

**Reference Number:** UHB 530  
**Version Number:** 1.0

**Date of Next Review:** 30/01/2028  
**Previous Trust/LHB Reference Number:** n/a

## Video Interaction Guidance (VIG) Standard Operating Procedure

### Introduction and Aim

Video Interaction Guidance (VIG) is an intervention through which a Practitioner aims to enhance communication within relationships using video feedback methods

VIG with service users and their families is now commonly used within perinatal and infant mental health.

This procedure aims to outline staff responsibilities towards service users with regard to the use of visual and audio recordings in the delivery of VIG and to ensure that all recording that takes place is appropriate and meets the necessary governance requirements.

The use of audio and video recordings enables a number of core functions of the Health Board to be performed to a high level of quality.

Recordings of any kind must not be used if doing so could impair the therapeutic relationship or mental wellbeing of the Service User.

### Objectives

#### 1. **Purpose**

This procedure provides a standard operating procedure regarding taking video recordings and the safe transport and storage of these.

It includes guidelines on consent to being filmed and the ownership of any recorded material. It 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.

There is no intention of including the video recording obtained for VIG work 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:

- To facilitate understanding of an infant and family relationships
- To improve work in progress with an infant and family
- To enable client(s) to develop personally and in their significant relationships

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## 2. **Process**

### **Consent for taking Video Recordings**

Patients are informed that they can withdraw their consent for recording at any point during the session (see Information Sheet).

The video recording does not commence until written consent is given from all present either via a hard copy or email. Verbal consent should also be obtained prior to each recording.

It is advisable that the practitioner reads the consent form aloud to the family. It is important to ensure that all family members have understood what it is they are consenting to.

### **Access to Video Recordings**

The only person(s) who have access to the video recording:

- The practitioner(s) as part of ongoing work and as part of clinical supervision of ongoing work.
- Supervisors external to the Health Board who provide supervision to the practitioners through the Association of Video Interaction Guidance UK training and supervision processes
- Colleagues in the Health Board who are co-workers, supervisors, consultants or line managers with respect to the patient(s).

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

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

The practitioner will show the family only edited material and should explain and check with the family that they understand that the unused material will not be kept other than if consent has been used for the footage to be kept for training purposes.

### **Ownership of Video Recordings**

The making, ownership and access to recordings is subject to the policies of Cardiff and Vale UHB and the Data Protection Act 2018.

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As part of the therapeutic process practitioners should ask if the family would like a copy of the VIG clips when the work is finished.

Where the practitioners retain the video recordings (e.g. if the family have consented for a clip to be used for teaching purposes), the recordings will be subject to the policy of disposal.

### **Transport, Storage and Deletion of Video Recordings**

All video recordings / digital images once taken should be kept on a secure USB memory stick. This should be stored securely in a locked cabinet. Videos should be backed up onto one-drive. Copies of consent forms should be scanned into documents and saved in the same folder as the video files.

Most camcorders contain memory cards /hard drives. Clinicians should erase the video recordings from the memory card / hard drive once they have been transferred onto the encrypted memory stick.

Should any equipment or materials (iPad, camera, laptop, DVD/CD) go missing this must be reported immediately to the practitioner's line manager and the Information Governance Unit.

If a laptop goes missing Cardiff and Vale IT department should be contacted immediately for it to be remotely wiped.

iPads and portable video cameras should be carried in good quality bags. There should be contact name, workplace address and telephone number in the bag. All cameras and accessories should be clearly marked as the property of Cardiff and Vale UHB and kept on the clinician's person at all times when off site.

Video recordings will require erasing in line with standard UHB retention policies. Video recordings held on network drives should also be deleted from the secure network drive and the 'Recycle Bin' emptied, to ensure deletion.

### **Consent for keeping Video Recordings as Training**

During the course of therapeutic work it may become apparent that a particular video clip would be helpful to train professionals or show at a conference.

It is acceptable to ask family members for their consent to use a recording for training purposes.

It is important to allow the family members reasonable time to consider its uses

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and ask questions. Practitioners should explain to family members *who* will see the material and in what contexts.

It is important to ensure that all family members have understood what it is they are consenting to and that context is created for genuinely informed consent to take place.

Patients should have the right to revoke consent for continued use and ideally a time-limit should be identified for how long consent will remain in place. To use the recording after this date, fresh consent should be sought.

Recordings made for training purposes are subject to the same rules of confidentiality as other clinical materials.

### 3. Responsibilities

#### Training

No member of staff (or student) should undertake any recording activity without completing the relevant training.

The training will cover the use of the equipment and software as well as the related governance and security issues.

#### Using virtual platforms for Video Interaction Guidance

Where a practitioner intends to use virtual platforms for supervision purposes, this should be explained and discussed with the patient as part of their initial discussion about using VIG.

A practitioner should explain the 'Share Screen' procedure by which they allow their supervisor access to view their desktop. It should be made clear that no video files are transferred in this process.

VIG may also be delivered virtually where appropriate and necessary in line with the UHBs policies on remote delivered appointments.

#### Record Keeping

Cardiff and Vale UHB does not class any recordings as part of the service user's health records. As such, any recording that are taken should not be uploaded to the service user's clinical record. Where recordings are made in

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a clinical setting any appropriate information must still be added to the relevant clinical system as if the recording was not being made. While recordings do not form part of the service users health record they should be treated in the same way as other written and electronic material in terms of security and decisions about disclosures.

### Ownership

The Health Board will retain the ownership of any recordings made under this policy unless explicitly agreed otherwise by the Data Protection Officer

### Scope

This procedure applies to all staff using Video Interaction Guidance in all locations including those with honorary contracts

### Equality and Health Impact Assessment

*Can be found below.*

### Documents to read alongside this Procedure

### Approved by

*Mental Health Clinical Board*

### Accountable Executive or Clinical Board Director

*Clinical Board Director of Mental Health*

### Author(s)

*Clinical Psychologist*

### Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

### Summary of reviews/amendments

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<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	30/01/2025	17/04/2025	<i>New document.</i>

## **Equality & Health Impact Assessment for**

*{Video Interaction Guidance Standard Operating Procedure}*

**Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment**

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**Please note:**

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required<sup>1</sup>
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Video Interaction Guidance Standard Operating Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Mental Health Clinical Board/ Psychology Dr Jessica Williams, Clinical Psychologist, Perinatal Mental Health Team, Cardiff Royal Infirmary. <a href="mailto:Jessica.williams5@wales.nhs.uk">Jessica.williams5@wales.nhs.uk</a> 02921832161
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Video Interaction Guidance (VIG) is an intervention through which a Practitioner aims to enhance communication within relationships  VIG with service users and their families is now commonly used within perinatal and infant mental health.  This procedure aims to outline staff responsibilities towards service users with regard to the use of visual and audio recordings for the purposes of VIG work and to ensure that all recording that takes place is appropriate and meets the

<sup>1</sup>[http://www.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253.73860407.253\\_73860411&\\_dad=portal&\\_schema=PORTAL](http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253.73860407.253_73860411&_dad=portal&_schema=PORTAL)

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		necessary governance requirements.
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>2</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>3</sup>.</p>	<p>VIG is a strengths-based, effective, brief intervention for parents of children across all ages. VIG aims to promote enhanced sensitivity, and capacity to mentalise, in both client and practitioner.</p> <p>VIG has a strong theoretical base: attachment, co-operative intersubjectivity, mediated learning, mentalization, and positive psychology. VIG is client-centred – moving at the clients' pace, with their goals in mind.</p> <p>The evidence base for Video Interaction Guidance is an international one. VIG is recommended as an evidence-based intervention in the NICE guidelines: high level studies (RCT or QED) show that parents receiving VIG score significantly higher on sensitivity, warmth, and parent-infant bonding, and are less anxious and depressed, and have increased confidence.</p> <p>Children's Attachment: attachment in children and young people who are adopted from care, in care, or at high risk of going into care (NICE 2015)  Children with Autism (NICE 2013)  Social and Emotional Wellbeing – Early Years (NICE 2012)</p> <p>National guidelines on perinatal mental health provision stipulate that parent-infant relationship therapy should be provided by specialist perinatal mental services.</p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>The population of women and birthing people and their families</p> <p>Infants in the critical first 1000 days of life</p>

<sup>2</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

<sup>3</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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## 6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.1 Age</b> For most purposes, the main categories are:</p> <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<p>-under 18: benefits to child development through supporting secure attachment and attuned parenting -18-65: benefits to parental mental health and bonding and attachment</p>		
<p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>-Parents and babies with a disability can benefit from VIG support  -This is a therapy based on showing people video footage and so</p>	<p>-Adaptations may need to be made for people to benefit from the intervention  -Alternative parent-infant therapies provided for people who are blind</p>	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	people who are blind will require a different approach to supporting parent-infant relationships		
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>VIG is an inclusive therapy that people of any gender identity can access.</p> <p>Perinatal mental health services are commissioned to work with birthing parents and so naturally some families will not be able to access this intervention from within existing service provision</p>	<p>The hope is that as more staff teams within Cardiff and Vale are trained in using VIG then it can be offered to a wider group of people.</p>	

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.4 People who are married or who have a civil partner.</b>	No specific considerations		
<b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	VIG is a therapy that is predominantly offered to parents and their infants and is offered to women and birthing people through the perinatal mental health team		
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	VIG is a therapy that is offered around the world and is accessible to people from diverse cultural backgrounds. It is a person centred therapy and as such is allows families to work with culturally	Offer of interpreting service for people who have a language other than English as their first language	

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	<p>appropriate goals for them.</p> <p>As with all talking therapies there may be a language barrier to people who are not first language English speaking.</p>		
<p><b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief</p>	VIG is a culturally sensitive intervention and people's beliefs and values are respected as part of the therapy		
<p><b>6.8 People who are attracted to other people of:</b></p> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> </ul>	All parents and infants/ children can benefit from a VIG approach. The scope of the	The hope is that as more staff teams within Cardiff and Vale are trained in using VIG then it can be offered to a	

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<ul style="list-style-type: none"> <li>both sexes (bisexual)</li> </ul>	perinatal mental health service is to support women and birthing people in the perinatal period and so many families are naturally excluded from this.	wider group of people	
<p><b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b></p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	Welsh speaking people may not always have access to a welsh speaking therapist	Provision of interpreting services	
<p><b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are</p>	VIG aims to support all families and especially those who are vulnerable due to their social circumstances.	Where appropriate and possible offer home visits	

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
unable to work due to ill-health	Some families may struggle to attend clinic appointments due to travel costs.		
<b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	No specific considerations		
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	No specific considerations		

**7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>VIG aims to support all families and especially those who are vulnerable due to their social circumstances.</p> <p>Some families may struggle to attend clinic appointments due to travel costs.</p>	Where appropriate and possible offer home visits	
<p><b>7.2 People being able to improve/maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease</p>	<p>VIG aims improve psychological well-being which is integral to healthy lifestyles</p> <p>No particular considerations</p>		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc  Well-being Goal – A healthier Wales			
<b>7.3 People in terms of their income and employment status:</b> Consider the impact on the availability and accessibility of work, paid/unpaid employment, wage levels, job security, working conditions  Well-being Goal – A prosperous Wales	No particular considerations		
<b>7.4 People in terms of their</b>	No particular considerations		

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<p><b>use of the physical environment:</b> Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p><b>7.5 People in terms of social and community influences on their health:</b> Consider the impact on family</p>	VIG aims improve psychological and social wellbeing		

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<p>organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>			
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p>	<b>No particular considerations</b>		

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Well-being Goal – A globally responsible Wales			

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**Please answer question 8.1 following the completion of the EHIA and complete the action plan**

<p><b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b></p>	<p>VIG is a strengths-based, effective, brief intervention for parents of children across all ages. VIG aims to promote enhanced sensitivity, and capacity to mentalise, in both client and practitioner. VIG aims to support all families and especially those who are vulnerable due to their social circumstances. VIG aims improve psychological and social wellbeing through supporting attuned relationships. Some adaptations may be necessary for people with disability needs or who do not speak English as a first language.</p>
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## **Action Plan for Mitigation / Improvement and Implementation**

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	<p>Where appropriate and possible offer home visits for those who cannot attend a clinic setting</p> <p>Provide interpreting services for those who wish to access therapy in a language other than English</p> <p>-Adaptations may need to be made for people to benefit from the intervention based on disability needs</p> <p>-Alternative parent-infant therapies provided for people who are blind and use of audio recordings of interactions</p>			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b></p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	No			

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Approved By: Mental Health Clinical Board		

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposals <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>	<p>No adverse impacts identified in the EHIA</p>			

## Appendix 1

### Equality & Health Impact Assessment

#### Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

##### Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)<sup>4</sup>

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)<sup>5</sup>
- Equality Act 2010<sup>6</sup>

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<sup>4</sup> <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

<sup>5</sup> <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

<sup>6</sup> <https://www.gov.uk/guidance/equality-act-2010-guidance>

- Well-being of Future Generations (Wales) Act 2015<sup>7</sup>
- Social Services and Well-being (Wales) Act 2015<sup>8</sup>
- Health Impact Assessment (non statutory but good practice)<sup>9</sup>
- The Human Rights Act 1998<sup>10</sup>
- United Nations Convention on the Rights of the Child 1989<sup>11</sup>
- United Nations Convention on Rights of Persons with Disabilities 2009<sup>12</sup>
- United Nations Principles for Older Persons 1991<sup>13</sup>
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance<sup>14</sup>
- Welsh Government Health & Care Standards 2015<sup>15</sup>
- Welsh Language (Wales) Measure 2011<sup>16</sup>

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

**EQIAs** assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (i.e. their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

**HIAs** assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

<sup>7</sup> <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

<sup>8</sup> <http://gov.wales/topics/health/socialcare/act/?lang=en>

<sup>9</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

<sup>10</sup> <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

<sup>11</sup> <http://www.unicef.org/UNICEFs-Work/UN-Convention>

<sup>12</sup> <http://www.un.org/disabilities/convention/conventionfull.shtml>

<sup>13</sup> <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

<sup>14</sup> <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

<sup>15</sup> <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

<sup>16</sup> <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

**Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.**

For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist ([susan.toner@wales.nh.uk](mailto:susan.toner@wales.nh.uk)) or Keithley Wilkinson, Equality Manager ([Keithley.wilkinson@wales.nhs.uk](mailto:Keithley.wilkinson@wales.nhs.uk))

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates<sup>17</sup>
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide<sup>18</sup>

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<sup>17</sup> <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

<sup>18</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

## Appendix 2 – The Human Rights Act 1998<sup>19</sup>

The Act sets out our human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person
13. solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
14. Protocol 1, Article 1 Right to peaceful enjoyment of your property
15. Protocol 1, Article 2 Right to education
16. Protocol 1, Article 3 Right to participate in free elections
17. Protocol 13, Article 1 Abolition of the death penalty

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<sup>19</sup> <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

## Appendix 3

### Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seeks views and opinions.

## **Information Sheet**

### **Clients Rights in Relation to Video Recording**

In asking for your consent to video record the work with you/your family the clinician agrees to:

1. Explain the purpose for which the video recording will be used and by whom. There is no intention of including the recording as a permanent part of the medical record, it is a temporary tool to help as part of a therapeutic intervention.
2. Ensure that the quality of care being offered is in no way affected by your refusal to have the meeting(s) video recorded.
3. Stop the recording at any time during the session if requested to do so by you/your family.
4. Guarantee that the recording will be kept safe at all times.
5. Ensure that no copies of the recording will be made without your written consent.
6. Explain that you have the right to refuse the VIG practitioner permission to use virtual platforms for supervision purposes. When it isn't possible to arrange a face-to-face VIG supervision, virtual supervision is arranged. This involves using a 'Share Screen' option,, where the VIG practitioner allows their supervisor temporary access to view video's being played on their desktop (no video files are transferred in this process).