0-19 VIDEO INTERACTION GUIDANCE

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VALIDITY – Guidelines should be accessed via the Trust intranet to ensure the current version is used.

CHANGE RECORD

Version	Date	Change details
1.0	*April 2024*	*New Guidance. Consultation with Local Authority staff utilising VIG and their managers, Rebecca Price, Heidi Fewings, Clinical Team Leaders, 0-19 clinical network meeting. VIG trained clinical staff.* *Approved at 0-19 Clinical Governance Meeting (11 April 2024).*

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1. INTRODUCTION

This operating procedure provides information on Video Interaction Guidance (VIG).

It includes guidelines on consent to being filmed, and the ownership of any recorded material. It also gives guidance in relation to the storage and retrieval of the video recordings, and the safe storage and usage of the video recordings and equipment.

2. SCOPE

This document applies to all staff utilising Video Interaction Guidance and their supervisors and managers.

3. DUTIES AND RESPONSIBILITIES

The chief executive holds overall accountability for the adherence to this policy on behalf of Humber. This includes ensuring the organisation has the correct infrastructure and commitment to enable its implementation and application and seeks assurance through children's and learning disability divisional general manager and clinical leads.

Service manager (of 0-19 and perinatal services respectively) is responsible for:

- Reviewing and updating the guidance at agreed time intervals or sooner if prompted by changes in legislation or best practice requirements.
- Cascading the new revised information to all staff.
- Arranging periodic audits of records to demonstrate continuous quality improvement.

Qualified and trainee VIG clinicians are responsible for:

- Reading and following the guidance
- Escalating issues that cannot be managed themselves to leadership teams within their service

4. PROCEDURES

This is detailed instruction which must be followed, or steps which must be taken to implement the document.

4.1. What is Video Interaction Guidance?

Video Interaction Guidance is a method, which aims to improve communication and relationships for participants. Participants are supported by a VIG Practitioner to view and discuss short edited clips of personal interaction. Participants become much more aware of their own skills in effective communication through viewing themselves and reflecting on what they observe. The Practitioner aims to empower participants in the process of change by exploring perceptions, building on their strengths and challenging assumptions. Relationships, interactions and behaviour can improve as participants change their communication style.

This method is based on three theoretical standpoints:

- **i** Theories of intersubjectivity and mediated learning
- **ii** Theories of change which emphasise respect, empowerment and collaboration
- **iii** Theories of change which use self-modelling and video feedback.

Professor Colwyn Trevarthen at Edinburgh University has provided the main theoretical core through his work on intersubjectivity. The method of VIG was developed by Harrie Biemans (Stichting

Promotie Intensive Thusbehandling Netherlands) in the nineteen-eighties, and further developed in Dundee by Hilary Kennedy, Penny Forsyth and Raymond Simpson (Dundee Educational Psychology Service).

VIG is being used in a range of ways in Children's Services, Community Care and Criminal Justice. VIG is an accredited training programme with regular supervision and support provided for all VIG trainees by accredited or trainee VIG Supervisors.

*Please note that the term a VIG Practitioner in this document also relates to trainees undertaking VIG Practitioner training.

4.2. Video Interaction Guidance as a Clinical Tool

There is no intention of including the video recording obtained as a permanent part of the medical record. The video recording is a temporary tool to help as part of a therapeutic intervention.

A clinical tool is here defined as a means through which one intends:

- **i** To facilitate understanding of a child and family
- **ii** To improve work in progress with a child and family
- **iii** To enable client(s) to develop personally and in their significant relationships

4.3. Procedure for Using Video Interaction Guidance

VIG and the use of video recording is explained and discussed with families (parents / caregivers and their young children) at the beginning of the sessions in which recording is about to take place. Family members should have an opportunity to ask questions about this (see VIG Information Sheet).

It should be explained to all family members at this stage that there is no intention of including the recording as a permanent part of the medical record, but that it is a temporary tool to help as part of a therapeutic intervention.

All aspects of consent, access and storage should be explained families at this stage.

4.4. Consent for Making Video Recordings

Families are informed that they can withdraw their consent for recording at any point during the session.

The video recording does not commence until written consent (see Appendix) is given from all adults present. It is important to ensure that all family members have understood what it is they are consenting to and that a context is created for genuinely informed consent to take place.

4.5. Access to Video Recordings

The only persons who have access to video recordings include:

- The practitioner(s) as part of ongoing work and as part of VIG supervision of ongoing work.
- Supervisors external to the trust who provide supervision to the practitioners.
- Colleagues in the Trust who are co-workers, supervisors, consultants or line managers with respect to this child and family.

The practitioner should explain clearly who the person/s involved is/are and the purpose for which the recording would be shared.

The child or family who are the subject of the video recordings have a right to review recordings of themselves if they were present at the session concerned.

If a family member wishes to see a recording at which they were not present, all other family members present and the practitioner(s) would have to give consent first.

The practitioner will show the family only edited material (as is usually the case with VIG). The practitioner should explain that the unused material will be deleted as soon as possible which, if the practitioner is still in training, will not be until the end of the course.

4.6. Ownership of Video Recordings

The making, ownership and access to recordings is subject to the policies of Humber Teaching NHS Foundation Trust.

Practitioners can decide to make a copy of a session for the individual/family or give the recording to the individual or family.

Where the practitioners retain the video recordings, the recordings will be subject to the policy of disposal outlined below.

4.7. Policy on the Transport, Storage and Keeping of Video Recordings in our Possession

All video recordings / digital images once taken should be stored on the secure networked drive (i.e. the O drive). They should not be stored on the C drive of a computer.

Should any equipment or materials (camera, laptop, DVD/CD) go missing this must be reported immediately to your line manager as well as to those who have been recorded.

Only the essential video recordings should be moved file location to minimise risks.

Video recordings are to be erased by the practitioner in accordance with the details on the consent form.

Appendix A: Consent forms for Video Interaction Guidance

Below are links to two consent forms, both of which should be completed by each adult accessing VIG.

Photographing Video and Audio Recording Procedure (Proc460) - See Appendix 1

VIG Client Consent Form