



UNIVERSITY OF
CAMBRIDGE
Faculty of Education

Using Video-feedback Interventions to promote the mental health of young children: lessons from Healthy Start Happy Start

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PLAY IN EDUCATION DEVELOPMENT AND LEARNING

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Centre for Research on
**Play in Education
Development
and Learning**



3 Areas of research focus

1. Play and playfulness in early life
2. The development of social play and social life
3. Guiding playful learning in schools

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12
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A research seminar with Dr
Elena Hoicka

02
JUL

A Joint PEDAL & REAL
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1 of 4



Testing VIPP-SD in RCT: Healthy Start Happy Start

- **Aim:** “To evaluate the effectiveness and cost-effectiveness of a brief early parenting intervention (VIPP-SD), designed to prevent enduring behavioural problems in young children aged 12-36 months old”

*The Healthy Start, Happy Start project is funded
by the National Institute for Health Research's
HTA Programme*

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Background: why do we need research on programmes for behaviour problems?

- Behaviour problems are amongst the most common mental health problems in children
- Enduring problems place children at risk for poorer mental and physical health, educational, and social outcomes into adulthood
- The quality of caregiving (sensitivity and discipline) that children receive influences the development and maintenance of behaviour problems
- Intervening early could prevent problems becoming established and improve children's life chances



Which programmes show the most promise?

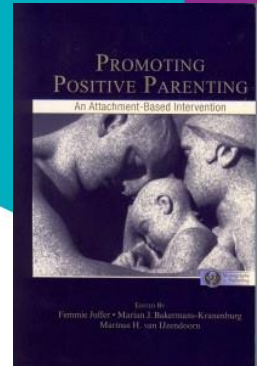
- Evidence indicates that programmes that are most effective at promoting sensitive responding:
 - **Use a moderate number of sessions**
 - **Have a clear cut interactional focus**
 - Video-feedback may be particularly effective

(Less is More, Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003)

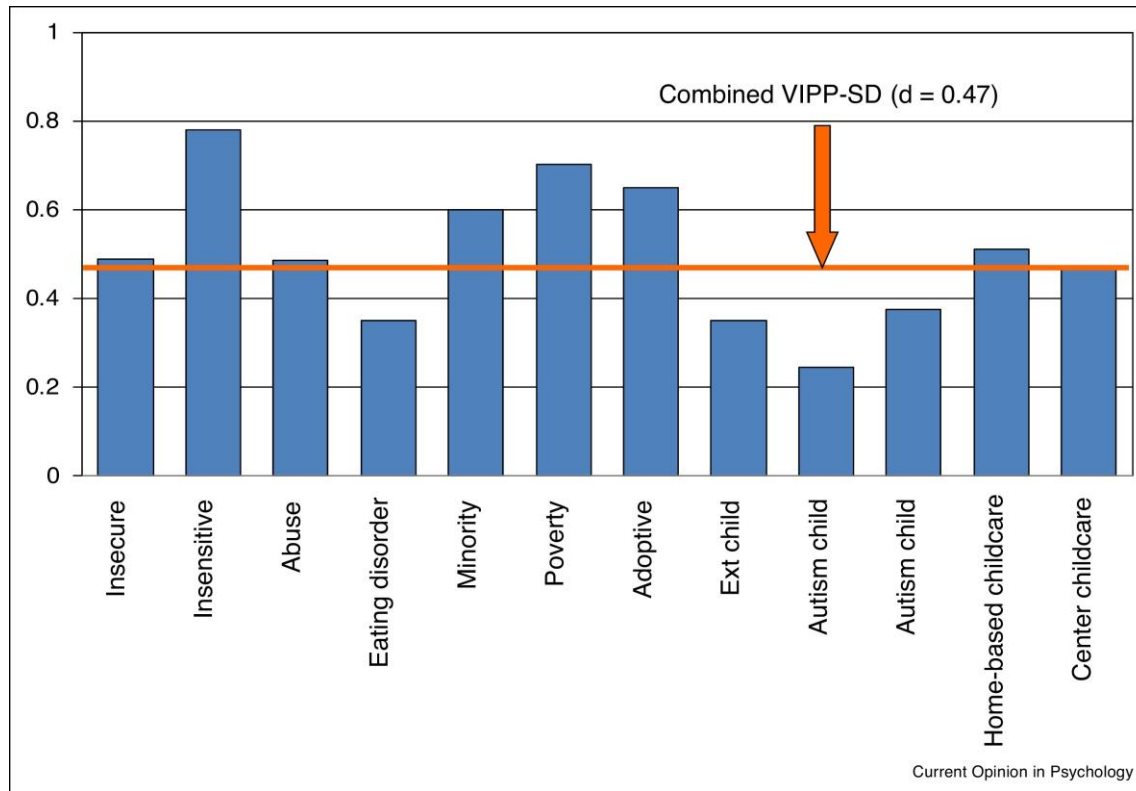
Video-feedback to promote Positive Parenting and Sensitive Discipline

(VIPP; Juffer, Bakermans-Kranenburg & van IJzendoorn, 2008)

- Underpinned by attachment theory and social learning theory
- 6 home-based sessions delivered by trained professional every two weeks
- Parent-child interaction is filmed and played back with a focus on positive interactions
- Promotes parents' capacity to identify and respond sensitively to child's cues and signals



Evidence for VIPP-SD



Source: Juffer et al., 2017

- But VIPP-SD has yet to be tested in a routine health service context

VIPP-SD method

- Intervener records short clips of the parent and child engaging in everyday situations – usually play-based interactions
- Between the sessions the intervener reviews the clips and prepares feedback using a script
- The feedback is based on the parent's interaction 'profile' needs and the manual
- The script is connected to the video - the intervener delivers comments every 10-30 seconds

What does the VIPP-SD programme do?

- Allows for observations of even subtle behaviour
- ‘Speaking for the child’ highlights child’s behaviour, emotion, expressions to improve observation skills
- Positive and successful moments are highlighted and reinforced to encourage sensitive responding
- Working alliance promotes a trusting and empathetic relationship
- Parents are positioned as experts on their children and their behaviour is the basis of change

VIPP-SD in action

Testing VIPP-SD in RCT: Healthy Start Happy Start

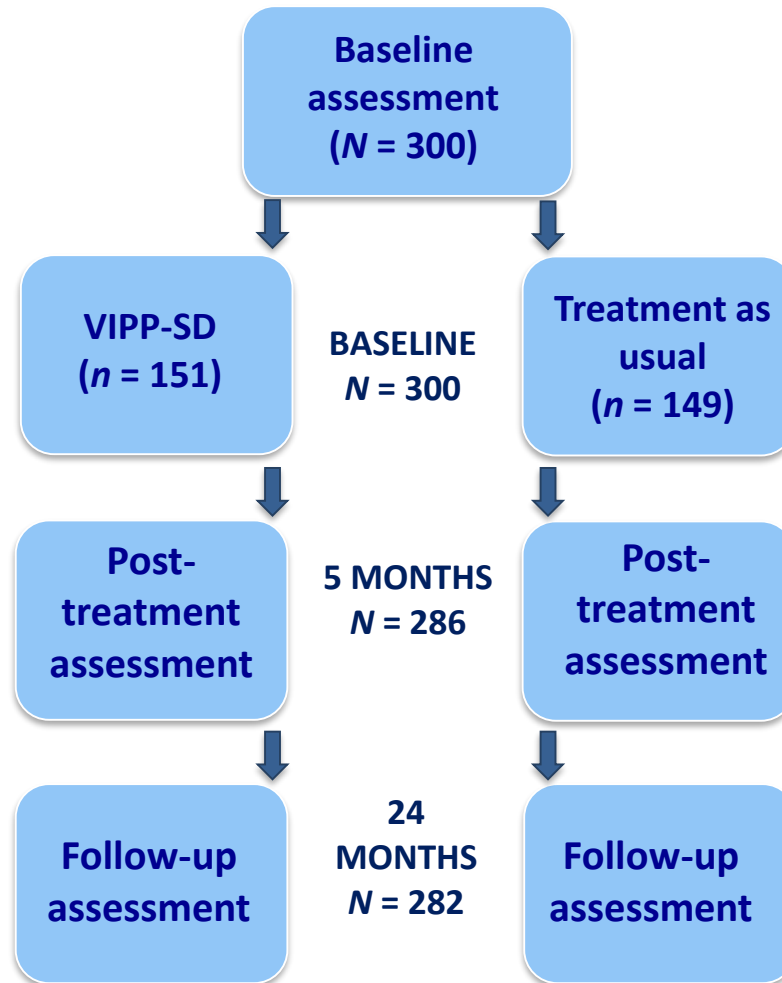
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



What are the outcomes?

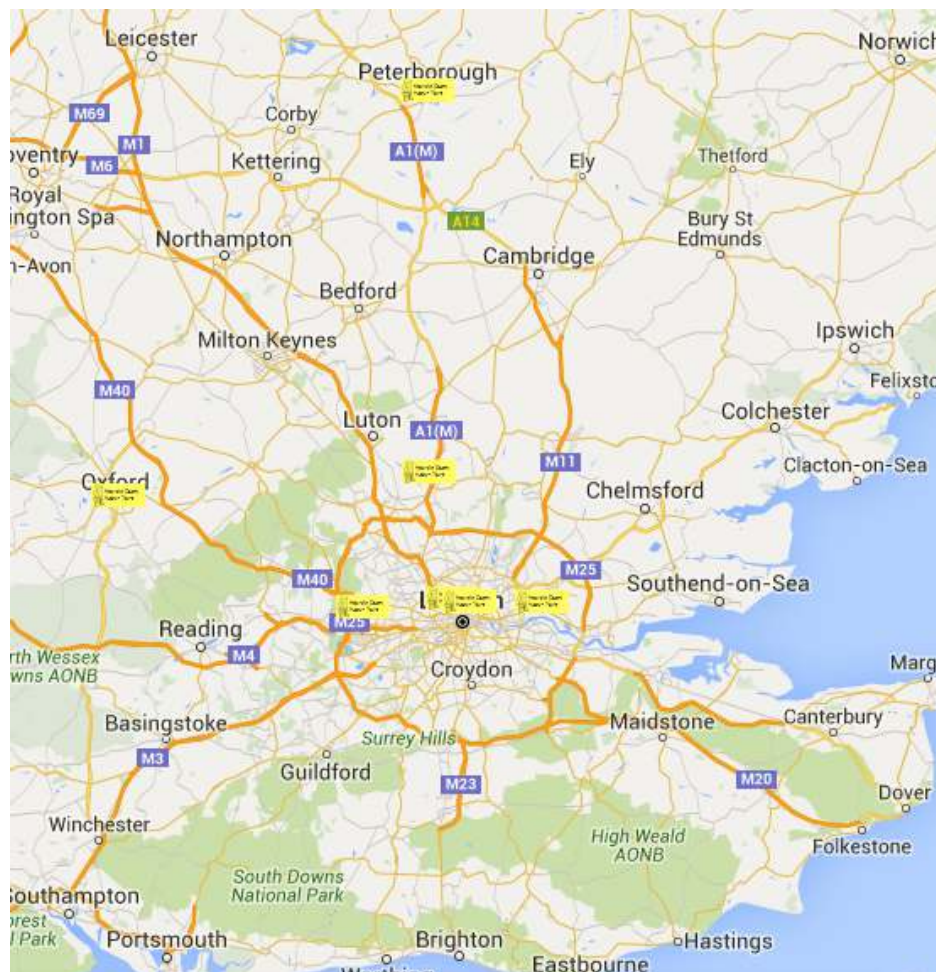
Primary Outcome		
Behaviour problems	<i>Preschool Parental Account of Childhood Symptoms</i>	
Secondary Outcomes		
Behaviour problems	<i>Child Behaviour Checklist; Strengths and Difficulties Questionnaire</i>	
Parenting behaviour	<i>Parenting Scale</i>	
Parental mood and anxiety	<i>Patient Health Questionnaire 9; Generalised Anxiety Disorder 7</i>	
Couple functioning	<i>Revised Dyadic Adjustment Scale</i>	
Parent-child interactions	<i>Coded Video Interactions</i>	

Healthy Start, Happy Start



Healthy Start, Happy Start

-  London Borough of Camden
-  London Borough of Hillingdon
-  London Borough of Islington
-  Oxfordshire
-  Peterborough
-  Hertfordshire
-  London Borough of Barking and Dagenham



How can we tell if VIPP-SD was delivered successfully?

Process evaluation

Dosage	<i>Number of visits received</i>
Fidelity	<i>Self reported fidelity Independent ratings of fidelity</i>
Competence	<i>Independent ratings of skill/competence</i>
Acceptability of VIPP delivery in NHS settings	<i>Qualitative interviews with interveners</i>
Acceptability and receipt of VIPP	<i>Qualitative interviews with families Feedback forms</i>

Healthy Start, Happy Start Study

- 40 interveners delivered VIPP across the trial
- 80% of families received all 6 visits
- 57% High Fidelity, 36% Moderate Fidelity

What did parents find most helpful or interesting?

**Learning about my child's
communication and behaviour**

Seeing the video footage

Noticing new things

Strategies for managing behaviour

Reassurance we're doing things well

**Opportunity to discuss
behaviour/the relationship**

**Learning about child development
and play**

**Learning the importance of the
child taking the lead**

What did parents say they were doing differently?

Using more praise

Allowing the child to take the lead

Spending more time together

Communicating more/differently

Being more patient

Providing explanations

**Paying greater attention to
interaction/behaviour**

Empathising more with child

Healthy Start, Happy Start: Where are we now

- An intervention that can be delivered in routine practice, by front line practitioners, that is acceptable to families
- Final report due to National Institute of Health Research
- Results will be shared with policymakers, commissioners, service providers, families and public

Where does early intervention go from here?

- **What works for who and in which contexts?**
- Identify who benefits from intervention and who may need other supports
- Consider ongoing or booster interventions as children grow
- Investigate how to scale programmes in early childhood systems

See (Shonkoff, 2017)