



What are the perceived benefits of an adoption support package using video interaction guidance with prospective adopters? An exploratory study

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Caroline Feltham-King

Childrens Workforce Development Council (CWDC)'s Practitioner-Led Research projects are small scale research projects carried out by practitioners who deliver and receive services in the children's workforce. These reports are based in a range of settings across the workforce and can be used to support local workforce development.

The reports were completed between September 2009 and February 2010 and apply a wide range of research methodologies. They are not intended to be longitudinal research reports but they provide a snapshot of the views and opinions of the groups consulted as part of the studies. As these projects were time limited, the evidence base can be used to inform planning but should not be generalised across the wider population.

These reports reflect the views of the practitioners that undertook the research. The views and opinions of the authors should not be taken as representative of CWDC.

A new UK Government took office on 11 May. As a result the content in this report may not reflect current Government policy.

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Abstract

Introduction

An adoption support package using video interaction guidance (VIG) with a focus on child-led play was provided by two educational psychologists to eight prospective adopters with whom a pre-school child had been placed recently. Piloted with the encouragement of social workers, it promoted working in partnership with parents to share successes and address concerns. VIG is an attachment-based coaching method, which works collaboratively on client-chosen goals for improved relationships, building on their existing strengths and insights.

Methodology

The pilot adoption support package was designed in four parts:

1. an introductory half-day workshop (introducing VIG principles and building learning confidence and secure attachments through play), to which prospective adopters were invited with their adoption social worker and the child's social worker;
2. an optional play diary kept by prospective adopters and shared with social workers if requested;
3. two cycles of VIG for each family, who were given a personal DVD of film clips to keep and share with social workers if wished;
4. a concluding half-day workshop (to share film clips of special moments and consider more challenging times), again for parents accompanied by their social workers, which was cancelled due to severe weather.

Five (of seven) pre-intervention questionnaires were completed by adopters and ten (of eleven) by social workers. Post-intervention data was gathered via questionnaires and semi-structured telephone interviews with seven adopters and eleven social workers. Data analysis enabled exploration of the pilot's perceived benefits with suggested improvements and applications, as well as reflection on working relationships.

Findings

Six of the parents experienced the package as positive, reassuring and skill-enhancing for them. The seventh personally disliked the VIG process, but could see its potential benefits for other adopters. Social workers rated the package as very helpful for the families and perceived indirect benefits to children when their new parents gained affirmation and awareness. Adopters and social workers all valued the focus on building children's security and confidence through adult-supported, child-led play.

Package improvements and selection considerations were suggested by adopters and social workers. The play diary was not regarded as essential. Views about the number and timing of VIG cycles varied. The educational psychologists' specialist knowledge and neutrality in respect of the adoption assessment process were appreciated by many. Some social workers wanted educational psychologists to share information from home visits, to assist them in assessing the placement's progress. Others felt that the planned level of social work involvement was sufficient, given time constraints and differing roles.

Participating parents would recommend this support from educational psychologists, especially for those parenting for the first-time. Social workers recognised its value in enhancing the sensitivity and skills of all adopters, particularly those facing attachment difficulties or behavioural challenges. They also suggested it could benefit vulnerable families not quite meeting the threshold for social care's intervention, or foster carers with whom children requiring sensitive parenting are living.

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Introduction

This project explored the benefits of a support package for new adoptive placements, as reported by the prospective adoptive parents who received it and the social workers facilitating the placements of looked after children (LAC). The package was piloted by two educational psychologists, training as video interaction guiders, both of whom have extensive early years experience and work on behalf of LAC. This work includes facilitating consultations and training sessions for foster carers, adoptive parents and residential care workers in the local authority (LA), as well as having chaired adoption panels.

The four-part support package was introduced in September 2009, via a workshop for prospective adopters and their supporting social workers, to share the principles and process of video interaction guidance (VIG) and discuss how a vulnerable child's confidence to learn and form secure attachments may be promoted through play. Prospective adopters were given an optional weekly play diary. Each new family received two cycles of VIG between October and December 2009 to support the prospective adopters in responding sensitively to the children's initiatives when playing together. A concluding half-day workshop was cancelled due to severe weather in January 2010.

Recognising placement as a time of transition, the support package's design sought to introduce prospective adopters to a strengths-based approach within a partnership model of collaborative problem-solving, to assist their transfer from adoption assessment to post-adoption support services. The pilot was devised after discussions held by the lead practitioner-researcher with key colleagues in the county's permanence and adoption service, team for the education of children in care, Portage and child and adolescent mental health services about how to better integrate support for parents, carers and educators of LAC. Evaluation of the pilot will help to inform decisions made by the county about children's services provision required for vulnerable children.

Aims of the project

“As a starting point, we should perhaps acknowledge that support can only be as good as it feels and that the same package of support will feel different to every child and family. And if it feels good enough at one stage, it may not feel as good at another.”
(Argent, 2006 (p.61))

The project evaluation's emphasis was on the perceived benefits of the pilot adoption support package, recognising the importance of asking service recipients about their experience of it to shape any future support offered. In this project, the views of the prospective adopters were sought along with those of the social workers involved with each participating family at this stage of the adoption process.

The pilot adoption support package had three objectives:

- to assist prospective adoptive parents to identify, develop and apply their inter-personal communication skills and attachment-enhancing strengths;

- to increase the learning confidence of children placed for adoption through shared play experiences with their new parents (as observed by prospective adopters and social workers);
- to introduce a model of partnership working, with parents as equal partners in sharing success and addressing concerns with professionals.

Context

Research suggests that although not a uniform group, looked-after children represent one of the most vulnerable sectors of our society with a diverse range of educational, social and mental health needs (Hare & Bullock, 2006, Cairns & Stanway, 2004). Several legislative Acts have been introduced in England and Wales to improve their life-chances, for example the Adoption Act (HMG, 2002), which made it a legal requirement of adoption agencies to plan and provide support to adopters.

This requirement recognises that the profile of children requiring adoptive placements has changed over recent years – they are often older or part of a sibling group, with complex developmental needs and ways of relating that may not all be apparent at linking (Schofield & Beek, 2006). This can place significant demands on the parenting skills of prospective adopters in learning to connect with and care for the children to whom they have been introduced (Wolfs, 2008).

Citing the growing evidence of neurological damage to the infant brain caused by insensitive care, Bomber (2007) reminds us that changes of family context and legal status are not sufficient for adopted children to overcome their experiences of neglect, abuse, trauma and loss, however early in life these changes occur. It is crucial therefore that adopters be given 'tools for life' - ways of relating to troubled children that are applicable, however stressful the situation or whatever the age of the child.

Video feedback interventions are effective in families with young children, helping parents to become more skilled in interacting with their child and more positive about parenting. Both these behavioural and attitudinal changes in the parents correlate with improvements in their children's behaviour and development (Fukkink, 2008). A Dutch experimental intervention study evaluating VIG with 130 adoptive families found a significant improvement in maternal sensitivity and child attachment security post-intervention, with some long-term improvements seen in the children's social, emotional and behavioural development when followed up at seven. (Juffer et al, 2008). Given these gains, since 2000 all new adoptive families in the Netherlands may request up to four cycles of VIG, irrespective of the age of the child or the presence of problems.

Since its origins in the Netherlands in the 1980s, video interaction guidance (VIG) has been applied internationally to an increasing variety of contexts, from classrooms to special care baby units (Brooks, 2008, Juffer et al, 2008). As well as parents, clients have included teenagers, nursery teachers, learning support assistants and foster carers. Rather than directing or demonstrating to a client how to improve their communication skills, the VIG practitioner films a short sequence of the client sharing an activity with the child. Depending on the goals negotiated with the client, the guider highlights edited examples of sensitivity shown by the participant towards the child and invites them to identify the specific verbal and non-verbal skills that are proving positive within the relationship they seek to deepen. As a strengths-based approach, 'the VIG method provides a way to put social work values of empowerment, partnership and respect into practice' (Brooks, 2008, p.21).

Adoption expert Nelleke Polderman (2009) demonstrates that adopted and fostered children benefit from parents and carers with refined communication skills. Actively receiving the child's actions, thoughts and emotions, in verbal and non-verbal ways, ensures that s/he feels fully understood and therefore safe to trust his or her care-givers. This enables a child to acquire a healthy sense of self and develop a strong, secure attachment to them (Juffer et al, 2008; Wolfs, 2008). Schofield and Beck (2006) identify long-term consequences of experiencing warm, responsive family relationships, including success and happiness at school, with friendships, in work, as parents and as part of a community.

Having examined the neurological evidence for sensitive parenting enhancing children's confidence, capabilities, creativity and ability to cope with strong emotions, child psychotherapist Margot Sunderland explains the contribution of following a child's lead in play as follows:

“Child-led play is likely to activate those lovely opioids, which have the power to reduce levels of stress chemicals and have anti-aggressive properties. On a psychological level, child-led play gives vital messages that are key to a child's self-esteem: ‘My ideas are valuable.’ ‘I can make worthwhile things happen.’ ...Parent-dominated play can reduce [motivating] dopamine levels in a child's brain and activate stress chemicals...This is because we are genetically predisposed to respond with rage to any restriction of our freedom.” (Sunderland, 2006, p.200)

This project combined the VIG approach with the shared activity of child-led play, seeking to build adopters' active learning and problem-solving abilities. Reflecting on the special moments and current strengths of the emerging relationship provided a springboard for discussion about effectively managing more potentially stressful times. A sense of mastery and the use of a problem-solving approach to managing the stresses of adoption have been found to be protective factors against high levels of distress experienced by adopters (Bird et al, 2002).

The project was designed and led by two educational psychologists, in collaboration with social workers - an example of creative, community psychology enhancing statutory work within children's services. In 2003, to improve information-sharing and encourage integrated working, new legislation required each LA to appoint a director of children's services (DfES, 2003). Consequently, the needs of LAC have been viewed from a multi-disciplinary perspective, with a mounting emphasis on developing partnerships between agencies (Osborne, Norgate & Traill, 2009). It had already been reported by the Department for Education and Employment that LAs perceive educational psychologists as 'key agents for change' with a vital role in working with a wide cross-section of LAC (2000, p.5).

The placement period is one of transition for all involved in forming a new family for LAC, with prospective adopters and social workers needing to negotiate parental responsibility and agree when to apply to court for an adoption order. Prospective adopters experience an assessment process that requires them to be judged as potential parents, so may be unfamiliar with celebrating progress and addressing concerns constructively with professionals. Moreover, as Schofield and Beck suggest, 'in this context, it can be hard to admit to the need for recognition and praise when things have gone well or to feelings of anger, bewilderment and despair at difficult times. They may be fearful of admitting to their true feelings in case the child is removed or they are considered to be bad parents'. (2006, p. 382). The pilot's design promoted partnership-working between adopters and professionals, through its application process, workshops, home visits and planned evaluation. This provided a foretaste of the support adopters may receive from post-adoption services.

Methodology

The pilot adoption support package was designed in four parts:

1. an introductory half-day workshop for parents and social workers;
2. an optional play diary;
3. two cycles of VIG for each family;
4. a concluding half-day workshop, again for parents and social workers.

The first workshop covered the importance of child-led play and adult communication skills to build learning confidence and secure attachments. Forming a trio with their social workers, each adopter then discussed play opportunities that the child might enjoy with them. VIG principles and the filming process were explained with the project's confidentiality parameters. Nine social workers out of a possible eleven attended with six prospective adopters. Two other parents were briefed on their first home visit instead. Pre-intervention questionnaires were given to adopters and social workers. (Samples and collated responses are in appendix B and C).

Prospective adopters were encouraged to plan daily, developmentally-appropriate play activities and invited to reflect on one enjoyable experience each week in a diary. It was suggested that social workers ask on statutory visits about what the adopter was learning, although no specific guidance was given.

Each educational psychologist undertook VIG with four parents. Two were caring for the same child and shared feedback sessions, so to avoid pressurising the family, only one carer provided evaluations. (Therefore, findings are reported for seven adopters.)

The educational psychologist made a pre-arranged home visit to each family, filming about ten minutes of play. From this, three short clips showing good examples of the adopter's confidence-building communication were edited. These were reviewed on another home visit following VIG supervision. The parent was supported in reflecting upon the effects of their skilful interactions on their child's engagement and encouraged to apply these more often. A similar second cycle of filming, supervision and feedback was undertaken with each family.

A concluding workshop was planned to share what had been learned about confidence-enhancing and attachment-building parental skills through the VIG process and to discuss applying effective skills to more challenging times. Prospective adopters, eager to highlight the positives, had selected a film clip to share with their social workers, supported by their VIG practitioner. Each family was given a unique DVD of their film clips to keep and share with their social workers if wished at the end of the intervention.

Severe weather caused the workshop to be cancelled and due to the tight timescales of this project, it could not be re-arranged. Unfortunately therefore, the final part of the package was not provided and evaluation changes were required. Two focus groups had been planned as part of this workshop, to ascertain the views of seven participating parents and eleven supporting social workers. Instead, individual telephone interviews were conducted, following a semi-structured schedule following the focus group questions (given in Appendix D). Interviews were transcribed and analysed by the lead practitioner-researcher and a psychology research associate for their content relating to the main emergent themes. Instead of completing post-intervention questionnaires during the workshop, they were emailed to social workers and asked of adopters during their telephone interviews. (Samples and collated responses are appended). The strength and specificity of the evaluation data is likely to have been reduced by

interviewing individuals 'cold' rather than as part of focus groups held at the end of the workshop.

Ethics

Ethical approval was obtained from the Local Authorities (LAs) ethics committee. Consent and confidentiality required careful consideration, due to shared parental responsibility and video recording. Both the child's social worker and prospective adopter gave signed consent for the children to be filmed, assured that at the end of the project, film footage would be permanently deleted, apart from the video clips. Clips would be saved onto DVD and given to the adult on which it focussed – for the play clips, the parent and for the feedback clips, the educational psychologist.

Therefore, at the end of the pilot, each adopter received a personal DVD of their 'special moments' to keep and which could be shared with social workers. Adopters consented for their participation in the pilot, which included being filmed, and social workers signed an agreement to attend both workshops and review the adopter's play diary on statutory visits. It was explained to prospective adopters and social workers that issues discussed by adopters on educational psychology home visits would remain confidential unless adopters chose to share them or significant (child protection) concerns arose.

Participants

When the pilot was designed, there were approximately forty placements being overseen by the county's adoption service. Due to data protection, details of these could not be disclosed to the project administrator. Therefore, initially, the practitioner-researchers planned to request a letter be sent via the adoption service to all prospective adopters with whom children were placed, inviting them to discuss the pilot with their social workers and apply to be part of the project together (see Appendix A for sample letters and application form). From these applications, eight families would have been selected and a potential control group identified.

However, the methodology was altered when, instead of sending letters to all, social workers approached only eight they had pre-selected out of their most recent adoptive placements. As one of these had not been linked before the first workshop, the pilot ran with seven families (but eight adopters). Children had been placed for between three days and three months by the time of the first home visit. This unexpected methodology change subtly altered the participants' basis for engagement in the pilot.

All of the parents were first-time adopters, but two had parented previously. One was single and one was male. Five placements were of single, pre-school children (four girls and one boy). One was a sibling pair and the other a sibling group of three, where, in each instance, the eldest child had recently started school. All of the children had been fostered in the LA prior to their adoptive placement.

Findings

Four main themes emerged from the project's evaluation. These were:

1. the adoption support package's benefits;
2. suggestions for improvements;
3. working relationships;
4. future uses of VIG.

As detailed in the methodology, parents' views were established in individual telephone interviews and social workers' views were elicited from a mixture of questionnaires and

telephone interviews. (Please see Appendix B for pre- and post-intervention parental questionnaire samples and table of collated results; Appendix C for pre- and post-intervention social care questionnaire samples and table of collated results; and Appendix D for interview questions for prospective adopters and social workers.)

1 Perceived benefits of the pilot adoption support package

Six of the seven parents felt that the pilot had been a good experience overall, with the following typifying most responses:

“It was a very good experience and very reassuring. I can’t say more than that. It was excellent.”

“I felt very positive about it, other than it was too early for us ... I thoroughly enjoyed it.”

When asked what in particular they had found beneficial, most commented on the video feedback received as the most useful part of the process.

“The amount of things she [practitioner] picked up in 30 seconds of film was brilliant.”

“The feedback bit was lovely, [it was] good to see the positives and to discuss the concerns. Seeing things helped me to try things.”

One parent found the adoption support to be of medium usefulness, disliking the VIG process, appreciating instead asking questions of the educational psychologist.

“I hated being filmed and hated seeing the clips of myself and hated having to pull it out of myself...[but] I think it is clear that there should be some psychology support post-placement; it’s helpful to have someone externally to offer support and help.”

One parent felt that the play journal and the introductory session had been particularly useful while several others valued the focus on child-led play.

“What I learned from the intro session [about naming] and the play journal helped me to focus.”

“It’s lovely. It teaches you to play with your children. Teaches the importance of play and would be helpful for anyone who is having trouble with their children.”

When asked what specific skills they felt they had gained or developed, the adopters’ answers focused on five areas:

- improved parental confidence;
- reassurance of interacting positively with their children;
- improved parental awareness of their child’s verbal and non-verbal skills and signals;
- greater focus on constructive playing;
- developing their child’s use of language.

Responses to the questionnaire’s scaled questions (given in Table 1, Appendix B) indicated that prospective adopters found the support helpful, often more so than anticipated. The pilot was rated to be as useful as they had first predicted for their family. All of these ratings were at the higher end of the scale, indicating positive feedback.

Nine of the eleven participating social workers completed post-intervention questionnaires, giving a collated rating of the package as very helpful for their families, even more so than expected (See Table 2 in Appendix C). When asked generally about the pilot, Social workers' positive comments often mentioned the reassuring and confidence-building aspects of VIG.

"I was surprised that the adopter enjoyed it as much as she did, as she was fairly experienced and confident to start with."

"Looking together at some things that they were doing well, rather than just focussing on what wasn't going well, perhaps made it easier for them to think about the times things weren't going so well without them feeling complete failures."

One social worker expressed a negative overall view with the following reasons:

"All it has done is put more pressure on my adopters. I can't see how positive it has been for us and it goes against the grain of working together. I've not been to any of the meetings and didn't get any communication. The prospective adopter did say the video was good but I still don't really see what the purpose was."

When asked what they thought had gone well and what they had found useful, social workers' responses fell into three main sets:

- parents and social workers learning more about attachment and play
"...underlining the importance of play and interaction ...we get drawn away from direct work into paperwork, statutory visits, rather than helping the prospective adopters to really engage with the children.."

"It made me focus more on areas perhaps I wouldn't have gazed at so intently – knowing what the project was about made me look more at the interactions between all the different component parts [of the adoptive family]. I hadn't formally done this before – the project made it more of a strategy."
- parents appreciating support from someone other than a social worker
"The support to the prospective adopters being distinct from the social worker role was of benefit...they often feel scrutinised so offering them another opportunity from a different professional to look at areas such as attachment [was of benefit]"
- the different knowledge and expertise educational psychologists have compared to social workers
"Social workers aren't very good at being able to help people specifically with the focus on the attachment and helping adopters to really tune in to the child."

"You are educational psychologists and come at it from a different angle."

As seen in Table 1 in Appendix B, prospective adopters rated the adoption support as helpful for their child, but slightly less so than they had predicted. Most explained that this was because the child had not received any direct intervention from the practitioner. In contrast, social workers were more aware of these benefits to the children through the prospective adopters' gains in skills and confidence.

“Indirectly they have gained quite a lot - their new adoptive parents feel comfortable caring for them, so they’re relaxed and so it’s an indirect benefit to the child, a positive spin-off.”

The parents rated their child as a more confident learner by the end of the pilot. Linked to this, their level of concern about their child’s learning confidence decreased. The level of parental confidence in supporting their child’s learning had increased (See Table 1 in Appendix B). As some adopters pointed out, it should be borne in mind that all these ratings may have changed as they got to know their children more fully and not necessarily as a result of the guidance received, as some children had not even been placed by the first session.

“I’m trying to use certain techniques and [child] is increasing in confidence.”

“Because I’ve been focussed more on play, and getting them to play together, their language has improved... Naming was very useful as it has kept the children on task for longer.”

“...only had [child] a week before the first filming – so I’ve no idea what can be attributable to the project.”

2 Improvements to the adoption support package

The majority of parents felt that the package was complete and needed no additions or alterations, although one commented that it would have been helpful to include siblings. Other improvement suggestions related to the introductory workshop, its timing and paperwork.

“The introductory session was too long, and I wondered about the resource impact of having all the social workers all together in the one room. A personal intro at time of first filming would have been better.”

The social workers had more suggestions to make for improvement. Most centred on waiting until the child had been living with the family for a few months first or the VIG practitioners sharing more information. One suggested including a session on child-led play and the ‘contact principles’ in the mandatory preparation course for those considering adoption. Social workers were asked about the selection of families and the level of their involvement in the package.

• Timing of VIG

The adoption support package’s timing in the placement was explored in the parental interviews and most felt that it was offered too soon. Two thought it was ‘fine’, a couple were undecided as they could see advantages and disadvantages to receiving VIG support at the start of the placement, and the rest thought it would have been better to wait a while.

“Fine. We first talked about with child’s social worker in July and then nothing happened until September. It moved forward after that and we’d had [child] for three months at least before it started.”

“[I’d only had] three to four weeks with [child]. Three months with [child] may have been better to get used to each other.”

“[child] was just placed with us – too much happening what with social worker visits, health worker visits, hospital visits etc. ...It would have been much more helpful if [child]

had been with us for a while, and if any problems had been identified, to then put us forward for VIG."

"Not great timing. [sibling] has therapist and this coincided with therapist visits and lots of other [professional] visitors... as family members hadn't even been introduced. Overload!...It has been very useful, but very intense so early on – but maybe good to have it early on as it was useful."

Social work opinion about the timing of support was very varied, suggesting a flexible approach to take account of the needs of the child, adopters and family.

"The sooner the better. They get into their own ways if you leave it too long."

"It would be helpful to consider VIG after about eight weeks into placement, where there are behavioural difficulties and the adopters are demanding quite a lot of support."

"Four to six months into placement, unless adopters are struggling beforehand. Children need a few months to bed in; you are not getting their true behaviour before then."

"One adopter hadn't even met the child by the introductory workshop, yet found it a very positive experience - but from a professional point of view we might have thought it too soon. I guess it would depend on the individual circumstances of the family."

- **Number of VIG cycles**

Four prospective adopters had found two cycles of VIG sufficient for them, but three would have preferred more. Some suggested more time be allowed between cycles.

"Fine. She was very thorough. It was enough."

"Two was not enough, really great but not enough – I would prefer more time between cycles and three cycles. The benefits would have been better with more time between each as you've done different things and will have more questions."

Most social workers did not have firm views about the number of cycles of VIG, probably because they were not closely involved in the process, although one suggested offering more if appropriate:

"For some families, two recordings would have been just the start."

- **Recruitment of families**

During their interviews, social workers were asked to explain what factors influenced the decision for their particular child or family to be included. Two were unsure, others reported that decisions were based upon the pilot's timing and some reported concern over possible attachment difficulties.

"It seemed like we were at gunpoint... 'quick, who shall we nominate?'"

"We looked at who was being placed at the time. I thought it would be good for this family as a sibling pair might have some problems settling and the parents might have some issues parenting."

“The child had displayed attachment difficulties in the foster placement.”

Wider discussion around the appropriateness of the adoption support package and its timing for the particular family was recommended by one social worker and involving the family in the discussion by another.

“...more time to talk in supervision, with the educational psychologist, with our line manager; to think why it would be useful and when – making a group decision as to who to put forward.”

“I would want to offer it to all adopters, but you can’t force people to do these things, so we’d encourage them and discuss it with them.”

However, one adopter, reflecting on the pressure to please that the adoption process creates, described a potential ‘no-win’ situation:

“If a family is doing it because they think they should, they will adopt the attitude of jumping through hoops. If they are positive about support then they’ll get loads out of it - don’t make it mandatory. However, if a social worker offers you the package as support and you turn it down, they will think badly of you anyway – maybe there is no way round it.”

3 Working relationships

When asked to describe the working relationship with their educational psychologist, all parents were very positive. Typical responses included:

“Very good – easy to get on with.”

“I was put at ease straightaway.”

Prospective adopters were asked whether this was similar to the working relationship with other professionals during the adoption process. Although two prospective adopters felt that there was no difference, others felt that this was less negative. Some ascribed this to the different role that educational psychologists held in the adoption process.

“Different because she was unknown, an outsider coming in, so [educational psychologist] had no preconceived ideas about us as a couple or the child.”

“Different, more relaxed, less judged. Positive and like I was speaking to someone who understood, who really knew what they were talking about, [who had the] interest of the child at heart.”

“It’s helpful to have someone external to offer support and help. I feel, perhaps irrationally, that if I mention concerns or ask for support that the social workers may say, ‘Oh [child] isn’t doing well here, let’s move [child].’ So it was great to have an outside person to support me, who wasn’t judging me.”

Several social workers showed awareness of the placement as a transitional time with the potential for tension, seeing the involvement of a separate professional as a key asset.

“We start off with a bone china teacup and nice biscuits when we first visit prospective adopters and we end up with a chipped mug with paintbrushes in once the children have been placed for a while!”

“It’s like, ‘We’ve got our children now’ but they realise that if we have concerns about how they are managing, if it’s not going well we can remove the children. Even though we’re looking at positive support, they do feel paranoid and forget we still have a statutory duty. They can’t wait to see the back of us!”

“Adopters tend to feel in a goldfish bowl, with all the visits they get, all the things they have to do like telling us if the child has a fall - they must feel we’re constantly monitoring their parenting skills, which we are - but this [vig] is separate, someone different to talk to, with different ideas.”

When asked about the level of interest their social workers had taken in the project, most adopters replied that they had been asked about it briefly. One family had valued sharing what they had learned at a statutory review and this had been welcomed by their social workers.

“Yes. What have we done, how did it go etc? Not too much detail.”

Two social workers appreciated asking about the pilot on statutory visits, as a starting point for deeper discussion:

“It provided a focus for conversation above seeing the child’s bedroom and asking, ‘Have you got a health visitor yet?’”

Parents were asked how they felt about sharing video clips with their social workers, which had been planned for the second workshop. All thought it was a good idea, especially as it would have emphasised what they were doing well.

“That’s a really good idea. The child’s social worker is quite concerned about the relationship, as [child] gets quite anxious when the social worker is there, so the social worker only sees a difficult time. It would have been really nice to show her some more positive times.”

“It’s a good idea for them to see us as a family unit. Sometimes it’s nice to have a little pat on the back - see we do some things right!”

Four social workers were happy about their level of involvement, but most would have liked more direct involvement or feedback from the VIG practitioners, in order to inform their work.

“It was a tool for them to develop bonding – it gave them the power to do that - we didn’t need to know more than that.”

“It was a perfect level of involvement as we’re so busy visiting families. We’re all adults; we can ask the families or we could have asked you if there was anything we were unsure of.”

“It’s like collating evidence and putting it in a box. I’ve had some concerns about the placement myself. I want pointers to making the placement better.”

“In our adoption reports we have to make a comment for court on how the adopters relate to the child – it would be useful to put in a report.”

When asked how information could be shared in a transparent way, many social workers would like to see the film clips and several wanted to know more about the issues discussed on home visits also. They suggested the following:

“Perhaps have the social worker present on the first visit then they would realise everyone’s part of the same picture? Perhaps a joint visit with social workers partway through? Then adopters can bring up some of the stuff.”

“They feel so under scrutiny – perhaps they could be copied in to emails as well? So there would be no sense of secrets going round.”

“It would be very helpful to have the last session as a home visit with the social worker, to have had a chat about it together.”

4 Future uses of VIG

All parents agreed that they would recommend the support package to other prospective adopters, especially first time adopters and some thought that the package would benefit birth parents too. Other families that they thought would benefit were adopters of children with behavioural problems, attachment problems or who had experienced trauma.

“I would recommend it to certain groups – first time parents or those with identified problems.”

“A child with attachment problems – like [child]... for those with concentration problems or short attention span, this helps.”

“All parents would find it beneficial – particularly those with difficulties or problems, either behavioural or disabilities, physical or mental. Everyone!”

The vast majority of social workers would recommend the VIG package to other families or to colleagues. However, two wanted improvements made first.

“Definitely, I would highly recommend it. I’ve had positive feedback from adopters. It’s another tool we can use as a service in promoting positive attachments and comes from a strengths-based perspective.”

“I would like to see it offered to all families, even where things are going right, as it affirms that and increases the confidence of the adopters.”

“I’d recommend any service that supports children and their adoptive families, but we have to be clear about what the service offers and that work is not duplicated, because without communication we could be duplicating in a way that doesn’t match.”

When asked who would most benefit from the VIG package, two social workers commented that all families would benefit. More specific suggestions included:

“Birth parents who weren’t getting the hang of an adopted child having different needs.”

“Children who are a bit older and who may have attachment issues.”

“Other families who’re saying that they can’t cope with their children but don’t meet the threshold for intervention from social care.”

Applications of the VIG support package

The pilot’s generally positive evaluation indicates that adoption support combining the VIG process with a play focus to promote attachment security and learning confidence would be beneficial for others. Prospective adopters thought it would be of most use for first-time parents, especially adopters. Social workers often highlighted the additional needs of children being placed from care in recommending this adoption support, to help prospective adopters ‘tune in’ to their particular child’s needs. They also thought that more established adoptive placements under strain due to attachment difficulties could be supported by VIG practitioners working alongside the county’s post-adoption service. It was also suggested that this support would benefit families not quite meeting the threshold for social care’s intervention, or foster carers with whom children requiring sensitive parenting are living. All of these applications merit consideration.

Amendments to the VIG support package

A number of participants valued the non-judgemental stance of the VIG practitioner, with whom adopters could raise any concerns in confidence. Some social workers appreciated this independent specialist role being available at what is recognised as a challenging time for prospective adopters, but others wanted more explicit integrated working to make best use of the support, especially when placements were more problematic. Detailed feedback from the telephone interviews yielded a number of helpful improvement suggestions for tailoring this support package. Informed consideration may now be given to the best way of introducing the support package’s principles, the number of cycles of VIG given, the timing of the support, the selection and engagement of families and the expectations of information-sharing.

It might be more appropriate to exchange the group sessions for joint home visits at the start and end of the package. As well as introducing the key concepts and skills to prospective adopters, expectations and goals of the package could be negotiated as well as clarity of roles agreed with social workers present. On the final joint visit, the educational psychologist could support the adopter to share their new insights or enhanced skills along with pre-selected clips. Therefore social workers would be given sufficient information to continue supporting the new adoptive family, but without hearing full details of discussions held in confidence.

The majority of prospective adopters were very positive about the filming and feedback part of the package with several wanting one or more additional filming cycles. Since the pilot’s design of the pilot, the lead practitioner became aware of research suggesting the greatest gains occurred after three to four VIG cycles (Doria, 2009). Perhaps offering three cycles, with one more or less if desired, would respond to family-specific needs whilst taking account of the research evidence base.

The timing of the package was not ideal for many families and the majority of participants suggested the best timing as two or three months into placement. Opinions on the ‘right’ time varied considerably, underlining the importance of responding to individual needs. The Dutch model is flexible and empowering, by offering four cycles of a structured VIG-style adoption support to all first-time adopters, which they may request at any time from placement to two years later.

If this adoption support package were a limited resource, social workers would prefer more time to consider families, in discussion with managers and educational psychologists. Some prospective adopters also felt that they would have preferred to wait until an early placement review to decide. Offering any future adoption support as an entitlement for rather than as an expectation of prospective adopters would promote a collaborative, problem-solving relationship. A practice implication would be for the VIG practitioner to name any tension felt by adopters and social workers and acknowledge that both are working towards the same goals of confident, skilled parents and confident, secure children.

Recommendations for future research

Given the small sample sizes in this study, statistical analysis of reported change was limited. Designing simple pre- and post-intervention measures to use across the county with all adoptive families who receive VIG over the next couple of years would yield a larger sample for any future meta-analysis of VIG interventions.

Fruitful research into the effectiveness of the VIG approach for helping secure attachments grow could be to micro-analyse the differences between a segment from the first and last films of shared play. Increasingly skilful sensitivity in the parent/carer could be measured objectively, as well as qualitative changes to the children's initiatives. This would complement data from any changes reported by adopters and social workers.

Conclusion

Overall, the prospective adopters and social workers involved in the pilot reported a number of benefits of the adoption support package. These included the reassurance adopters received from the strengths-based approach of VIG, which raised their parenting confidence with LAC. Parents and professionals appreciated the focus on building security and learning confidence through play. Merit was seen in the placement support being provided by an educational psychologist, offering specialised advice from outside of the adoption assessment process.

As a result of the project, management discussions may take place about using VIG as part of the county's adoption support. Feedback from prospective adopters and social workers will shape this support, both to promote collaborative working relationships whilst respecting different professional roles/ responsibilities and to take account of adoptive families' individual and changing needs.

It was professionally stretching yet satisfying to have undertaken and evaluated the pilot. Methodology changes beyond our control were frustrating. However, these were counter-balanced by the largely positive and insightful evaluations. Reading around the subject and finding research in support of our response to local needs was encouraging. This gave the practitioner-researchers confidence that future work of this kind will be grounded in evidence-based practice, backed up by international research. Finally, it was fascinating to explore some of the opportunities and challenges to integrated working on behalf of looked-after children.

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Perceived benefits of an early adoptive placement support package using Video Interactive Guidance (VIG) with prospective adoptive parents

Appendices

Appendix A

Sample letters and project application form

Appendix B

Pre- and post-intervention parental questionnaire samples and table of collated results

Appendix C

Pre- and post-intervention social care questionnaire samples and table of collated results

Appendix D

Sample telephone interview questions for adopters and for social workers adapted from the prompts planned for focus groups

APPENDIX A

Dear parent/carer,

Supporting new adoptive placements using Video Interaction Guidance

Video Interaction Guidance (VIG) is an attachment-based technique that can promote a positive parent-child relationship and build a child's confidence to learn. The Adoption Service would like to make VIG more widely available, following the positive outcomes for those adoptive families in the county who have received this support already.

We have been asked by the Adoption Service to pilot a VIG support package to prospective adopters once a child (or sibling group) has been placed for adoption, as follows:

- an introductory session on Thursday 24 September 2009;
- two educational psychology home visits to film play activities;
- two educational psychology home visits to review positive film clips;
- a concluding session on Thursday 7 January 2010.

The sessions on 24 September and 7 January will be held at Intech, Telegraph Way, Morn Hill, Winchester, SO21 1HZ from 9.15am until 12.30pm and are for adopters, their adoption social worker and child's social worker. Given work demands and child-care needs, we would not expect more than one adopter per placement to actively participate in the VIG support package.

Your adoption social worker will co-ordinate an application if you would like to take part, with the support of your child's social worker, who will also need to give signed parental consent for filming. Completed application forms must be returned to Hazel Chapman, Adoption Service Manager, by 28 August 2009. Please find attached some additional information about VIG. If you have any queries about the support package, please discuss these with your social worker in the first instance. Places are limited and we will let you know by 10 September if you are to be included.

Yours sincerely



Caroline Feltham-King, Educational Psychologist



Emma Gibbs, Educational Psychologist

Caroline Feltham-King and Emma Gibbs

Let to social workers.VIG project.CFK-EH

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July 2009

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Dear Colleague

Pilot adoption support package for new adoptive placements using Video Interaction Guidance (VIG)

Video Interaction Guidance (VIG) is an attachment-based technique that can promote a positive parent-child relationship. It involves filming a shared activity, positive clips of which are then discussed in detail with the parent/carer. This develops their understanding of the adult's role in building the child's learning confidence and emotional well-being through receiving the child's initiatives. The Adoption Service would like to make VIG more widely available, following the positive outcomes for those adoptive families in the county who have received this support already.

We have been asked by the Adoption Service to pilot a VIG support package to prospective adopters once a child (or sibling group) has been placed for adoption as follows:

- an introductory session on Thursday 24 September 2009
- two educational psychology home visits to film the adopter/s and child/ren enjoying a shared play activity
- two educational psychology home visits to review positive film clips individually with the adopter/s
- a concluding session on Thursday 7 January 2010.

The sessions on 24 September and 7 January will be held at Intech, Morn Hill, Winchester, SO21 1HZ, from 9.15am until 12.30pm and are for adopters, their adoption social worker and child's social worker. Given work demands and child-care needs, we would not expect more than one adopter per placement to actively participate in the VIG support package. VIG is a flexible approach, so would be relevant with infants/children of any age, whether placed singly or in sibling groups.

We have applied for a research grant from the Children's Workforce Development Council to evaluate the effectiveness of this proactive adoption support package, which will inform future planning management discussions. Part of our evidence will be qualitative, so we will be asking adopters to keep a simple diary of play activities enjoyed, which they may share with you on statutory visits. Our second morning session will include time to share individual children's progress within trios (adopter, adoption social worker and child's social worker) and to reflect within parent or professional groups on the potential for VIG as a tool to support adoptive placements.

Please discuss this project with the new adoptive parents you support and your social care colleagues. If you are the adoption social worker, please co-ordinate an application for the project if you are all able to take part as detailed above. If you are the child's social worker, please also give signed parental consent for filming to take place on home visits. **Completed application forms must be returned to Hazel Chapman, Adoption Service Manager, by 28 August 2009.** Applicants will be informed by 10 September if they are to be included in the project.

Please find attached an application form and copy of the letter for prospective adopters, with some additional information about VIG. If you have any queries about the project, please feel free to contact us via our email addresses on the letterhead. (Please do not expect an immediate response, as we both work part-time and have leave booked in August!)

Yours sincerely



Caroline Feltham-King
Educational Psychologist



Emma Gibbs
Educational Psychologist

Hampshire Educational Psychology Service

Winchester Local Children's Services Office, Clarendon House, Monarch Way, Winchester, Hampshire, SO22 5PW Tel: 01962 876235

Video Interaction Guidance support package – application form

Parental section

I/We would like to part in the adoption support package, as described in letter July 2009.

I understand that in consenting to take part I will keep a simple diary of shared play activities to share with social workers on statutory visits across the autumn term and be filmed at home on two occasions. I will be shown positive clips from this film in individual feedback sessions. I will be able to choose whether to share a clip with the social workers supporting our family. I understand that film will be viewed only within the adoption support package and the VIG supervisory framework. I am able to attend morning sessions on both Thursday 24.09.09 and Thursday 07.01.10. I also give my consent for the child/children detailed below to be filmed.

Name of adopter:

Signature: Date:

Name of adopter:

Signature: Date:

Telephone:..... Email:

City/town/village:

Details of child/children placed on (date):

Age	Gender	Educational provision to be attended (if any) in the autumn term

Other children in the family:

Age	Gender	Educational provision to be attended (if any) in the autumn term

Adoption Social Worker section

I would like to take part in the adoption support package, as described in the letter dated July 2009.

I understand that in consenting to take part I am able to attend morning sessions on both Thursday 24.09.09 and Thursday 07.01.10 and discuss the adopter's activity diary with them on statutory visits made across the autumn term. I understand that film clips belong to the adult/s filmed with the child/children and will be viewed only within the adoption support package and the VIG supervisory framework.

Name of Adoption Social Worker:

Signature: Date:

Workplace:
.....

Telephone: Email:

.....

Child's social worker section

I would like to take part in the adoption support package, as described in the letter dated July 2009.

I understand that in consenting to take part I am able to attend morning sessions on both Thursday 24.09.09 and Thursday 07.01.10 and discuss the adopter's activity diary with them on statutory visits made across the autumn term. I understand that film clips belong to the adult/s filmed with the child/children and will be viewed only within the adoption support package and the VIG supervisory framework. I also give my consent for the above-mentioned child/children to be filmed.

Name of child's social worker:

Signature: Date:

Workplace:
.....

Telephone:Email:.....

.....

Please send this form, when completed, to: Hazel Chapman, Adoption Service Manager,
Hamble Cottage, Glen Road, Swanwick, Southampton, SO31 7HD by **28 August 2009**.

If there any queries regarding the completion of this form, please contact Caroline Feltham-King or Emma Gibbs, Educational Psychology, tel: 01962 876235, or email caroline.feltham-king@hants.gov.uk or emma.gibbs@hants.gov.uk.

Appendix B

Pre- and post-intervention table of collated results from prospective adopters and parental questionnaire samples

Parental Pre- and Post-Questionnaires

The responses given by the prospective adopters prior to and after receiving two cycles of VIG can be seen in Table 1.

Table 1: Parental questionnaire responses before and after receiving VIG cycles

Questions to Prospective Adoptive Parents	Pre		Post	
	Mean	SD	Mean	SD
How useful do you think the adoption support package will be/was for you? (Where 1 is v unhelpful and 9 is v helpful)	7.0 (n=5)	2.1	7.9 (n=7)	1.1
How useful do you think the adoption support package will be/was for your child? (Where 1 is v unhelpful and 9 is v helpful)	7.2 (n=5)	1.3	6.9 (n=7)	1.1
How useful do you think the adoption support package will be/was for your family? (Where 1 is v unhelpful and 9 is v helpful)	7.0 (n=5)	1.6	7.1 (n=7)	1.6
How confident do you consider your child to be as a learner? (Where 1 is no confidence and 9 is highly confident)	6.3 (n=4)	3.1	7.6 (n=7)	1.4
How concerned are you about your child's learning confidence? (Where 1 is no concern and 9 is v concerned)	3.7 (n=5)	2.2	2.3 (n=7)	2.4
Please rate your current level of confidence in supporting your child's learning (Where 1 is no confidence and 9 is highly confident)	6.9 (n=5)	1.2	7.6 (n=7)	1.0

Pilot Adoption Support Package including Video Interaction Guidance

Pre-Intervention questionnaire for adoptive parents

1 How useful do you think the adoption support package will be?

(Please give your responses a number between 1 and 9, where 1 is very unhelpful, 5 is neither helpful nor unhelpful and 9 is very helpful – please circle your response)

For you:

1 2 3 4 5 6 7 8 9

Why? _____

For the child:

1 2 3 4 5 6 7 8 9

Why? _____

For the family:

1 2 3 4 5 6 7 8 9

Why? _____

2 How confident do you consider your child to be as a learner?

(Please give your response a number between 1 and 9, where 1 is no confidence, 5 is some confidence and 9 is highly confident – please circle your response)

1 2 3 4 5 6 7 8 9

3 Do you have any concerns about your child's learning confidence? Yes/No **If so, what are they? _____**

Please rate your current level of concern.

(Please give your response a number between 1 and 9, where 1 is no concern, 5 is neither low nor high and 9 is a very high level of concern – please circle your response)

1 2 3 4 5 6 7 8 9

4 Please rate your current level of confidence in supporting your child's learning.

(Please give your response a number between 1 and 9, where 1 is no confidence, 5 is some confidence and 9 is highly confident – please circle your response)

1 2 3 4 5 6 7 8 9

5 What skills/knowledge do you hope to gain from the adoption support package?

For you: _____

For the child: _____

For the family: _____

6 What particular skills do you wish to develop?

For you: _____

For the child: _____

For the family: _____

Name

Date: 24 September 2009

Please hand this form back to Caroline or Emma, or post, in the envelope provided, to Dr Amy Warhurst, Educational Psychology, Winchester Local Children's Services Office, Clarendon House, Monarch Way, Winchester, SO22 5PW, by 1 October 2009.

Pilot Adoption Support Package including Video Interaction Guidance

Post-Intervention questionnaire for adoptive parents

1 How useful do you think the adoption support package was?

(Please give your responses a number between -5 and +5, where -5 is very unhelpful, 0 is neither helpful nor unhelpful and +5 is very helpful – please circle your response)

For you:

-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5

Why? _____

For the child:

-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5

Why? _____

For the family:

-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5

Why? _____

2 How confident do you consider your child to be as a learner?

(Please give your response a number between 1 and 9, where 1 is no confidence, 5 is some confidence and 9 is highly confident – please circle your response)

1 2 3 4 5 6 7 8 9

3 Do you have any concerns about your child's learning confidence? Yes/No **If so, what are they? _____**

Please rate your current level of concern.

(Please give your response a number between 1 and 9, where 1 is no concern, 5 is neither low nor high and 9 is a very high level of concern – please circle your response)

1 2 3 4 5 6 7 8 9

4 Please rate your current level of confidence in supporting your child's learning.

(Please give your response a number between 1 and 9, where 1 is no confidence, 5 is some confidence and 9 is highly confident – please circle your response)

1 2 3 4 5 6 7 8 9

5 What skills/knowledge did you gain from the adoption support package?

For you: _____

For the child: _____

For the family: _____

Are there any other comments you wish to make?

Name

Date: 7 January 2010

Please hand this form back to Caroline or Emma.

Appendix C

Pre- and post-intervention table of collated results from social workers and social care questionnaire samples

Social Workers' Questionnaires

The responses given by the social workers prior to and after receiving the VIG package can be seen in Table 2.

Table 2: Social workers questionnaire responses before and after the VIG cycles

Questions to Social Workers	Child's Social Worker				Adopter's Social Worker			
	Pre VIG		Post VIG		Pre VIG		Post VIG	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
How useful do you think the adoption support package will be/was for you? (Where 1 is v unhelpful and 9 is v helpful)	6.5 (n=4)	1.0	7.5 (n=4)	1.0	7.2 (n=6)	1.2	4.8 (n=4)	3.3
How useful do you think the adoption support package will be/was for the child? (Where 1 is v unhelpful and 9 is v helpful)	6.8 (n=4)	0.5	7.3 (n=4)	2.1	6.8 (n=4)	1.3	7.4 (n=5)	2.5
How useful do you think the adoption support package will be/was for the family? (Where 1 is v unhelpful and 9 is v helpful)	7.0 (n=4)	0.8	8.3 (n=4)	1.5	6.5 (n=4)	1.3	8.8 (n=5)	2.2
How confident do you consider this child to be as a learner? (Where 1 is no confidence and 9 is highly confident)	6.8 (n=4)	1.3	7.0 (n=4)	1.8	6.4 (n=5)	2.1	6.7 (n=3)	1.5
How concerned are you about this child's learning confidence? (Where 1 is no concern and 9 is v concerned)	3.3 (n=3)	2.3	1.8 (n=4)	1.5	4.7 (n=3)	2.5	4.3 (n=3)	2.9
Please rate your current level of confidence in supporting this family's learning (Where 1 is no confidence and 9 is highly confident)	7.5 (n=4)	1.0	7.8 (n=4)	1.3	7.6 (n=5)	0.9	8.3 (n=4)	0.5

Pilot Adoption Support Package including Video Interaction Guidance

Pre-Intervention questionnaire for Social Workers

1 How useful do you think the adoption support package will be?

(Please give your responses a number between 1 and 9, where 1 is very unhelpful, 5 is neither helpful nor unhelpful and 9 is very helpful – please circle your response)

For you:

1 2 3 4 5 6 7 8 9

Why? _____

For the child:

1 2 3 4 5 6 7 8 9

Why? _____

For the family:

1 2 3 4 5 6 7 8 9

Why? _____

2 How confident do you consider this child to be as a learner?

(Please give your response a number between 1 and 9, where 1 is no confidence, 5 is some confidence and 9 is highly confident – please circle your response)

1 2 3 4 5 6 7 8 9

3 Do you have any concerns about this child's learning confidence? Yes/No If so, what are they? _____

Please rate your current level of concern

(Please give your response a number between 1 and 9, where 1 is no concern, 5 is neither low nor high and 9 is a very high level of concern – please circle your response)

1 2 3 4 5 6 7 8 9

4 Please rate your current level of confidence in supporting this family's learning
(Please give your response a number between 1 and 9, where 1 is no confidence, 5 is some confidence and 9 is highly confident – please circle your response)

1 2 3 4 5 6 7 8 9

5 What skills/knowledge do you hope to gain from the adoption support package?

For you: _____

For the child: _____

For the family: _____

6 What particular skills do you wish to develop?

For you: _____

For the child: _____

For the family: _____

Name

Name of family working with:

Date: 24 September 2009

Please hand this form back to Caroline or Emma, or post, in the envelope provided, to Dr Amy Warhurst, Educational Psychology, Winchester Local Children's Services Office, Clarendon House, Monarch Way, Winchester, SO22 5PW, by 1 October 2009.

Pilot Adoption Support Package including Video Interaction Guidance

Post-Intervention questionnaire for Social Workers

1 How useful do you think the adoption support package was?

(Please give your responses a number between -5 and +5, where -5 is very unhelpful, 0 is neither helpful nor unhelpful and +5 is very helpful – please circle your response)

For you:

-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5

Why? _____

For the child:

-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5

Why? _____

For the family:

-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5

Why? _____

2 How confident do you consider this child to be as a learner?

(Please give your response a number between 1 and 9, where 1 is no confidence, 5 is some confidence and 9 is highly confident – please circle your response)

1 2 3 4 5 6 7 8 9

3 Do you have any concerns about this child's learning confidence? Yes/No If so, what are they? _____

Please rate your current level of concern

(Please give your response a number between 1 and 9, where 1 is no concern, 5 is neither low nor high and 9 is a very high level of concern – please circle your response)

1 2 3 4 5 6 7 8 9

4 Please rate your current level of confidence in supporting this family's learning
(Please give your response a number between 1 and 9, where 1 is no confidence, 5 is some confidence and 9 is highly confident – please circle your response)

1 2 3 4 5 6 7 8 9

5 What skills/knowledge did you gain from the adoption support package?

For you: _____

For the child: _____

For the family: _____

Are there any other comments you wish to make?

Name

Name of family working with:

Date: 7 January 2010

Please hand this form back to Caroline or Emma.

Appendix D

Telephone interview questions for adopters and social workers

Prospective Adopters Focus Group – Interview questions

Overall – Positives:

- Was this a good experience overall? Why?
 - Prompts: play journal/intro session /filming/feedback/clips
- Have you noticed anything about your child/ren's learning confidence during the course of the project?
- Has your relationship with your child changed? If so – in what way?
- Did this support package help your relationship with your child? If so – in what way?
- Has anything else changed as a result of this project?
- Have you developed new skills as a result of this project? If so – what?

Overall improvements:

- What didn't work so well?
- What did you find unhelpful? Why?

General experiences:

- How would you describe the working relationship you had with Emma/Caroline?
 - How was this the same/different to other professional relationships you have had during the course of adoption process?
- What has your social worker asked about the adoption support package? Your play activities/video feedback?

Future projects:

- Would you recommend to other prospective adopters?
- What did you think of the timing and how it was introduced/offered?
- What did you think of how many sessions (Prompt: Is 2 enough? 3-4 more effective?)
- What did you think about the idea of the second group session, i.e. sharing video clips
- What kind of families/children do you think would benefit most from this?

Have I missed anything? Do you have any other comments you want to make?

Social Workers Focus Group – Interview Questions

Overall – Positives:

- What do you think went well with this adoption support package? Why?
- What have you found useful about this project for yourself as a social worker?
- What do you think your prospective adopters have got out of this project?
- What do you think the children have gained?

Overall Improvements:

- What feedback have you had from the families we have been working with?
- What do you think about your level of involvement in the adoption support package? (Prompt: More/Less/Different?)
- How could this package be improved? (Prompt: for you/the adopters/the children/the families?)

Future Projects:

- How were families selected for taking part in this project? What factors were taken into account? Would you do anything differently next time?
- What kind of family/child do you think this work would benefit most?
- What did you think of the timing of the package?
- What did you think of how it was introduced/offered?
- What did you think of how many sessions (Prompt: is 2 enough? 3-4 more effective?)
- Would you recommend VIG to support other families/ the work of social work colleagues?

Have I missed anything? Are there any other comments you want to make?

The Children's Workforce Development Council leads change so that the thousands of people and volunteers working with children and young people across England are able to do the best job they possibly can.

We want England's children and young people's workforce to be respected by peers and valued for the positive difference it makes to children, young people and their families.

We advise and work in partnership with lots of different organisations and people who want the lives of all children and young people to be healthy, happy and fulfilling.

www.cwdcouncil.org.uk

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