setting • Sharing viewpoints • Collaborative discussion and problem-solving • Naming difference of opinion • Investigating the intentions behind words • Naming contradictions/conflicts (real or potential) • Reaching new shared understandings • Managing conflict (back to being attentive and receiving initiatives with the aim of restoring attuned interactions) 	Mediated learning

Note. Adapted from Kennedy et al. (2011, p.28)

1.6.6 Psychological Theory Underpinning the Current Study

This section outlines psychological theory related to VIG and DA. The first published paper on VIG in the UK, outlined three distinct theoretical elements of the approach: video, interaction and guidance, and empowerment (Simpson et al.,

1995). The VIG literature mentioned below will be organised under these broad areas. Since then, many other theories have been debated and discussed. This will be further expanded upon in Chapter 2.

1.6.6.1 Interaction and Guidance.

1.6.6.1.1 Attachment Theory.

Bowlby's work in the 1940s and 50s focused on mothers who had been separated from their children for long periods of time (e.g., due to war) or experienced emotional distress in their childhood. He was interested in exploring individuals' early experiences and the developmental impact long-term (Howe et al., 1999). Attachment behaviour can be defined as a child needing to get into close proximity of a caregiver, whenever they feel insecure or distressed. Loss or separation from an attachment figure, whether psychological or physical, or the lack of person who is able to soothe the child and help them back to a regulated physiological state, can lead to feelings of anxiety and unresolved distress. Particularly after repeated exposures to this cycle. Therefore, the theory suggests that children's emotional development can be affected by the quality of relational experiences with their maternal caregiver (Howe et al., 1999). Ainsworth's Strange Situation Procedure extended the work of Bowlby and increased acceptance of attachment theory (Rosmalen et al., 2015). During this procedure, Ainsworth devised a laboratory-based experiment where an infant was exposed to a level of distress with the aim of activating attachment behaviour (e.g., observable proximity seeking).

1.6.6.1.2 Social Learning Theory.

Social learning theory was first developed by Bandura (1977). It suggested that we learn by watching those around us and the significance of people who act as

role models for our behaviour. Linked with this is the power of the video. The advancements of technology allow interpersonal skills to be examined and edited. Clips can then be used to assist modelling and learning through observation (Kennedy et al., 2011).

1.6.6.1.3 Intersubjectivity.

Developed by Trevarthen, primary and secondary intersubjectivity involve the connection between individuals in communication. Primary subjectivity materialises between two people, for example, a young infant and their mother. A two-way interaction is created where communications are actively expressed to one another (Murray & Trevarthen, 1985). When there is joint attention on something external, for example an object, the complexity of communication increases, this is known as secondary intersubjectivity (Hubley & Trevarthen, 1979, cited in Kennedy et al., 2011). This communicative dance takes place between parents and their infants, as well as many other dyads in life.

1.6.6.1.4 Mediated Learning.

Mediated learning is when a more knowledgeable adult keeps the child engaged, by breaking down the task, essentially 'mediating' between the child and the task. In terms of VIG, the core theory of 'attuned guidance' is derived from mediated learning and encompasses the PAIG (Kennedy et al., 2011). The adult working with the child needs to deliver their contributions in a manner that is not too advanced for the child to understand and therefore attuned. It needs to be in the child's 'Zone of Proximal Development' (ZPD) (Vygotsky, 1962). Wood et al. (1976) first established this term as 'scaffolding' in relation to mother-child interactions. Equally, parents are working at the optimal level of complexity with adequate support to experience success (Kennedy et al., 2011).

1.6.6.2 Empowerment.

1.6.6.2.1 Empowerment.

The concept of empowerment was first developed by Carl Rogers (1979). Rogers argued that there was a need for a more optimistic approach with clients, one that supported potential growth and change, acknowledging the client's experiences. The emphasis is on empowering relationships between the professional and client, the process is collaborative, the professional facilitates change rather than acts as an expert (Zuccino, 2011).

1.6.6.2.2 Solution-orientated.

VIG is noted as being solution-orientated, during VIG sessions guiders look for exceptions. The value of hope is instilled by the possibility of a better future. One of VIG's aims is to increase the wellbeing of clients, in line with approaches based on positive psychology (e.g., De Jong & Kim Berg, 2002; Seligman, 2002) and the idea that capabilities are not fixed. VIG purposefully creates feelings of self-mastery and self-efficacy by using visual images of parents' good interactions and reflective dialogue around reasons for their success. According to Bandura (2000) when self-efficacy is developed, parents are more likely to engage in behaviours that seem difficult initially, persevere in the face of challenges and set goals. Parents identify their own goals in VIG and vision for a positive future (Kennedy et al., 2011). This links to the VIG core beliefs of hope and acknowledgement of strengths.

1.6.6.3 Video.

1.6.6.3.1 Mirror Neurons.

Neuroscientists first discovered mirror neurons when completing experiments with monkeys in the laboratory. When a monkey produces a specific action like

eating a banana, the monkey's visual-motor neurons are activated. Even when a monkey simply observes a human performing that action, the visual-motor neurons are fired (Rizzolatti & Craighero, 2004). In terms of VIG, the neurological response to viewing and experiencing attunement can be described by mirror neurons. The evidence suggests that babies learn from and with others. Unfavourable video clips would not produce the desired change because images are processed through direct feeling before we can cognitively engage. Even if the discussion was focused on the preferred behaviour, the parents mirror neurons would fire in response to them acting with anger towards their child, before the rational conversation about the image or clip could take place (Kennedy et al., 2011).

1.6.6.4 The Power Threat Meaning Framework.

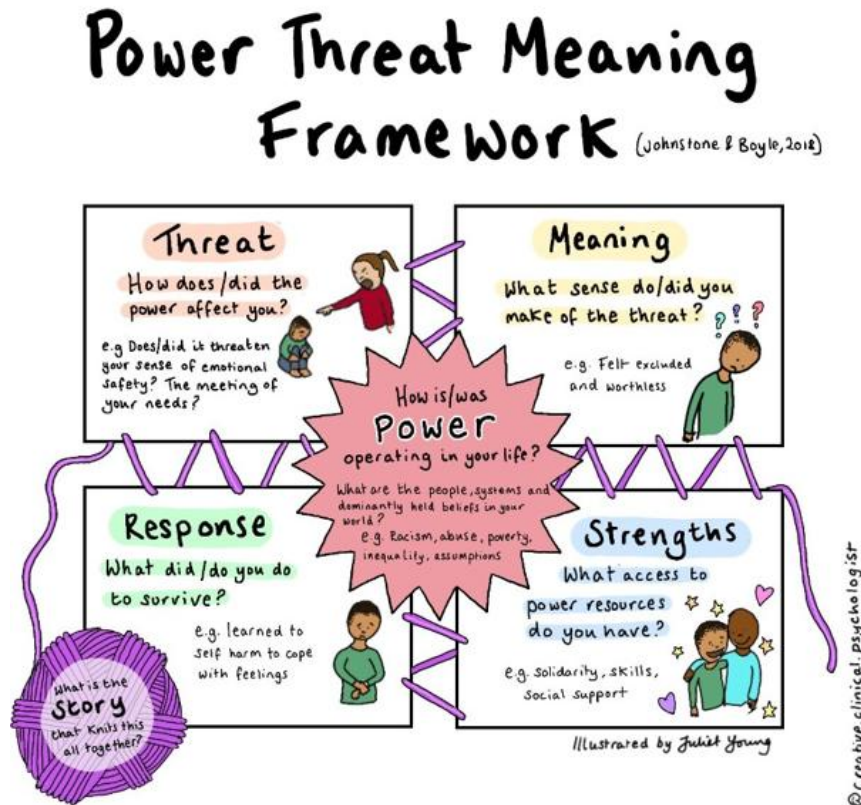
The Power Threat Meaning Framework (PTMF; Johnstone & Boyle, 2018, Figure 2) is a theoretical lens which has both relevance to VIG and DA. The PTMF notes how negative operations of power and social inequalities make up adversities in life. Threats are posed by such adversities and people react to threats with collective threat responses (Boyle & Johnstone, 2020). The PTMF argues a shift away from a medical framework, proposing that complex amalgamations of difficult events result in understandable and meaningful threat responses. Moving from 'what is wrong with you?' to 'what has happened to you?' (Harper & Cromby, 2022). VIG aims to switch off the 'threat' system of the brain by showing successful moments. Moreover, when it comes to meaning making, men in society have greater control over sources including science, parliament, the judiciary, research, media, historical accounts, etc (Johnstone et al., 2018). Women's experience over events are more likely to be dismissed or silenced, creating invalidation (Johnstone et al., 2018). Given the historical context regarding violence against women, the PTMF was

preferable to other theoretical lenses as it takes into consideration wider social and political inequalities and countering oppressive structures.

The PTMF aligns with similar principles underlying VIG when thinking about power. There is a power dynamic present in VIG sessions, between the guider and client. The VIG guider is essentially in a position of power which could be seen as a tension although challenges assumptions as the guider is trying to understand the experience of the client. The VIG community acknowledges the potential power differential, one of VIG's principles is 'balancing power' so it is recognised and mitigated. The emphasis of VIG is guiding rather than directing during the shared review. Both VIG and the PTMF have values at their core and share a similar ontological position. The focus is not on labelling but understanding people's responses and how they interact in wider society. Values such as autonomy and empowerment are promoted. In the current study, the PTMF from a critical perspective was used to understand DA and power/threat in relation to VIG. It was not used in data analysis, only to interpret findings.

Figure 2

Johnstone and Boyle, (2018) Power Threat Meaning Framework



1.7 Position as a Researcher

The researcher will be in a position of power when qualified with the professional status of being titled as a ‘psychologist’ and the responsibility this holds should be deemed significant. As a Trainee Educational Psychologist (TEP), there are significant ethical guidelines and codes of conduct that are adhered to, including the Health and Care Professions Council’s Code of Conduct (HCPC, 2020), and the BPS’s Code of Ethics and Conduct (BPS, 2021). Ethical considerations are discussed further in chapter 3. From a social justice position, the researcher feels a duty of care to undertake a project that will add knowledge to a limited area of

research and shed a light on an underrepresented and potentially vulnerable group. It was important for the researcher to adopt a methodology throughout that aligned with their values and thus, VIG seemed very appropriate. In line with VIG's values and beliefs, the emphasis is not diagnosing but assuming everyone is doing their best at the time. The VIG method is about meeting people where they are without judgement to promote an equal relationship. This is emphasised through receiving the client rather than the VIG practitioner leading. It is hoped the findings will have important implications for EP practice.

1.8 Research Aims and Rationale

Whilst VIG is a recommended intervention that could be used with parents and families to support positive change (National Institute for Health and Care Excellence, 2012), the researcher is interested in exploring practitioners' views of delivering it with families who have experienced DA. Research has shown that VIG can help repair relationships for families who have experienced trauma and it is effective in promoting and supporting relationships in general (Dodsworth et al., 2021). There is evidence to show that VIG has a positive impact on the relationship between parents and their children, and this in turn has an influence on the child's behaviour (Kennedy et al., 2011). It is clear that DA can have negative influences on a child's social and emotional development (NSPCC, 2021), however, a protective factor appears to be a consistent and attuned caregiver (Cort & Cline, 2017). Both EPs and VIG practitioners' can be encouraged to practice attuned interactions with clients and empower them to recognise their strengths.

1.9 Conclusions

Terminology, legislation and theoretical literature have been identified which will be used throughout the research. The researcher provided insights professionally as to why practitioners' experiences of VIG and DA are the focus of the research. The importance of the role of the EP has been outlined and guidance around supporting families who have experienced DA. The position of the researcher and the aims of the study have been addressed and will be expanded upon in later chapters. The following chapter contains details of the systematic literature review.

Chapter 2: Literature Review

2.1 Chapter Overview

This chapter presented a systematic literature review which focused on addressing studies that highlighted practitioners' views or experiences of delivering or being involved in VIG. A summary of the included studies can be found in Appendix A. The purpose of this review was to show research relevant to this subject area and highlight any gaps. The search conducted was described, with reference relating to the quality of evidence using Yardley's (2000) principles and specific protocols followed. The researcher then described studies in themes with a critical lens. Lastly, conclusions were drawn, and a summary of the chapter was provided.

2.2 Systematic Literature Review

A systematic review is directed by a single question and summarises the research literature. It identifies, synthesises and considers high quality research evidence that relates to that question (Bettany-Saltikov, 2012). It also communicates the benefits of the available evidence and the quality of studies included.

Synthesising results of a particular intervention sheds light on whether findings are consistent across several studies. The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) was used to help steer the screening and reporting process (Moher et al., 2009) as shown in Figure 3.

The researcher carried out a systematic review to address the follow review question: what does the literature tell us about the experiences of practitioners delivering video interaction guidance?

2.3 Identifying Relevant Studies

The systematic search was carried out through a number of stages as outlined below. Seven databases (APA PsychInfo, British Education Index, Child Development and Adolescent Studies, CINAHL Complete, Education Research Complete, ERIC and SCOPUS) were systemically searched in October 2022, February 2023, April 2023 and June 2024. This was to ensure the researcher had the most up to date research included. The following search term was used across the data bases: ‘(“video interaction guidance” OR VIG)’. For SCOPUS, EThOS (Electronic Theses Online Service) and University of East London (UEL) repository this term was simplified further to “video interaction guidance”. An example of results from a literature search can be found in Appendix B. Other video-based interventions were excluded from the entire search for reliability and consistency reasons (see table 2 for inclusion and exclusion criteria). VIG as an intervention has its own contained methodology and competency framework to monitor training development (AVIGuk, 2023b). Additional video-feedback interventions were not included as their training, guidelines and practice are likely to differ.

Abstracts were read initially to indicate relevance to the research question and inclusion criteria. The final stage involved reading the whole paper and its relatedness to practitioners’ views and/or experiences. A further study was accessed from gaining temporary access to the AVIG-uk learning platform granted by the company director. This paper was identified through reading a paper that was included from the systematic search. The rationale for including grey literature was due to the limited studies originally found from data base searching. It is also thought to reduce publication bias (Booth et al., 2012). Research from charities and other

organisations were not incorporated as this was beyond the scope of the literature search.

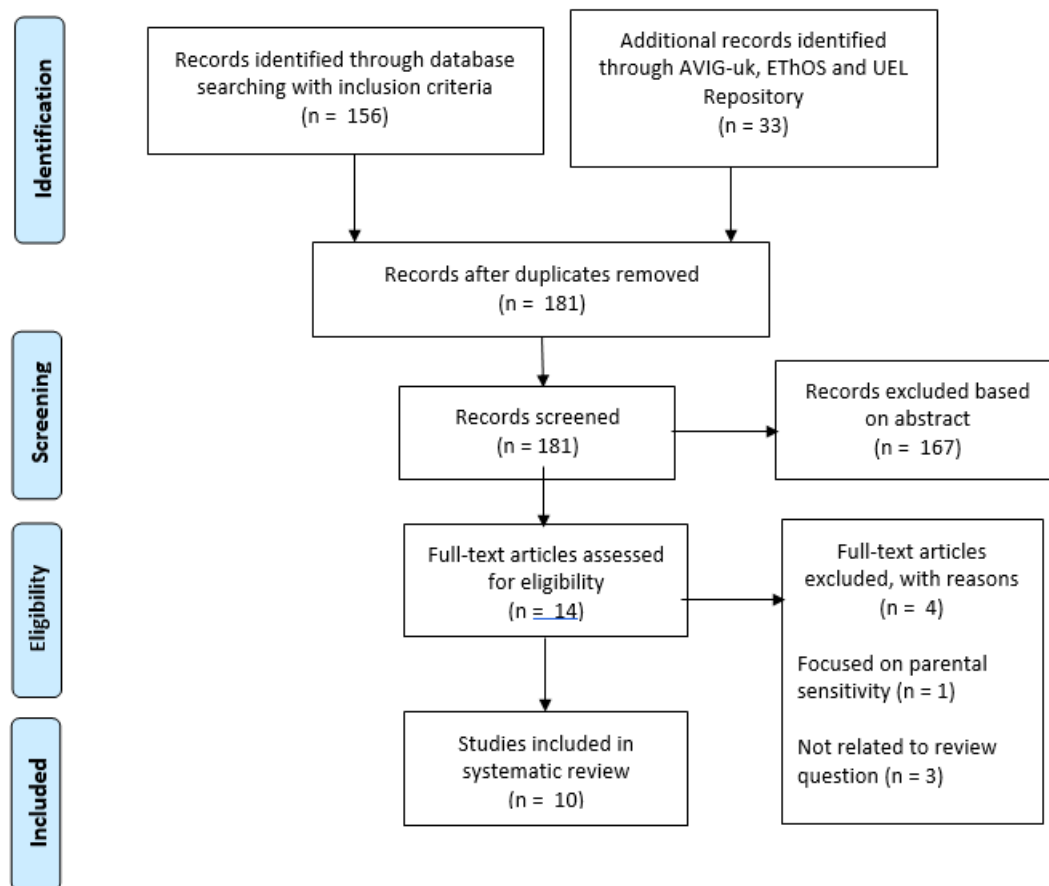
Table 2

Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria	Rationale
Study includes views/experiences of the VIG practitioner	General evaluation studies of VIG or focusing on client's experiences of VIG, e.g., parent's views	Relevance to the literature review question
Video Interaction Guidance used as the intervention	Used other video-based approaches with participants	Generalisability - methods of training, theoretical underpinnings, and accreditation process etc., may differ
Full text/ open access	Full text unavailable	Accessibility
Peer reviewed for data base search	Non peer reviewed	Credibility
Doctoral theses for grey literature search (the last search conducted in June 2024, EThOS was unavailable due to a cyber-attack. A search was conducted on the British Library 'Advanced Search' catalogue instead).		
English language	Non-English text	Accessibility

Figure 3

PRISMA flow chart



2.4 Critical Review of Previous Research

It is important to note that quality assessment in systematic reviews is subjective (Booth et al., 2012). The researcher tried to minimise this by using a tool to critique the literature. However, there appears to be no gold critical standard appraisal tool for a specific study design. Few qualitative study critical appraisal tools appear to exist, and many qualitative researchers view the robustness of their

findings differently to quantitative methods. Thus, critical analysis must be interpreted with caution in light of the tool that is chosen (Katrak et al., 2004). Due to the epistemological underpinnings of the positivist paradigm based purely on facts, compared to data yielded with qualitative research, different checklists and frameworks are needed (Williams et al., 2020). Qualitative methods acknowledge that a communal construction of meaning creates knowledge and truth. It cannot be shaped by individual experience alone, it is influenced by our conversations, cultural perspective and everyday activities (Yardley, 2000). Yardley (2000) mentions that there could never be a universal measure of quality assurance for quality research as a result of there being no fixed criteria for measuring truth or knowledge. The current literature review will be evaluated by using Yardley (2000) core principles for qualitative research as found in Table 3.

Table 3

Characteristics of good quality research

Sensitivity to context	Theoretical; relevant literature; empirical data; sociocultural setting; participants' perspectives; ethical issues.
Commitment and rigour	In-depth engagement with topic; methodological competence/skill; thorough data collection; depth/breadth of analysis.
Transparency and coherence	Clarity and power of description/argument; transparent methods and data presentation; fit between theory and method; reflexivity.
Impact and importance	Theoretical (enriching understanding); social-cultural; practical (for community, policy makers, health workers).

Note. Taken from "Dilemmas in Qualitative Health Research" by L.Yardley, 2000, *Psychology and Health*, 15, 215-228, p. 219
(<https://doi.org/10.1080/08870440008400302>)

2.5 Appraisal of Studies

A critical appraisal reveals the strengths and weaknesses of a study using a structured assessment (Aveyard, 2014). Yardley's (2000) principles were used flexibly by the researcher as some characteristics were more appropriate than others when assessing the quality of the studies (see Appendix C). For example, 'participants' perspective', seemed less relevant as the review question focused solely on practitioners' perspectives, other clients' perspectives were excluded from the findings. Findings were critically appraised using Yardley's (2000) principles in which strengths and limitations were highlighted and reflected on in relation to the review question. The aim was not to score or exclude research rather provide transparency about the paper's methodological components. It is important to acknowledge, some studies included quantitative measures or a mixed methods design. The researcher recognises that applying Yardley's (2000) framework to quantitative data has limitations as it can be argued that quantitative and qualitative data measure different things. Yardley's (2000) framework, like other qualitative assessments, provides ecological validity by describing and analysing phenomena or data in their real world, socio-linguistic context. By contrast, they provide less internal validity as they give little information and accuracy about the objective and replicable measurement of a pre-selected variable of interest (Benyamini et al., 2016). However, as the researcher aimed to find out about the views and/or experiences, a decision was made to use this tool throughout the critical appraisal process. The researcher wanted to include all research on the topic regardless of the research design that could answer the review question and acknowledged issues in relation to their relevance and quality. Other tools, such as the Weight of Evidence (Gough, 2007) and Critical Appraisal Skills Programme (CASP) (2018), were considered by

the researcher. However, it was deemed that a system of weighting provided less amenability to the researcher so were not used.

2.5.1 Data Extraction

In line with systematic reviews, once studies were identified that met the inclusion criteria, each study was examined in detail and meaningful data was extracted related to the literature review question and synthesised where required. The data extracted from the sources in the literature were from the results or findings section of the papers and related to the review question. No new data was included from other sources.

2.6 Features of the Papers Identified

Eight of the ten studies included were qualitative studies, although some studies used a mixture of qualitative and quantitative measures to gather the views from participants. One thesis included used a mixed methods design (Danya, 2011), and two were empirical studies (Dodsworth, 2020; Ciara Rogers, 2021). It is important to note that some of the studies mentioned below did not focus solely on practitioners' experiences and or views (Callicott et al., 2021; Danya, 2011; Doria et al., 2014; Hall et al., 2016; Mann, 2022; McKeating, 2018). Nevertheless, themes below only contain views or experiences of practitioners', in order to answer the researcher's review question.

2.6.1 Themes

The themes within the research identified from the systematic and grey literature search were presented into broad themes 'implementing VIG in practice', 'practitioners' experiences', and 'outcomes'. The researcher read articles several times, highlighted key findings throughout and studied the title and abstract to detect

relevant information. Themes were established by identifying similarities and patterns across papers, broad themes represented commonalities in order to bring the structure of the literature together. The approach was both deductive and inductive in nature as the researcher wanted to consider ideas that were of interest and connected to the research. The themes identified form the structure for discussing the literature in the following section.

2.6.1.1 Implementing VIG in Practice.

Callicott et al. (2021) used a case study to explore the implementation of VIG using video conferencing software during COVID-19. The intervention was delivered by an EP, who was an experienced VIG practitioner, and a parent with a six-year-old child with social communication difficulties. The authors reflect on the benefits and challenges of preparing and implementing VIG online. Experiences from the case study and relevant literature in the area were drawn upon. Qualitative (semi-structured interview [SSIs]) and quantitative measures (target monitoring and evaluation scores) were used to obtain an evaluation of the parental experience of online VIG delivery. However, reflections from the authors including comments from the VIG practitioner are only noted throughout.

This study found that some of challenges of implementing VIG using a digital platform were problems with technology. The VIG practitioner tried to mitigate these by testing the software (Microsoft Teams) before the intervention and having a plan of action if difficulties arose. However, technical issues still happened although were rectified quickly. Reduced contextual cues was another challenge, due to the parent using their phone to access the shared reviews, potentially impacting rapport building. Ethical considerations were highlighted such as confidentiality, accessibility and security. Having clear guidelines and standards in place appeared imperative for

the VIG practitioner to be able to deliver the intervention safely. Complementary benefits derived from some of the challenges were described. For example, “greater use of comments to bring implicit wonderings into explicit talk” (Callicot et al., 2021, p. 42). Despite the challenges, Callicott et al. (2021) concluded that implementing VIG online is a positive alternative for practitioners.

Some of the weaknesses of the research included the case study design means limited information can be extracted, although relevant literature was used to support findings. The parent’s family member took video footage of interactions with herself and the child which was then sent to the VIG practitioner for editing, consequently limiting the footage that could be used. Additionally, the practitioner was not present to guide the session so opportunities for attuned interaction may have been diminished. It was not clear whether parent and practitioner were asked the same evaluation questions/reflections at the end of the intervention. Some of the study’s strengths were the fact the wider social-cultural context was acknowledged e.g., the pandemic and future research suggestions were made (Yardley, 2000).

Similarly, Hall et al.’ (2016) implementation of VIG within an autism care organisation in England, referenced challenges staff members faced who were being trained to deliver the intervention. Seven participants (5 undergoing training to deliver VIG and 2 senior managers who oversaw the co-ordination of the training) participated in SSIs based on Normalisation Process Theory (NPT), which was used as a guide throughout analysis too. Themes arose such as staff scepticism initially, participants believed it would highlight negative rather than positive experiences. Enthusiasm built, once trainee VIG guiders became involved in delivering VIG. Positive feedback from staff encouraged other staff to become involved and overall, staff had positive experiences of VIG. The culture created challenges to embedding

the intervention at an organisational level. Staff reported that issues such as lack of organisation, time and practical resources for their VIG guider training, made it difficult. Consequently, VIG may not be a 'quick fix' when the ethos of VIG and the organisational culture contrast.

It appeared clear that individuals' emotional responses to implementation were not entirely described by the NPT constructs that concentrate more on collective processes. The organisation is located in educational facilities (two schools and a post-16 college) within the north of England, limiting generalisability. However, a strength of the study was the transparency of the analysis, with final codes of the analysis provided, including helpful quotes from participants. Furthermore, important implications around power were discussed (Yardley, 2000).

Thesis research conducted by Ciara Rogers (2021) investigated the application of VIG in one educational psychology service (EPS) and explored what factors influenced the development of VIG. Seven participants who were all EPs, with a range of VIG experience (e.g., no VIG cases to VIG supervisor) were interviewed. The data was analysed using reflexive Thematic Analysis (TA). Four main themes were derived: motivational factors, organising the infrastructure to assist delivery, sustaining factors and VIG in EP practice. Motivational factors included the guiders motivation (their enthusiasm, alignment with individual psychological principles and personal interest), team ethos and culture (impact of the team and how conducive the culture was to VIG) and having a VIG lead (an EP with dedicated time to oversee and advance VIG within the service, along with supervise others). It was noted by some of the participants that VIG aligned with their ways of working and values. The time required to carry out VIG and the extra time needed for supervision was discussed by all participants as a potential barrier. Other barriers

such as capacity, financial pressure, allocations and the schools having different priorities were mentioned. Schools seemed more open to the idea if they had a good relationship with EPs or if the EPs were very experienced in VIG. The research highlighted several factors related to employing VIG at a service level as well as ethical challenges that need to be considered when planning a model of VIG delivery.

Some limitations of the research were that participants interviewed were from the same EPS, in a traded service, potentially reducing generalisability. Participants also self-selected to take part which may have created reduced representative views as they likely had an interest in VIG already so not reflective of the service as a whole.

2.6.1.2 Summary of Theme; Implementing VIG in Practice.

The findings reported from the studies suggest that practitioners need to be adaptable in response to COVID-19 and changes in policy. Furthermore, implementing VIG into a service needs careful consideration. There were evidential challenges to implementing VIG, some relating to practical challenges and others based on issues at a more systemic level. However, it was viewed as a positive experience for those involved. Nonetheless, all studies included focused on VIG in educational settings, and it is unclear whether delivering VIG in another context would yield similar data or if professionals from different roles would share similar experiences.

2.6.1.3 Outcomes.

A theme that arose from the literature review relating to practitioners' views and/or experiences was around the outcomes of VIG. One paper reported about

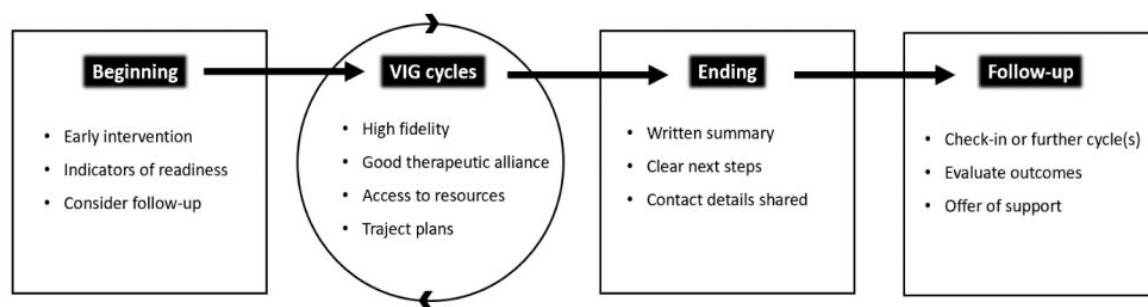
maintenance and outcome measures for VIG in the longer term (Dodsworth, 2020; Dodsworth et al., 2022). Outcome measures used seem to vary with some practitioners using more formal techniques such as the Parent Stress Index (PSI) questionnaire, and others using an informal check-in or anecdotal feedback. However, other studies were also highlighted by the authors which evaluated VIG's effectiveness in the short term (e.g., Hoffenkamp et al., 2015; McCaffrey, 2017; Rooney, 2016).

A study by Dodsworth et al. (2022) explored practitioners' views regarding VIG's outcomes and maintenance factors. A preliminary phase entailed a focus group of eleven VIG practitioners discussing the results from previous research. The focus group data was analysed by TA. A questionnaire was then devised from the focus group data and research questions. Twenty-six practitioners completed the questionnaire, in different local authorities across England and Scotland. Qualitative content analysis of the questionnaire data was carried out. Helping questions, target monitoring evaluation and questionnaires are some measures practitioners used to conceptualise and measure long-term outcomes. However, practitioners mentioned that VIG is based on specific theories such as intersubjectivity and attunement, so outcome measures should focus on variables that are most relevant in capturing these. Facilitating factors for the maintenance of VIG included the relationship between the client and guider and solution-focused conversations, thus highlighting protective factors of the client. The process and value base of VIG, ongoing support from professionals and practical resources were also reported to support maintenance effects. Some barriers mentioned were change being difficult for clients, problems in the therapeutic relationship and language used that maintains the current conditions (e.g., sustain talk). It was conveyed how there is potentially a

lack of support for clients once VIG finishes. Several ideas to develop maintenance and measurements of VIG's longer term outcomes with practice, training and research were suggested by EP's. Along with a proposed model of VIG delivery developed by the authors (see Figure 4).

Figure 4

Proposed model of VIG delivery (Dodsworth et al., 2022, p.51)



The information from the study above were based on Dodsworth (2020) original thesis project and findings. A decision was made to count the two sources as one for the purpose of the literature review because findings of Dodsworth (2020) research were summarised in Dodsworth et al.' (2022) paper. There are a number of steps taken by the researcher to ensure the rigour of the data collection, analysis and methodology, including a systematic review of previous literature. The author outlined clearly the search process and critically appraised the literature before synthesising the findings. Additionally, a coding framework was created using themes from the focus group, enhancing credibility. However, participants were not able to provide feedback on the proposed model due to time constraints. Questionnaires used in the second phase may have limited the EP's responses, thus not fully reflecting their voice, as opposed to using other techniques like interviews or a narrative style approach (Yardley, 2000).

2.6.1.4 Summary of Theme; Outcomes.

The maintenance factors posed by practitioners seemed to represent both internal and external factors that prevent or facilitate outcomes. Practitioners' views implied that practice varied with regards to longer-term outcomes. It was suggested that further clarity is needed concerning timescales of follow up and what 'longer-term' means. Along with the mention of practicalities of monitoring and reviewing impact. Complex environmental factors such as housing, poverty and safeguarding concerns can also affect the impact of the intervention. Some participants believed further research in this area is needed.

2.6.1.5 VIG Practitioners' Experiences.

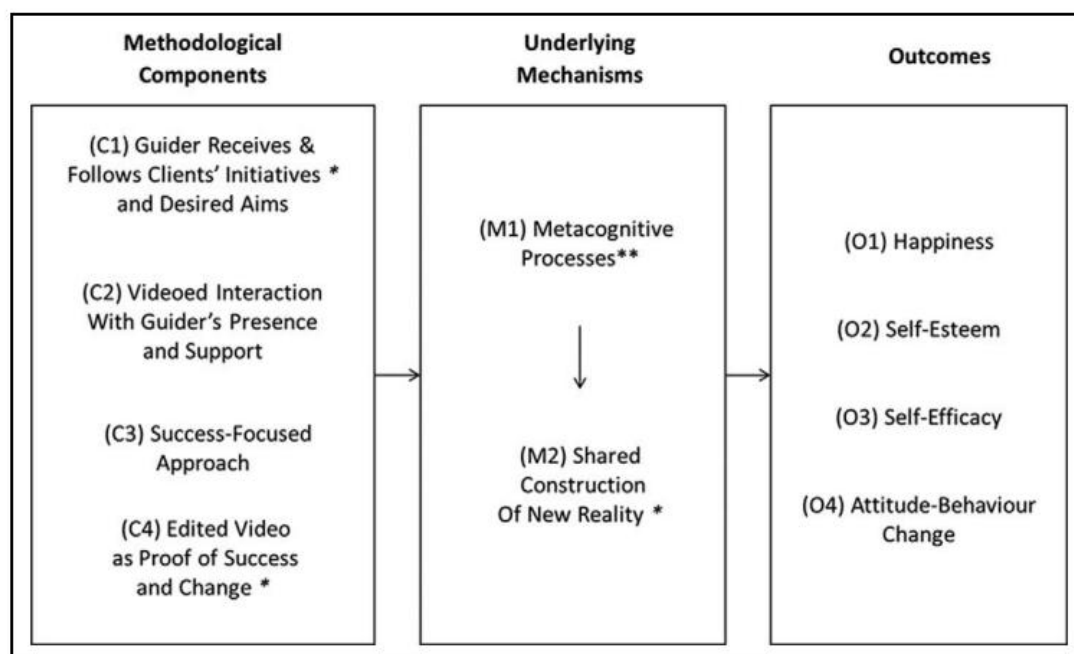
2.6.1.5.1 Facilitators and Barriers.

Doria et al. (2014) research aimed to explore the mechanisms of VIG's success from the perspectives of its users. Five VIG supervisors and three VIG professionals participated in a focus group, interviews and therapeutic sessions, along with five client families. The intervention took place within the social work department of a Scottish City Council. Grounded theory methodology was utilised in the form of content analysis. After interviewing the guiders, factors that contributed to VIG's success were attributed to the strengths-based approach, empowerment of the families, supported co-exploration, self-reflection and receiving the client. Guiders mentioned that some of the obstacles were initial managerial resistance (due to time), training, equipment and client's initial resistance (due to being filmed). The most frequent success factors emerging from the supervisors focus group included VIG's positive focus, following the client, using video micro analysis and co-construction of new reality through dialogue. VIG supervisors initially drafted an explanatory model of VIG's success based on factors identified in the earlier stages.

The authors developed this further in the proposed model (Figure 5). Metacognition is defined in Doria et al. (2014) study as the higher order act of the client reflecting upon how the other person is thinking and/or feeling.

Figure 5

Explanatory model of VIG's success from the user's perspectives (Doria et al., 2014, p.85)



Note. *Factors added by supervisors during the focus group.

It states, clients were vulnerable at the beginning of the intervention, this is a strength of the research, that vulnerable voices were included, along with the perspective of the VIG practitioners. Like with much of the literature around VIG, the child's views do not seem to be present, this may have not been appropriate in some cases, depending on the ages of the children in the families. Grounded theory utilises perspectives and theories are interpreted from the voices of those studied. It

is crucial to acknowledge some constraints with this, theories may need further refinements, qualifications or be outdated (Goulding, 2002). Lastly, it was a comparatively small sample size, participants all worked for the same council, thus limiting generalisability. Strengths of the study included that the methodological justification was shared, the research question was clear and relevant to the literature and the use of a thorough data collection procedure (Yardley, 2000).

McKeating (2018) thesis project explored six EP's, six children, six teaching assistants and parent's experiences of being involved in VIG from a local authority in England. A multiple case study design was employed. Each EP completed three cycles of VIG with the family and interviews were conducted with all participants. A contextual questionnaire was also provided. TA was the tool chosen for analysis. EP's spoke about their involvement of children's views and examples of this, such as including the child in shared reviews and allowing the child to view and comment on the video. Other subthemes emerged around the child's age, for example being age dependent, their participation might be influenced by their understanding, development or age. They also referred to age independent, so involving the child regardless of those factors. In some instances, the children had no involvement at all. EPs mentioned the psychological theory of containment and its link to VIG. Subthemes covered were attuned interactions, relationships and empowerment. Similarly to studies mentioned above, some constraints of the intervention EP's spoke about were lack of time and a need for follow up/review. Although a positive of it being time limited, one EP stated that it enabled boundaries. The last theme focused on outcomes of the VIG experience. EPs mentioned the affective experience of VIG associated with 'passion'. Other subthemes noted by EP's were

perception of self and perception of child which formed part of the perceived outcomes.

The enabling of the voice of the child in Mckeating's (2018) research is a real benefit and there is clearly a gap in the literature around this. The author does note the children's views were difficult to ascertain. SSIs only provide 'one off' accounts of participants perspectives. A longitudinal study may have been favourable in providing numerous opportunities for participants to share their experiences and give some insight into the longer-term impact of VIG which there is evidently less evidence of in the research literature. A strength of Mckeating's (2018) research encapsulated their use of reflexivity throughout and they actively tried to reduce power imbalances (Yardley, 2000).

Another area that has been under explored in the literature is understanding the process of change in VIG. Danya's (2011) research used a mixed method design to explore some of these key processes, by in depth analysis of shared review clips, between EP's and parents. These were then linked to outcomes for the cases participating in the study. The author then developed guiding principles around working with families and using VIG in practice. Four parent-child families participated and were recruited from a large local authority in England, as part of the EPS. SSIs were used to gain the parents perspectives of taking part in VIG. They were also used with four EPs to gain their views of the shared review process, post intervention. The data was analysed using TA. The main themes developed from the SSIs with EPs were EP skills, relationships, protocols of VIG and client factors. EPs commented that VIG enabled parents to spend more time with their children, helping them to feel more positive about the relationship. Self-modelling highlighted by the video allowed parents to feel more hopeful. Some of the skills EP's mentioned were

around creating a 'safe' space and active listening. They felt their role was non-directive, meaning the sessions were led by the parent, skills such as reflection and reframing were named.

Some of perceived barriers from EP's were using technology, time allocation for VIG casework, developing their practice in relation to VIG, client's acceptability and trust at the beginning of the intervention – particularly the use of video as the intervention method. EP's felt that VIG can be intense as it focuses on the relationship and that it can be challenging for parents to shift focus (Danya, 2011).

One EP who was recruited only had recently completed their VIG training, whilst other EPs were further along with this process, and one was a qualified VIG supervisor. It was interesting that outcomes were poorer for the EP who was at the beginning stages of training, suggesting that the level of practitioner training may impact on VIG's success. It was concluded that further research is needed in this area (Danya, 2011). The PSI, strengths and difficulties questionnaire, scaling exercise and written reflections were used as outcome measures. On the other hand, outcomes were better for a case where the family were experiencing complex matters. However, VIG was being delivered as part of a wider package of support, thus it is difficult to ascertain the true influence of the VIG intervention individually. Like previous studies, gathering the child's voice may have added further understanding to the impact of VIG and the key processes involved. Fixed prompts were used as part of the SSI's which could have inadvertently biased responses from participants (Yardley, 2000).

More recent research by Alghali (2019) explored nine VIG guiders experiences of using VIG with parents with Intellectual Disabilities (ID). Grounded

theory was used to analyse the data and a model was developed to reflect the processes of change. Some of the barriers identified by participants were concerns about filming, parents' unfavourable perception of their parenting and negative expectations of parents' interaction with the guider. The process of change which assisted outcomes were the visual features of VIG, this was particularly important as it overcame some of the barriers with language. The emotional aspect of VIG, seeing exceptions and successes led to feelings of optimism. The therapeutic relationship was important in the change process, often noted as a new experience for parents, differing to their prior experiences with services as the power balance was different and it allowed them to share success with others. It also created a narrative around being strengths-based, contrasting to the debilitating wider society discourse held about parents with ID. Challenges connected to ID and parents' emotional wellbeing impacted the intervention. The research concluded that whilst there are factors that may impede the success for parents with ID, adaptations can be made to compensate for this. Overall, it was seen as a useful intervention for parents with ID.

A strength of Algahali's (2019) research is it extends on the work of Doria et al. (2014) by focusing on individual differences and highlighted factors that hinder VIG's success. As Skype was used, it facilitated the heterogeneity of the sample as a wide geographical area was covered over several sites. Nevertheless, the research emphasised the voices of the guiders and may not have truly reflected parents' understanding or experiences of VIG (Yardley, 2000).

Mann's (2022) research aimed to explore the processes of developing a successful foster carer-child relationship and the foster carers and VIG guiders lived experiences of taking part in VIG. Five participants took part in the research (3 foster carers and 2 VIG guiders). SSI's were used and the data was analysed via

Interpretative Phenomenological Analysis (IPA). Interviews with the VIG guiders revealed some important themes related to embodying and applying VIG principles, empowering the carers, making VIG accessible and VIG being a catalyst for change. The child's experience of VIG was mentioned, including their psychological 'readiness' and the impact of their past experiences. Various factors which are similar to the PAIG contributed to building successful relationships. VIG guiders highlighted difficulties with being able to assess the impact of VIG within the context of fostering relationships and the lack of control of wider forces, such as placement length, which can disrupt the VIG process.

2.6.1.5.2 Cultural Competence.

Woolfman's (2023) doctoral thesis employed a qualitative design and explored VIG practitioners' experiences of working with caregivers and infants and how they provide culturally competent care. Nine practitioners were interviewed, and data was analysed via reflexive TA. A variety of examples were given for the way practitioners incorporated culture into their practice, some being through therapeutic skills and using supervision to reflect on their own cultural context, assumptions and biases. Practitioners also reflected upon how they consider cultural factors during their interactions with infants and interpretation of clients' goals. Some of the practitioners suggested that VIG was not accessible to all caregivers and infants and some cultural experiences may remain unexplored during VIG. Findings implied some aspects of culture, perhaps unvoiced/or invisible experiences, may go unnoticed within caregiver-infant VIG sessions. Practitioners shared their caseload mainly consisted of White British women suggesting there may be wider inequalities in terms of access and treatment.

Limitations of the research were the relatively low sample size and all participants self-identified as White which may have generated certain views in how participants related to culture. A reflexive TA does not formally analyse the pragmatics of language so specific nuances around this may have been missed. A strength of the research was Woolfman's (2023) commitment and rigour to the topic, they were working in a parent-child service at the time and completed the VIG initial introductory training before the analysis. The research also provides important implications for how culture can be woven into VIG practice (Yardley, 2000).

2.6.1.6 Summary of Theme; VIG Practitioners' Experiences.

It seems evident that some of the strengths of VIG from practitioners' experiences can be attributed to its methodology and psychological theories. The relationship between practitioner and client was highlighted as being fundamental, along with the skills of the practitioner. Practicalities such as lack of time or need for follow up/review were just some of the challenges mentioned. Outcome measures were diverse, however, often describing intrinsic factors such as self-esteem or self-efficacy. Research has shown that it is imperative to recognise the wider societal discourse and issues, such as inequality, that may impact upon narratives, the parent-infant relationship and VIG practice in general. Adaptations need to be considered for individual needs.

2.7 Conclusion and Summary of the Literature Review

The literature review shows that numerous articles have highlighted some of the facilitators and barriers to implementing VIG, and some explanatory factors around why VIG works. There have been fundamentally different ways of capturing practitioners' views for example, questionnaires, SSIs, focus groups and case study

accounts. Conversational-style interviews have yet to be mentioned as a method to gain the perspective of practitioners. Conversational-style interviews do not have a set of prescribed questions, they allow the interviewee to talk about matters which are of significance to them within topic areas. Therefore, the conversation remains open and flexible (Kvale, 1996).

It is clear from the limited studies available from the literature search that little research exists focusing on practitioners' experiences of delivering and/or being involved in VIG. Furthermore, only five of the studies have focused on practitioners' experiences alone. Some studies have mentioned including vulnerable participants, such as those who are experiencing mental health needs, substance abuse issues or families going through complex situations. Despite the overall positive experience that has been cited for vulnerable clients participating in VIG, there are no studies that have been published, exploring delivering VIG to families who have experienced DA. A large focus of the studies have taken place within an educational context, potentially limiting generalisability of findings and within one geographical borough/location. Gathering practitioners' views from a range of different settings and from more than one geographical area, warrants further exploration.

2.8 Chapter Summary

This chapter provided an overview of a systematic literature review conducted relating to practitioners' views or experiences of delivering VIG. The search process was outlined along with a critical appraisal of the papers cited. Three themes were highlighted from within the research: implementing VIG in practice, outcomes and VIG practitioners' experiences which was further broken down into facilitators and barriers and cultural competence. However, none of the studies mentioned focused

on VIG practitioners' experiences of using VIG in a DA context. The following chapter will outline the methodology of the current study and data collection process.

Chapter 3: Methodology

3.1 Overview of the Chapter

This chapter outlined the methodology of the current study. A summary is given in Table 4. The researcher detailed research paradigms including their ontological and epistemological position. A critical review of qualitative designs, including IPA was discussed. Theoretical underpinnings of IPA were mentioned. The latter section of this chapter provided an in-depth description of data collection procedures and analysis. Ethical considerations were detailed, with reference to key decision points made about the research. Finally, a section which focused on reflexivity and a concluding summary of the chapter.

Table 4

Overview of research framework

Epistemological and Ontological Positions	Ontology – Relativism Epistemology – Social Constructivism
Theoretical Perspectives	Phenomenology, hermeneutics and idiography
Methodology and Data Analysis	Qualitative IPA
Purpose	Exploratory and emancipatory
Data Collection	Online interviews: Conversational style
Participants	Four VIG practitioners

3.2 Research Aims and Purpose

Research serves different functions and purposes, those used frequently are: exploratory, descriptive, explanatory, action and evaluative (M. Fox et al., 2007). The purpose of this research conducted was both exploratory and emancipatory.

Emancipatory research aims to help members of an oppressed group take control of their own lives, either indirectly, e.g., influencing policy, or directly, e.g., the study

leads to some form of change Brown and Strega (2005, as cited in Robson, 2011, p.45). An exploratory approach typically means that there has been little written about the population being studied or about the topic. The researcher listens to participants and an understanding is built on what has been heard (Creswell, 2009). The aim of the research was to gain insight into practitioners' experiences of delivering VIG to mothers who report to have been domestically abused. It was mentioned previously that there is limited research available regarding VIG in a DA context. It is hoped that the findings will have significant implications for educational psychology practices at an individual and systemic level and provide guidance to organisations around how best to support vulnerable families using VIG. At the core of the current study, the researcher has a concern for social justice and improving outcomes for families who have experienced DA.

3.3 Research Design

In line with the aims of the researcher and the systematic review of previous literature, a qualitative, exploratory design was adopted. Qualitative research is an appropriate choice when exploration of an issue is needed, and to hear voices of a group or population where identifying variables cannot easily be evaluated.

Therefore, a multifaceted, thorough understanding of the issue is created (Creswell & Poth, 2018). Wertz et al. (2011) states that qualitative research is concerned with the question of "what?". This knowledge may be implicit or unambiguous, informally or formally sought and carefully established or uncritically assumed. The data is usually in the form of words for qualitative research (M. Fox et al., 2007). In comparison, testing pre-existing theories or concepts are typical features of a quantitative design (Robson, 2011). Therefore, a qualitative design was chosen as the researcher wanted to gain in-depth accounts of participants lived experiences.

3.4 Epistemological and Theoretical Frameworks

3.4.1 Paradigms

Research paradigms otherwise known as worldview are defined as “a basic set of beliefs which guide actions” (Guba, 1990, as cited in Creswell, 2013, p. 35). A researcher’s ontology, epistemology and methodology are influenced by the chosen research paradigm (Elshafie, 2013). In literature, there are four philosophical orientations that are extensively debated: pragmatism, positivism, social constructivism and transformative.

Positivist research tended to view natural science as the standard philosophical view for many years. It is believed that facts can be gained from observation and direct experience. Therefore, it is ‘value-free’ (Robson, 2011). Blaikie (2007) argues against this, rejecting the view that science should only deal with observable phenomena. Additionally, it is impossible to separate ‘values’ and ‘facts’. Quantitative research typically takes a positivist stance (M. Fox et al., 2007). More recently, this worldview has been superseded by a post-positivist approach, which contains some elements of positivism whilst acknowledging the criticisms noted (Robson, 2011). It proposes there is a reality that research should investigate, however, it recognises that complete objectivity is impossible (M. Fox et al., 2007). It is further argued that a positivist research approach fails to recognise the need for reflection.

Pragmatism is not influenced just by one reality or philosophy. The research problem is emphasised, and researchers can comprehend the problem using a number of different approaches. The pragmatic worldview believe that research

takes place in political, historical and social contexts (Creswell, 2013). If knowledge adds value to human purpose, it is deemed as worthwhile (Moon & Blackman, 2014).

The transformative framework's basic assumption is that knowledge reflects social and power relationships within society and thus, is not neutral. Individuals included may be from marginalised groups (e.g., transgender persons), and it is hoped people will improve society from the knowledge that is constructed (Creswell & Poth, 2018).

Social constructivism is another worldview. The aim of the research is to gain participants views of the situation as much as possible. Meanings directed towards objects or things are subjective. Experiences are formed through interaction with others and by the relevant social, cultural and historical norms in an individual's life. An inductive inquiry is generated through a pattern of meaning making (Creswell, 2007).

3.4.1.2 Researcher's Position.

Research methods provide ways of approaching and answering research questions. Before this, however, an ontological and epistemological position (e.g., what we can know and how) needs to be adopted to identify clear objectives and justification of choice (Willig, 2013). The researcher's ontological position is relativism. From this perspective, the researcher accepts there are multiple truths and is seeking to understand the participants subjective reality of their experiences (Levers, 2013).

Throughout the current research, the aim was to adopt a social constructivist, interpretive approach. The foundations of VIG are informed by a social constructivist stance. This notion that when a person meets another individual, the interaction is

fundamentally influenced by their verbal and non-verbal responses, and the person is also affected by them. Social constructivism also aligns with principles of phenomenology. For example, interpretive phenomenology goes deeper into meanings within experiences, rather than focusing on mere description. Social constructivism recognises that knowledge construction involves interpreting and making sense of experiences within a broader context. Some key components of phenomenology that connect with constructivist principles include intentionality, bracketing and essence (Johnson, 2024). Both philosophies allow for a more detailed and deeper understanding of human experience which enhances credibility.

An important part of the research was for the researcher to embody the values of VIG throughout the research process. VIG as an intervention has a contained methodology, underpinned by particular theories and it is evidence-based as discussed in chapters 1 and 2. Although it was beyond the parameters of the thesis to explore this area in depth, part of the analytical procedure focused on how the researcher was interacting with the interviewees to promote attunement. This is discussed further in chapters 3 and 5.

3.4.1.3 The Power Threat Meaning Framework.

In line with the PTMF, it is important to think about ways of empowering mothers and being aware of the role of power in the wider societal context. Furthermore, how mental health needs may be related to emotional distress or injustice and inequality families have experienced (Boyle & Johnstone, 2020). Applying the PTMF to those who have experienced DA can be a useful tool to inform practitioners thinking when working with families as a mechanism for redistributing power and allowing mothers to make sense of what has happened. The PTMF in the current study seeks to understand the mothers' emotional distress and world views

as resulting from ‘what has happened to them?’, and not pathologise them. This leads to a different treatment/care pathway, for example, an interaction related to relationships and not a medical treatment. The research aims to create awareness of strengths-based, relational approaches which move away from labelling and focus on the unique strengths and resources individuals show in often difficult circumstances.

3.5 Interpretative Phenomenological Analysis

IPA is an approach to qualitative research, which is concerned with “how people make sense of their major life experiences” (J. A. Smith et al., 2022, p. 1). It requires the researcher to play an active role through the process of interpreting the participants personal and social world (Eatough & Smith, 2008). It is important to understand IPA’s theoretical underpinnings. IPA is informed by three key areas of philosophy of knowledge: phenomenology, hermeneutics and idiography. An exploration of these concepts and why they are significant to this research is outlined in the subsequent section.

3.5.1 Phenomenology

The phenomenology movement began with Husserl (1859 – 1938) and then further advanced by Heidegger (1889 – 1976). It can be defined as “the study of human experience and the way in which things are perceived as they appear to consciousness” (Langdridge, 2007, p. 10). Husserl referred to a ‘phenomenological attitude’ where attention is directed to perception of objects, rather than just the object themselves, this requires being reflexive. Reflecting on the thinking, seeing and wishing is imperative to stepping outside of the everyday experience (J. A. Smith et al., 2022). Bracketing or phenomenological reduction refers to understanding

being genuine because prejudice and opinion of a phenomenon is put aside, returning to the direct experience of the phenomenon (Dibley et al., 2020). Therefore, no pre-conceived theories can shed light on the phenomenon under investigation (Ray 1994, as cited in Dibley et al., 2020).

Heidegger, a student of Husserl's, questioned if any type of knowledge was possible without interpretation (J. A. Smith et al., 2022). Heidegger's concept of interpretation produced fragments of Dasein's existence and is a fundamental part of being in the world and recognising assumptions (Horrigan-Kelly et al., 2016). Dasein's is understood as being-in-the-world with people and other things. This resonates with IPA's principles, people are bounded in a world that is historically, socially, culturally and contextually inhabited (Willig & Stainton-Rogers, 2017). Merleau-Ponty developed this idea further with the role of embodiment. The feelings in our body aligned with our emotions must be considered in experiences, helping to shape our knowledge about the world. This has significant implications for IPA researchers. When trying to understand another's perspective, the lived experience of being a body-in-the-world must be attended to during analysis and the meanings that are described by language (J. A. Smith et al., 2022).

3.5.1.2 Hermeneutics

Therefore, Heidegger proposed a hermeneutics of factical life. The relationship we have with the world is one that functions in a hermeneutics circle and has its origins in the existential constitution of Dasein's (Eatough & Smith, 2008). The most pertinent idea in hermeneutics theory is possibly the hermeneutic circle. It outlines the process of interpretation, for example, to understand the whole you look at the parts, and to understand a particular part, you look at the whole. Thus, with IPA, the analytical method is iterative (J. A. Smith et al., 2022). The researcher uses

their interpretations to try and advance understandings, instead of attempting to bracket assumptions or presuppositions about the world (Willig, 2008).

3.5.1.3 Idiography

IPA is idiographic in nature. Rather than looking at the universal, it focuses on the particular. Typically, studies commit to the use of single case analysis and there is emphasis on understanding meaning in the individuals life (Eatough & Smith, 2008). As a result of this, small, purposive sampling is usually utilised. Researchers may make more general claims but will start with a single case. Hence, establishing generalisations is done much more tentatively and in the realm of the particular (J. A. Smith et al., 2022). Dissimilarly, a nomothetic approach, tends to recognise general rules of human behaviour (Willig, 2013).

3.5.1.4 Limitations of IPA

IPA, like other forms of phenomenological research, is not without its own practical and conceptual limitations. Some being, explanation versus description, the role of language and cognition and the suitability of accounts (Willig, 2013). It is said that IPA can be problematic due to its emphasis on perceptions, however, it does not explain why they occur (Tuffour, 2017). This can limit our understanding of the phenomenon because it neglects the conditions that gave rise to the experience in the first place (Willig, 2013). Secondly, there are questions regarding whether IPA can capture the essence of people's experiences or just their opinions on them. As phenomenological studies require the experience of researchers and participants, certain nuances may be missed because the potential lack of communication skills. Thus, it is key IPA researchers collect abundant and comprehensive data (Tuffour, 2017).

The same event can be described in a number of different ways. Data collection techniques such as diaries or SSIs, tell us less about the experience itself, rather, the way an individual talks about a specific experience in a specific context. Therefore, rather than describing reality, it is said that language is constructed (Willig, 2008). On the other hand, language may proceed and shape experiences, so dictates what we can think or feel. Either way, languages constitutive role in much phenomenological research has been criticised (Willig, 2013). The applicability of phenomenological research is similarly limited to those who can articulate their experiences. Questions remain whether participants can truly give rich, textured accounts of their experiences, and if researchers can capture subtle physical and emotional nuances (Willig, 2013).

Lastly, the role of cognition. IPA is unique in the sense that it is interested in cognition, in comparison to other qualitative approaches (Larkin et al., 2011). Some researchers argue that cognition might not be consistent with some phenomenological ideas which stem from cognitive theory's distinction of the subject/object (Willig, 2013). Others claim cognitive psychology and phenomenology psychology have differing characteristics in the knowledge they acquire, while acknowledging they may overlap at points, the goal is not to measure cognition directly (Larkin et al., 2011).

3.5.1.5 Why IPA?

The current research relies on a homogenous group. For example, practitioners who have delivered VIG to mothers who report to have been domestically abused, making IPA the most appropriate form of analysis. The researcher was interested in exploring participants lived experience of a particular area that was guided by the research and because it was related to the research

question and literature. As there is limited research in this area, an inductive approach, where themes, patterns and categories emerge from the data and participants interact collaboratively with the researcher (Creswell, 2007), supported the researcher's ontological and epistemological position. An overview of other qualitative approaches which were considered and explanations of why they were not chosen are discussed below.

3.5.1.6 Grounded Theory

IPA and grounded theory have similar features. Grounded theory involves identifying categories, making links between categories and establishing relationships between them. In this approach the aim is to cultivate novel, contextualised theories (Willig, 2013). Researchers tend to look for negative cases and examine an extensive variety of instances of a phenomenon, to help with generalisability (Taylor et al., 2015). Thus, IPA seemed a more appropriate choice for the purpose of this research as the lived experiences of a small number of participants was explored. It was important to allow for a detailed account of experience to be explored rather than developing an overarching theory as VIG already has its own theory base.

3.5.1.7 Thematic Analysis

Dissimilar to both IPA and grounded theory which are theoretically grounded is TA. TA can be used within a number of different theoretical frameworks. It is a method for analysing, categorising and reporting themes within data (Braun & Clarke, 2006). Willig (2013) argues that themes derived from TA often include the researcher's own interview agenda and they can lack representation. Along with not having a clear epistemological basis. The level of analysis differs between IPA and

TA. IPA is concerned with the individual lived experience, forming a greater depth of analysis. Whereas TA concentrates on similarities across participants and can be deductive or inductive, e.g., looking through a particular theoretical lens (Naeem et al., 2023). VIG's position is one of social constructivism (Kennedy et al., 2011), although VIG has its own specific methodology, the researcher did not use a particular theory for analysis. The researcher largely followed an inductive approach to allow for meaning making of the participants views. The current research is interested in the experiences of the participants first and foremost, the TA method was therefore discounted.

3.5.1.8 Narrative Approaches

Narrative analysis covers a wide range of methodological techniques under one umbrella. In order to understand how people make sense of their lives, narrative researchers tend to focus on and examine structural facets of people's stories (Taylor et al., 2015). It is considered fundamental to derive meaning-making from narratives (Willig, 2013). Narrative research has been criticised as it fails to give a standard set of procedures for carrying out analysis (Robson, 2011). As a novice researcher, having clear stages of analysis and interpretation was preferable.

3.6 Critiquing Research Methodology

The quality of research is assessed differently for qualitative and quantitative research. Reliability, generalisability and validity are seen as 'good' markers of quantitative research. The main goal is for the research to be replicable. There is controversy among qualitative research, how evaluative concepts such as validity and generalisability are applied (M. Fox et al., 2007). Meyer and Schutz (2020) argue that a study's trustworthiness is established throughout the entire research

process. Credibility can be achieved, if justification is given on why certain participants were chosen, and if engagement with the data was lengthy to convince readers of meticulous analyses through detailed descriptions. Yardley's (2008) four principles were applied by Smith and colleagues to measure quality and validity related to IPA: sensitivity to context, commitment and rigour, transparency and coherence and impact and importance (Vicary et al., 2017). The researcher implemented these principles throughout the current study.

3.6.1 Commitment and Rigour

The researcher completed the initial VIG training a year early during their professional doctorate course to have more awareness and understanding of VIG before conducting their research. A research diary was kept recording decision making and reflections.

3.6.2 Sensitivity to Context

An extensive systematic literature review and reading around the area was part of the researcher's commitment to the research. The sociocultural landscape is touched upon regarding the national context. All ethical guidelines were followed in line with the researcher's university protocols.

3.6.3 Transparency

In terms of transparency, the researcher kept an audit trail of annotated transcripts for each participant, detailing each stage of the IPA development. The researcher reflected on their own skills, beliefs and emotions across the research journey and the impact of their role.

3.6.4 Impact and Importance

The impact and importance of the study will provide richer understandings as VIG practitioners experiences of delivering VIG to mothers who have been domestically abused has received limited attention thus far. It has the potential to inform VIG training and delivery, including theoretical frameworks that might be particularly pertinent to practitioners when developing their practice. It also has implications for EP's. They have a duty of care to protect vulnerable families and provide support to schools.

3.7 Data Collection and Analysis

3.7.1 Research Question

There was one central research question:

What are practitioners' views of the strengths and challenges of delivering Video Interaction Guidance to mothers who report to have been domestically abused?

The researcher asked participants some background questions during the interviews to find out more about their VIG training. Key topic areas the researcher wanted to explore were strengths, challenges and key mechanisms for supporting change. Prompts for specific areas of interests such as cultural responsiveness and remote working were noted. There appears to be no existing research on this area, so the aim was to explore practitioners' views about delivering VIG to mothers who report to have been domestically abused. The researcher wanted to form a clear picture of the perceived strengths, challenges and key mechanisms of change. The researcher recognises that seeking participants' lived experience whilst asking about their views of the strengths and challenges of delivering VIG may create tension. This is further reflected on in the discussion chapter.

3.7.2 Data Collection

In qualitative interviewing researchers should attempt to make the interviews feel safe enough to talk honestly about their experiences, so it moves beyond an ordinary exchange (Edwards & Holland, 2013). The data was collected using conversational-style interviews which were audio (and video recorded if participants chose to keep their cameras on) via the teleconference platform Microsoft Teams. Unstructured interviews are shaped around the individual and context, intended to make participants feel relaxed (Qu & Dumay, 2011). This form of interview was selected as they allow the use of open-ended questions and for participants to be able to articulate detailed accounts of their experiences (Langdridge, 2007). Due to the sensitivity of the research topic, a method that facilitated rapport building and gave participants space to think and be heard (J. A. Smith et al., 2022), seemed most appropriate to the researcher and aligned with their values. An interview schedule was created which contained an introduction, a set of background questions and one open-ended question to start the main interview. The researcher used topic area prompts flexibly throughout the data collection process. Please refer to Appendix D for more information.

3.7.2.1 Recruitment.

Organisations were contacted throughout the UK as interviews took place virtually. The researcher initially contacted AVIGuk to discuss the research idea. A research advert was advertised centrally on the AVIGuk website. The researcher contacted EPSs throughout the UK with the advertisement details. Participants registered their interest by emailing the researcher and they were able to ask any questions. If participants were interested in taking part in the study, the researcher

emailed them an information sheet and consent form. Once consent forms were received, times and dates were organised on an individual basis via email.

3.7.2.2 Participants.

People that were invited to participate were VIG Practitioners' (trainees, accredited, advanced or supervisors). Participants needed to have delivered at least 3 cycles of VIG, within the last three years, to mothers who have experienced DA and hold parental responsibility for a child. Mothers needed to have self-identified as surviving DA and needed to be no longer living with the perpetrator of abuse. More details about participant characteristics can be found in chapter 4.

3.7.2.3 Participant Information

The four participants included had various professional roles such as social workers and nurse. Participants VIG accreditation levels varied from, being in completion of the accreditation process, VIG practitioner and VIG supervisors. To honour anonymity, pseudonyms are used for the participants: Yvonne, Logan, Maria and Ashley. When quoting different transcript lines throughout the findings chapter, pronouns are used in brackets to identify whom the participants are referring to.

3.7.3 Data Analysis

A step-by-step process on data analysis outlined by J. A. Smith et al. (2022) was referred to for this study. However, it must be noted that researchers need to consider their research question, purpose and research paradigm (e.g., social constructivist), and bring their diverse perspectives whilst using IPA principles as a base, rather than as a prescriptive set of rules to follow (Miller et al., 2018). The aim of the following analysis for the researcher was to explore practitioners' experiences of delivering VIG, and identify potential strengths and challenges. The focus area

was mothers who report to have been domestically abused who had participated in the intervention (as noted in section 3.7.1).

3.7.3.1 Stage 1 – Reading and Rereading.

The first stage involved the researcher listening to the audio recording of the interview whilst reading the transcript. The transcript was read several times online in order to focus on the participants voice and being able to slow down to process complex information and ideas (J. A. Smith et al., 2022).

3.7.3.2 Stage 2 – Exploratory Noting.

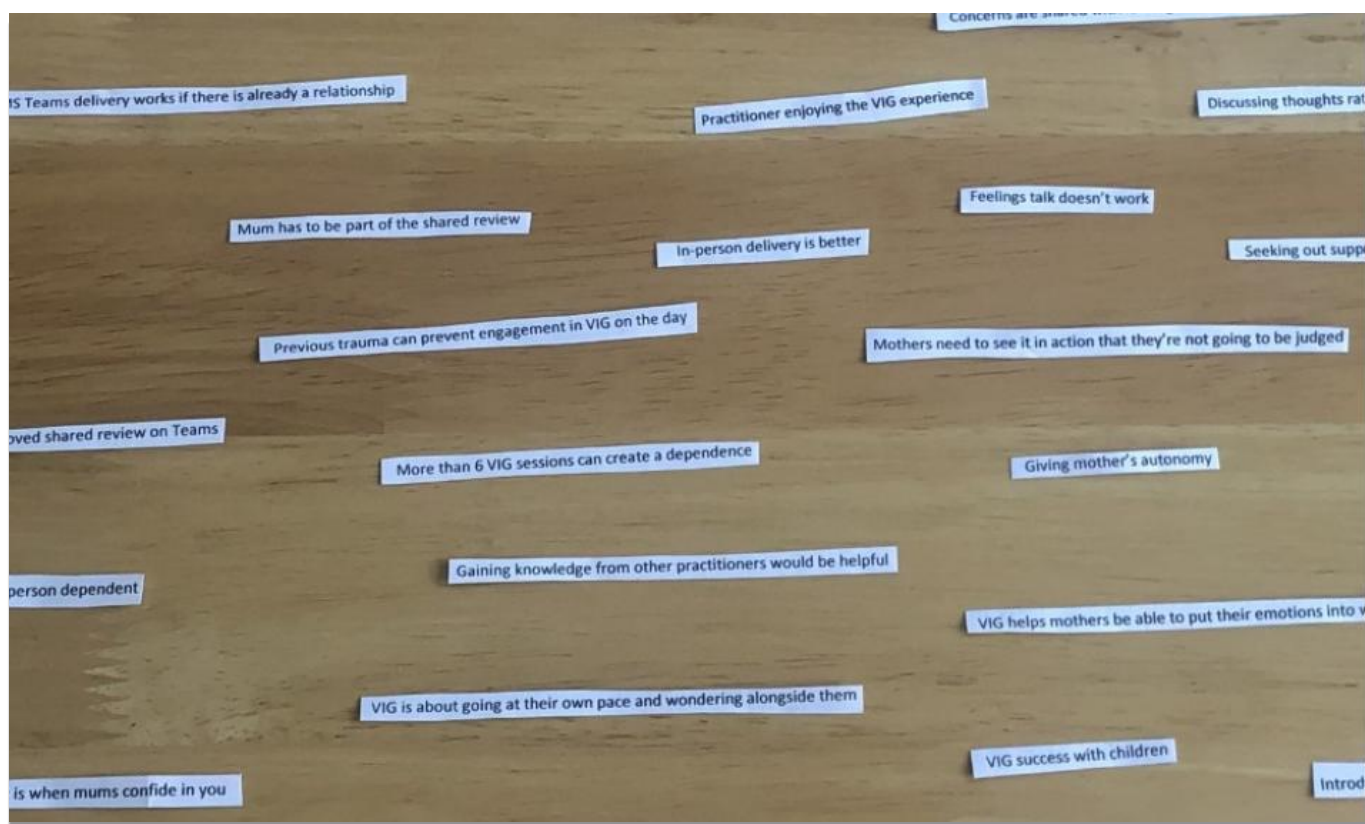
Stage two focused on making notes on anything of interest across the transcript, there were no rules about what was commented on. Parts of the data appeared richer than others. The researcher underlined parts of the transcript that seemed important. Descriptive comments were made which were key words, phrases or explanations the participant used. Notes reflected things that mattered to the participant and accepting what appears to be. Some comments were considered to be linguistic and linguistical features of the transcript were identified such as tone, pronoun use, pauses and emotional aspects, to help shape understanding of the participants experience. Other notes were more conceptual, the researcher asked questions of the data (J. A. Smith et al., 2022). Similarities, differences and contradictions were named, and ideas were refined during this process. Some questions remained unanswered. As a novice to IPA, reflecting on how the transcript made the researcher feel and what this possibly revealed about how things were for the participant was helpful.

3.7.3.3 Stage 3 – Developing Experiential Statements.

During this stage there was a shift in moving away from the primary transcript to working with the exploratory notes. The aim was to keep the complexity instantaneously minimising the volume of detail. The researcher captured statements with participants own words and by close interpretation of the notes from the analysis. Therefore, the subsequent analysis showed the lived experience of the participant and the researcher's perspective. Whilst there is an emphasis on chunks of transcript at the local level, there is a level of influence at the whole text, i.e., the hermeneutic circle, considering parts in relation to the whole and the whole in relation to the parts (J. A. Smith et al., 2022). The experiential statements were refined and adapted over a period of time within the process of analysis (see example annotated transcript extracts, Appendix E).

Figure 6

Example image of experiential statements



Note. This image is for the purpose of viewing the process of organising the experiential statements. This image provides a sample of some experiential statements.

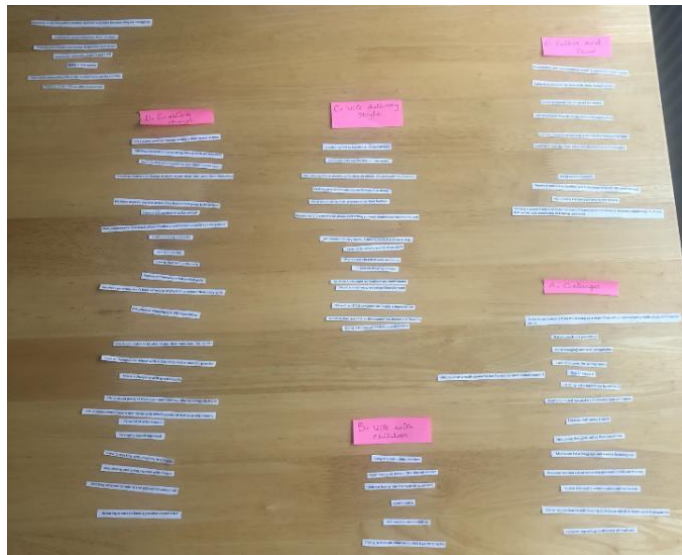
3.7.3.4 Stage 4 – Looking for Connections between Experiential Statements.

Once a set of experiential statements had been established, the researcher searched for patterns and connections across statements. Experiential statements were printed on a separate piece of paper and spread around a table to break up the original ordering. Statements were moved around into different groupings to examine how they might fit together. Statements held equal importance although not all were incorporated into this stage of analysis. Even after connections were formed and

reformed, further changes were made when relocated online to best reflect the participants experiences.

Figure 7

Example of the process (looking for connections across experiential statements)

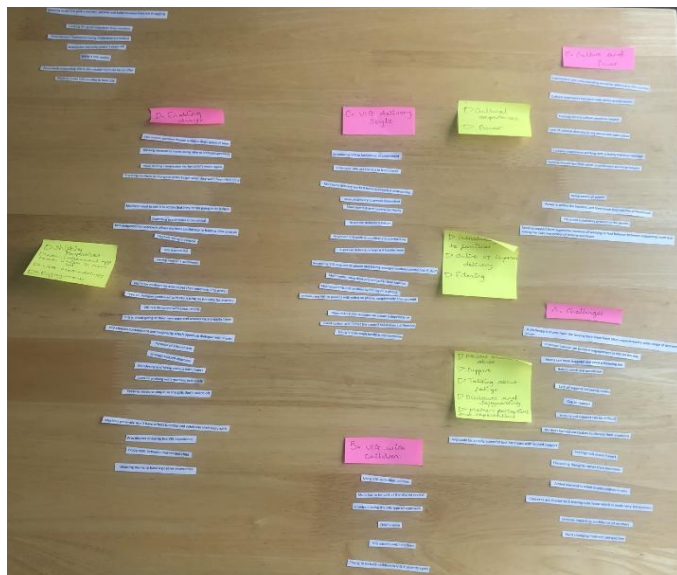


3.7.3.5 Stage 5 – Personal Experiential Themes (PETS) and Consolidating.

PETs represent groups of the participants experiential statements. Themes should be personal in nature as they were all derived from a particular participants analysis and reflect the whole transcript, rather than attached to local occurrences. They still make sense of the participants experience so are experiential (J. A. Smith et al., 2022). Subthemes or otherwise known as subclusters are shown on the yellow post-it notes. PETs are symbolised by the pink post-it notes. This process was further developed and refined again once moved online.

Figure 8

Example of the process (identifying PETS and subthemes)



3.7.3.6 Stage 6 – Analysis Stages Repeated.

Once stages two to five were completed for one participant, the next stage involved repeating the entire process for the other three participants, individually. The researcher took a degree of caution whilst going through the different transcripts, so the idiographic element of IPA was honoured. It is important to note that some level of influence is expected (J. A. Smith et al., 2022).

3.7.3.7 Stage 7 – PETS Developed Across Participants.

The last stage of the analysis generated Group Experiential Themes (GETs). These were created by looking for similarities and differences between PETS. The researcher decided GETs needed to be present in at least two participants transcripts to be considered trustworthy and reported in the final analysis. The PETS were printed off for ease of comparing, along with subthemes and ones that seemed similar were highlighted in tables. Although the researcher started at the PET level,

subthemes and experiential statements were incorporated and manipulated to form new and altered GETs. Generally, this stage requires higher-order analysis where constructs across participants are organised (J. A. Smith et al., 2022). There was commonality among participants when creating GETs while demonstrating unique attributes of the individual experiences in subthemes and their experiential statements.

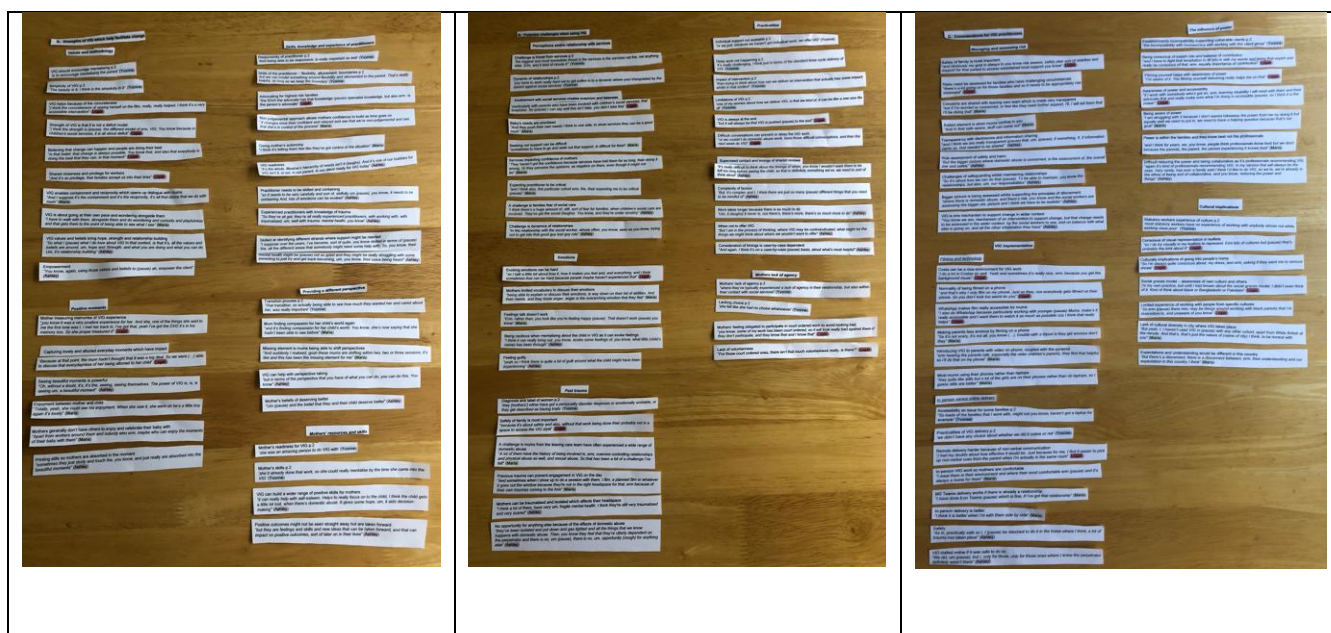
Figure 9

Example of the process (looking at connections between PETS and subthemes)

<p><i>Yvonne</i></p> <p>A. Challenges of delivering VIG</p> <ul style="list-style-type: none"> > The perceived impact of services involvement > Oppression, power and positionality > Mother's beliefs > VIG delivery model and barriers to engagement <p>B. Being a supervisor</p> <ul style="list-style-type: none"> > Experience and confidence of supervisees > Supporting others <p>C. Strengths of the VIG model</p> <ul style="list-style-type: none"> > Skills of the practitioner > Theoretical underpinnings of VIG > Mother's attributes > Creating positive change > VIG as part of the recovery process 	<p><i>Logan</i></p> <p>A. Cultural responsiveness and power</p> <ul style="list-style-type: none"> > Commitment to practice > Lack of experience and awareness > Power <p>B. Challenges</p> <ul style="list-style-type: none"> > Prioritisation of domestic abuse work > VIG's different model of working > Recognition of fear and social anxiety > Mother's statutory obligation to participate in VIG <p>C. VIG delivery</p> <ul style="list-style-type: none"> > Technology > Remote delivery > Filming environment <p>D. Strengths of VIG</p> <ul style="list-style-type: none"> > VIG is strength-based > Simplicity of VIG > Mother's experiencing VIG positively <p>E. Risk and support</p> <p>F. Values-based practice</p>
<p><i>Maria</i></p> <p>A. Challenges of delivering VIG</p> <ul style="list-style-type: none"> > Previous trauma and abuse > Seeking support > Talking about feelings > Disclosures and safeguarding > Mother's perceptions of professionals <p>B. VIG with children</p> <p>C. VIG delivery style</p> <ul style="list-style-type: none"> > Introducing VIG to families > Online vs in-person delivery > Filming <p>D. Creating change</p> <ul style="list-style-type: none"> > Shifting perspectives > Non-judgemental approach which is mum led > VIG methodology and values > Shared enjoyment <p>E. Culture and power</p> <ul style="list-style-type: none"> > Cultural experiences > Power 	<p><i>Ashley</i></p> <p>A. Mechanisms for change</p> <ul style="list-style-type: none"> > Beautiful moments > Shifting perspectives > Providing opportunities and skills > Positive outcomes > VIG values and approach <p>B. Challenges</p> <ul style="list-style-type: none"> > Impact of domestic abuse > VIG model versus default model > VIG referrals and timings > Realisation of the child's experience <p>C. Safeguarding</p> <ul style="list-style-type: none"> > Location > Managing disclosures > Multi-agency risk assessment <p>D. Specialist support and skills</p> <ul style="list-style-type: none"> > Experienced service with specialist knowledge > Practitioner's skills > Consideration of intervention support > VIG clients > Proud of VIG work

Figure 10

Example of the process (finalising GETS, subthemes and sub subthemes)



3.8 Ethics

According to social scientists, the four key ethical principles: autonomy, beneficence, non-maleficence and justice should be implemented for all research (Durand & Chantler, 2014). When conducting qualitative research, ethical considerations need to be taken into account (Creswell & Poth, 2018). The researcher's values such as autonomy, non-maleficence, beneficence and social justice helped to guide decision making and ideas. Ethical approval was obtained from the UEL Ethics committee (Appendix F) after submitting an ethics application (Appendix K). To ensure quality research, researchers should be reflecting on the ethical dilemmas they faced and how they were navigated (Durand & Chantler, 2014).

3.8.1 Informed Consent and Right to Withdraw

All participants received information regarding consent which was provided on the following forms: participant information sheet (Appendix G) and participant consent form (Appendix H). It was made clear that they had the right to withdraw at any time without reason or consequence. It was stated that if participants withdrew during or after the interview, their data would not be used (e.g., audio and video recordings). However, if they withdrew from the study after 2 weeks from the date of the interview their anonymised data would be used. The research was carried out in accordance with the Data Protection Act (2018).

3.8.2 Confidentiality

Interviews were transcribed by the researcher and all sensitive or identifying information was removed in order to protect anonymity. All participants were given pseudonyms related to their transcript. Consent forms were uploaded immediately to a OneDrive once received. All transcripts and recordings were kept on a password protected secure drive within a password protected secure user account. Audio and video recordings were stored on the OneDrive on the same day they were recorded on Microsoft Teams. Anonymised data was stored separately in a folder from pseudonymised data files. Access to a private password protected OneDrive folder was only available to the researcher. Research outputs will not contain any identification of interviewees in the study.

3.8.3 Protection from Harm

All reasonable steps were made to minimise the potential harm caused to participants. The researcher completed a risk assessment before recruitment to consider the impact of potential psychological distress and data storage risks. The

details of free wellbeing support services were provided on both the consent and debrief letter (Appendix I). The principles of attunement were used throughout the interviews to help create a safe space and successful interactions. The researcher's supervisor's details were provided on forms if they had specific questions and concerns they wanted to ask.

3.8.4 Online Interviews

All four interviews took place via the teleconference platform Microsoft Teams. Online interviews had an advantage to allow potential participants to be reached across the UK. They also can be simple and faster to administer due to email access and convenient for the participants in terms of flexibility of a chosen time slot. A disadvantage is they rely on both parties having sufficient internet connection and access. It can be argued that certain individuals may feel less comfortable being shown on camera so they may present differently than they would in-person Bertrand and Bourdeau (2010, as cited in Heath et al., 2018, p.31). The researcher tried to minimise the effect of this by using their skills learnt on the doctorate around containment and validation. Due to the time constraints and the geographical element, online interviews were preferable compared to face-to-face. Furthermore, the video recording allowed the researcher to analyse their own interactions which would have proved more difficult in a face-to-face context. The researcher used headphones when conducting the interviews to enhance confidentiality of the participants. It was imperative for the researcher to try and build attuned relationships with the participants, even though the time spent together was typically under an hour for each interview.

3.9 Reflexivity

Reflexivity can be thought of, in terms of how a researcher influences the research process because of their relationships, assumptions, analyses, interpretations and decisions (Meyer & Schutz, 2020). It is a critical component in qualitative research to enable trustworthiness, credibility and ethical practice of the phenomenon being studied by researcher self-scrutiny (Berger, 2015). In congruence with the principles of IPA, it is important to acknowledge the researchers own biases and assumptions (Willig, 2013). A research diary was kept throughout this process and example excerpts can be found in the appendices (Appendix J). Research supervision was also used to reflect on ethical decisions about the research. Reflection skills involved the researcher reflecting in the moment to evaluate their interactions and adjusting accordingly, and after each stage of the recruitment and data analysis process to reflect on the experience that took place (Schön, 1983). The researcher applied PAIG during the interview and data analysis process, this is further expanded upon in chapter 5.

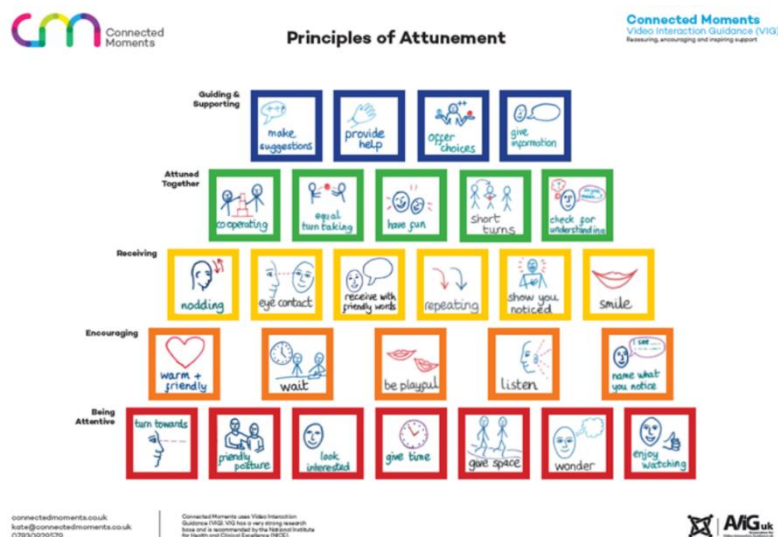
3.9.1 Reflective Process.

Whilst the researcher was analysing the data, it was noted and of interest that they were using some of the principles of attunement during the interviews with the participants. Subsequently, the researcher conducted a video analysis of themselves to highlight which attunement principles they identified using throughout this process. Micro-clips were used, and the interview video recordings were stopped at regular intervals (e.g., every few seconds) so the researcher could note down the keys on the analysis documents. The researcher reflected on the following question “What am I doing to support interviewees?”. The researcher used the following key on the transcripts (please see figure 11 as a guide). Being attentive = red, encouraging =

orange, receiving = yellow, attuned together = green and, guiding and supporting = blue. This formed another smaller, part of the data analysis process. It was beyond the parameters of the thesis to explore in depth, however, further details about additional observations that were made can found in chapter 5.

3.9.2 Figure 11

Principles of Attunement (AVIG-uk, as cited in Glasgow Educational Psychology Service, 2022)



3.10 Summary

This chapter focused on the methodology of the research. Epistemological frameworks were discussed, including the researcher's philosophical position. This was followed by the theoretical underpinnings of the researcher's approach and the justification of the exclusion of other qualitative approaches. Recruitment, data collection (conversational-style interviews) and data analysis (IPA) procedures were outlined, along with ethical concerns and guidelines which were adhered to. Lastly, the significance of reflexivity was indicated. Chapter 4 discusses research findings.

Chapter 4: Findings

4.1 Chapter Overview

This chapter contained details of findings, the researcher identified themes from analysing the data through IPA. Individual case by case analysis was presented, before themes that were generated across participants were discussed.

4.2 Developing PETS and Subthemes

The researcher followed J. A. Smith et al. (2022) IPA staged analytical process in order to develop PETS and subthemes. PETS were produced by clusters of experiential statements which were connected to one another and made sense of the participants experience. Themes reflect experiential statements that were present throughout the whole transcript, although still containing a personal element as they were derived by examining each case individually. Each PET, typically, is divided into subthemes that were brought together by experiential statements that formed a particular grouping of patterns. All PETs and subthemes relevant to the research question are detailed in the findings.

Case One: Yvonne

Yvonne is a social worker and an accredited VIG supervisor. The interview took place in 2022.

4.3.1 Personal Experiential Theme: Challenges of Delivering VIG

Yvonne discussed various challenges that she had experienced whilst delivering VIG in a DA context, these were grouped together to form subthemes.

4.3.1.1 Subtheme one: The perception of services/agencies involvement.

Yvonne's transcript highlighted a number of different areas that can cause potential challenges because of agency involvement, as families are under the care of social services. One being the perceived threat to mothers *"the biggest and most immediate threat is the services not the, not anything else. Erm, and it kind of clouds it"* (167 – 170, p.8). In this extract, the use of the word "biggest" suggests there is no other threat greater to these mothers in that moment of time. "Threat" can be interpreted as something that may be dangerous or possibly trigger an adverse reaction. Yvonne goes on to further express that it "clouds it", which appears to be a potential barrier in the working relationship with the VIG practitioner.

Yvonne described how agencies can give mothers' a narrative around being protective *"who really had been given a narrative by agencies that she [mother] was protective cause she had separated from this partner and, so she just got another partner and then she was protective again"* (210 – 215, p.10). Yvonne's use of the phrase "narrative" implies in this case, the mother was told a story. It is interesting the comment "protective" was used twice and perhaps is referring to a repeated cycle. It is evident from the transcript that Yvonne disagreed with the agencies narrative and wanted to create a new narrative around what being 'protective' meant.

Another challenge noted in the transcript was the dynamic of relationships between the VIG practitioner, mother and social services. *"You have to work really hard not to get pulled into a dynamic where you're triangulated by the parent against social services"* (180 – 183, p. 8). This extract gives insight into the complexity of relationships within the system. "You have to work really hard" suggests it is difficult for the practitioner and something they need to be conscious of. Lastly "pulled"

indicates that it is almost out of the practitioner's control, however remaining objective is key.

Lastly, Yvonne discussed the role of agencies. *"There is something about how agencies work with domestic abuse that can then show up in the, erm, show up in the, erm, VIG referrals"* (223 – 227, p.10). It seems that Yvonne is experienced in working with mothers who have had previous involvement with agencies. Yvonne utilises the phrase "show up" to hint how the DA work is communicated in the paperwork. The researcher wonders what Yvonne is referring to when she uses the term "something"?

4.3.1.2 Subtheme two: Oppression, power and positionality.

The subtheme oppression, power and positionality appeared to permeate throughout the transcript in relation to the mothers' previous experiences and current circumstances. A range of examples portray this for Yvonne: *"there is an encouragement to take on a victim position"* (186 – 188, p.9), *"where they've [mothers] typically experienced a lack of agency in their relationship, but also within their contact with social services"* (418 – 421, p.18), *"they [mothers] feel completely powerless"* (1235 – 1236, p.51), *"she [mother] wanted to move but she'd been told she couldn't"* (430 – 431, p.18) and *"they [mothers] either have got a personality disorder diagnosis or emotionally unstable, or they get described as having traits"* (945 – 948, p.39).

For Yvonne, it appeared that the mothers' she had worked with did not have choice to make certain decisions in their own life. Yvonne demonstrated this by the phrases "lack of agency in their relationship...with social services" and "she'd been told she couldn't". "Powerless" invokes feelings of helplessness, this seems further amplified by stating that they are positioned as "victims" or labelled as having a

“diagnosis”. The researcher is curious if mothers would agree and the impact that this narrative has. It seems that these scenarios are not stand-alone cases, by the homogeneity of mothers being described as “they”.

4.3.1.3 Subtheme three: Mothers’ beliefs.

Mothers’ beliefs regarding their skills and capacity as a parent was also raised as a challenge for Yvonne *“they [mothers] can come out with a distorted, false positive representation of their parenting capacity”* (195 – 198, p.9). Despite VIG being a strength-based intervention, there is a sense that it can almost be detrimental to focus exclusively on the positives in Yvonne’s view. “Distorted” conveys Yvonne’s sense of misrepresentation over their parenting capacity. It is interesting to consider where VIG sits within child protection procedures, balancing risks and strengths seems significant. The VIG model allows for difficulties to be discussed, however, they are not shown in the video clips. *“And look, look how many strengths I’ve [mother] got, so I think that’s one of the real challenges”* (204 – 206, p.9).

Interpretating extracts around this subtheme, it seems that Yvonne is highlighting the complexity within the relationships that the VIG intervention may not necessarily be capturing. This indicates it is more of a challenge for practitioners to try and address, rather than the mothers themselves.

4.3.1.4 Subtheme four: VIG delivery model and barriers to engagement.

Yvonne reflected on some of the limitations of the VIG delivery model and current social climate that can prevent engagement. References were made to the number of cycles, accessibility, lack of support for these families and wider societal factors. This is expressed in various example extracts: *“It’s really challenging, I think just in terms of the standard three cycle delivery of VIG”* (487 – 489, p. 21). Yvonne

mentions the “standard three cycle” is a difficulty for her, the researcher is interested as to how many cycles would be optimal? Possibly more flexibility is needed in the cycle number and/or hinting at more time is needed with clients. *“One of my worries about how we deliver VIG, is that we kind of, it can be like a one size fits all”* (529 – 531, p.22). The use of the phrase “one size fits all” proposes that VIG might not be meeting every clients’ needs with whom she has worked with, or the delivery model lacking flexibility again.

Yvonne refers to “Maslow” which is a psychological theory, and a model for understanding the motivations of behaviour *“VIG cannot be delivered I don’t think when the bottom rung of Maslow is still, those needs haven’t been met”* (1089 – 1092, p.45). The phrase “bottom rung” indicates Yvonne is alluding to mothers’ physiological needs (shelter, food, warmth, etc) being intact first, prior to any intervention being delivered. *“Or we just, because we haven’t got individual work, we offer VIG”* (535 – 538, p.23). “Because we haven’t got” indicates there is a lack of alternative support for these mothers, Yvonne also highlights that “individual work” is what they may need instead. This suggests VIG and individual work serve different functions.

4.3.2 Personal Experiential Theme: Being a Supervisor

It appeared clear from analysing the transcript that Yvonne’s role as a VIG supervisor formed a large part of her experience. These subthemes were identified based on Yvonne’s dialogue from the analytic process.

4.3.2.1 Subtheme one: Experience and confidence of supervisees.

The subtheme ‘experience and confidence of supervisees’ arose four times. Yvonne refers to guiders inexperience when delivering VIG to mothers. *“And it is tricky*

she's, she's you know, she's an inexperienced VIG guider" (366 – 367, p.16). Yvonne elaborates further to name what inexperienced guiders find difficult *"inexperienced guiders that they can kind of stay safe themselves"* (311 – 312, p.14). Interpretation of these extracts appeared to show Yvonne detailing her experience with inexperienced guiders and their reluctance to have explicit or difficult conversations about the DA. The word "safe" suggests that inexperienced guiders may be not entering into the 'deepening the discussion' phase of VIG, so is it still helpful for these mothers? The view presented by Yvonne could suggest that the more experienced VIG guider you are, the more complex needs one can work with, which is averse to the AVIGuk protocol.

4.3.2.2 Subtheme two: Supporting others.

Yvonne reflects on her own skills as a supervisor in the process of supporting other VIG practitioners *"so to be able to help them [VIG guiders] think about, how to create a therapeutic space"* (617 – 619, p.26). The use of the word "help" indicates she is providing guidance during supervision.

Yvonne gave an example of her belief about the importance of supervision, along with the suggestion that she provides containment: *"I think any work that has that level of complexity, I think it needs more than just intervention"* (680 – 682, p.28) and *"she [VIG guider] finds it really difficult to step into the kind of emotional world"* (642 – 644, p.27). From these extracts, it is clear not only having a breathing space for guiders is significant but due to the complex and emotional nature of the work, a skilled 'other' is needed.

4.3.3 Personal Experiential Theme: Strengths of the VIG Model

The last PET that emerged from close interpretation of Yvonne's transcript was around the strengths of supporting the VIG process, being involved in the VIG experience, and aspects of creating positive change for mothers.

4.3.3.1 Subtheme one: Practitioner's skills.

Yvonne shared aspects of her practice that help mothers when delivering VIG. The three main skills that arose the most were flexibility, attunement and being responsive. *"But we can model something around flexibility and attunement to the parent. That's really helpful, as long as we keep the boundary"* (973 – 976, p.40). Within this extract, Yvonne uses the word "model", suggesting the way the practitioner interacts during the sessions is important. Core to VIG is the ripple effect or 'Russian Dolls'; clients and supervisees have the experience of being received. The VIG training and process would say this is a fundamental part of the way the VIG supervisor interacts with supervisees and clients, then these interaction skills are hopefully taken forward and adopted. In addition to using the word "boundary", indicating perhaps an element of distance is necessary in order to keep a sense of professionalism.

4.3.3.2 Subtheme two: Theoretical underpinnings of VIG.

Yvonne speaks about how the VIG process should encourage mothers' to be able to mentalise. *"And to be able to wonder about my mind and the mind of others is, should be a er, you know, should potentially be an emolliating factor in terms of the risk of domestic abuse"* (273 – 277, p.38). The linguistic use of "emolliating" highlights that for Yvonne, the ability to wonder about the minds of others should soften the likelihood of DA. Yvonne repeats the word "should" indicating perhaps

caution to this statement, strengthened by the word “potentially” that this may not be a guarantee.

4.3.3.3 Subtheme three: Mothers’ attributes.

Mothers’ attributes were noted during the transcript. The first being their ability to recognise the need for support. *“That (if they can’t trust their mind to give them those red flags) sounds a bit deficit oriented, but actually, I think that would be a real strength”* (468 – 470, p.20). Yvonne herself seems to name the contradiction in this statement, “that sounds a bit deficit oriented”. It appears that Yvonne feels mothers’ recognising what they could potentially improve on in their parenting and/or being able to ask for help from professionals is a positive step forward. *“She’d [mother] already done that work, so she could really mentalise by the time she came into the VIG”* (289 – 291, p.12). “She’d already done that work” implies previous support or intervention may have been implemented before VIG. The word “work” shows the effort and time this mother had put into receiving external support.

4.3.3.4 Subtheme four: Creating positive change.

Yvonne described that a key moment in the intervention she recognised was mothers’ experiencing value and feeling wanted as a parent. *“That transition, so actually being able to see how much they [the children] wanted her [mother] and cared about her [mother], was really important”* (776 – 779, p.32). The use of the phrase “that transition” suggests the mother did not feel valued before the VIG process began and a shift was created. “Wanted” and “cared” seem to really stress the importance of their relationship.

4.3.3.5 Subtheme five: VIG as part of the recovery process.

Throughout, Yvonne communicated the idea of the mothers' being on a wider journey and she is just one part of their support system. The following extracts showcase Yvonne talking about specific examples around this: *"I feel like I was part of the end of her recovery"* (147 – 148, p.32) and *"then the VIG was delivered as part of the, er, rehabilitation"* (108 – 109, p.5). Linguistically, employing the words "recovery" and "rehabilitation", Yvonne may be conveying that the journey can be difficult and long for these mothers. It sounds like VIG is just a "part" of the process for these mothers being able to heal, "rehabilitation" has the meaning of 'restoring' something. The researcher wonders if Yvonne is referring to a multitude of factors here, e.g., relationships, emotions, health, etc.

Table 5 contains a summary of all of Yvonne's analysis via the PETS and subthemes that have been mentioned above.

Table 5

Summary of Yvonne's personal experiential themes and subthemes

PET	Subthemes of PET
Challenges of Delivering VIG	The perception of agencies/ services involvement Oppression, power and positionality Mothers' beliefs VIG delivery model and barriers to engagement
Being a Supervisor	Experience and confidence of supervisees
Strengths of the VIG model	Supporting others Practitioner's skills Theoretical underpinnings of VIG

Mothers' attributes

Creating positive change

VIG as part of the recovery process

Case two: Logan

Logan is an accredited VIG practitioner and social worker. The interview took place in 2022.

4.4 Personal Experiential Theme: Cultural Responsivity and Power

The language chosen for this theme 'cultural responsivity', encompasses knowledge, skills and experience Logan uses when working with culturally diverse populations. Power was also incorporated into this PET as Logan discussed issues of power as part of her role.

4.4.1 Subtheme one: Commitment to practice.

Logan expressed some of the ways in which she thinks about culture in her practice. *"So I'm always quite conscious about, my dress, and erm, asking if they want me to remove shoes"* (887 – 889, p. 37). The phrase "my dress" seems to be referring to Logan's physical appearance. Removing shoes before entering someone's house can also be a sign of showing respect. Logan names that VIG has a diversity group *"I think VIG in itself, it's organisation, it's got erm (name of person) she's representation, diversity group, really are focused on that and they talked about social graces model"* (980 – 985, p. 41). The diversity group appears to be a space where practitioners can reflect and learn around these topics. "The social graces model" Logan mentions later on in the transcript, allowed her to reflect on her own cultural identity.

4.4.1.1 Subtheme two: Lack of experience and awareness.

Logan reflects on some aspects of her practice where she could perhaps improve upon when it comes to culture. *"It's only a minute and erm, that's a White woman and her baby sitting in Costas, so how White is that really. You know, erm (pause) so that is something I perhaps need to be aware of"* (919 – 926, p. 38). In this extract, Logan is talking about a video she uses to show parents to explain what VIG is. Interpretations of the phrase "how White is that", Logan seems to express that the video may be targeted towards a specific cultural group. Logan says she needs to be "aware of this", so the researcher wonders if this is something she is considering changing in her future practice.

Logan shares that she personally has not had experience working with families from the Black community. *"So erm (pause) there mm, may be things around working with Black parents that I'm insensitive to, and unaware of you know"* (909 – 912, p. 38). The extract indicates Logan feels her lack of experience of working with Black parents may make her "insensitive" when responding appropriately to culture.

4.4.1.2 Subtheme three: Power.

Logan notes ways she is aware of power in her practice and outlines how she tries to mitigate this and give power back to clients. Firstly, Logan seems to highlight accessibility. *"If I work with somebody who's got an, erm, learning disability I will meet with them and their advocate first and really make sure what I'm doing is accessible (pause), so I think it is the power"* (806 – 813, p. 34). In this extract, Logan demonstrates that she is aware VIG needs to be accessible, particular with clients who may have specific needs. The role of the "advocate" appears significant and the first meeting to gather the client's views.

Logan appears conscious of trying not to be the “expert”. *“And I have to fight that temptation to fill lots in with my words and being that expert and really be conscious of that, erm, equally importance of contribution”* (775 – 781, p. 32). This is one of VIG beliefs that people are experts in their own lives. Logan considers how filming herself in her practice really helps with noticing her interactions in terms of power further along in the transcript.

4.4.2 Personal Experiential Theme: Challenges of Delivering VIG

Some of the challenges Logan faced when delivering or supporting mothers featured throughout the extract. These were grouped into subthemes which covered topics such as VIG being a different model of working, perception of the role of social services and the VIG work being left until the end.

4.4.2.1 Subtheme one: Prioritisation of domestic abuse work.

Logan mentioned that often specialist support is needed before VIG work. *“So if there was any suspicions of domestic abuse within the family or were known, the first priority would be for me to do domestic abuse work with that parent”* (80 – 84, p. 4). The word “priority” suggests that supporting the family around the DA is most important. It appears that VIG and DA work have similarities in terms of both needing a trained professional who delivers bespoke work. Differences may be around the child protection model versus perhaps a more strengths-based, positive psychology model. Logan hints that it may not be known or obvious that DA is taking place within the family by the word “suspicions”.

Although it is not clear how much time Logan has with these families, it seems that there is frequently not enough time to do both DA work and VIG. *“But quite often what happens is that the domestic abuse work means that we don’t have time to do*

VIG” (108 – 110, p. 5). The word “we” may suggest that other professionals or colleagues are in a similar position. Logan goes on to further express the necessity of the DA work. *“Because it’s about safety and also, without that work being done they’re [mothers] probably not in a space to access the VIG style”* (89 – 93, p. 4). The phrase “without that work being done they’re [mothers] probably not in a space to access the VIG style” implies that the VIG style is unlike other forms of support, Logan elaborates on this in another subtheme (VIG is strengths-based).

4.4.2.2 Subtheme two: VIG is a different model of working.

The subtheme ‘VIG is a different model of working’ Logan spoke about following on from discussing some of the strengths of the VIG model which seemed to almost contradict parts of what she said.

“(So I think that is a strength that it is very different to what people have experienced) I think part of that is also comes as almost a difficulty, in that people are very closed. So, to activate them is really, really hard”. (241 – 245, p. 10)

The researcher wonders what it is ‘different’ to, perhaps the context of support or the professional role? “People are very closed” may allude to the fact that mothers can be apprehensive or fearful of VIG to begin with.

This extract appears to convey from Logan that mothers may not be used to discussing their emotions and they can find this “hard”: *“so I talk a little bit about how it, how it makes you feel and, and everything, and I think sometimes that can be hard because people maybe haven’t experienced that”* (757 – 762, p. 32). Mothers talking about their feelings is part of the VIG experience which again is perhaps a different style of intervention they may have accessed previously.

4.4.2.3 Subtheme three: Perception of role and social services.

Logan refers to the barriers both her role as a social worker and social services can create. *“The other thing I have to be really careful of is sometimes particular client, maybe I don’t know very well, if their being really really guarded because I’m another social worker”* (764 – 770, p. 32). Logan states that certain clients can be “really really guarded”, indicating trust may not be established in the relationship yet. Logan goes on to say, “because I’m another social worker”. Perhaps mothers’ perceived experiences with social workers may not have always been positive and a different type of relationship is needed for VIG work. *“Particularly with parents who have been involved with children’s social services, that suspicion. So (pause) I can say well this isn’t fake, you [mother] didn’t fake this”* (573 – 578, p. 24). The word “suspicion” implies mothers’ may be feeling a sense of scepticism when starting the intervention. The phrase “you didn’t fake this”, Logan is referring to the VIG video which appears to give a realness quality to the intervention. Logan may use video to counteract the suspiciousness the mothers feel.

4.4.2.4 Subtheme four: Mothers’ statutory obligation to participate in VIG.

This subtheme seemed pertinent by Logan in terms of how mothers may access the intervention to begin with. *“You know, some of my work has been court ordered, so it will look really bad against them if they don’t participate, and they know that and I know that”* (856 – 860, p. 36). This extract conveys that there is a pressure for mothers to take part in VIG to avoid looking “bad”. It appears that mothers and professionals are aware of this by the phrase “they know that, and I know that”. The mothers do not seem to hold much power over this decision. *“For those court ordered ones, there isn’t that much voluntariness really, is there?”* (868 – 869, p. 36).

Logan seems to pose this as question to the researcher, seemingly wanting confirmation or reassurance possibly that this statement is correct.

4.4.3 Personal Experiential Theme: VIG Delivery

Logan discussed aspects of VIG delivery such as the filming environment, using technology and remote delivery.

4.4.3.1 Subtheme one: Technology.

Logan shared that filming VIG sessions on her phone makes it accessible and normalises the process when videoing in public *“and that’s why I only film on my phone. Just so they, cos everybody gets filmed on their phone. So you don’t look too weird do you”* (671 – 677, p. 28). The use of the phrase, “you don’t look too weird do you” perhaps is naming how the VIG practitioner may be perceived when conducting VIG sessions. Logan feels that getting filmed on your phone is common “everybody gets filmed on their phone”. WhatsApp is labelled as a medium to make videos accessible, particularly for “younger mums”.

4.4.3.2 Subtheme two: Remote delivery.

Logan mentions some of her reservations about delivering VIG remotely. *“But I don’t feel like I’ve got the skills at the moment to do that. I could do with more training on it actually”* (437 – 441, p. 18). Logan expresses that remote delivery is something she would consider, however, her “skills” in this area seem to be a reason why she has not attempted it yet. She says “at the moment” suggesting this may change in the future. Logan then mentions a potential solution to this issue “more training”. Logan appears to doubt the effectiveness of remote delivery. *“I had my doubts about how effective it would be. Just because for me, I find it easier to pick up non-verbal cues from the parent when I’m actually in the same room”* (472 – 478, p.

20). There seems to be something important to Logan about being in the “same room” as the client due to the non-verbal cues.

4.4.3.3 Subtheme three: Filming environment.

Logan’s preference for filming VIG sessions seems to be outside the mother’s home or current place of residence. *“Yeah because they [mother] might be staying somewhere which has got really bad memories for them. Or that they’re looking to move out of (pause). You know, who, who wants a video that’s showing you in a refuge”* (660 – 668, p. 27). The phrase “bad memories” could be alluding to the abuse that has taken place previously in that environment. Logan talks about mothers not wanting a video of them in a “refuge”, potentially another memory showing the difficult circumstances they are facing. Logan names “Costa” as a nice filming environment, there may be a sense of familiarity in this location as well as it being different from their home environment.

4.4.4 Personal Experiential Theme: Strengths of VIG

Analysis of the transcript showed that Logan believes the strengths in delivering VIG lie in its model. Although Logan described VIG’s “different” model can create some challenges, she outlines a number of benefits too.

4.4.4.1 Subtheme one: VIG is strengths-based.

The following extracts show that VIG works because it highlights positives which is a contrast to other models or ways of working with these mothers: *“I think the strength is (pause), the different model of erm, VIG. You know because in children’s social services, it is all about deficit”* (213 – 217, p. 9) and *“erm and I think they’re [mothers] quite used to being taught or people speaking to them and giving them parenting advice and VIG isn’t that”* (819 – 824, p. 34). “It’s all about deficit”

Logan's use of words suggest that she believes social services can usually focus on what mothers' lack in terms of their skills, rather than their strengths and abilities. Logan is explicit in that VIG is not about giving parenting advice, which is a model that mothers seem to be familiar with, accentuated by the phrase "quite used to".

4.4.4.2 Subtheme two: Simplicity of VIG.

This subtheme represents for Logan the explicitness of VIG and everyday moments captured that have impact. Much like the previous subtheme, there seems to be reference to a narrative Logan is aware of that is either inadvertently or avertedly perpetuated around these mothers "failing as parents". *"Yeah I, I think it is the concreteness of it being them. It's them and I, you know (pause) because they have been told so much they are failing as parents"* (534 – 539, p. 22). The word "concreteness" Logan uses hints that the way VIG is communicated makes it tangible. Logan elaborates "it's them and I", suggesting that it may not be as powerful if it was unfamiliar people being shown on film. The personalness of the intervention perhaps is important.

4.4.4.3 Subtheme three: Mothers' experiencing VIG positively.

Logan shares some examples of mothers having a positive experience of VIG.

"You know it was a very positive experience for her. And she [mother], one of the things she said to me the first time was I, I met her back in, I've got that, yeah I've got the DVD it's in his memory box. So she proper treasured it". (388 – 396, p. 16)

This extract shows that this mother had a positive experience of VIG with Logan. So much so that she kept the VIG DVD in the child's "memory box". "She proper treasured it" indicates it was special and significant enough for the mother to keep.

“One of the reasons she [mother] was quite happy to work with us again was, she had such a positive experience” (348 – 360, p. 14). Although this mother had returned to the service, Logan seemed to reframe this in a positive way.

4.4.5 Personal Experiential Theme: Risk and Specialised Support

Logan's specialised role and skills in supporting families who had experienced DA appeared significant. Although being a smaller PET which did not contain further subthemes it seemed an important part of Logan's work. *“Obviously my goal is always to you know risk assess, safety plan sort of stabilise and support for that parent to access established local support you know”* (96 – 100, p. 5). Logan's duties to risk assess and safeguard families are stressed in this extract, with the words “my goal”. Signposting seemed to be another part of Logan's role, so knowledge of local support services may be crucial. *“I mean unfortunately (name of city) has got a real issue with domestic abuse, so they're [professionals] currently meeting twice a week”* (166 – 168, p. 7). Logan emphasises that DA is a significant problem in her city with the words “real issue”.

4.4.6 Personal Experiential Theme: Values-based Practice

Again, whilst this PET did not contain separate subthemes, the values Logan used in her practice were evident. The first being a relational approach *“and for social work to be effective, it needs to be relationship based”* (302 – 304, p. 13). This seems to link with the VIG approach, that a relationship needs to be established with the client.

“I think (pause), that I suppose the same thread around me wanting to do domestic abuse work to VIG is that belief, that change is always possible. You know that, and

also that everybody is doing the best that they can, in that moment". (282 – 289, p.

12)

These values around "change" and hope that things can be different seem important to Logan. The line "everybody is doing the best that they can, in the moment" aligns with VIG's beliefs.

Table 6 contains a summary of Logan's PETs and subthemes derived from the analysis.

Table 6

Summary of Logan's personal experiential themes and subthemes

PET	Subthemes of PET
Cultural Responsivity and Power	Commitment to practice
	Lack of experience and awareness
	Power
Challenges of Delivering VIG	Prioritisation of domestic abuse work
	VIG is a different model of working
	Perception of role and social services
VIG Delivery	Mothers' statutory obligation to participate in VIG
	Technology
	Remote delivery
Strengths of VIG	Filming environment
	VIG is strengths-based
	Simplicity of VIG
Risk and Specialised Support	Mothers' experiencing VIG positively
	Values-based Practice

Case three: Maria

Maria is a nurse and is in completion of her accreditation process. The interview took place in 2023.

4.5 Personal Experiential Theme: Challenges of Delivering VIG

Maria shared some of the difficulties in delivering VIG. Maria notes that her experience is “personal” and not so much “evidence-based” when she is discussing her VIG journey.

4.5.1 Subtheme one: Previous trauma and abuse.

This subtheme highlights the difficult and often traumatic experiences the mothers have faced before entering the service. *“A lot of them [mothers] have the history of being involved in, erm, coercive controlling relationships and physical abuse as well, and sexual abuse. So that has been a bit of a challenge I’ve felt”* (65 – 69, p. 3). It appears mothers have experienced a wide range of abuse including psychological, physical and sexual abuse. Maria names this as a challenge and seems to further allude to why this may be for her.

“And sometimes when I show up to do a session with them, I film, a planned film or whatever it goes out the window because they’re [mothers] not in the right headspace for that, erm because of their own traumas coming to the fore”. (86 – 91, p. 4)

The phrase “traumas coming to the fore” seems to represent something about the trauma being made visible to Maria during the sessions. Maria recognises mothers may not be in “the right headspace” and other strategies need to be employed on the day. “Goes out the window” indicates that a planned film may not go ahead and a degree of flexibility is needed. Maria stresses the importance of just listening to the

mothers and for them to be heard. *“But I find that they use my time as well the girls, as a sounding block, as a listening ear”* (78 – 80, p. 4). It is interesting the use of the word “girls”, the researcher wonders if this is signifying the mothers’ vulnerability or because they are perhaps young mums.

4.5.1.1 Subtheme two: Seeking support.

In this broad subtheme, Maria seems to convey the reluctance of mothers seeking support for themselves. *“They push their own needs I think to one side, to show services they can be a good mum”* (121 – 123, p. 5). The phrase “to show services they can be a good mum” signifies that perhaps there is a need to perform for services. Maybe there is an internal conflict between mothers supporting their own needs and their child’s needs.

4.5.1.2 Subtheme three: Talking about feelings.

Although Maria speaks about her experience of mothers finding it difficult to put their emotions into words, it is articulated that VIG is a mechanism where this skill is developed. *“Through VIG I discovered that this was, erm, something that we missed a trick on, that these girls did not know how to put their emotions into words”* (327 – 331, p. 13). The use of the phrase “I discovered” shows that Maria has learnt this through her VIG practice and outlines the significance of this, “we missed a trick on”. It appears that the cognitive aspects are easier for the mothers to focus on rather than their emotional world *“thinking is better than using the word feeling, cause feeling isn’t (pause) any help at all”* (349 – 351, p. 14).

4.5.1.3 Subtheme four: Disclosures and safeguarding.

Maria talks about the “added element” in VIG once those relationships develop and a safe space is created. *“What would you say, not the added stress but*

added element of they confide in you, or they you know, feel that it's a safe space and in that safe space, stuff can come out" (177 – 183, p. 8). The phrase "stuff can come out" appears to hint at mothers talking about how they are feeling. Maria seems to recognise this is part of the role by using the words "added element" instead of "added stress". Maria speaks about being transparent with mothers when having to share information with other professionals.

4.5.1.4 Subtheme five: Mothers' perceptions of professionals.

Maria highlights mothers' perceptions and expectations of professional support. *"They [mothers] haven't got the confidence because services have told them for so long, they're doing it wrong. Or they perceive the opinions, as negative on them, even though it might not be"* (729 – 731, p. 29) and *"I think also, this particular cohort erm, the, their [mothers] expecting me to be critical (pause)"* (821 – 823, p. 33). Maria notes that mothers are "expecting me to be critical" indicating they may have assumptions about the interaction and relationship with workers, based on former experiences. This may have slightly negative connotations for families being able to initially engage in VIG. Maria mentions about their lack of "confidence" and gives reasons for this, e.g., perceived opinions and negative feedback from services. It sounds like this pattern of behaviour may have gone on for a considerable amount of time by the phrase "for so long".

4.5.2 Personal Experiential Theme: VIG with Children

Maria talks about her experience of using VIG with teenagers. *"Well they [children] ask, they ask can they have a shared review, um, but obviously my caveat was yeah course you can but I need mum there"* (1076 – 1080, p. 43). The words "they ask" indicates that the children want to be part of the shared review. Maria

mentions the “caveat” of a parent needing to be present for this. Maria expressed in the transcript that it is vital parents agree about children being included, otherwise it would not go ahead. It is clear consent needs to be thought about by the practitioner. *“What do you think mums saying there. That type of approach with them [children] and they loved it”* (1096 – 1100, p. 44). It emerged that the children Maria worked with enjoyed the VIG approach, stressed by the words “loved it”.

4.5.3 Personal Experiential Theme: VIG Delivery Style

This PET focuses on aspects of VIG delivery. References were made by Maria to online versus in-person delivery, filming and introducing VIG to families.

4.5.3.1 Subtheme one: Introducing VIG to families.

Maria speaks about using her phone to explain the VIG process along with the ‘pyramid’ which outlines the principles of attunement. *“Especially the older mums, erm hearing the parents talk, especially the older children’s parents, they find that helpful, so I’ll do that on my phone, let them watch that on my phone as well”* (895 – 899, p. 35). The phrase “hearing the parents talk” proposes that parents find listening to other parent’s experiences of VIG helpful, before starting their VIG journey. Maria highlights for “older mums” which is interesting, the researcher is curious if there is a distinction between what younger mothers would find beneficial.

4.5.3.2 Subtheme two: Online versus in-person delivery.

It is noted by Maria that the home environment is typically where she would film VIG sessions. *“I meet them [mothers] in their environment and where they’re most comfortable, erm (pause) and it’s always home for them”* (408 – 413, p. 16). “Their environment” indicates the mothers having some sort of autonomy or ownership in the experience. Mothers feeling comfortable is significant for Maria with

the word “most”. There appears to be no doubt in Marias tone, “always home”, over where it should take place.

Maria has some experience of delivering VIG online. *“I have done it on Teams (pause) which is fine, if I’ve got that relationship”* (415 – 418, p. 17). Maria uses the word “fine” to explain online delivery, suggesting perhaps this is an adequate method for delivering VIG. The caveat being a “relationship” is needed first. *“I think it is better when I’m with them side by side”* (464 – 465, p. 19). In this extract Maria seems to confirm that in-person delivery is her preference.

4.5.3.3 Subtheme three: Filming.

This subtheme explores Maria’s filming approach where technology appears vital.

“Sometimes I’ll have a play with it, film a wee bit and then let her [mother] see what we’ve done, that type of thing. So it’s not scary, it’s not all, you know (...), trouble with a tripod is they get anxious don’t they”. (789 – 794, p. 31)

Maria states the filming experience is not in her words, “scary” for mothers. The mothers seem to be involved in the process – “then let her see”. Maria indicates that using a tripod might not be the best idea, referring to feelings of anxiety this may create.

4.5.4 Personal Experiential Theme: Enabling Change

This PET appeared strongly throughout Maria’s transcript. Maria spoke positively about the successful experiences she has had so far within her VIG practice and what appears to what work well.

4.5.4.1 Subtheme one: Shifting perspectives.

Maria detailed that often change appeared to happen quickly with mothers in terms of them shifting their perspectives. Even Maria appeared surprised at this as shown in the following extract. *“I think the proof was in the pudding, it was trusting the process. And suddenly I realised, gosh these mums are shifting within two, two or three sessions”* (247 – 250, p.10). Maria states it was “trusting the process”, indicating that practitioners also need to believe and embody the VIG methodology and values. The word “gosh” reflects her surprise at this. “The proof was in the pudding” idiom may represent this realisation only becomes clear once you have experienced the intervention yourself and seen the results. This seems to be an integral part of Maria’s learning moving from theory to practice.

4.5.4.2 Subtheme two: Non-judgemental approach which is mum led.

Interpretations of this subtheme reveal that VIG aligns with Maria’s ways of working as a practitioner. It seems that mothers’ confidence develops as time goes on because they have some ownership of the process and the use of a non-judgemental approach. *“It changes once they’re [mothers] confident and relaxed and see that we’re [practitioners] non-judgemental and see that she’s in control of the process”* (756 – 761, p. 30). The phrase “it changes” is referring to the helping question. Maria signifies the importance of mothers feeling safe in that space with the word “relaxed”. Maria mentions several times how it is “led by them” and repeats the word “control”. *“So it’s very much led by them [mothers]. Um, and they’ve control over that”* (942 – 944, p. 37). This suggests mothers should have a large amount of autonomy in the sessions.

4.5.4.3 Subtheme three: VIG methodology.

For this subtheme Maria discusses the VIG methodology. This appears intertwined with Maria's skills in being able to execute these principles successfully. *"And I suppose it's the containment and it's the reciprocity, it's all that dance that we do with mum"* (170 – 172, p. 7). Maria lists a few different skills in this extract "containment", "reciprocity" and "that dance that we do". "Containment" may indicate the importance of emotional containment Maria provides during the sessions. Lastly, "reciprocity" conveys a sense of togetherness that is shared. *"I have to walk with them, alongside them and do wondering and curiosity and playfulness and that gets them to the point of being able to see what I see"* (382 – 385, p. 15). Maria affirms that her practice aligns with the VIG approach throughout the transcript.

4.5.4.4 Subtheme four: Shared enjoyment.

Although having fun together could be linked to the previous subtheme, the researcher felt that it arose enough to be a prominent subtheme in its entirety. Maria speaks about her own enjoyment during sessions and the impact of VIG. *"Totally, yeah, she [mother] could see his [child] enjoyment. When she saw it, she went oh he's a little boy again, it's lovely"* (672 – 674, p. 27). Maria highlights that mothers need people around them to also share "the moments" with: *"apart from workers around them and nobody who erm, maybe who can enjoy the moments of their baby with them"* (292 – 294, p. 12). Whilst it seems that "workers" perhaps are the only forms of support for some of these mothers there is a sense of sharedness that is significant. This statement strengthens Maria's reflection that there seems to be a lack of support in this area for mothers.

4.5.5 Personal Experiential Theme: Culture and Power

Maria speaks about her cultural experiences and the implications for VIG practice. The transcript also highlights power throughout which forms its own subtheme.

4.5.5.1 Subtheme one: Cultural experiences.

Maria acknowledges that her experiences of working with a range of different cultures is limited when it comes to VIG work. *“But yeah, I, I haven’t used VIG in (pause) with any other cohort, apart from White British at the minute. And that’s, that’s just the nature of (name of city) I think, to be honest with you”* (547 – 555, p. 22). Maria seems to believe that the demographic nature of the city she works in is the reason she has delivered VIG to clients with a White British background only. *“A session on that or people that have worked with VIG, that would be really helpful for us as practitioners”* (599 – 603, p. 24). A suggestion is made by Maria to have some training on cultural responsiveness or hearing other practitioners talk about using VIG with clients from diverse cultural backgrounds.

4.5.5.2 Subtheme two: Power.

Having power as a professional was discussed. *“I am struggling with it because I don’t wanna take away the power from her [mother] by doing it but equally, well, we need to put in, we need to have a helping question because that’s our goal”* (706 – 712, p. 28). Finding the right balance of power seems to be a struggle for Maria in this specific example. It emerges that Maria thinks families hold the power when it comes to change, and they know best. *“I think for years, we, you know, people think professionals know best, but we don’t because the parents, the parent, the person experiencing it knows best”* (1178 – 1182, p. 47).

Table 7 contains a summary of Maria's entire PETS and subthemes in the analysis, as discussed above.

Table 7

Summary of Maria's personal experiential themes and subthemes

PET	Subthemes of PET
Challenges of Delivering VIG	Previous trauma and abuse
	Seeking support
	Talking about feelings
	Disclosures and safeguarding
	Mothers' perceptions of professionals
VIG with Children	
VIG Delivery Style	Introducing VIG to families
	Online versus in-person delivery
	Filming
Enabling Change	Shifting perspectives
	Non-judgemental approach which is mum led
	VIG methodology
	Shared enjoyment
Culture and Power	Cultural experiences
	Power

Case four: Ashley

Ashley is a VIG supervisor. The interview took place in 2023.

4.6 Personal Experiential Theme: Mechanisms for Change

Ashely communicated some of the defining moments in the intervention that make it powerful and successful. The hope VIG creates for these mothers seems to be evident throughout the transcript and the new skills and beliefs they can take forward.

4.6.1 Subtheme one: Beautiful moments.

“Beautiful moments” are referenced by Ashley as a powerful moment in the intervention process. *“Oh, without a doubt, it’s, it’s the, seeing, seeing themselves [mother and child]. The power of VIG is, is, is seeing um, a beautiful moment”* (859 – 863, p. 34). The phrase “without a doubt” suggests that Ashley feels confident that this is a key mechanism. “Seeing themselves” may indicate that the visual element of VIG is important.

“We print in colour and we laminate them, and we actually give them, so they [mothers] can hold the, the still and, and look at it and sometimes they just study and touch the, you know, and just really are absorbed into the beautiful moments that is so different from, every minute of every hour of every day of normal life”. (880 – 888, p. 34)

This extract seems to emphasise the importance of the sensory experience for mothers, the fact that the still is printed in “colour” and they can “hold” it. The word “absorbed” conveys that mothers are engrossed in the moment. The experience Ashley articulates is “so different from, every minute of every hour of every day of normal life”. The researcher wonders if Ashley is referring to the trauma the mothers have experienced or difficult life circumstances some of the mothers still face.

4.6.1.2 Subtheme two: Shifting perspectives.

Interpretations of the subtheme 'shifting perspectives' is about mothers' thoughts and beliefs changing because of VIG in a positive way. *"I think the, the real light bulb moment. That I [mother] need to leave this perpetrator I need to, I, I can be a good mum. I can do this on my own. I am strong enough"* (477 – 485, p. 19). The phrase "real light bulb moment" appears there may be a sudden realisation or enlightening moment centred around leaving the "perpetrator". "I need to" stresses that mothers want the situation to change. Ashley may be indicating that mothers are starting to recognise their own parenting skills with the term "good mum". The word "strong" is used, relating to perhaps emotional rather than physical strength. Ashley alludes to mothers who may be still living with the perpetrator of abuse.

It seems mothers want a better life for them and their child. *"Um (pause) and the belief that they [mothers] and their child deserve better"* (1482 – 1484, p. 59). Ashley mentions earlier in the transcript that in VIG sessions *"they [mothers] feel safe often for the first time"* (1481 – 1482, p. 59). The safety the VIG practitioner creates helps with changing their beliefs. There is a sense of VIG being a catalyst for mothers being able to move forward in their life positively.

4.6.1.3 Subtheme three: Providing opportunities and skills.

Ashley expresses how VIG can impact on different areas of a mother's life in a range of extracts. It seems that it either provides opportunities or skills which then have an impact on the child's life too: *"but, the power that VIG has in, in terms of you know how (pause) opening up, so many options (pause) in, you know for them, for them with their child"* (698 – 703, p. 27), *"it permeates and ripples into all aspects of your, your life"* (1538 – 1541, p. 61) and *"it can really help with self-esteem. Helps to*

really focus on to the child, I think the child gets a little bit lost, when there's domestic abuse. It gives some hope, um, it aids decision-making" (1452 – 1459, p. 57).

The phrase “opening up” seems to suggest that these options were not known before VIG. It is interesting that Ashley uses the words “permeates” and “ripples” which may indicate that this process happens slowly but seems to spread into other areas of their life. It appears pertinent the line “helps to really focus on to the child, I think the child gets a little bit lost”. Ashley raises the experience of the child a few times throughout the transcript.

4.6.1.4 Subtheme four: Positive outcomes.

The most substantial outcome Ashley notes from her VIG experience is for mothers to be able to keep parental responsibility for their child. *“Most of them [mothers] have, continued to keep their children in their care”* (648 – 650, p. 25). Ashley seems to imply that the success rate is applicable to most women she has worked with, from the phrase “most of them”. Keeping children in their parent’s care appears to be a huge driving force for Ashley in her line of work. *“No one has ever said to me, that was a complete waste of my time”* (1590 – 1591, p. 63). This extract indicates that clients always gain some value out of the VIG experience. Ashley remarks how for some mothers, the effects of VIG might not be seen imminently, but the skills they gain make a difference sometimes later on in their life. *“They are feelings and skills and new ideas that can be taken forward, and that can impact on positive outcomes, sort of later on in their lives”* (1573 – 1578, p. 62). The term “positive outcomes” may refer to the relationships mothers have in the future with new partners and/or with their children.

4.6.1.5 Subtheme five: VIG values and approach.

It seemed clear from the language Ashley used that the VIG values and approach was a significant part of her practice. Words that appeared to resonate were “relationships”, “empowerment” and “hope”.

“So what I (pause) what I do love about VIG in that context, is that it’s, all the values and beliefs are around, um, hope and strength, and what you are doing and what you can do. Um, it’s relationship building”. (321 – 330, p. 13)

The phrase “what I do love about VIG” suggests that Ashley enjoys working this way and perhaps the values and beliefs of VIG, align with her practice. Ashley expresses that empowerment that the mothers feel seems to come from the VIG approach and this in turn helps with the relationship building between the practitioner and mother.

4.6.2 Personal Experiential Theme: Challenges

Ashley spoke about some of the difficulties she encounters as a practitioner, ranging from VIG referrals, right through to the child’s experience.

4.6.2.1 Subtheme one: Impact of domestic abuse on the mother’s life.

This subtheme seems to encapsulate the wide-reaching impact the DA can have and long-lasting effects on these mothers. *“I think a lot of them, have very um, fragile mental health. I think they’re [mothers] still very traumatised and very scared”* (340 – 346, p. 14). Ashley speaks about mothers’ mental health being “fragile” and then further expands to identify different emotions they are feeling, for example, “scared” and “traumatised”. The researcher wonders if the fragility is conveying their sense of vulnerability, due to the emotional distress the mothers have experienced or are currently dealing with, highlighted by the word “still”.

“You can be as empathetic and as supportive, and empowering but these women's self-esteem and confidence is being shattered, um, and I think that takes a bit of, a bit of time to feel in a place where they can, um (pause)”. (446 – 453, p. 18)

This extract again highlights that the process to build mothers confidence and self-esteem takes time.

Mothers have not only been potentially affected emotionally but had several circumstantial changes too. *“So a lot of them [mothers] have moved, they've had to uproot. Themselves. They're in a refuge, they've had to move out of area. Um, you know, they've lost a lot of things, a lot of change for them”* (311 – 317, p. 13). Ashley uses the terms “moved” and “uproot” to indicate this. The phrase “they’ve lost a lot of things” implies physical possessions or perhaps emotional and social ties such as support systems and friendships. The tone of Ashley seemed very empathetic, the word “change” therefore does not necessarily indicate a positive change, rather a sense of hardship.

4.6.2.2 Subtheme two: VIG model versus deficit model.

In the transcript, Ashley mentions part of her role involves supporting the relationship between the mother and social worker. This seems to be in response to the challenge that is highlighted in using a deficit model versus the VIG model. *“I think there's a huge amount of, still, sort of fear for families, when children's social care are involved. They've got the social (laughs). You know, and they're under scrutiny”* (197 – 203, p. 8). Ashley's describes mothers being “under scrutiny” by social care, implying that their involvement could be interpreted in a critical way. The feelings of fear seem significant as the words “huge amount” are used. The line

“they’ve got the social” is a term used when social care are involved, Ashley laughs at this, it appears this may be an expression she hears a lot.

The perceived role of the practitioner and social worker is made apparent *“in the relationship with the social worker, whose often, you know, seen as you know, trying not to get into that good guy bad guy role”* (1267 – 1270, p. 50). It is interesting that there is a clear difference with the VIG practitioner role being perceived more positively “good guy”, and social worker more negatively “bad guy”. It seems that Ashley is aware of this dynamic and tries to manage this.

4.6.2.3 Subtheme three: VIG referrals and timings.

The ‘VIG referrals and timings’ subtheme gives a summary of how VIG work is recommended to clients and timings of the intervention.

“Again it’s kind of professionals recommending VIG. In my service that will always be the case. Very rarely, has ever a family said I think I’d like to do VIG, so we’re, we’re already in the ethos of being sort of collaborative, and you know, reducing the power and things”. (204 – 213, p. 8)

Ashely seems to be indicating the unequal power balance in terms of how VIG is proposed to families. The professionals seem to hold the power initially and Ashley wants to work collaboratively and reduce the power. The line “very rarely, has ever a family said I think I’d like to do VIG” is of significance, the researcher wonders why this is?

Ashley expressed that it is complicated to think about timings of shared reviews when children have been removed from their parent’s care and seems to give an explanation of why this is a challenge. *“It’s really difficult to think about the timings of when, you know I wouldn’t want them [parents] to be left too long before*

seeing the child, so that is definitely something we've, we need to sort of think about" (951 – 959, p. 37).

4.6.2.4 Subtheme four: Realisation of the child's experience.

Ashley repeats the word "guilt" in the transcript and the need to be cautious when mentalising the needs of the child in VIG sessions. *"Yeah so I think there is quite a lot of guilt around what the child might have been experiencing"* (373 – 377, p. 15). It may be a particularly emotive experience for mothers as it shines a light on "what the child might have been experiencing". The word "experiencing" indicates the impact the DA may have had on the child. *"You know that is something to consider is, is the child's experience of, what they've been through"* (1471 – 1473, p. 58). The phrase "that is something to consider", the researcher is curious if that is a consideration aimed at practitioners or Ashley is reflecting in the moment.

4.6.3 Personal Experiential Theme: Safeguarding

Safeguarding seemed a significant part of Ashley's role; consideration is given to various aspects of VIG work.

4.6.3.1 Subtheme one: Location.

Ashley mentioned how the team considers the venue of VIG to maintain the safety of mothers and confidentiality. It seems lockdown created some challenges around this. *"I was still able to offer VIG through lockdown, safely, in a neutral safe venue. So I knew, that the conversation was confidential"* (1434 – 1439, p. 57).

Ashley's preference for VIG seems to be outside of the home environment, referencing potential "trauma" as the reason for this. *"As in, practically safe so I, I (pause) be reluctant to do it in the home where I think, a lot of trauma has taken*

place” (772 – 776, p. 30). It seems the location may mitigate this affect to a certain degree.

4.6.3.2 Subtheme two: Managing disclosures.

The balance between maintaining safeguarding responsibilities and not rupturing the therapeutic relationship is highlighted by Ashley in several extracts. “So *it’s about how we can do that (pause). To be able to maintain, you know the relationships, but also, um, our responsibilities*” (1165 – 1170, p. 46). Ashley elaborates about how she manages to be transparent and share information in a way she defines as “empowering”: “*Well you know, I think that they [social worker] would be really (pause) pleased that you have, been able to say this. Or that, they feel quite depressed and then, um, we might support them to contact the GP*” (1236 – 1244, p. 48). Ashley appears to be reframing the mothers concern of sharing information with other professionals into a positive, depicted by the words “really pleased”.

4.6.3.3 Subtheme three: Multi-agency risk assessment.

Ashely mentions various ways multi-agency workers, particularly social workers, are involved in supporting mothers who have experienced DA, in terms of their safety and risk management. “*Where there is domestic abuse, and there’s risk, you know and the social workers are assessing the bigger um, picture and I think we have to be realistic*” (1291 – 1298, p. 51). The phrase, “I think we have to be realistic” is perhaps Ashley implying the bigger picture of what is being assessed outside of the VIG intervention. Ashley talks further along in the transcript about balancing supporting change with all the information known in the wider context.

4.6.4 Personal Experiential Theme: Specialist Support and Skills

It seemed evident from the transcript that Ashley's team provides specialist support to various clients in relation to VIG work, however, individualised interventions form part of her role as well.

4.6.4.1 Subtheme one: Experienced service with specialist knowledge.

It is clear that Ashley is experienced in working with families who have experienced DA and she has knowledge in this area. *"Then I was also offering, very bespoke, holistic interventions, to very traumatised women. Mainly women, sometimes men. Um, where domestic abuse had been a, a feature"* (140 – 146, p. 6). Ashley emphasises the importance of practitioners having expertise in trauma and mental health in this professional field. *"So they've all got, they're all really experienced practitioners, with working with, with traumatised, um, well with trauma, mental health, you know"* (1082 – 1085, p. 43).

4.6.4.2 Subtheme two: Practitioner's skills.

Ashley mentioned numerous skills she uses during VIG practice that facilitate mothers' engagement in the intervention. *"So it needs to be very carefully and sort of, skilfully um (pause), you know, it needs to be containing and, lots of emotions can be evoked"* (367 – 373, p. 15). In this extract, Ashley appears to show the importance of the practitioner being emotionally containing. *"I think to start with it, it's just really, really important, um, to not, you know just really (pause), be very gentle I think. In terms of, you know, when you're thinking about goals and helping questions and things"* (393 – 400, p. 16). The need to be "gentle" may be referring to goals and helping questions being small to begin with and/or in the practitioner's communication style. Other skills Ashley talks about in the transcript are managing in

the moment, identifying VIG readiness of the parent and not overwhelming them during sessions.

4.6.4.3 Subtheme three: Consideration of intervention support.

Part of Ashley's role involves deciding when VIG support may or may not be appropriate for families. *"I am in the process of thinking, where VIG may be contraindicated, what might be the things we might think about where we wouldn't want to offer"* (906 – 909, p. 36). Ashley expands further on this in the transcript, mentioning sometimes "stability" is needed first or "advocating" when mothers have so much going on in their life already.

4.6.4.4 Subtheme four: VIG clients.

VIG seems to be offered to a diverse range of clients in Ashley's service. There appears to be a high demand for VIG support suggesting a potential need in this area. *"There's very high demand for VIG. I think I've got, something in the region of hundred odd children on the wait list"* (106 – 110, p. 5).

4.6.4.5 Subtheme five: Proud of VIG work.

Ashley used the word "proud" to describe the work her service delivers around VIG and their achievements. *"Um, I feel very proud, it's ten years this year. It's our tenth anniversary since we started VIG"* (183 – 187, p. 8). It seems that Ashley's motivation stems from wanting to keep children in the care of their birth parents. *"And that's what I love about our service, is that I know we offer everything we can to support change, and make it, see if we can make it good enough, and safe enough for children to stay with their birth parents".* (1615 – 1620, p. 64)

Table 8 contains a summary of all of Ashley's PETS and subthemes identified in the analysis and mentioned above.

Table 8. *Summary of Ashley's personal experiential themes and subthemes*

PET	Subthemes of PET
Mechanisms for Change	Beautiful moments
	Shifting perspectives
	Providing opportunities and skills
	Positive outcomes
	VIG values and approach
Challenges	Impact of domestic abuse on the mother's life
	VIG model versus deficit model
	VIG referrals and timings
	Realisation of the child's experience
Safeguarding	Location
	Managing disclosures
	Multi-agency risk assessment
Specialist Support and Skills	Experienced service with specialist knowledge
	Practitioner's skills
	Consideration of intervention support
	VIG clients
	Proud of VIG work

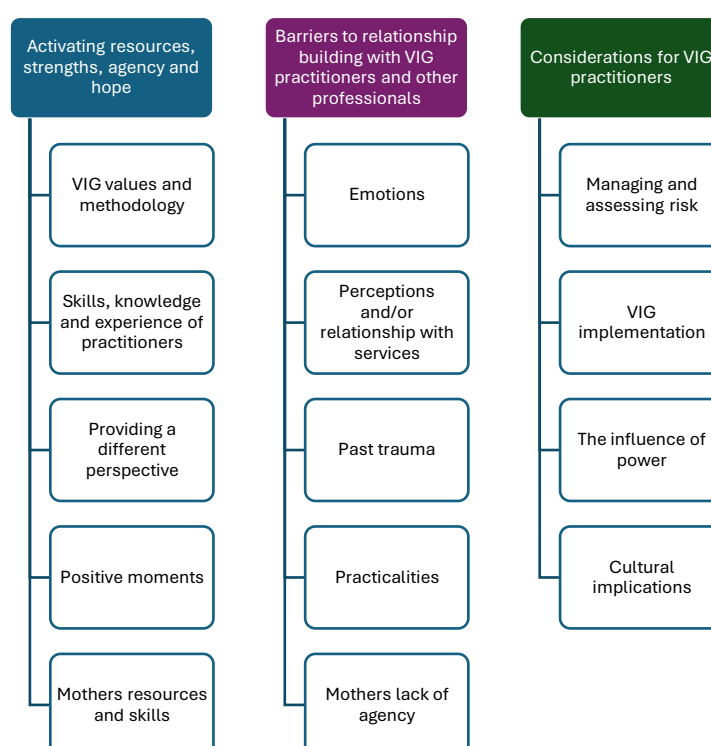
4.7 Group Experimental Themes across participants

Once each participant transcript was analysed individually, the next stage involved looking for common similarities and distinctions in the PETS across transcripts. Three GETS were identified, 'activating resources, strengths, agency and hope', 'barriers to relationship building with VIG practitioners and other professionals'

and ‘considerations for VIG practitioners’. Figure 12 contains a summary of all GETs and related subthemes. Each GET will be discussed along with subthemes and sub subthemes in relation to the research question.

Figure 12

Group Experiential Themes and Subthemes



4.8 Group Experiential Theme: Activating resources, strengths, agency and hope

Participants were asked during interviews about some of the perceived strengths of delivering or being involved in the VIG process. Participants highlighted a number of reasons that made VIG powerful for themselves or their clients and were mechanisms for supporting change. The five subthemes are summarised in table 9 below and which participants embodied particular experiences.

Table 9

Subthemes associated to GET: Activating resources, strengths, agency and hope

Activating resources, strengths, agency and hope				
Subthemes	Yvonne	Logan	Maria	Ashley
VIG values and methodology	✓	✓	✓	✓
Skills, knowledge and experience of practitioners	✓	✓	✓	✓
Providing a different perspective	✓		✓	✓
Positive moments		✓	✓	✓
Mothers' resources and skills	✓			✓

4.8.1 Subtheme one: VIG values and methodology.

Participants used a variety of words to describe the different values and methodology of VIG. Ashley spoke about “empowerment”, “hope” and “strength”. Yvonne discussed the process of “mentalising” and the “simplicity” of VIG. Maria mentions “containment” and “reciprocity”, further elaborating that the “dance” allows her to go at the mother’s pace. Logan refers to the “different model of VIG” indicating that a strength of the approach is that it is not about “deficit”. Logan also shares one of her beliefs about VIG which is cited in the training. “Is that belief, that change is always possible. You know that, and also that everybody is doing the best that they can, in that moment” (Logan). Practitioners were clear that they embody certain values and beliefs whilst delivering VIG.

4.8.2 Subtheme two: Skills, knowledge and experience of practitioners.

All participants explained that various skills were utilised when working with mothers. Examples included being “responsive”, “containing”, “non-judgemental”, “flexibility”, “boundary” and “advocate”. Two of the participants highlighted their

experience and specialist knowledge around “trauma”, “mental health” and “domestic abuse”. It appears evident that the way the practitioners interact and facilitate the sessions is important, along with specific training they have had.

4.8.3 Subtheme three: Providing a different perspective.

There seemed to be a narrative for most participants that a transition occurred throughout the VIG process leading mothers to change their unhelpful beliefs. The shift participants spoke about seemed to be distinct to their individual experience. For Yvonne, she noticed mothers “feeling valued” as a parent and realising how much their children cared for them. Maria details “finding compassion” for their child’s world which is something she notes that mothers may not have been able to recognise before. Ashley linked perspective taking to “the belief that they and their child deserve better”. These views all compliment the VIG process with regards to the mothers’ noticing things that they have not seen before in the clips.

4.8.4 Subtheme four: Positive moments.

Some of the participants shared what made VIG powerful and significant for mothers. The word “moments” was often used, suggesting they may not last long but being influential in terms of their significance. Ashley raised that the mothers are “really absorbed” in the stills or clips they watch. Maria speaks about the importance of the practitioner being there to “enjoy the moments of their baby with them”. Logan mentions VIG being a “positive” experience for mothers and the “everydayness” of attunement that is key. Whilst there is a dyadic interaction of the mother and child enjoying moments together, the practitioners speak of their enjoyment they experienced with the mothers.

4.8.5 Subtheme five: Mothers' resources and skills.

While this subtheme was highlighted by two of the participants, it emphasises the skills mothers bring to VIG sessions or leave with when the intervention has ended. Yvonne refers to the skill of "mentalising". Ashley describes some of the skills mothers seem to gain from participating in VIG, such as "decision-making", "self-esteem" and being more focused on their child. Although it seemed beneficial if mothers start the process with some of the VIG beliefs, it does not appear necessary and the learning that comes from the VIG experience is stressed.

4.9 Group Experiential Theme: Barriers to relationship building with VIG practitioners and other professionals

This GET explores some of the challenges practitioners have encountered when delivering the intervention, most subthemes shared common features over what participants found to be potential barriers that may either delay or make the VIG process more complex. Five subthemes emerged across participants, summarised in table 10.

Table 10

Subthemes associated to GET: Barriers to relationship building with VIG practitioners and other professionals

Barriers to relationship building with VIG practitioners and other professionals				
Subthemes	Yvonne	Logan	Maria	Ashley
Emotions		✓	✓	✓
Perceptions and/or relationship with services	✓	✓	✓	✓
Past trauma	✓	✓	✓	✓
Practicalities	✓	✓		✓
Mothers' lack of agency	✓	✓		

4.9.1 Subtheme one: Emotions.

The broad subtheme of emotions encapsulates how some of the participants tried to navigate discussing feelings during VIG sessions or when particular emotions may get evoked in mothers. Some of the participants shared that it can be difficult for mothers to think about how they might be feeling. Reasons for this seemed to be that mothers were either not used to this experience before or perceiving their needs and emotions to be less of a priority. Maria said “that doesn’t work” to describe her experience. Ashley shines a light on mothers potentially feeling “guilt” because of the emphasis on the child’s experience. Practitioners focused on what mothers thought instead or used their skills of being “containing” to mitigate the effects of this.

4.9.2 Subtheme two: Perceptions and/or relationship with services.

The challenging relationship between mothers and particularly social services was expressed by all participants. Words such as “threat”, “fear”, “suspicion”, “scrutiny” and “negative” were used to describe the mothers’ perceived feelings and thoughts throughout their journey so far. Yvonne speaks about working hard not to be “triangulated” between the mother and social services suggesting a divide in the relationship. Logan conveys a sense of trying to prove the authenticity of VIG work which may counteract the suspicion they have towards services “well this isn’t fake”. Maria hints that mothers expect her to be “critical” when doing VIG and gives an indication as to why this might be the case “because services have told them for so long, they’re doing it wrong”. Ashley similarly notes the challenges of the relationship between her, mothers and services “trying not to get into that good guy bad guy role”.

4.9.3 Subtheme three: Past trauma.

All participants referenced the history and extent of abuse the mothers have experienced consequently still having an affect on their emotional wellbeing. Participants emphasised mothers needing to be in the right “headspace” to be able to access VIG. “I think they’re still very traumatised and very scared” (Ashley). Participants spoke about promoting safety and how flexibility was important during sessions when there is trauma involved as this can influence mothers’ engagement and accessibility.

4.9.4 Subtheme four: Practicalities.

Despite participants having diverse roles and being in different services, the challenges participants faced appeared common when talking about what is actually feasible in the context of their job. Concerns were raised about VIG being “pushed to the end” or offered because “we haven’t got the individual work” suggesting that specialist support is not always available. The lack of time working with mothers was another worry and thinking about how to have an “impact”. It was clear that some of the participants expressed times when delivering or offering VIG would not be appropriate and that individual needs are paramount in the decision-making process.

4.9.5 Subtheme five: Mothers’ lack of agency.

The lack of agency voiced by two of the participants around mothers having little autonomy or consent in some of the decisions that are made in the wider system. One of the issues being the statutory obligation for mothers to participate in VIG. The referral process seemed to differ for some of the mothers, whether it was professionals recommending the intervention or being court ordered. None of the participants

mentioned in the interviews that mothers ever initially instigated interest in the intervention.

4.10 Group Experiential Theme: Considerations for VIG practitioners

Participants often used words such as “mindful”, “consider” and “important” to note about the various factors they have to think about or manage in their day-to-day practice. Table 11 contains a summary of the subthemes developed and one further sub subtheme. The participants stressed some of these factors appeared to aid relationship building and attunement and others having less of a positive consequence.

Table 11

Subthemes associated to GET: Considerations for VIG practitioners

Considerations for VIG practitioners				
Subthemes	Yvonne	Logan	Maria	Ashley
Managing and assessing risk		✓	✓	✓
VIG implementation	✓	✓	✓	✓
The influence of power	✓	✓	✓	✓
Cultural implications	✓	✓	✓	

4.10.1 Subtheme one: Managing and assessing risk.

Risk assessment appeared a large part of the role and was shared by most participants. Words such as “responsibilities”, “transparent” and “concerned” were used to reflect participants duties to safeguard, especially in the incidents of disclosures.

4.10.2 Subtheme two: VIG implementation.

Sub subtheme: Filming and technology

Some of the practitioners highlighted that filming VIG sessions on their phone was preferable as it made the process feel more 'normal' and less anxiety provoking for mothers. Technology was utilised in terms of sharing stills or videos. Again, the mobile phone seemed a technology source that mothers had most access to. Apps like "WhatsApp" made sharing and watching videos/stills convenient for mothers. Location differed among participants, with venues such as "Costa" being mentioned, the mother's "home" or a "neutral" venue where no trauma had taken place. The practitioners' experiences about where mothers felt most comfortable being filmed, varied.

Sub subtheme: In-person versus online delivery

It seems participants experiences varied in terms of VIG delivery, dependent on personal preference and what worked for mothers. Some of the participants highlighted the issue of 'accessibility'. Most of the participants appeared to convey preference for delivering VIG in-person. "I think it is better when I'm with them side by side" and "I find it easier to pick up non-verbal cues from the parent when I'm actually in the same room". Participants seem to find it easier for communication purposes. Sometimes distance prevented the practitioner from being able to deliver VIG in person, along with safety of the mothers if they still lived with the perpetrator of abuse and if they did not already have a relationship with the mothers they were working with. Another issue that was raised was around mothers not having access to laptops which might prevent them from being able to access VIG remotely. It was reported that more training in online delivery would be useful for those who have not trialled it.

4.10.3 Subtheme three: The influence of power.

A narrative was formed around the role of power, being aware of not only power within the system but also when working with mothers. Participants mentioned having to be mindful of being the “expert” and giving power back to mothers, for example, “I’m aware of it. The filming yourself delivering really helps me on that”. Making sure mothers understood the VIG intervention and being collaborative throughout was emphasised. “If I work with somebody who's got an, erm, learning disability I will meet with them and their advocate first and really make sure what I’m doing is accessible (pause), so I think it is the power” (Logan). Often it seems it is professionals recommending VIG, therefore, participants feel mothers start with less power.

4.10.4 Subtheme four: Cultural implications.

Participants were asked about the importance of cultural responsiveness during interviews. A range of topics arose such as having limited experience of working with clients from diverse cultural backgrounds, ways they think about culture in their day-to-day practice, e.g., how they dress, resources they use and the current social climate (cost of living crisis). “The Social Graces Model” was named by Logan as an important tool which helped her to become more aware of her own background and identity. Maria believed there could be a “disconnect” when working with mothers from different cultures and thought further training in this area would be beneficial.

4.11 Chapter Summary

This chapter showed the researcher’s findings that were derived from IPA analysis. Four participant PETs and subthemes were presented, as well as the central GETS. There were some common similarities and differences mentioned between PETS which seemed to be influenced by many factors such as the service the

participants were working in, their role or their VIG experience. All participants detailed the challenges and strengths they encountered throughout their practice and further considerations that need to be given thought within the GETS. The next chapter 'Discussion' links the findings to previous research literature and psychological theories.

Chapter 5: Discussion

5.1 Introduction

The final chapter explored the theories and literature in relation to the findings and in response to the research question. The strengths and limitations of the study were outlined. Reflections of the researcher were presented and supported by a reflective framework, as well as the position of the researcher. Implications for EP and VIG practice were described. The chapter finished with the researcher's plans for dissemination and conclusion of the research.

5.2 Summary of Findings

The literature review detailed in Chapter 2 presented studies involving practitioners experiences of VIG, although no studies were found directly relating to DA. Using IPA, the researcher identified three GETS as follows, 'activating resources, strengths, agency and hope', 'barriers to relationship building with VIG practitioners and other professionals' and 'considerations for VIG practitioners'. Many of the subthemes were present across participant transcripts and link to general themes established from the literature review and wider theoretical knowledge.

To summarise, it appeared that practitioners enjoyed delivering VIG and believed it facilitated positive change with regards to mothers creating a new narrative about themselves and recognising their strengths. Seemingly, practitioners conveyed a sense of frustration at times due to barriers that made delivering VIG more challenging or impacted mothers' engagement. Practitioners highlighted the importance of their knowledge and skills which aided the VIG process. Potential implications when delivering a therapeutic-based intervention to a vulnerable group

were addressed. Each GET will be outlined below with links to specific findings and existing research and theory.

5.2.1 GET One: Activating resources, strengths, agency and hope

The VIG values and methodology were mentioned by all participants and seem to contribute to enabling positive change. Participants expressed that VIG encourages hope, and its strength-based approach supports relationship building. Another important finding was the shared ‘positive moments’ participants witnessed when working with mothers’ during VIG sessions with their child but also the enjoyment they experienced themselves. This suggests the interactions that take place are fundamental and supports the ‘Russian Dolls’ effect and the importance of being received. Linked to VIG theory around video (Rizzolatti & Craighero, 2004), the feelings that accompany seeing/watching moments of attunement are significant and seems to make the intervention more accessible. However, there is also something about the skills the practitioner uses through their communication and shared dialogue, highlighted by the subtheme ‘skills, knowledge and experience of practitioners’. This fits well with some of the published literature showing relationships, self-modelling and the skills of the practitioner, facilitated VIG and its longer-term impact (Danya, 2011; Doria et al., 2014). Mediated learning principles were not explicitly named by participants in the current study, nonetheless, an interactive environment empowers learning opportunities.

5.2.2 GET Two: Barriers to relationship building with VIG practitioners and other professionals

Similar to previous research, practitioners in the current study explained that mothers were expecting them to be critical during VIG sessions. Practitioners in

Woolfman's (2023) research shared the importance of rapport building and establishing trust before the intervention, to help ease the uncomfortableness about being filmed. Algahali's (2019) research also emphasised that parents with ID had similar anxieties at the beginning of the VIG intervention and felt apprehensive about being filmed. Practitioners believed parents' prior experiences with services may have fuelled their concerns and involved criticism and scrutiny. This mirrors the current study's findings and links with the subtheme 'perception and/or relationship with services'. The importance of relationships is noted in the VIG theoretical literature. Practitioners' skills in relationship building seem crucial along with providing clear expectations at the beginning of the intervention.

The current study's subtheme 'past trauma' appears unique to any finding found in previous research and specifically linked to the context of DA. Practitioners voiced that the extent and history of abuse the mothers had experienced impacted on their engagement and ability to access VIG. Therefore, it suggests practitioners delivering VIG in these circumstances need to be prepared to signpost mothers to appropriate support services, provide flexibility and create a sense of emotional safety to enable VIG readiness.

5.2.3 GET Three: Considerations for VIG practitioners

The role of power has been mentioned in previous research (Mann, 2022; McKeating, 2018; Woolfman, 2023). Studies suggested that VIG provided opportunities to empower parents and give agency because parents' views were respected. This was thought to be facilitated by the therapeutic relationship. Similarly, in the current study VIG values such as 'hope' and 'empowerment' were voiced by participants. The collaborative nature of VIG where mothers are active in the process and have autonomy, connects to the theory of empowerment. Whilst

participants are aware of the potential power imbalance because of their professional status and expertise, it seems that VIG provides opportunities to give power back.

Contextual factors linked to the subtheme 'VIG implementation' seemed to arise for all participants. Likewise, in past research practitioners struggled to carry out VIG work with the day-to-day demands of their current job (Doria et al., 2014). In the current study, it helped that delivering or being involved in VIG was the majority of participants' full-time role although they still shared issues such as VIG being pushed to the end or the lack of alternative support available for mothers. However, in organisations where VIG was being introduced as a project or package and the VIG practitioner had other duties or another role, it appeared more difficult to implement successfully (Hall et al., 2016). Sustaining factors such as having a VIG supervisor and a clear vision of how VIG would be part of the delivery model of the service assisted the implementation of the intervention over time (Rogers, 2021).

5.3 Research Question:

What are the practitioners' views of the strengths and challenges of delivering Video Interaction Guidance to mothers who report to have been domestically abused?

5.4 Theoretical Links

The following section contains details of the findings in relation to the theoretical literature mentioned in Chapters 1, 2 and 3.

5.4.1 Power-Threat Meaning Framework

The PTMF was outlined in Chapters 1 and 3 and will be explored in relation to the research findings. After completing the analysis, the researcher used the theory as a lens for interpreting the research findings. It was not incorporated during the analysis stage.

Power was a subtheme that was present in the narrative of all participants and applying PTMF to the trauma participants spoke of would change the narrative from “what is wrong” with the mothers to “what has happened to you?”. A shift in identity from being ‘mentally ill’ to ‘survivor of difficult circumstances’. The PTMF and VIG take into consideration social circumstances and do not focus on labels. It emphasised the role power plays in interactions between practitioners and mothers and in the VIG referral process for those referrals that have been court ordered. The PTMF model would categorise these types of power as ‘interpersonal power’ which shows how power operates in relationships. Along with ‘legal power’, where the law can be used to prosecute or restrict the right of freedom of others by means of prosecution (Boyle & Johnstone, 2020). The ‘voluntariness’ of VIG was questioned by some participants, with participants acknowledging it is normally professionals recommending VIG or the intervention happens as a result of a statutory process. Despite the intervention intending to create empowerment in individuals, social care appears to be the main source of referrals. It seems that access to resources is essential, nevertheless, only perhaps accessible once mothers’ experience vast oppression and/or are in ‘crisis’.

Some of the participants in the current study referenced the mothers’ resources and skills, in a seemingly positive light (Yvonne and Ashley). At the core of VIG is a strengths-based approach, this links with the PTMF as it seeks to identify strengths. The VIG values mentioned of ‘strength’ and ‘hope’ represent positive power that comes from ‘knowledge and information’ that helps to improve or change a situation (Boyle & Johnstone, 2020). Ashley speaks of the “skills”, “feelings” and “ideas” mothers gain because of VIG which can ultimately help to change the trajectory for mothers and their children. An additional way to understand

practitioners' views about mothers' strengths can be understood in terms of activating power resources. However, it is clear overall that the practitioners believed the mothers seemed to lack power as captured by subthemes 'past trauma', 'practicalities', 'mothers' lack of agency' and 'the influence of power'.

Although the framework has received some criticism whether it truly differs from diagnostic labels and the robustness of the evidence-base upon which it was built (Gallagher et al., 2024), it still poses the question whether applying alternative frameworks for this population in future research or practice would be beneficial given its links to the data. Research methodologies using only traditional approaches and practices may not be able to account for personal experiences or story telling that could allow for individuals from underrepresented communities or backgrounds to be heard and reached (Sweeney et al., 2016).

5.4.2 *VIG Theory*

In response to the theoretical literature mentioned in Chapter 1, participants frequently highlighted elements of the VIG approach which fall under the three elements discussed previously: video, interaction and guidance and empowerment.

5.4.2.1 Video.

The subtheme 'positive moments' link with the video component of VIG. The edited clips produced emotions of joy and the participants described the "power" of mothers being able to see themselves. Logan encapsulates this with the phrase "it is the concreteness of it being them". It is evident that one of the strengths of VIG is the videos creating positive experiences and emotions for the mothers and practitioners. Neurological processes as referenced by (Rizzolatti & Craighero, 2004) and other theorists describe what happens when we watch other people performing actions or

see visual information from faces. It allows mothers to challenge negative beliefs about their own parenting capabilities through positive clips.

5.4.2.2 Empowerment.

“Hope” and “empowerment” are mentioned by Ashley, she believes the “values and beliefs” are a significant part of the VIG process. Logan similarly mentions the belief about ‘change being possible’. Carl Rogers (1979) theory of empowerment would support participants views around having an optimistic approach with clients. Carl Rogers (1979) also stresses the importance of the professional and client relationship. The theory notes that three conditions need to be present which are genuineness, empathy and unconditional positive regard or acceptance. Whilst these specific attributes were not named directly in the transcripts, the relationship between practitioner and mothers seems crucial when delivering VIG as expressed by all participants. Other attributes that are mentioned in the current study are being “non-judgemental”, “feeling safe, feeling listened to and feeling heard” and being “responsive”. It is highlighted by Ashley that she feels you can “visibly see the mothers body language change” during the session as the relationship builds. Building trust with mothers and allowing them to experience autonomy appears crucial for VIG to be successful. Like with other relationship-based interventions, an environment that is warm and personalised is emphasised (Bandura, 1977).

5.4.2.3 Interaction and Guidance.

Lastly, the strength-based nature of VIG is stressed in the current study. Researchers in positive psychology such as Seligman (2002) and De Jong and Kim Berg (2002) look at factors that allow individuals to flourish and thrive. Similarly, the focus is on working collaboratively and solution-building skills. Within the subtheme

of VIG values and methodology, participants spoke of the “strengths”, “skills” and the “different model” that VIG brings. This indicates that building on successful moments and exceptions rather than advice giving or focusing on undesirable behaviour is key to change. The subtheme ‘providing a different perspective’ could be explained by mothers developing feelings of self-efficacy and self-mastery towards their relationship with their child. The participants shared that the mothers started to believe in themselves again or recognised something new. The current study supports the need for strength-based approaches when improving communication and interaction in any relationship.

5.5 Themes Relating to Literature Review Findings

The next section explores how the research findings relate to the themes identified in the systematic literature review in chapter 2.

5.5.1 Implementing VIG in Practice

This study revealed there were differences in practice when it came to using VIG online or in-person. Some participants seemed more confident in using remote video conferencing software to conduct shared reviews with mothers. Whilst one participant (Logan) said she did not have the skills to use technology at the moment. Other issues were highlighted around safety, non-verbal cues, relationship building and accessibility. This aligns with previous research (e.g., Callicot et al., 2021) who also found challenges with ethical considerations such as confidentiality, accessibility and safety, together with participants feeling that it could decrease contextual cues. Both studies spoke about changing their practice in response to the wider societal context e.g., Coronavirus pandemic, while still trying to think about individual needs

and what's possible in their own service. It is clear these safety and ethical practices need careful consideration regardless of the service delivery model.

The research by Ciara Rogers (2021) reported when trying to set up VIG, the main challenges were access to resources, time needed to progress skills, confidence, and factors related to supervision. However, unlike the current study, remote delivery was not mentioned. At an individual level, participants confidence varied with the use of information technology. Practitioners in their research shared that having a VIG lead was a significant driving and sustaining factor. Contracting and negotiating work was less of an issue for participants in the current study as referrals came through a statutory process or through the services own referral system. Practicalities across organisations mentioned in the previous research and current study seem to differ slightly, depending on the service delivery model, support and resources available, workload and practitioner role.

Findings from IPA and the literature revealed a number of practical challenges implementing VIG within various organisational settings. Yvonne mentioned the “deep work” she believed was not happening in just the standard recommended three cycles of VIG and it was often a “one size fits all” approach. Maria stressed the “lack of support” for mothers in general in this area. Logan and Ashley both shared the initial scepticism from mothers when starting the intervention. This mirrors the existing study by Hall et al. (2016) whose participants reported time, equipment and initial staff uncertainty as barriers. It appears the culture of the organisation is vital to reflect positive changes needed in embedding VIG long-term and for practitioners to feel they are having an impact. It also highlights the need for flexibility when delivering VIG with some mothers potentially needing more sessions or wider multi-agency support. As reiterated in the current study, staff had overall positive

experiences of VIG. In Hall et al.' (2016) research the staff's initial uncertainty faded once they realised VIG depicted positive rather than negative experiences. This study and other literature indicate that practitioner and client scepticism may be present at the beginning of the intervention but diminishes overtime as aspects of the intervention become more salient and tangible.

5.5.1.2 Outcomes

Key mechanisms of change were highlighted in the current study by participants. Themes were identified around seeing beautiful moments and creating a shift in mothers' perspectives. The participants highlighted several skills they use to make the intervention a success such as a "non-judgmental" stance and modelling PAIG. Ashley in particular alluded to how she measures success "most of them [mothers] have, continued to keep their children in their care". Although how participants measured outcomes was not a main focus of the current study, it was evident the participants felt the mothers believing in themselves and developing skills as a result of the intervention contributed to successful outcomes. Likewise, practitioners in Dodsworth et al. (2022) research believed professional support, solution-focused conversations, VIG values and the therapeutic relationship were some of the facilitating factors. However, there did not seem to be a strong consensus on one particular outcome measure practitioners used for evaluations. Due to the methodology being integral to the VIG approach, practitioners in Dodsworth et al. (2022) study raised that measures should focus on these principles.

In the current study, participants felt the positives were the strength-based nature of the intervention which promotes relationship building. "I think what VIG does is rather amazing, how quickly you can build a therapeutic relationship, within a very short space of time" - Ashley. Equally, Dodsworth et al. (2022) also found when

there were difficulties in the relationship between the professional and client, it affected the outcome of the intervention. Environmental factors were named as factors that may make the intervention more problematic such as housing issues. The current study supports the need to consider societal factors e.g., hunger, accessibility, housing, to name just a few conditions that need to be addressed before implementing VIG. A wider multi-agency approach may be necessary to ensure families have access to adequate resources before starting VIG.

5.5.1.3 VIG Practitioners' Experiences

This study populated numerous subthemes around strengths of VIG which help to facilitate change. Many similarities were found between this and Doria et al.' (2014) research such as the importance of methodological components: positive focus of VIG, empowerment, following the client and the edited video clips. Participants in the current study mentioned things like “going at the mothers pace” and “empowering” mothers. Most participants shared that a “shift” was created, where mothers gained a new perspective, this links with Doria et al.' (2014) study where supervisors spoke about a ‘new reality’ and the importance of ‘co-construction’ as underlying mechanisms for VIG’s success. It seems that in both studies the collaborative nature of VIG is significant and that a shared meaning is created through the interaction and language with the VIG guider. A factor which was not mentioned in the current study, however, highlighted by Doria et al. (2014) research was around ‘metacognitive processes’.

It was interesting in the research by Alghali (2019) that their study also highlighted that parents were initially concerned before starting VIG and they were expecting the guiders to be critical. Similar to the current study, the VIG guiders in their research also viewed one of the processes of change to be attributed to the

visual aspect of VIG that led to a new narrative being created. The therapeutic relationship was another key mechanism, where guiders were able to model mentalising and emotional attunement, like in the current study, the practitioners' skills helped to facilitate change. There were wider contextual factors named as impacting on VIG, as well as intrapersonal and interpersonal factors. When working with individuals with specific needs, it seems imperative that practitioners are able to reflect on their own practice and adaptations are made in response to practice-based evidence and client feedback. Power imbalances also need to be addressed as reiterated in Alghali's (2019) research.

One of the challenges mentioned by participants in the current study was the impact of past trauma on the mothers when trying to deliver VIG. Equally, in Mann's (2022) research the 'readiness' of the child and impact of their past affected their ability to access and engage with VIG. Looked After Children are another vulnerable group in society and they are at an increased risk of experiencing negative outcomes in the future. This suggests for vulnerable groups more time is needed to foster positive relationships before starting VIG and there should be a holistic approach where other support is offered if VIG is not appropriate at that time. This fits with Dodsworth (2020) proposed model of VIG delivery which highlights early intervention and indicators of readiness before VIG cycles begin.

Lastly, cultural implications when using VIG were voiced by three of the participants. VIG is essentially based on a western centric framework and a White privileged model of interaction and communication. Similarly to Woolfman's (2023) research, some of the practitioners in their study expressed wanting further training in the area of cultural competence and spoke of a lack of direct experience themselves in working with culturally diverse families. In the current study,

participants experiences seem to mirror this finding, suggesting that VIG may be less accessible to those from minoritised backgrounds. However, it may be possible that some aspects of culture, as identified through models such as social GGRRAAACCEEESSS (Burnham, 2012) were invisible or unvoiced during VIG sessions with the practitioners. It was not specifically defined in the present study about what culture means therefore participants may have had their own ideas and interpretations of this. Yvonne seemed to focus on “class”, whereas Ashley and Logan seemed to be drawn to “ethnicity” and “race” when they spoke about culture. For example, one participant mentioned that they sometimes filmed in Costa and said “how White is that” suggesting there is a need to think about the place of filming and whether it would be inclusive and suitable for all families. It further concludes that culture or aspects of culture may not be clearly woven or expressed into the current VIG experience. Woolfman (2023) research provides useful directions into delivering culturally competent care in VIG practice.

5.6 Limitations of the Current Study

The researcher did originally propose to recruit mothers directly and hear their perspectives of participating in the VIG intervention, this was the researcher’s best hope. Due to the time limits of the study, and difficulties with recruitment this however was not possible in the end. The research therefore focused solely on practitioners’ views of the VIG experience. The mothers and child experiences would be useful to explore in future research. This nevertheless poses a wider question of the best way of collecting data from vulnerable groups. It is clear through other research findings that those from minoritised groups who have been previously let down by services and faced issues of inequality are further at risk of marginalisation (Woolfman, 2023). Nonetheless, the study added knowledge to an area which had

seemingly little research and can begin to provide guidance for services about some of the strengths and challenges involved in implementing VIG for mothers and their children who have experienced DA.

A limitation of the inclusion criteria was that practitioners needed to have delivered VIG within the last three years and they must have delivered VIG to mothers who are no longer living with the perpetrator of abuse. This may have excluded practitioners who had experience in this area but may not be actively using VIG or those that may be delivering VIG to mothers and fathers in a DA context. It is possible that the strengths and challenges in a family context (i.e., with mothers and fathers) could yield different findings. However, it was felt that because interviews were being conducted remotely and the potential safeguarding risks, the select inclusion criteria was necessary. The global context had recently experienced an unprecedented event e.g., COVID-19, this created a shift in how services were operating and implementing interventions. Consequently, a three-year limit seemed appropriate to reflect the current nature and conditions in which the practitioners were working in with some services now using a hybrid model.

Although it was not a key focus of the research, the researcher wanted to embody the VIG values and methodology whilst conducting their interviews. As all the interviews were completed remotely, it could be argued that building relationships with participants and using PAIG would have been more problematic thus affecting their interaction and communication style. The researcher tried to mitigate this by using their skills learnt from their VIG and VERP training. They also had experience in conducting remote consultations so were aware of some of the potential barriers that could have arisen. As participants were recruited across the

UK, remote interviewing was a way of reaching participants from various geographical locations and services, adding to the generalisability of the findings.

Four participants were recruited so the study's sample size was relatively small. Nevertheless, in accordance with IPA, the primary concern is with an in-depth interpretation of individual experience, therefore, a rigorous focus on a small number of cases is usually beneficial (J. A. Smith et al., 2022). The researcher acknowledges the conflict between asking about the participants views of the strengths and challenges of the VIG intervention at the same time seeking their lived experiences in the form of an IPA based analysis. It may have inadvertently swayed responses. Using conversational-style interviews and having one open interview question reduced the likelihood of biasing their accounts. Whilst qualitative methodology has been critiqued for a lack of consensus in evaluative techniques, particular protocols were followed and potential biases that may have occurred were acknowledged throughout (as discussed further in Chapter 3).

5.7 Strengths of the Current Study

The sample selection included participants with a range of roles and levels of training in VIG, providing a range of in-depth experiences to this area. Whilst the researcher had completed the initial VIG training early to have relevant knowledge and understanding about the VIG methodology and training process, the researcher had not yet started their VIG accreditation journey. Thus, participants had no prior experience of her from the VIG community, so the participant-interviewer relationship was not affected. A further strength of the study was the researchers positioning aligned with those mentioned in the VIG foundations around social constructivism. The researcher made the decision to embody the VIG principles and methodology throughout the research as it was governed by their ontological position.

5.7.1 Embodying the VIG Principles

Adopting a relational and strength-based approach is crucial to the researcher in her own professional practice. When conducting a research project, it was imperative to use a methodology that aligned with their own values and beliefs. The VIG training allowed the researcher to become aware of the PAIG when interacting with others in the context of working in an EPS. It was interesting for the researcher to learn about the psychological theories which support VIG and its practical application. When conducting observations in the classroom environment, the researcher has been able to hold in mind concepts such as joint attention, scaffolding and the ZPD (Vygotsky, 1978). When the researcher analysed their own interactions during the interviews, it was felt that they used 'being attentive', 'encouraging' and 'receiving' the most from the principles of attunement. Therefore, in some interactions or contexts it might not always be necessary to reach the 'guiding and supporting' phase. Rather than the pyramid (as shown in Chapter 3, Figure 11) being a linear process, it can be used flexibly to guide positive communication. It felt important that interviewees had 'more of a turn' as it was their story that was being told.

5.8 Implications for VIG practice

In this section the researcher will propose suggestions for VIG practitioners working with this population (as shown in Figure 13).

Figure 13

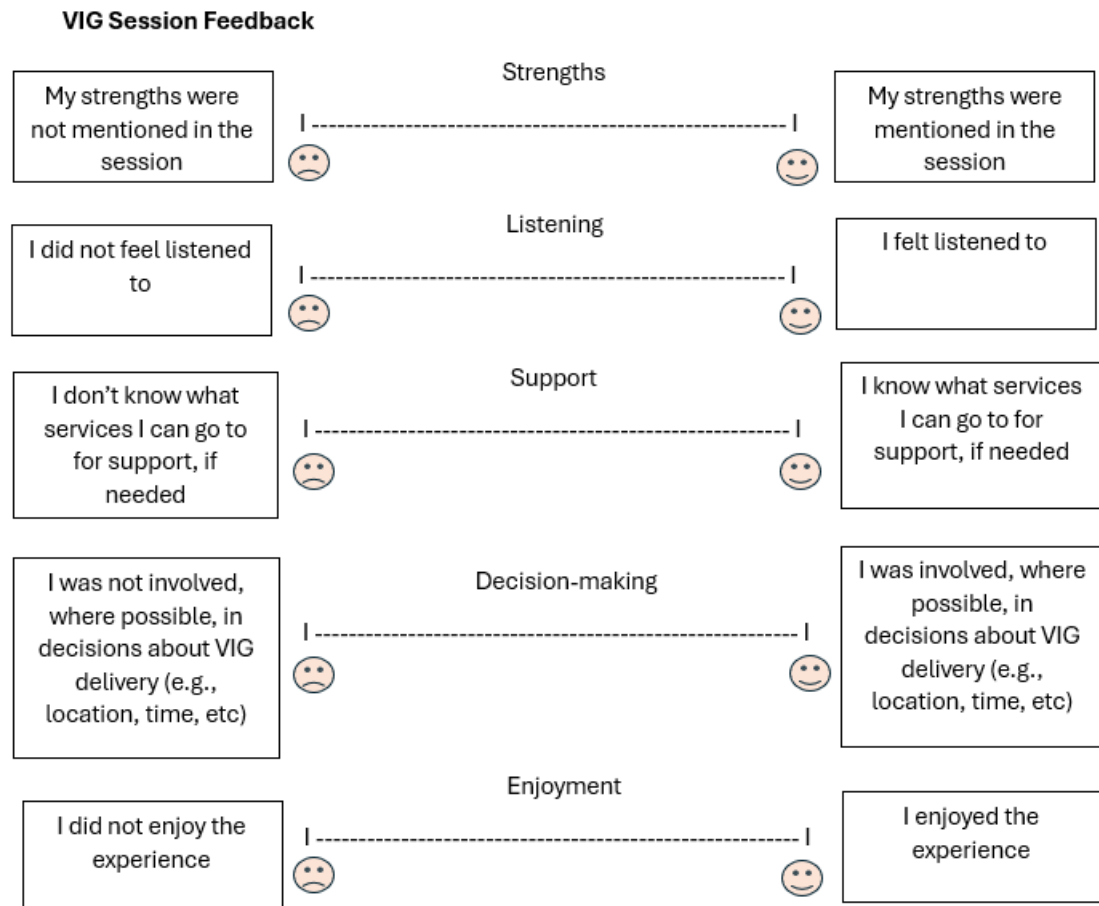
Suggestions for VIG practitioners

- Embodying the VIG values and methodology throughout and using skills such as flexibility, containment and a non-judgemental approach to support relationship building.

<ul style="list-style-type: none"> • Utilising and focusing on the mothers' skills and resources these can be revisited during VIG sessions.
<ul style="list-style-type: none"> • Regular continuing professional development and focus groups on topics like safeguarding and remote delivery to increase practitioner confidence and encourage the sharing of good practice.
<ul style="list-style-type: none"> • Promoting values such as autonomy and beneficence to ensure mothers and children are involved where possible in decision-making and encouraging collaboration.
<ul style="list-style-type: none"> • A multi-agency approach will be necessary to ensure families have access to resources and support. Where possible and appropriate, signposting to relevant agencies and fostering positive relationships with other key workers.
<ul style="list-style-type: none"> • Collecting evaluation data. Using simple tools such as scaling could be used as a way to gather feedback after sessions with mothers and children. See Figure 14 for an example of this. It seems imperative that those who have built relationships with mothers, e.g., VIG practitioners, may be best placed to gather this feedback.
<ul style="list-style-type: none"> • To consider issues such as power and culture, using frameworks such as PTMF (Johnstone & Boyle, 2018) and Social GGRRAAACCEEESSS (Burnham, 2012) to help aid conversations. These can be discussed in supervision and serve as a model for reflection. Other examples include having explicit conversations in supervision and training around culture in VIG, rapport building before the intervention starts and possibly beginning conversations around cultural context with clients. This can be considered in the intervention and practitioners can seek feedback from clients about ways to improve cultural competence (Woolfman, 2023).

Figure 14

Example of scales



5.9 Implications for EPs

The following section outlines findings from the study and potential opportunities relating to the five core functions of EP practice targeted at supporting children and families who have experienced DA:

5.9.1 Consultation

As discussed in Chapter 1, EPs have a large role facilitating joint consultations in schools. It will be important for EPs to empower parents to share

some of their learning through VIG with the schools. EPs can draw on psychological theories such as solution-oriented psychology focusing on the strengths and resources the mothers have and building on what is already working well in the relationship. This seems particularly important as the current study and previous research has highlighted mothers can feel guilty and blame themselves for what has happened which can have an impact on their wellbeing. VIG looks for exceptions so exploring when 'problematic' behaviours are not occurring can help shift the focus away from a 'within-child' approach and help reframe the problem. Often other professionals attend consultations or EPs attend multi-agency meetings. EPs are well skilled in working with groups and can help facilitate relationship building in their work.

5.9.2 Assessment

EPs can use the PAIG principles informally as a framework when working with children. Questions such as, 'can they share attention?', 'are they able to wait?' or 'can they receive initiatives?' may provide useful prompts in terms of where support might need to be put in place. The dynamic assessment approach lends itself well to elements of VIG. As mentioned in Chapter 1, it considers theories such as "empowerment", emphasising how empowering children should be the aim when assessing, whereby an interactive approach to assessment could be offered. It also uses principles from Vygotsky (1978) and mediated learning, providing guidance and appropriate prompts to help produce changes in the child's performance. Similarly, in VIG, the guider facilitates these sessions using HQ's and PAIG (Lauchlan & Carrigan, 2013).

5.9.3 Intervention

VIG could be used in schools to further extend the offer of strength-based support when supporting families who have experienced DA. School staff may benefit from using a VERP style approach to analyse their own interactions with children and parents who have experienced DA. It seems imperative that EPs build capacity to be able to spend more time in schools to facilitate such interventions. Part of the intervention process can involve collecting evaluation data and reviewing the impact of such interventions. EPs can support assessment and intervention at an organisational level, considering what support is available in the local authority for those who have experienced DA and asking schools questions around their policy, data and referral process. As DA is thought to be a hidden crime, EPs need to ensure they are asking the right questions so those families that may need support do not remain unseen.

5.9.4 Research

It was noted in Chapter 2 the lack of research relating to the child's experience of VIG and in the current study it was mentioned that the child's voice can get lost. EPs have relevant skills in the area of research to promote the child's views for those who have experienced DA. Previous research has shown that DA can have negative effects on a child's social and emotional development. Thus, exploring children's views in this area warrants further investigation.

5.9.5 Training

EPs can raise awareness of both DA and VIG when working in schools. VIG is an evidence-based intervention, however, not all EPs are trained in VIG and it is not a requirement as part of the professional doctorate training course. It seems

beneficial that EPs across the UK have training in VIG and/or VERP, given its strong evidence base and potential for EPs to use it as a tool to analyse their own communication and interactions with clients. Some of the theories mentioned in Chapter 1 which underpin VIG, such as mediated learning, can be taught to schools to show the importance of the interaction between the adult and child when learning. The PAIG can further support staff members in their own communication styles. EPs can also provide training on supervision and have knowledge of different supervisory models to support school staff and provide quality assurance.

5.10 Plans for Dissemination

In the short-term, the researcher will create conference presentations (including a one-page summary) with information of the findings to a range of audiences such as EPSs and the AVIG-uk organisation. The participants were asked after the interviews if they would like to receive a summary of the research findings, those that expressed an interest will be sent a short summary of the study. In the future, the researcher hopes to share the information through published journal articles for EPs and/or VIG practitioners. The research will be publicly available on UEL's online repository. At a national level, it is hoped the findings will contribute to early intervention programmes which emphasise strength-based and relational approaches.

5.11 Suggestions for Future Research

As mentioned previously, it would be extremely valuable to hear the voice of mothers and children who have experienced DA and participated in a VIG intervention. It was noted in the current study the importance of relationship building, moving forward, incorporating more time to gather the views of mothers would be

needed to allow time for rapport building before conducting interviews. A participatory research approach may allow for them to be involved in the data collection and analysis process, ensuring their views are represented most authentically. An emancipatory approach which challenges potential power dynamics and makes the process more collaborative requires attention. It will be essential to consider an environment where participants feel safe and contained for any research that is conducted.

Other limitations in the study could be addressed by exploring how VIG is used in a family context (i.e., with mothers and fathers) to add a deeper understanding to this area. Furthermore, increasing the sample size of this study. None of the participants recruited in the study were EPs, it would be interesting to gather their views related to VIG and DA to explore those who are successfully using it in their service as an intervention.

Prompts used in interviews were around cultural responsiveness and remote working. The GET of 'considerations for VIG practitioners', contained many subthemes that could be explored with more practitioners as they provided discussions around important ethical and moral dilemmas.

5.12 Reflections

This section will be written in the first person as it contains reflections on the researcher's personal journey carrying out research and the impact it has had on their practice.

5.12.1 My Learning Journey

As a novice researcher, I did worry about how I would be able to build relationships with participants in such a short space of time and help conduct the

interviews in a way that their voice be heard most genuinely. As someone who has experience in carrying out consultation with clients, I feel that my skills in active listening and working collaboratively helped to aid my interviewing skills. Particularly when conducting conversational style interviews which are inevitably quite open in nature. I made it explicit that there were 'no right or wrong answers'. My training from VERP and VIG allowed me to be conscious about using the PAIG principles as a means to analyse my own interactions from the interviews, enhancing strengths in my communication style. It also allowed me to see areas that could be improved upon. I hope to continue to use video in my practice as a tool to develop my skills.

I initially felt very discouraged that I could not recruit mothers indirectly through charities and organisations as I wanted to take a social justice stance. The research shows this group of women are vulnerable and their voice underrepresented. However, after carrying out the interviews, I realised the importance of relationship building. It highlighted the lack of opportunity I would have had to do this with mothers in just one session online, over a potentially very sensitive topic. I used research supervision to think about key decision points in my research and the importance of being an ethical researcher.

I was mindful having had some training in VIG and seeing the benefits of using video in my own practice, the potential of having some biases around the positive implications of using VIG in practice. However, after completing the interviews, I felt I was able to relate to the practitioners' challenges when trying to implement interventions as factors like: lack of time, lack of wider support and having an impact whilst in a complex system were raised. While I am still a TEP, I have been working as a full-time TEP in a local authority service for the past eight months and have seen some of the constraints of working in a system. Challenges such as

staff shortages and increases in statutory assessment requests have prevented more systemic work that focuses on early intervention being carried out. There can often be some dissonance to the EP I want to be and am continually aspiring to be, and the reality of day-to-day EP work. Similarly to the espoused theory versus theory-in-use Argyris and Schon (1978, as cited in O'Hare, 1987) people may act inconsistently to their espoused beliefs and ideas.

5.12.2 Critical Reflective Framework

I have used a critical reflective framework, as mentioned in Rowley et al. (2023) Framework for Critically Reflective Educational Psychology Practice (FCREPP) to help aid my critical reflection of my research journey. It focuses on three domains: theory into practice, relationships and communication and emancipatory reflection. Whilst the framework can be used flexibly, I used each section below to prompt my thinking.

5.12.2.1 Theory into Practice.

Throughout this research various psychological theories have been outlined and the VIG methodology threads through the project. It is important to reflect on some of the limitations and other lenses that could make sense of the situation described. Being part of a Eurocentric society, we hold the PAIG principles in high regard. This may be seen as the dominant cultural norm, suggesting those who do not interact or socialise in this way are 'doing it wrong'. It is imperative to be aware of the biases of such concepts and how they shape my world view. As mentioned in Chapter 1, attachment theory forms a basis for VIG principles and is a theory I am familiar with since studying psychology. However, attachment-based interventions and their appropriateness across cultures is an area I wonder about.

5.12.2.2 Relationships and Communication.

Although I did apply the PAIG guidance in my interviews when communicating with participants, I was in a dual position. I am a TEP but also acting as a researcher, and at times felt pressure in wanting to make the interviews as rich as possible. Consequently, this may have had an impact on my ability to be “fully present”. I think a benefit with virtual interviews was the fact that they were recorded which meant the task of note taking whilst being attuned was not an issue. After analysing my own interviews, it seemed that the interviewees had ‘most of the turn’ and I was able to give space for them to deepen their discussion. Even though I have experience meeting other professionals online, in a semi-formal setting, I still felt quite nervous. Thus, containing my own feelings was something I was mindful of at the beginning.

It is also important to consider group processes. I suppose it was my role when working within a group (e.g., with the participant) to achieve the goal of conducting research. This may have been inadvertently reinforced by group members, e.g., participants, commenting at the end of interviews phrases or questions like “I hope that has been useful?”, indicating they were aware of their role. I think the introduction script, along with the participants opportunities to ask questions and information provided in documents (e.g., debrief sheet) helped to manage the emotions of group members and possible uncertainties about the task. I believe a different research technique such as a focus group may have been more challenging to navigate. The physical environment was largely out of my control as interviews took place remotely, which could have influenced their ability to communicate. The position I tried to promote was being open and curious and not an

expert in the area. Nevertheless, having a professional title and being part of a university could have led to me being positioned differently.

5.12.2.3 Emancipatory Reflection.

In terms of asking myself the question ‘who benefits?’, I suppose from conducting this research, I firstly will benefit to some degree as it supports my completion of the professional doctorate course. I think just having an open dialogue about some of the strengths and challenges of delivering VIG with this population may benefit practitioners who are thinking of potentially delivering VIG in the future or validate those who may have similar experiences in this area. Whilst the intention of this research was emancipatory and wanting to highlight wider social issues, applying the ‘social GRRRAACCEEESSS’ (Burnham, 2012) allows me to reflect on the different privileges I hold. I am a White female with the title of ‘psychologist’ which in itself holds power. In terms of ethical practice, protocols were followed to ensure my responsibilities as a professional and researcher were upheld. The whole experience has made me more aware of ways of addressing topics like power and culture in research and my professional practice. Allowing individuals to share their story or truth can be powerful. Social justice is still a core value and being in somewhat of a position of power, it is essential I continue to advocate for those less privileged.

5.13 Conclusion

The current study adds to the knowledge of literature that have gathered the views of VIG practitioners. It is evident from the findings that delivering VIG to vulnerable families, e.g., those who have experienced DA, needs careful consideration and skilled practitioners. With that being said, it seemed to be an

overwhelmingly positive experience for practitioners and offered a number of key factors facilitating the strengths of the intervention. The national context shows that DA is still a prevalent issue in society and can have long-term detrimental influences on a child's development and negatively impact the mother's self-esteem. VIG is an indirect intervention related to the child or young person, the 'work' sits with the adult to make changes. This model lends itself well to the practice of EPs who are well placed to create a containing space for the adult e.g., by promoting attunement. The VIG values and beliefs can act as a reminder to professionals that everyone is doing the best they can at the time and moving away from a medical or diagnostic model. The study demonstrates the need to shift discourses that may be functioning in society that focus on harmful narratives and negative operations of power. The wider social, historical and political context cannot be forgotten.

The researcher hopes that this study can promote early intervention practices that can be used in educational settings to highlight strengths families bring and reframe the problem to outside the individual child. Through a social justice lens, everybody has the capacity to change.

5.14 Chapter Summary

The present study aimed to provide insights into practitioners' views of their experiences of delivering VIG to mothers who report to have been domestically abused. It highlighted the perceived strengths of delivering VIG in a specific context and potential challenges that may arise. Findings were outlined relating to both previous literature and psychological theories. The researcher's reflections were acknowledged throughout. Limitations of the study were addressed. Opportunities for further research and plans for dissemination were discussed. The researcher ends the chapter with a quote to hold in mind "keep one foot in pain and one in possibility"

(Rees, 2008, p. 172) and that everybody should be met with compassion and empathy as well as thinking about future possibilities.

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Appendices

Appendix A: Summary of the Included Studies

Author/s Date	Title	Design/ Aims	Research area and psychological theory	Participants	Measures/ Data analysis	Findings	Critique
Callicott, K., Thomas, S., & Lee, R. 2021	Video Interaction Guidance during the Coronavirus pandemic: Responding to a new way of working	Case Study Exploratory Shared reflections about effective VIG practice when using video conferencing	Implementing VIG using a digital platform may be beneficial in certain contexts Attachment, intersubjectivity, social constructivist perspective	VIG intervention between a practising Educational Psychologist (EP), and a parent of a six-year-old with social communicatio n difficulties	Literature addressed - using video conferencing software to implement therapeutic interventions Qualitative (short interview) and quantitative (target monitoring and evaluation scores) evaluation data obtained from parent Comments used from the VIG practitioner	Challenges to delivering VIG online: reduced contextual cues that could limit rapport building. Difficulty seeing the parent when sharing clips. Accessibility, confidentiality, privacy, and security of data Benefits: removes the need to travel, positive environmental benefits, increases in accessibility availability and flexibility. Less	Limited information available due to case study design Parent may have evaluated the intervention positively in an attempt to keep a positive relationship with VIG practitioner 3 shared review cycles of VIG were completed – parent took

						<p>pressure on parents to clean/tidy their home. Practitioners' receiving client more strongly because components of PAIG being accentuated</p> <p>Despite the challenges, VIG intervention was successful in effecting change from parent's perspective</p>	video footage of interactions
<p>Hall, A., Finch, T., Kolehmainen, N., & James, D.</p> <p>2016</p>	<p>Implementing a video-based intervention to empower staff members in an autism care organization: a qualitative study</p>	<p>Qualitative, exploratory</p> <p>Implementation of VIG within an autism care organisation in England</p>	<p>Normalization Process Theory (NPT)</p> <p>Co-constructed pedagogy</p> <p>Empowerment</p>	<p>3 participants involved in VIG guider training, two participants had been VIG guiders and two were senior managers</p>	<p>Purposive sample of 7 participants</p> <p>Semi-structured interviews used</p> <p>Inductive thematic analysis and codes were compared with constructs of NPT</p>	<p>Facilitators and barriers to successful implementation were identified</p> <p>VIG contributed to staff feeling empowered. However, implementation was challenging within the organisational culture</p>	<p>Small sample size</p> <p>Purposive sampling relies on judgement of the researcher to select criteria</p> <p>Took place in a registered charity in the North of</p>

						Participants felt a better understanding of VIG through experiencing its empowering benefits	England, replicability?
Rogers (2021)	An exploration of the application of Video Interaction Guidance (VIG) in Educational settings and an Educational Psychology Service Doctoral Thesis	Paper 1 – scoping review Paper 2 - single-case design within an EPS in a local authority Exploratory Understanding from the perspective of individuals within a team of EPs, how a model of VIG at the service level has developed over time Building on a pilot study	Social learning theory Attachment theory	7 participants with varying levels of VIG experience (principal EP, senior EP, 3 main-grade EP's, TEP and VIG lead)	Semi-structured interviews Reflexive thematic analysis Existing literature was collated and synthesised as part of a systematic scoping review addressing the use of VIG in education settings	Empirical paper recognised a variety of elements that impacted the development of a VIG delivery model Themes included: factors linked to motivation, VIG in EP practice, setting up an infrastructure to support delivery, and supporting factors	Generalisability of findings due to being carried out in one EPS Participants self-selecting to take part and possibly not representative of the whole EPS team views

		(Rogers, 2019) Paper 3 – dissemination of evidence to professional practice					
Dodsworth, E., Bond, C., & Kelly, C. 2022	Video Interaction Guidance: Practitioners perspectives on longer-term outcomes	Exploratory Exploring VIG practitioners' views on longer-term outcomes	VIG's success/maintenance factors Solution-focused, attunement, intersubjectivity, values based	Preliminary phase: Focus group of 11 VIG practitioners from a range of roles and main phase: 26 VIG-trained Educational Psychologists	Focus group, key ideas identified through thematic analysis A questionnaire devised and responses categorised using directed, qualitative content analysis	Support from others, increased self-efficacy and awareness of risk-factors were named as variables likely to support change maintenance Issues discussed relating to the conceptualisation and measurement of longer-term outcomes	Transferability of findings due to the focus on VIG practice in the context of EP work Limitations of using questionnaires that is constraints participants responses
¹ Dodsworth (2020)	Video interaction guidance: an	Two-part empirical study	Attachment, intersubjectivity, mediated learning	Systematic review identified 9	Systematic review of VIGs longer-term	SLR found little research relating to long-	Main phase focused on VIG practice

¹ Note: Summaries are given for Dodsworth (2020) and Dodsworth et al. (2022), however, for the purpose of the literature review the two publications are counted as one source.

	<p>exploration of longer-term outcomes</p> <p>Doctoral Thesis</p>	<p>Systematic literature review (SLR) using PRISMA for paper 1</p> <p>Qualitative design for paper 2</p>		<p>studies (6 incorporated follow up measures)</p> <p>Purposive sample (11 VIG practitioners with diverse roles)</p> <p>26 VIG practitioners who were EPs completed the questionnaire</p>	<p>outcomes, focus group of VIG practitioners and questionnaire completed by VIG-trained EPs</p> <p>Content analysis was carried out on questionnaire data</p>	<p>term outcomes of VIG</p> <p>Practitioners highlight inconsistency between measures used in research and practice</p> <p>In terms of maintenance outcomes, VIG guiders play a significant role</p> <p>A proposed model of delivery discussed (beginning, VIG cycles, ending and follow up)</p>	<p>in the context of EP work</p> <p>Transferability of findings</p> <p>Feedback was not gained on client's proposed model of delivery due to time constraints</p> <p>Findings from VIG research usually focuses on specific populations, limiting transferability</p>
<p>Doria, M. V., Kennedy, H., Strathie, C., & Strathie, S. (2014)</p>	<p>Explanations for the Success of Video Interaction Guidance (VIG): An</p>	<p>Exploratory</p> <p>Explored the mechanisms underlying the success of VIG from the</p>	<p>Intersubjectivity, attunement, metacognition, strengths-based, self-efficacy, cognitive</p>	<p>Five client families (followed along for three cycles of VIG and shared</p>	<p>Content analysis of interviews, focus groups and fifteen therapeutic sessions</p>	<p>Guiders suggest VIG's success is due to families feeling empowered, supported co-exploration and</p>	<p>Relatively small sample size</p> <p>Less mentioned about factors</p>

	Emerging Method in Family Psychotherapy	perspectives of its users	dissonance, social constructivism Psychotherapy	reviews), three VIG professionals and five VIG supervisors	Grounded theory methodology	concentrating on positive moments Some guiders highlighted practical complaints Explanatory model of VIG success: methodological components, underlying mechanisms and outcomes	which might hinder VIG's success
McKeating (2018)	Video Interaction Guidance (VIG): Experiences of Parents, Teaching Assistants, Educational Psychologists and Children Doctoral Thesis	Qualitative Exploratory Explored children's experiences of VIG as well as adults around or working with the child	Containment, child's voice, intersubjectivity, social learning theory, attachment theory	Multiple case studies Each case consisted of an EP, and adult and a child taking part in a VIG intervention 18 participants in total, 6 EPs, 6 adults and 6 children	Thematic analysis Strength and difficulties questionnaire, semi-structured interviews and scaling exercise	All participants reported having a positive experience of VIG Restrictions of VIG intervention: limited time, time to follow up/review, time as boundaries Psychological concept of containment was important	Social desirability effects in response from participants using semi-structured interviews and provide a snapshot of views at the time Small sample size, may be difficult to generalise with families

						<p>EP's including children's views to varying degrees</p> <p>Outcomes of VIG: perceptions of self, perceptions of child, instruments and affective experience of VIG</p>	<p>Researcher's position within the local authority</p> <p>Quality measures for qualitative research less clear</p>
Danya (2011)	<p>Taking a closer look: exploring processes and evaluating outcomes of a video intervention: video interaction guidance (VIG)</p> <p>Doctoral Thesis</p>	<p>Mixed method design</p> <p>Exploratory</p> <p>Paper 1 – focused on exploring in-depth analysis of shared review sessions between parents and EP's</p> <p>Paper 2 – evaluated perceived social,</p>	<p>Social learning theory, self-modelling, intersubjectivity, scaffolding, zone of proximal development, mediated learning experience, contact principles, empowerment, activating-compensating model, behaviour change</p>	<p>Case 1: mother, her 6-year-old son and EP</p> <p>Case 2: mother, her 5-year-old son and EP</p> <p>Case 3: mother, her 12-year-old son and EP</p> <p>Case 4: father, his 11-year-old son and EP.</p>	<p>Shared review sessions</p> <p>Written reflections to gather views of parents</p> <p>Thematic analysis of semi-structured interviews (SSI)</p>	<p>EP's main themes from SSIs: relationships, protocols of VIG, EP skills and client factors – also identified in parents' themes</p> <p>Generally, shared review sessions between EP's and parents were compensating rather than activating</p>	<p>One EP had only recently been trained in VIG so may have impacted likelihood of positive outcomes</p> <p>Small sample size</p> <p>Researcher's limited previous experience of VIG</p>

		emotional and behavioural outcomes for parents and children Linking paper – development of guiding principles		Parents completed a minimum of three VIG cycles			Structured approach to data analysis meant difficulty exploring all themes within the data
Algahali (2019)	Professionals' perception of the process of change during an attachment based parenting intervention (Video Interaction Guidance) with parents with intellectual disabilities Doctoral Thesis	Paper 1 – A systematic review Paper 2 – Qualitative, explored the perspectives of VIG guiders, in order promote the effective application of VIG with parents with ID Paper 3 – Discussed impact and dissemination	Attachment theory Theoretical underpinnings of VIG	Participants were VIG guiders (nine females) who had worked with parents with different severities of ID and were from therapeutic services across England and Wales	Constructivist grounded theory approach. Semi-structured interviews	Similar outcomes from VIG were attained for parents with ID in comparison to parents without ID Unique factors showing the process of change were emphasised by guiders for parents with ID Difficulties that made VIG more difficult were due to cognitive factors associated with ID	Deviations when completing grounded theory methodology Skype used to conduct interviews – can impact on rapport building and non-verbal cues Theoretical sampling was not possible Relatively small sample size

Mann (2022)	<p>A qualitative analysis exploring the use of Video Interaction Guidance within the context of supporting the development of successful fostering relationships</p> <p>Doctoral Thesis</p>	<p>Qualitative</p> <p>Understanding of foster carers' and VIG guiders' lived experiences of delivering or taking part in VIG. Aimed to build knowledge about successful fostering relationships</p>	<p>Attachment theory</p> <p>Caregiver sensitivity</p> <p>Caregiver commitment</p>	<p>Five participants (three foster carers and two VIG guiders who had delivered VIG to foster carers)</p>	<p>Semi-structured interviews</p> <p>Interpretative Phenomenological Analysis and Thematic Analysis</p>	<p>Several findings: factors contributing towards building successful fostering relationships are similar to the principles of attunement</p> <p>Majority of the foster carers wanted to develop positive fostering relationships with their foster children</p> <p>VIG may not work for all foster carers</p> <p>The VIG practitioners also explored how therapeutic interventions such as VIG, may not always be appropriate for a child in that moment</p>	<p>Completed at least two cycles of VIG, typically three is recommended</p> <p>Participants interviewed many months after their experiences of VIG. May have forgotten important details</p> <p>Due to COVID-19 pandemic, children's views were not able to be gathered</p>
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Woolfman (2023)	<p>Practitioner experiences of delivering Video Interaction Guidance with caregivers and infants: Toward Culturally Competent Care</p> <p>Doctoral Thesis</p>	<p>Qualitative</p> <p>Explored how practitioner psychologists implemented VIG across cultures (with caregivers and infants)</p>	<p>Attachment theory</p> <p>Caregiver sensitivity 'cultural approach to parenting' model (Bornstein, 2012)</p>	<p>Nine practitioners working within perinatal and parent-infant services</p>	<p>Interviews</p> <p>Reflexive Thematic Analysis</p>	<p>Findings showed VIG as complimentary with caregivers and infants across cultural settings</p> <p>Participants reflected that families from minoritised groups were not always represented in their VIG work</p> <p>Reflections provided by participants on how they address the cultural context during their practice. Challenges named with adopting this approach, potentially how specific nuisances around culture may be missed</p>	<p>Video-calling used as medium for interviews, may have influenced participants comfortability</p> <p>On the lower end for participant sample size</p> <p>All participants self-identified as White</p> <p>Pressure of time when recruiting</p>
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						within VIG implementation	
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Appendix B: Example of Results from a Literature Search

Database searched	Date	Search Terms	Results	Initially meeting inclusion criteria (after reading abstract)
APA PsychInfo	February 2023	("video interaction guidance" OR VIG)	170 results √ full text = 49 results √ peer reviewed = 48 results √ English language = 47 results Abstracts read = 47	1 Dodsworth et al. 2022
British Education Index	February 2023	("video interaction guidance" OR VIG)	18 results √ full text = 10 results √ peer reviewed = 10 results (English language – not an option) Duplicates removed = 9 Abstract read = 0	0
Child Development & Adolescent Studies	February 2023	("video interaction guidance" OR VIG)	24 results √ full text = 11 results √ peer reviewed = 11 results √ English language = 10 results Duplicates removed = 8 Abstracts read = 1	0
CINAHL Complete	February 2023	("video interaction guidance" OR VIG)	295 results √ full text = 78 results (peer reviewed not an option) √ English language = 78 results Duplicates removed = 22 Abstracts read = 56	1 Brooks (2008)
Education Research Complete	February 2023	("video interaction guidance" OR VIG)	88 results √ full text = 49 results √ peer reviewed = 37 results	0

			✓ English language = 37 results Duplicates removed = 25 Abstracts read = 11	
ERIC	February 2023	("video interaction guidance" OR VIG)	37 results ✓ full text = 22 results ✓ peer reviewed = 21 results ✓ English language = 21 results Duplicates removed = 17 Abstracts read = 4	0
Scopus	February 2023	"video interaction guidance"	58 results Open access = 17 results Document type - Journal = 14 results ✓ English language = 14 results Duplicates removed = 7 Abstracts read = 7	2 Hall et al. (2016) Pilnick and James (2013)
EThOS	February 2023	"video interaction guidance"	31 records Accessible records = 30 Abstracts read = 30	5 Danya (2011) Alghali (2019) Dodsworth (2020) McKeating (2018) Rogers (2021)
UEL Repository	February 2023	"video interaction guidance"	Advanced search = 0	0

Appendix C: Critical Appraisal of Studies

Critical appraisal of literature review using Yardley's (2000) core principles for evaluating qualitative research

Author/s Date Journal title	Journal/title	Sensitivity to context	Commitment and rigour	Transparency and coherence	Impact and importance
Callicott, K., Thomas, S., & Lee, R. 2021	Video Interaction Guidance during the Coronavirus pandemic: Responding to a new way of working	Reference to historical origin, detailed discussion of theoretical underpinnings and information about the intervention Ethical issues such as privacy, security, confidentiality and accessibility are mentioned Qualitative and quantitative data obtained from parent Reflections from parent and practitioner were sought	Description of case study Accessing shared review through mobile phone. Difficulties with developing attunement Not clear how short interview from parent was analysed TME ratings – an appropriate quantitative measure Comments used from practitioner. How were these taken?	Family was known to EP through statutory assessment process. Could that have impacted perceived experiences and/or outcomes? Parent filmed own interactions with their child. Issues with both being present in video clip Strengths and challenges of the intervention highlighted	Acknowledged wider social-cultural context, e.g., Coronavirus pandemic Provides insight into the implementation of VIG online Suggests future research comparing VIG online to in-person practice

<p>Hall, A., Finch, T., Kolehmainen, N., & James, D.</p> <p>2016</p>	<p>Implementing a video-based intervention to empower staff members in an autism care organisation: a qualitative study</p>	<p>Uses NPT as a theoretical lens throughout</p> <p>Participants perspectives who received the intervention have been published in another study – do not have access to this paper</p> <p>Provides details about the organisation</p> <p>Outlines some ethical considerations</p>	<p>Final codes of analysis provided</p> <p>Helpful that quotes from participants were included</p> <p>Another video-based intervention introduced at the same time as VIG. Organisation of project?</p> <p>Quality assurance for qualitative research recognised by the authors/researchers</p>	<p>Acknowledges organisational culture</p> <p>Coherent argument about strengths and limitations of using NPT outlined</p> <p>Some quotes included from participants and codes provided related to NPT constructs</p> <p>Numerous authors involved in data analysis process</p>	<p>Recommendations about how implementation of VIG could be used in potentially challenging organisational cultures</p> <p>The role of experience was emphasised to develop understanding of the intervention</p> <p>Important implications around power mentioned</p> <p>May be useful for organisations thinking about implementing VIG</p> <p>Practical applications less explicit</p>
<p>Dodsworth, E., Bond, C., & Kelly, C.</p> <p>2022</p>	<p>Video Interaction Guidance: Practitioners perspectives on longer-term outcomes</p>	<p>Acknowledgement of previous research</p> <p>Mentions explanatory model of VIGs success</p> <p>Book is signposted for details of theoretical background</p> <p>Less detail on sociocultural elements</p>	<p>Methodological choices appropriate</p> <p>Thorough data collection – preliminary phase included</p> <p>Wide breadth of analysis</p>	<p>Transparent research process</p> <p>Authors positionality potentially influencing data</p> <p>Some evidence of reflexivity</p>	<p>Proposed model of delivery of maintenance outcomes based on practitioners' views</p> <p>Provides explanation regarding implementation of model</p> <p>Limited to VIG practice in the context of EP work</p>

Doria, M. V., Kennedy, H., Strathie, C., & Strathie, S. (2014)	Explanations for the Success of Video Interaction Guidance (VIG): An Emerging Method in Family Psychotherapy	<p>Theoretical context addressed</p> <p>Ethics highlighted briefly, vulnerable parents?</p> <p>Range of perspectives included (parents and guiders). Not children</p>	<p>Methodological justification shared</p> <p>RQ clear and relevant to literature</p> <p>Balance between guiders and parents' responses</p> <p>Thorough data collection procedure consisting of three phases</p>	<p>Clear conceptual framework presented from results</p> <p>Mentions exploring the role of metacognition and dissonance-induced attitude change</p> <p>Underlying success mechanisms linked to psychological theory</p>	<p>Research objectives evidently met</p> <p>Suggestion made for future research to test the proposed model</p> <p>Applicable to VIG practitioners</p>
Danya, G. 2011	<p>Taking a closer look: exploring processes and evaluating outcomes of a video intervention: video interaction guidance (VIG)</p> <p>Thesis paper</p>	<p>Theoretical aspects spoken about in literature review in depth</p> <p>Ethical considerations mentioned</p> <p>Cases described children's ages but no other demographic features</p> <p>VIG theoretical perspective</p> <p>Relevant legislation for the role of EPs</p>	<p>Qualitative methods for individual cases seem appropriate</p> <p>Minimum of three VIG cycles carried out</p> <p>Different measures used to capture data (semi-structured interviews, written reflections, questionnaires)</p> <p>Author outlines why thematic analysis was chosen in comparison to other methods</p>	<p>Transparent data analysis process – appendices provide 'traces' of procedure</p> <p>Study used Yardley's (2000) four main principles when assessing the validity</p> <p>Data set was revisited with parents</p> <p>Clear description of measures which relate to theory</p>	<p>A range of factors discussed that may increase or decrease impact of VIG</p> <p>Mentions families receiving other forms of support too</p> <p>Implications for EP practice discussed, although seem relevant for VIG practitioners</p>

<p>Dodsworth, E. S.</p> <p>2020</p>	<p>Video interaction guidance: an exploration of longer-term outcomes</p> <p>Thesis paper</p>	<p>Systematic review completed of previous literature. Appropriate critical appraisal tools chosen</p> <p>Study builds on information presented from the SLR</p> <p>Context addressed relating to VIG and its outcomes</p> <p>Gained ethical approval, mentions there were no specific ethical issues in the research</p>	<p>Rationale, research questions and methodology coherent</p> <p>Preliminary phase and then a questionnaire so rich data could be gathered</p> <p>Empirical evidence covered about the effectiveness of VIG in the long-term</p> <p>Relevant analysis chosen for methods. Mixture of hand coding and analysis software</p>	<p>Professional experience mentioned and researcher's own beliefs</p> <p>Section on reflexivity in research</p> <p>Data presentation transparent</p> <p>Balanced description of argument/theory</p>	<p>Practical ideas for disseminating research, intended to target a range of audiences</p> <p>Suggests the use of longitudinal designs for researchers</p> <p>Importance of fidelity is emphasised</p> <p>Implications for VIG and EP practice</p>
<p>McKeating, R.</p> <p>2018</p>	<p>Video Interaction Guidance (VIG): Experiences of Parents, Teaching Assistants, Educational Psychologists and Children</p> <p>Thesis paper</p>	<p>National context provided, theories and terminology explained</p> <p>Multiple perspectives sought. Children's views were difficult to obtain.</p> <p>Ethics carefully considered</p>	<p>Thorough engagement with topic</p> <p>Researcher's position is very clear</p> <p>Methodology, data collection and analysis were appropriate and answered the RQ's</p>	<p>Reflexivity – researcher acknowledges own view of VIG, used a research diary, etc</p> <p>Researcher tried to reduce power imbalances</p> <p>Different stages of research process seem clear and transparent</p>	<p>Highlighting the need to capture the child's voice</p> <p>Some implications for EP practice</p> <p>Useful for professionals training in delivering VIG</p> <p>Importance of understanding legislation</p>

			Interview questions were piloted	Thematic map themes included in findings and examples provided of each stage of analysis	
Woolfman, M. 2023	Practitioner experiences of delivering Video Interaction Guidance with caregivers and infants: Toward Culturally Competent Care Thesis paper	<p>The social-cultural and political landscape was considered</p> <p>Participants were involved in the analysis process so reflective of VIG community voices</p> <p>A range of ethical considerations mentioned</p> <p>Previous literature reviewed along with limitations</p> <p>VIG overview provided</p>	<p>Researcher completed VIG initial introductory training before analysis begun</p> <p>Researcher took part in research supervision</p> <p>The researcher showed commitment to the topic as they were working in a parent-infant service throughout most of the process</p> <p>Good engagement with topic area</p>	<p>The researcher's position, along with their aims, methodology and findings were clearly outlined</p> <p>Reflexivity was also detailed via logs and reflections. Research reflected on own identity</p> <p>Used Yardley's (2008; 2000) guidelines to evaluate own study</p>	<p>Provided space for practitioners to consider culture within their practice</p> <p>The findings begin to address inequalities in health services, e.g., NHS, and raised awareness of culture within VIG practice</p> <p>Appears to add to knowledge and understanding in an area with limited research</p>
Rogers, C. J. 2021	An exploration of the application of Video Interaction Guidance (VIG) in Educational settings and an Educational Psychology Service	A scoping review was conducted which focused on how VIG had been applied in education settings, although no formal quality assessment	<p>Full details of scoping review provided</p> <p>Clear research aims and methods</p>	<p>Position outlined – critical realist</p> <p>Reflections/reflexivity less obvious</p> <p>Links made between theory and method.</p>	<p>Provides implications for practice at a professional and organisational level</p> <p>Spoke of findings adding to understanding for TEPs training in VIG</p>

	Thesis paper	<p>process was undertaken</p> <p>Ethics mentioned and ethical issues highlighted in findings</p> <p>Participants views gathered by interviews, demographic details mentioned</p> <p>Empirical study undertaken</p>	<p>Followed Braun and Clarke's (2006) six stage framework</p> <p>Main themes and subthemes were agreed by a second author</p>	<p>Clarity in description and approach</p> <p>Addresses information about evidence-based practice and practice-based evidence</p>	<p>Highlighted the current evidence base and importance of evaluating practice, important implications for EP practice</p> <p>Case study design is context bound. Benefits service</p> <p>Clear dissemination plans</p>
Alghali, H. 2019	<p>Professionals' perception of the process of change during an attachment based parenting intervention (Video Interaction Guidance) with parents with intellectual disabilities</p> <p>Thesis paper</p>	<p>Ethical approval was obtained. A systematic review was conducted of relevant studies. The Critical Appraisal and Skills Programme (CASP; 2018) checklist was used to judge the quality of the studies</p> <p>Aims and rationale clear, linked to theory</p> <p>Focused on VIG practitioners' perspectives, author acknowledged it may not represent parental views or</p>	<p>Grounded theory methodology used although deviations were made (initial coding for each interview not completed before the next)</p> <p>Example transcript provided showing initial coding process and how theoretical and focused codes were developed</p> <p>Data analysis process outlined and relevant</p>	<p>Study findings were related to previous research findings</p> <p>Societal narratives and impact of these were addressed</p> <p>Reflections noted. Originally did want to include parents with ID and VIG practitioners' views. Recruitment difficulties spoken about and the impact this had</p>	<p>Impact of research is discussed at varying levels, e.g., individual, community and policy</p> <p>Dissemination strategies involved sharing with self-advocacy groups and trying to make it as accessible as possible</p> <p>Helpful summary is provided, detailing challenges and adaptations/considerations for VIG guiders</p>

		<p>understanding of their VIG experience</p> <p>Researcher outlined own interest in topic and potential biases</p>	<p>Researcher was working in a service for adults with learning disabilities at the time of conducting interviews</p>	<p>Researcher kept a reflective journal with example extracts</p>	
<p>Mann, H. 2022</p>	<p>A qualitative analysis exploring the use of Video Interaction Guidance within the context of supporting the development of successful fostering relationships</p> <p>Thesis paper</p>	<p>Addressed national and local context</p> <p>COVID-19 pandemic impacted research</p> <p>Some theory mentioned (e.g., attachment theory, IPA, theoretical underpinnings of VIG, etc)</p> <p>Relevant literature identified</p>	<p>Interviewed both foster carers and VIG guiders – good triangulation</p> <p>Participants completed at least two cycles of VIG, at least three is typically recommended</p> <p>In-depth and relevant analysis (IPA)</p>	<p>Aims of research clearly outlined</p> <p>Reflections on validity of own research</p> <p>Researcher's position discussed</p> <p>Data analysis process visibly shown</p>	<p>Adds to research and knowledge about supporting positive fostering relationships</p> <p>Implications for own and EP practice outlined</p> <p>Participants interviewed were from the same local authority, potentially limiting generalisability of the findings</p> <p>Future recommendations made for VIG practice within a similar context</p>

Appendix D: Interview Guide

Draft guide and questions for conversational style interview

Introduction:

“Thank you so much for agreeing to take part in this interview. I’m _____ I am a student from the University of East London. I am here to gather information as part of my doctorate research and I am really keen to learn more about your experiences of delivering Video Interaction Guidance to mothers who report to have been domestically abused.

*Please know there are no right or wrong answers to any of my questions, I am just interested to hear about your own experiences, your views and thoughts are all extremely valuable. Just to say again, that your participation in this interview is voluntary and **anything you say here will be treated as confidential**. The actual interview responses are only shared with the research team members and any information or quotes included in the thesis write up will be anonymised. If we get to the end of the interview and there are things you feel were important that we haven’t talked about, please feel free to raise them with me.*

I would like to record this interview with Microsoft Teams so that I don’t miss any of your comments, is that okay? Again, I really appreciate your time and help with this interview! If at any time you don’t want to answer a question that’s fine, or if you need to stop for any reason, just let me know. Are there any questions at this stage?

May I start recording?

NB Before you start, check each interviewee has read and signed the ‘consent to record’ form and electronically returned to the researcher.

Aims	Questions
Background Information	1. What is your current role? 2. When did you complete VIG training?

	<p>3. What is your VIG accreditation level?</p> <p>Okay, thank you for that information. Now we are going to move on to talking a little bit about the intervention.</p>
Key Topic Areas to Explore	Strengths, challenges, key mechanisms for supporting change.
Prompts for each topic area	Cultural responsiveness and remote working.
Final reflections and ending	Thank you for your honesty and reflections, it's been great talking to you.

Appendix E: Example Annotated Transcript Extract

Maria's Analysis

Key:

- Descriptive comments
- Linguistic comments
- Conceptual comments

Attunement principles: Being attentive = red, encouraging = orange, receiving = yellow, attuned together = green and, guiding and supporting = blue

Attunement principles	Experiential statements	Line number	Original transcript	Exploratory noting
Yellow		1	I: Hopefully it's popped up to say	(Name of role) working for (name of team) Also supports parents in (name of service)
		2	M: Yup	
		3	I: Yep, ok. Ok brilliant. <u>So</u> the first question,	
		4	is erm, just about your current role. <u>So</u>	
		5	what is your current role?	
Red		6	M: Ok, so currently I'm erm a (name of	
		7	role) and I work for the (name of team) in	
		8	(name of city). Erm, I also have another	
		9	role that I work independently as (name of	
Yellow		10	role), in the (name of service)	
		11		
		12	I: Uhm	
		13	M: There as well. Erm background is (data	
		14	extracted)	
		15		
Yellow		16	I: Ok	
		17	M: And <u>also</u> obviously VIG training, which	
		18	I'm trying to, I'm on the cusp of being	
		19	accredited so it's <u>really exciting times</u> now	'exciting times' - looking forward to becoming accredited

Yellow		20	I: Yeah	Experienced and varied career
		21	M: <u>And I've got a varied career really</u>	
		22	(laughs)	
		23	I: Yeah (laughs)	
		24	M: Lots of different aspects. I'm old	
Orange/yellow		25	enough to have a busy a, a history	Midway through VIG training
		26	I: Yeah, it sounds very varied, erm, when	
		27	did you complete your VIG training?	
		28	M: Just, I'm doing it at the minute. I've	
		29	done my midway	
Blue		30	I: Ok	
		31	M: Um, erm, I've got a meeting. I think I've	
		32	one more shared review and then, I think	
		33	I've got it hopefully	
		34	I: Brilliant. That was my last question	
		35	actually, about your VIG accreditation level	
		36	but it sounds like your just on the cusp of	
		37	(pause)	
		38	M: Yup	
		39	I: Yep (pause). Ok thank you, erm for that	
		40	information. Now we're going to talk a	
		41	little bit more about the intervention, erm,	
		42	so this is quite a broad question really.	
		43	When you've used this intervention with	
		44	mothers who have experienced domestic	
		45	abuse were there any strengths and	
		46	challenges?	

Yellow	Being a VIG novice	47	M: Um, <u>yes</u> I think obviously my	New to delivering VIG intervention Completed basic requirements of training
		48	experience in VIG is probably, I'm, I'm <u>a bit</u>	
		49	of a baby at VIG and a bit of a novice. Erm	
		50	so I've <u>only managed to do what's required</u>	
		51	<u>of me at this point</u>	
		52	I: Yeah	
Yellow	A challenge is mums from the (name of team) have often experienced a wide range of domestic abuse	53	M: For accreditation, erm, but I think, I've	Mothers she has worked with have been part of the (name of team) 'interesting journey' - indicating some sort of turbulence? Mothers have previously experienced significant abuse which is a challenge
		54	had about, <u>most of my young people that</u>	
		55	<u>I've worked with, erm, have been mums</u>	
		56	<u>from the (name of team). So they've been</u>	
		57	<u>(name of team) themselves</u>	
		58	I: Yeah	
Yellow	A challenge is mums from the (name of team) have often experienced a wide range of domestic abuse	59	M: A lot of them (<i>pause</i>) in fact, all of	Mothers have previously experienced significant abuse which is a challenge
		60	them	
		61	I: Ok	
		62	M: <u>So it's been quite an interesting journey</u>	
		63	<u>for them, erm</u>	
		64	I: Umm	
Yellow	A challenge is mums from the (name of team) have often experienced a wide range of domestic abuse	65	M: <u>A lot of them have the history of being</u>	Mothers have previously experienced significant abuse which is a challenge
		66	<u>involved in, erm, coercive controlling</u>	
		67	<u>relationships and physical abuse as well,</u>	
		68	<u>and sexual abuse. So that has been a bit of</u>	
		69	<u>a challenge I've felt</u>	
		70	I: Yep	
Yellow	A challenge is mums from the (name of team) have often experienced a wide range of domestic abuse	71	M: Erm, it's, you know I've worked with	Mothers have previously experienced significant abuse which is a challenge
		72	colleagues who are doing <u>VIG</u> and they are	
		73	health visitors and they've got, <u>as they,</u>	

Red	Mums can have baggage and need a listening ear	74	<u>often say to me, we've got the easy ones</u>	Implying the mothers who have experienced domestic abuse, have 'baggage'. Emotional, physical?
		75	<u>cause their mums who have no, limited</u>	
		76	<u>baggage should I say</u>	
		77	I: Umm	
Yellow	Previous trauma can prevent engagement in VIG on the day	78	<u>M: But I find that they use my time as well</u>	'sounding block' - being a barrier possibly for their words? Time is spent listening Listening to them is required before VIG Planned films do not always happen 'headspace' -mother's state of mind 'trauma' - referring to previous DA experiences? 'out of the situation' - abuse is no longer happening? Affects of abuse are long lasting perhaps 'I'm wondering' - reflecting about the situation Identifying a need (lack of support)
		79	<u>the girls, as a sounding block, as a listening</u>	
		80	<u>ear</u>	
		81	I: Umm	
		82	<u>M: And sometimes, well to be honest with</u>	
		83	<u>ya, I let them do that before we even do</u>	
		84	<u>anything around the VIG</u>	
		85	I: Umm	
Yellow	Potential lack of support for young mums	86	<u>M: And sometimes when I show up to do a</u>	
		87	<u>session with them, I film, a planned film or</u>	
		88	<u>whatever it goes out the window because</u>	
		89	<u>they're not in the right headspace for that,</u>	
		90	<u>erm because of their own traumas coming</u>	
Yellow		91	<u>to the fore. Even though</u>	
		92	I: Yep	
		93	<u>M: All, most of them, virtually all of them,</u>	
		94	<u>were out of the situation (pause) erm</u>	
		95	I: Umm	
Yellow		96	<u>M: So, erm, yeah, it it's, and I think, and</u>	
		97	<u>I'm wondering whether that's because</u>	
		98	<u>there's a lack of support in this area for</u>	
		99	<u>mums</u>	

Appendix F: Ethical Approval



University of
East London

School of Psychology Ethics Committee

NOTICE OF ETHICS REVIEW DECISION LETTER

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

Reviewer: Please complete sections in **blue** | **Student:** Please complete/read sections in **orange**

Details	
Reviewer:	Caroline Edmonds
Supervisor:	Lucy Browne
Student:	Sophie Stone
Course:	Prof Doc Educational and Child Psychology
Title of proposed study:	Please type title of proposed study

Checklist (Optional)			
	YES	NO	N/A
Concerns regarding study aims (e.g., ethically/morally questionable, unsuitable topic area for level of study, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed account of participants, including inclusion and exclusion criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Concerns regarding participants/target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed account of recruitment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding recruitment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All relevant study materials attached (e.g., freely available questionnaires, interview schedules, tests, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study materials (e.g., questionnaires, tests, etc.) are appropriate for target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear and detailed outline of data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data collection appropriate for target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If deception being used, rationale provided, and appropriate steps followed to communicate study aims at a later point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If data collection is not anonymous, appropriate steps taken at later stages to ensure participant anonymity (e.g., data analysis, dissemination, etc.) – anonymisation, pseudonymisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data storage (e.g., location, type of data, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data sharing (e.g., who will have access and how)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data retention (e.g., unspecified length of time, unclear why data will be retained/who will have access/where stored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, General Risk Assessment form attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/psychological risks/burdens to participants have been sufficiently considered and appropriate attempts will be made to minimise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/psychological risks to the researcher have been sufficiently considered and appropriate attempts will be made to minimise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, Country-Specific Risk Assessment form attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, a DBS or equivalent certificate number/information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, permissions from recruiting organisations attached (e.g., school, charity organisation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All relevant information included in the participant information sheet (PIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information in the PIS is study specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the PIS is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All issues specific to the study are covered in the consent form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the consent form is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All necessary information included in the participant debrief sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the debrief sheet is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study advertisement included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content of study advertisement is appropriate (e.g., researcher's personal contact details are not shared, appropriate language/visual material used, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Decision options

APPROVED	Ethics approval for the above-named research study has been granted from the date of approval (see end of this notice), to the date it is submitted for assessment.
APPROVED - BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES	<p>In this circumstance, the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box at the end of this form once all amendments have been attended to and emailing a copy of this decision notice to the supervisor. The supervisor will then forward the student's confirmation to the School for its records.</p> <p>Minor amendments guidance: typically involve clarifying/amending information presented to participants (e.g., in the PIS, instructions), further detailing of how data will be securely handled/stored, and/or ensuring consistency in information presented across materials.</p>
NOT APPROVED - MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED	<p>In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.</p> <p>Major amendments guidance: typically insufficient information has been provided, insufficient consideration given to several key aspects, there are serious concerns regarding any aspect of the project, and/or serious concerns in the candidate's ability to ethically, safely and sensitively execute the study.</p>

Decision on the above-named proposed research study

Please indicate the decision:	APPROVED
-------------------------------	-----------------

Minor amendments

Please clearly detail the amendments the student is required to make

Major amendments

Please clearly detail the amendments the student is required to make

Assessment of risk to researcher		
Has an adequate risk assessment been offered in the application form?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If no, please request resubmission with an <u>adequate risk assessment</u> .	
If the proposed research could expose the <u>researcher</u> to any kind of emotional, physical or health and safety hazard, please rate the degree of risk:		
HIGH	Please do not approve a high-risk application. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not be approved on this basis. If unsure, please refer to the Chair of Ethics.	<input type="checkbox"/>
MEDIUM	Approve but include appropriate recommendations in the below box.	<input type="checkbox"/>
LOW	Approve and if necessary, include any recommendations in the below box.	<input checked="" type="checkbox"/>
Reviewer recommendations in relation to risk (if any):	Please insert any recommendations	

Reviewer's signature

Reviewer: (Typed name to act as signature)	Caroline Edmonds
Date:	15/11/2022
<i>This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Ethics Committee</i>	
<p align="center">RESEARCHER PLEASE NOTE</p> <p>For the researcher and participants involved in the above-named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.</p> <p>For a copy of UEL's Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard.</p>	

Confirmation of minor amendments (Student to complete)	
I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data	
Student name: (Typed name to act as signature)	Please type your full name
Student number:	Please type your student number
Date:	Click or tap to enter a date
<i>Please submit a copy of this decision letter to your supervisor with this box completed if minor amendments to your ethics application are required</i>	

Appendix G: Participant Information Sheet

Participant Information Sheet

Version: 1

Date: 12.10.2022



PARTICIPANT INFORMATION SHEET

Exploring practitioners' experiences of delivering Video Interaction Guidance to mothers who report to have been domestically abused

Contact person: Sophie Stone

Email: u2064596@uel.ac.uk

You are being invited to participate in a research study. Before you decide whether to take part or not, please carefully read through the following information which outlines what your participation would involve. Feel free to talk with others about the study (e.g., friends, family, etc.) before making your decision. If anything is unclear or you have any questions, please do not hesitate to contact me on the above email.

Who am I?

My name is Sophie Stone. I am a postgraduate student in the School of Psychology at the University of East London (UEL) and am studying for a Professional Doctorate in Educational and Child Psychology. As part of my studies, I am conducting the research that you are being invited to participate in.

What is the purpose of the research?

I am conducting research into exploring practitioners' experiences of delivering Video Interaction Guidance (VIG) to mothers who report to have been domestically abused. The aim of the research is to explore practitioners' views of the strengths and challenges of delivering VIG to mothers who report to have been domestically abused.

Why have I been invited to take part?

To address the study aims, I am inviting VIG practitioners' (trainees, accredited, advanced or supervisors) who have delivered at least three cycles of VIG, within the last three years, to mothers who report to have been domestically abused. Mothers who have parental responsibility of a child, will need to have self-identified as having experienced domestic abuse and no longer be living with the perpetrator of abuse. If you have delivered VIG to mothers who meet these criteria you are eligible to take part in this study.

It is entirely up to you whether you take part or not, participation is voluntary.

What will I be asked to do if I agree to take part?

If you agree to take part, you will be asked to:

- Take part in a conversational style interview with one researcher. You will be asked about your experiences of delivering Video Interaction Guidance intervention with mothers who report to have been domestically abused.
- You will have the opportunity to tell the researcher about your experiences as well as the researcher asking some prompting questions.
- The interview will last no longer than 50 minutes.
- It will be a virtual interview which will take place via Microsoft Teams, camera optional.
- The interview will be audio and video recorded (if camera is on) and transcribed. See below for confidentiality arrangements.

I will not be able to pay you for participating in my research, but your participation would be very valuable in helping to develop knowledge and understanding of my research topic.

Can I change my mind?

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. Separately, you may also request to withdraw your data even after you have participated data, provided that this request is made within 2 weeks of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

Are there any disadvantages to taking part?

It is not anticipated that you will be adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm. For example, parenting will be discussed in a sensitive and respectful manner. Nevertheless, it is still possible that your participation – or its after-effects – may be challenging, distressing or uncomfortable in some way. If you are affected in any of those ways you may find the following resources/services helpful in relation to obtaining information and support:

Samaritans

116 123

<https://www.samaritans.org>

Mind

0300 123 3393

info@mind.org.uk

<https://www.mind.org.uk>

You are also very welcome to contact the researcher or my supervisor if you have specific questions or concerns.

How will the information I provide be kept secure and confidential?

Your privacy and safety will be respected at all times.

- Participants will not be identified by the data collected, on any written material resulting from the data collected, or in any write-up of the research. Pseudonyms will be used when reporting research findings.
- Participants do not have to answer all questions asked of them and can stop their participation at any time.

For the purposes of data protection, the University of East London is the Data Controller for the personal information processed as part of this research project. The University processes this information under the 'public task' condition contained in the General Data Protection Regulation (GDPR). Where the University processes particularly sensitive data (known as 'special category data' in the GDPR), it does so because the processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. For more information about how the University processes personal data please see www.uel.ac.uk/about/about-uel/governance/information-assurance/data-protection

What will happen to the information that you provide?

Participants personal details will be stored in a password protected file on UEL One Drive (so participants can be contacted with the research findings summary). Full transcripts will only be accessible to the researchers and their research supervisor.

- Names will not be noted on transcripts, only a participant number.
- Anonymised data will only be accessible to the researcher, research supervisors at the University of East London and examiners.
- Following the study, all data collected including the interview recordings and transcripts will be saved for three years, on a password protected secure drive.

- The final piece of work (interpretative phenomenological analysis) will be seen by supervisors, examiners, educational psychology services and organisations.
- All data collected, including contact details and interview recordings will be kept in UEL One Drive, which is password protected until the completion of the doctorate programme, 30th August 2023.

What will happen to the results of the research?

The research will be written up as a thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository [Registry of Open Access Repositories, ROAR]. Findings will also be disseminated to a range of audiences (e.g., academics, educational psychology services and the AVIG UK organisation) through journal articles and conference presentations. In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally. Identifying information will be removed and pseudonyms will be used.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided.

Anonymised research data will be securely stored by Lucy Browne for a maximum of 3 years, following which all data will be deleted.

Who has reviewed the research?

My research has been approved by the School of Psychology Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

Who can I contact if I have any questions/concerns?

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Sophie Stone: u2064596@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor Lucy Browne. School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: l.browne@uel.ac.uk

or

Chair of School Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.patel@uel.ac.uk)

Thank you for taking the time to read this information sheet

Appendix H: Participant Consent Form



CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Exploring practitioners' experiences of delivering Video Interaction Guidance to mothers who report to have been domestically abused

Contact person: Sophie Stone

Email: u2064596@uel.ac.uk

	Please initial
I confirm that I have read the participant information sheet dated 12/10/2022 (version 1) for the above study and that I have been given a copy to keep.	
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation in the study is voluntary and that I may withdraw at any time, without explanation or disadvantage.	
I understand that if I withdraw during the study, my data will not be used.	
I understand that I have 2 weeks from the date of the interview to withdraw my data from the study.	
I understand that the interview will be recorded using the teleconference platform Microsoft Teams.	
I understand that my personal information and data, including audio/video recordings from the research will be securely stored and remain confidential. Only the research team will have access to this information, to which I give my permission.	
It has been explained to me what will happen to the data once the research has been completed.	
I understand that short, anonymised quotes from my interview data may be used in material such as conference presentations, reports, articles in academic journals resulting from the study and that these will not personally identify me.	
I would like to receive a summary of the research findings once the study has been completed and am willing to provide contact details for this to be sent to.	
I agree to take part in the above study.	

Participant's Name (BLOCK CAPITALS)

.....
.....

Participant's Signature

.....
.....

Researcher's Name (BLOCK CAPITALS)

.....
.....

Researcher's Signature

.....
.....

Date

.....
.....

Appendix I: Participant Debrief Form



PARTICIPANT DEBRIEF SHEET

Exploring practitioners' experiences of delivering Video Interaction Guidance to mothers who report to have been domestically abused

Thank you for participating in my research study into exploring practitioners' experiences of delivering Video Interaction Guidance to mothers who report to have been domestically abused. This document offers information that may be relevant in light of you having now taken part.

How will my data be managed?

The University of East London is the Data Controller for the personal information processed as part of this research project. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. More detailed information is available in the Participant Information Sheet, which you received when you agreed to take part in the research.

What will happen to the results of the research?

The research will be written up as a thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository [Registry of Open Access Repositories, ROAR]. Findings will also be disseminated to a range of audiences (e.g., academics, educational psychology services, etc.) through journal articles and conference presentations. In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally. Identifying information will be removed and pseudonyms will be used.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided.

Anonymised research data will be securely stored by Lucy Browne for a maximum of 3 years, following which all data will be deleted.

What if I been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise distress or harm of any kind.

Nevertheless, it is possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways, you may find the following resources/services helpful in relation to obtaining information and support:

Samaritans

116 123

<https://www.samaritans.org>

Mind

0300 123 3393

info@mind.org.uk

<https://www.mind.org.uk>

Who can I contact if I have any questions/concerns?

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Sophie Stone: u2064596@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor Lucy Browne. School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: l.browne@uel.ac.uk

or

Chair of School Research Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.patel@uel.ac.uk)

Thank you for taking part in my study

Appendix J: Research Diary Excerpts

December 2022

Going into my first interview I felt extremely nervous, hoping the participant would feel at ease. Although I have chosen conversational-style interviews, I wonder for some participants whether having more closed questions would offer them containment? Overall, I think the pace of the interview went well and it seemed like there was enough time to cover topic areas. After conducting consultations online in my professional practice, I feel fairly used to meeting other professionals virtually and gathering their views. Although this felt different, and I was conscious of trying to not steer the conversation too much. I am very pleased I have managed to start the interview process after previous difficulties with recruitment.

January 2023

I really enjoyed the interview; I feel privileged to be able to speak to professionals around the UK about the important work they do related to VIG and domestic abuse. I think the participant seemed shocked when they asked me about the VIG work I have done, and I said I have not started the accreditation process yet. I was worried about speaking about myself during the interview when the participant asked me a couple of questions, although when I discussed this with my supervisor, they said that I was just receiving them, and this was important to. I think this amplifies feelings of Imposter Syndrome, while having no prior experience (except the initial training course) in this area has allowed me to remain open. Participants seem to find it easier to start talking about the challenges of delivering VIG before focusing on the strengths. I wonder why this might be the case?

March 2023

The interviews are all done. That has definitely been my favourite part of the research project so far. I think some reflections on the interview process are that maybe having a pilot study would have been useful to practice and get some feedback about the interview style and approach. One participant asked for the questions in advance, this seemed to help them feel relaxed as they were concerned about confidentiality. In hindsight, I could have shared that with all participants beforehand. Even though I will be analysing myself and the participants received a debrief sheet, I think having another type of evaluation method would have been good to find out if the participants felt contained and listened to. Being an ethical researcher is really important to me. The next part of the research feels even more daunting having to transcribe and analyse the data.

April 2023

It was interesting after one particular interview I could sense I was more anxious and felt that I might not have been as attuned as the others. It has been valuable being able to analyse my own interactions and realise I have been able to use some of my VERP/VIG skills. Having research supervision has allowed me to reflect on key decision points. One of the participants also recommended a book about domestic abuse which I have now read. It has been a hard read in terms of emotional case studies but helped me to understand more in this area. In the future, I would like to have more specialist training. Whilst moving from theory to practice in my professional doctorate journey has been one of both opportunity and challenge, I expect the same once I start my VIG journey.

Appendix K: Ethics Application

UNIVERSITY OF EAST LONDON

School of



University of
East London

Psychology

APPLICATION FOR RESEARCH ETHICS APPROVAL FOR RESEARCH INVOLVING HUMAN PARTICIPANTS (Updated October 2021)

FOR BSc RESEARCH;

MSc/MA RESEARCH;

PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL
PSYCHOLOGY

Section 1 – Guidance on Completing the Application Form (please read carefully)

1.1	Before completing this application, please familiarise yourself with: <ul style="list-style-type: none">▪ British Psychological Society's Code of Ethics and Conduct▪ UEL's Code of Practice for Research Ethics▪ UEL's Research Data Management Policy▪ UEL's Data Backup Policy
1.2	Email your supervisor the completed application and all attachments as ONE WORD DOCUMENT. Your supervisor will look over your application and provide feedback.
1.3	When your application demonstrates a sound ethical protocol, your supervisor will submit it for review.
1.4	Your supervisor will let you know the outcome of your application. Recruitment and data collection must NOT commence until your ethics application has been approved, along with other approvals that may be necessary (see section 7).
1.5	Research in the NHS: <ul style="list-style-type: none">▪ If your research involves patients or service users of the NHS, their relatives or carers, as well as those in receipt of services provided under contract to the NHS, you will need to apply for HRA approval/NHS permission (through IRAS). You DO NOT need to apply to the School of Psychology for ethical clearance.▪ Useful websites:

	<p>https://www.myresearchproject.org.uk/Signin.aspx</p> <p>https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/hra-approval/</p> <ul style="list-style-type: none"> ▪ If recruitment involves NHS staff via the NHS, an application will need to be submitted to the HRA in order to obtain R&D approval. This is in addition to separate approval via the R&D department of the NHS Trust involved in the research. UEL ethical approval will also be required. ▪ HRA/R&D approval is not required for research when NHS employees are not recruited directly through NHS lines of communication (UEL ethical approval is required). This means that NHS staff can participate in research without HRA approval when a student recruits via their own social/professional networks or through a professional body such as the BPS, for example. ▪ The School strongly discourages BSc and MSc/MA students from designing research that requires HRA approval for research involving the NHS, as this can be a very demanding and lengthy process.
1.6	<p>If you require Disclosure Barring Service (DBS) clearance (see section 6), please request a DBS clearance form from the Hub, complete it fully, and return it to applicantchecks@uel.ac.uk. Once the form has been approved, you will be registered with GBG Online Disclosures and a registration email will be sent to you. Guidance for completing the online form is provided on the GBG website:</p> <p>https://fadv.onlinedisclosures.co.uk/Authentication/Login</p> <p>You may also find the following website to be a useful resource:</p> <p>https://www.gov.uk/government/organisations/disclosure-and-barring-service</p>
1.7	<p>Checklist, the following attachments should be included if appropriate:</p> <ul style="list-style-type: none"> ▪ Study advertisement ▪ Participant Information Sheet (PIS) ▪ Participant Consent Form ▪ Participant Debrief Sheet ▪ Risk Assessment Form/Country-Specific Risk Assessment Form (see section 5) ▪ Permission from an external organisation (see section 7) ▪ Original and/or pre-existing questionnaire(s) and test(s) you intend to use ▪ Interview guide for qualitative studies ▪ Visual material(s) you intend showing participants

Section 2 – Your Details		
2.1	Your name:	Sophie Stone
2.2	Your supervisor's name:	Lucy Browne
2.3	Name(s) of additional UEL supervisors:	Miles Thomas
		3rd supervisor (if applicable)
2.4	Title of your programme:	Professional Doctorate in Educational and Child Psychology

2.5	UEL assignment submission date:	21/04/2023
		Re-sit date (if applicable)

Section 3 – Project Details

Please give as much detail as necessary for a reviewer to be able to fully understand the nature and purpose of your research.

3.1	Study title: <u>Please note -</u> If your study requires registration, the title inserted here must be <u>the same</u> as that on PhD Manager	Exploring practitioners' experiences of delivering Video Interaction Guidance to mothers who report to have been domestically abused
3.2	Summary of study background and aims (using lay language):	Video Interaction Guidance (VIG) is a strength-based video feedback intervention aimed to enhance communication and relational skills between a parent and their child. The aim of the research is to explore practitioners' views of delivering VIG to mothers who report to have been domestically abused.
3.3	Research question(s):	What are practitioners' views of the strengths and challenges of delivering Video Interaction Guidance to mothers who report to have been domestically abused?
3.4	Research design:	Qualitative design
3.5	Participants: Include all relevant information including inclusion and exclusion criteria	Participants will be Video Interaction Guidance Practitioners' (trainees, accredited, advanced or supervisors). Participants will need to have delivered at least 3 cycles of Video Interaction Guidance, within the last three years, to mothers who have experienced domestic abuse and hold parental responsibility for a child. Mothers will need to have self-identified as surviving domestic abuse and will need to be no longer living with the perpetrator of abuse. Professionals meeting research criteria will be contacted via relevant organisations (e.g., AVIG-uk), domestic abuse charities (e.g., Women's Aid), social care, early help, ENPET and through educational psychology services.
3.6	Recruitment strategy: Provide as much detail as possible and include a backup plan if relevant	Participants will be recruited through social care, early help, EPNET, AVIG UK organisation and educational psychology services. Organisations and services will be contacted throughout the

		United Kingdom as interviews will be taking place virtually.	
3.7	Measures, materials or equipment: Provide detailed information, e.g., for measures, include scoring instructions, psychometric properties, if freely available, permissions required, etc.	Interview guide and questions (please see appendix F) devised by the researcher, Microsoft Teams.	
3.8	Data collection: Provide information on how data will be collected from the point of consent to debrief	Data will be collected via conversational style interviews. Interviews will be audio and video recorded (if participants keep their camera on) via Microsoft Teams. There could be face-to-face contact with participants virtually if they chose to keep their camera on for the duration of the interview. For the interview, participants will be asked to attend individually for no longer than 50 minutes. There will be one interviewer present.	
3.9	Will you be engaging in deception?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If yes, what will participants be told about the nature of the research, and how/when will you inform them about its real nature?	If you selected yes, please provide more information here	
3.10	Will participants be reimbursed?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If yes, please detail why it is necessary.	If you selected yes, please provide more information here	
	How much will you offer? <u>Please note</u> - This must be in the form of vouchers, <u>not cash</u> .	Please state the value of vouchers	
3.11	Data analysis:	The interviews will be transcribed and analysed using interpretative phenomenological analysis.	

Section 4 – Confidentiality, Security and Data Retention

It is vital that data are handled carefully, particularly the details about participants. For information in this area, please see the UEL guidance on data protection, and also the UK government guide to data protection regulations.

If a Research Data Management Plan (RDMP) has been completed and reviewed, information from this document can be inserted here.

4.1	Will the participants be anonymised at source?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please provide details of how the data will be anonymised.	Audio/video recordings and anonymised transcripts will only be accessible to the researcher and, as	

		<p>required, to their research supervisors at the University of East London. The data will be stored via UEL OneDrive for Business. Participants contact details will be stored in a password protected folder on the same day of interviews. Each interview transcription will only include a participant code to ensure participants cannot be reidentified. Audio files and transcripts will be saved in separate folders. Each audio file will be named with the participants' initials and the date of the interview. Each participant will be attributed a participant number, in chronological interview order. Transcription files will be named e.g. "Participant 1". In reporting, pseudonyms will be used to protect confidentiality. No list will be kept of participant numbers linked to personal identifying information.</p>	
4.2	<p>Are participants' responses anonymised or are an anonymised sample?</p> <p>If yes, please provide details of how data will be anonymised (e.g., all identifying information will be removed during transcription, pseudonyms used, etc.).</p>	<p>YES</p> <p><input checked="" type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
		<p>No specific details of participants will be shared. Each participant interview transcription will only include participant numbers, names will not be noted on any transcripts. In reporting, pseudonyms will be used to protect confidentiality.</p>	
4.3	<p>How will you ensure participant details will be kept confidential?</p>	<p>Regarding confidentiality and anonymity, a pseudonym will be allocated to each transcript in order to anonymise the interviewees. Interviewees will not be identified in any research outputs.</p>	
4.4	<p>How will data be securely stored and backed up during the research?</p> <p>Please include details of how you will manage access, sharing and security</p>	<p>All transcripts and recordings will be kept on a password protected secure drive within a password protected secure user account. Audio and video recordings will be stored on the UEL one drive on the same day they are recorded on Microsoft Teams. Recordings will be created in .mp4 file format and stored by default in the Microsoft Stream Library. Pseudonymised data files will be stored in a separate folder from anonymised data. The researcher will have access to a private password protected OneDrive folder, which they (and them only) can access. The researcher will have the recording stored securely using UEL storage [OneDrive for Business or the H:Drive] immediately after the interview has concluded. The recording saved in the OneDrive folder will be the only location it is saved. As the recording will be</p>	

		downloaded from Microsoft Teams stream and uploaded to OneDrive for Business, any local copy stored in downloads folder or temporary folder on the researcher's laptop will be deleted and back up to iCloud will not be permitted. Consent forms will be in electronic format. They will be transferred on to the UEL server which can only be accessed by the researcher on the same day they are received.	
4.5	Who will have access to the data and in what form? (e.g., raw data, anonymised data)	Data will be shared with the research supervisors at the University of East London this may include raw and anonymised data. Further sharing, i.e., sharing the findings to AVIGuk, UEL repository and Educational Psychology Services will be anonymised data with pseudonyms used to protect participant confidentiality.	
4.6	Which data are of long-term value and will be retained? (e.g., anonymised interview transcripts, anonymised databases)	The interview transcripts will be kept in a password protected file and stored securely using UEL storage [OneDrive for Business or the H: Drive]. They will be kept until September 2023. This is the end of my doctorate course. After this date, the data will be transferred securely to the researcher's supervisor UEL storage [OneDrive for Business or the H: Drive]. The findings of the study, once presented in synopsis, poster and presentation format will be shared with participants, charities, AVIG UK organisation and educational psychology services and likely be kept by them.	
4.7	What is the long-term retention plan for this data?	Following the study, all interview recordings and transcripts will be saved for 3 years on a password protected secure UEL OneDrive. The recordings will be retained because it may be necessary to record the authenticity of information. All interviews and transcripts will be anonymised data. The data after September 2023 will be transferred to my supervisor as I will no longer have access to the UEL storage.	
4.8	Will anonymised data be made available for use in future research by other researchers?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If yes, have participants been informed of this?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4.9	Will personal contact details be retained to contact participants in	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

	the future for other research studies?		
	If yes, have participants been informed of this?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Section 5 – Risk Assessment

If you have serious concerns about the safety of a participant, or others, during the course of your research please speak with your supervisor as soon as possible. If there is any unexpected occurrence while you are collecting your data (e.g., a participant or the researcher injures themselves), please report this to your supervisor as soon as possible.

5.1	Are there any potential physical or psychological risks to participants related to taking part? (e.g., potential adverse effects, pain, discomfort, emotional distress, intrusion, etc.)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If yes, what are these, and how will they be minimised?	I do not anticipate that any of the questions in the interview to be upsetting or offensive. However, it is important to note that I will be exploring an intervention that focuses on parenting with a vulnerable group, thus this will need to be approached sensitively and respectfully. Participants can withdraw at any time. In the event that a participant requires support following psychological harm, the details of free wellbeing support services have been provided in both the consent and debrief letter (see appendix B and C). This letter will be distributed to all participants.	
5.2	Are there any potential physical or psychological risks to you as a researcher?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If yes, what are these, and how will they be minimised?	I do not anticipate there will be any physical or psychological risks to the researcher. Virtual delivery removes any risk of physical harm from the research. Researcher can request supervision from their academic and professional tutor in the event of any psychological need. There is also a free wellbeing support service the researcher can access at the University of East London	
5.3	If you answered yes to either 5.1 and/or 5.2, you will need to complete and include a General Risk Assessment (GRA) form	YES <input checked="" type="checkbox"/>	

	(signed by your supervisor). Please confirm that you have attached a GRA form as an appendix:			
5.4	If necessary, have appropriate support services been identified in material provided to participants?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
5.5	Does the research take place outside the UEL campus?	YES <input checked="" type="checkbox"/>		NO <input type="checkbox"/>
	If yes, where?	Interviews will be taking place via the video conference software Microsoft Teams.		
5.6	Does the research take place outside the UK?	YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>
	If yes, where?	Please state the country and other relevant details		
	<p>If yes, in addition to the General Risk Assessment form, a Country-Specific Risk Assessment form must also be completed and included (available in the Ethics folder in the Psychology Noticeboard).</p> <p>Please confirm a Country-Specific Risk Assessment form has been attached as an appendix.</p> <p><u>Please note</u> - A Country-Specific Risk Assessment form is not needed if the research is online only (e.g., Qualtrics survey), regardless of the location of the researcher or the participants.</p>	<p>YES <input type="checkbox"/></p>		
5.7	<p>Additional guidance:</p> <ul style="list-style-type: none"> For assistance in completing the risk assessment, please use the AIG Travel Guard website to ascertain risk levels. Click on 'sign in' and then 'register here' using policy # 0015865161. Please also consult the Foreign Office travel advice website for further guidance. For on campus students, once the ethics application has been approved by a reviewer, all risk assessments for research abroad must then be signed by the Director of Impact and Innovation, Professor Ian Tucker (who may escalate it up to the Vice Chancellor). For distance learning students conducting research abroad in the country where they currently reside, a risk assessment must also be carried out. To 			

	<p>minimise risk, it is recommended that such students only conduct data collection online. If the project is deemed low risk, then it is not necessary for the risk assessment to be signed by the Director of Impact and Innovation. However, if not deemed low risk, it must be signed by the Director of Impact and Innovation (or potentially the Vice Chancellor).</p> <ul style="list-style-type: none"> Undergraduate and M-level students are not explicitly prohibited from conducting research abroad. However, it is discouraged because of the inexperience of the students and the time constraints they have to complete their degree.
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Section 6 – Disclosure and Barring Service (DBS) Clearance			
6.1	<p>Does your research involve working with children (aged 16 or under) or vulnerable adults (*see below for definition)?</p> <p>If yes, you will require Disclosure Barring Service (DBS) or equivalent (for those residing in countries outside of the UK) clearance to conduct the research project</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>
<p>* You are required to have DBS or equivalent clearance if your participant group involves:</p> <p>(1) Children and young people who are 16 years of age or under, or</p> <p>(2) ‘Vulnerable’ people aged 16 and over with particular psychiatric diagnoses, cognitive difficulties, receiving domestic care, in nursing homes, in palliative care, living in institutions or sheltered accommodation, or involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak with your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible.</p>			
6.2	<p>Do you have DBS or equivalent (for those residing in countries outside of the UK) clearance to conduct the research project?</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
6.3	<p>Is your DBS or equivalent (for those residing in countries outside of the UK) clearance valid for the duration of the research project?</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
6.4	<p>If you have current DBS clearance, please provide your DBS certificate number:</p>	<p>Please enter your DBS certificate number</p>	

	If residing outside of the UK, please detail the type of clearance and/or provide certificate number.	Please provide details of the type of clearance, including any identification information such as a certificate number
6.5	Additional guidance: <ul style="list-style-type: none"> ▪ If participants are aged 16 or under, you will need two separate information sheets, consent forms, and debrief forms (one for the participant, and one for their parent/guardian). ▪ For younger participants, their information sheets, consent form, and debrief form need to be written in age-appropriate language. 	

Section 7 – Other Permissions			
7.1	Does the research involve other organisations (e.g., a school, charity, workplace, local authority, care home, etc.)?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please provide their details.	AVIG UK: https://www.videointeractionguidance.net/ EPNET: https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0=EPNET Educational Psychology Services Early Help Social Care	
	If yes, written permission is needed from such organisations (i.e., if they are helping you with recruitment and/or data collection, if you are collecting data on their premises, or if you are using any material owned by the institution/organisation). Please confirm that you have attached written permission as an appendix.	YES <input checked="" type="checkbox"/>	
7.2	Additional guidance: <ul style="list-style-type: none"> ▪ Before the research commences, once your ethics application has been approved, please ensure that you provide the organisation with a copy of the final, approved ethics application or approval letter. Please then prepare a version of the consent form for the organisation themselves to sign. You can adapt it by replacing words such as ‘my’ or ‘I’ with ‘our organisation’ or with the title of the organisation. This organisational consent form must be signed before the research can commence. ▪ If the organisation has their own ethics committee and review process, a SREC application and approval is still required. Ethics approval from SREC can be gained before approval from another research ethics committee is obtained. 		

	However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s.
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Section 8 – Declarations		
8.1	Declaration by student. I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor:	<p>YES</p> <p><input checked="" type="checkbox"/></p>
8.2	Student's name: (Typed name acts as a signature)	Sophie Rose Stone
8.3	Student's number:	2064596
8.4	Date:	12/10/2022
<i>Supervisor's declaration of support is given upon their electronic submission of the application</i>		