

The National

Independent

Visitor

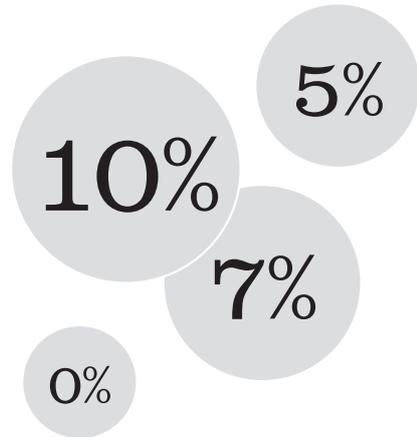
Data

Report

January

2016

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and Kris Graham



 Believe in  
children  
Barnardo's

150 years  
& always

the  
Tudor trust

NATIONAL  
INDEPENDENT  
VISITOR  
NETWORK

## Executive summary

The National Independent Visitor Development Project launched in March 2014 with the aim to raise awareness around the role of the independent visitor (IV), and introduce a set of national quality standards. This is a three year project, funded by the Tudor Trust and hosted by Barnardo's. The project has helped set up six professional network groups across England and Wales, and these groups have been instrumental in guiding this project and providing the data for this report.

From our discussions with network members across England we understood that there was a lack of awareness around IV, and potential gaps where children are unable to access the service. We also know that services vary greatly in how they are delivered and the network aims to provide improved consistency and increased reach. There was previously limited national data held on independent visitor services; the Department for Education does not hold this data, therefore we decided to proceed with a freedom of information (FOI) request. Our aims for carrying out this FOI request were firstly to understand how many children in England are currently receiving support from an independent visitor. Secondly, we wanted to identify any gaps in services. Thirdly, we wanted to gather a more detailed picture of what IV services look like in order to share best practice examples. This would enable us to share a current overview of data and help guide us in how to improve consistency, standards and reach.

## Key findings

- There are around **2,200** children currently matched with an Independent Visitor – **3.2%** of the total looked after children (LAC) population in England.
- There are currently **over 1000 children** on a waiting list for an IV; the data shows over two thirds of local authorities (LA) have a waiting list.
- **8 Local Authorities (LAs) in England** responded that they do not have an IV service.
- **5 LAs** operate solely on a spot purchase basis.
- **38 LAs** reported funding IV matches beyond 18 years old; the data shows that in these local authorities, there were around 130 care leavers benefiting from this. However many more relationships continue informally without funding. Four LAs told us they have officially extended their provision in line with the Leaving Care Act.
- **104 LAs** contract out their IV service to external organisations; **32 LAs** provide their IV service 'in-house'.
- **40%** of matches have known each other for at least 2 years .
- On average there are around **14 matches** per service across England.

## Context

The role of the independent visitor was first introduced as a statutory service for looked after children in the Children's Act 1989. Since then, the service has had a relatively low profile with limited recognition and lack of understanding amongst professionals, children and young people. The Children's Rights Director reported that 80% of children who did not have an independent visitor said this was because they were never offered one. Independent visitor networks and key stakeholders have been calling for increased awareness and improved consistency across local authorities.

## The role of the Independent Visitor

**“She made me forget about being in care and brought me up on my down days”**

An independent visitor is a volunteer who doesn't work for social care services, and is there to visit and befriend the child. Independent visitors need to be consistent and reliable in order that children can build a trusting, positive relationship with them over time. They will endeavour to become and remain a consistent adult in the child's life who doesn't change when placements or social workers change and will at all times stay child focussed. The child will have the opportunity to try new activities, and spend time with their independent visitor, away from their placement. Independent visitors are someone to 'stick up' for the

child, to promote the empowerment of the child, and to make sure their rights are respected.

## What children and young people say

**“Listen to what I have to say, help me when I need it”**

Children and young people told the Children's Rights Director that they want independent visitors to (1) give help and support and (2) have someone to talk to. Very few children said they had been given an independent visitor because they didn't have much contact with their birth family. Children who did not have an independent visitor said it would have been good “to speak to someone who is not employed by the local authority”, “telling them things you can't tell other people”. Children said the most important skill of an independent visitor is to be a good listener.

## Independent Visitors – the legal position

The Children's Act says that a local authority has to appoint an independent visitor for any child they are looking after, if they feel it would be in the child's best interests. Section 23ZB of the Children's Act 1989 states “(1) A local authority looking after a child must appoint an independent person to be the child's visitor if – (a) the child falls within a description prescribed in regulations made by the appropriate national authority; or (b) in

any other case, it appears to them that it would be in the child's interests to do so. (2) A person appointed under this section must visit, befriend and advise the child."

Independent visitor services should follow the Department for Education's guidance found in Volume 2 of the Children Act 1989 Guidance and Regulations which writes: "The appointment should be considered as part of the development of the care plan for the child or as part of a review of the child's case. Any decision not to appoint an independent visitor should be kept under review to make sure that the opportunity to appoint such a person is considered if the child's circumstances change. The child's wishes and feelings should be ascertained and the responsible authority may not appoint an independent visitor if the child objects and the authority are satisfied that the child has sufficient understanding to make an informed decision."

## Evidencing the impact of independent visitors

***"Strong, supportive relationships, based on mutual caring and trust can make all the difference to someone's life and life outcomes." (Estep and Kersley 2014)***

There have been several research projects around the role of the independent visitor and if we consider the fundamental aim of the role; to build a positive, stable and consistent relationship, we know there is evidence to say that such relationships improve outcomes for young people. The New Economics Foundation's (NEF) report "Relationships for children in care"

outlines the case for investing in mentoring and befriending projects for children in care. A clear message found from their research being ***"mentoring and befriending schemes work"*** (Estep and Kersley 2014). NEF also found that the average length of IV matches was around 3 years, which evidences that IVs are providing stable, consistent and continuous relationships for children in care.

We know that many matches continue past 5 years and some are celebrating 10 years. As NEF highlights ***"one of the biggest challenges of the care system is achieving continuity and permanence."*** (Estep and Kersley 2014). Young people tell us they feel ***"The toughest thing would probably be consistent relationships. Your relationships are supportive but they don't really last as long as you'd want them to. I think that would have benefitted me a lot more. There should be at least one relationship that's consistent the whole time you're in care and continues once you leave."*** (Young person on BBC Radio 4 Nov 2013). This echoes the Office of Children's Commissioner's recent recommendation that ***"Every child in care should have at least one continuing and consistent relationship with someone who is there for them through their time in care and into adulthood."*** (State of the Nation Report 2015 pg 3). Building Independent Visitor relationships for children in care is one way of offering some stability in their life, as one young person said ***"Having an independent visitor has been the only stable thing in my life recently."***

If we consider the types of activities that young people participate in whilst on visits with their IV, we can also talk about the outcomes associated to enhancing resilience through leisure time and activities. Professor Robbie Gilligan from Trinity College Dublin argues *“the progress and resilience of young people in public care can be greatly enhanced by attention to the value of cultural, sporting and other activities in their lives. Sensitive mentoring of the young person in these activities by concerned adults – members of the child’s social network or volunteers – can foster the potential of the young person, build self-esteem, strengthen mental health and open new social relationships beyond the care system.”* (Gilligan 1998).

Claire Hurst and Mark Peel have examined existing research on IV and offer an overview of what the IV role can offer. They conclude that the evidence suggests *“young people feel that the provision of IVs is a beneficial service which should continue”*. Their review outlines these five key areas offered by the IV role:

- (1) friendship, choice and control
- (2) someone to speak up for me
- (3) encouragement and support
- (4) consistency and continuity
- (5) preparing for independence.

Roger Morgan’s report for Ofsted on Independent Visitors spoke to 105 children who have independent visitors. When asked what their IV actually does for them, the majority of children and young people identified these three main areas: (1) gives help and support, (2) takes the child out for activities together and (3) talks with the child.

The Mentoring and Befriending Foundation has carried out extensive research into the impact of mentoring and befriending roles, which could be applied to IV services. They evidence long-term outcomes such as:

- reducing social isolation
- increasing social networks
- raising aspirations
- increasing access to employment
- increasing independence
- building social skills, confidence and self-esteem
- expanding opportunities
- reducing negative behaviour e.g. offending.

Estep and Kersley developed a useful framework for depicting outcomes for children and young people through mentoring and befriending relationships (Estep and Kersley 2014). This was developed by speaking with young people, care leavers, professionals, voluntary sector and policy makers as shown on page 6.

**The New Economics Foundation framework for depicting outcomes**

**Outcomes for children and young people**

**Inputs**

- Role model for relationships and social interaction
- Emotional support
- Practical advice & support
- Making time for the child or young person
- Feeling cared for as the main or sole purpose (relating to unpaid/non-professional relationship)

**Initial outcomes**

- Enjoyment & having fun
- Trying new things
- Having choices, eg: whether to have a mentor/befriender; type of person & activities
- Being listened to
- Help in resolving immediate issues/concerns

**Medium-term outcomes**

- Reduced stress
- Experience of a positive/'normal' relationship
- Sense of being liked and cared for as a person
- Having someone to be 'normal' with not feeling judged
- Positive behaviour change
- Experience of consistency & constancy

**Long-term outcomes**

- Personal well-being: improved confidence; self-esteem; trust; resilience; able to ask for help
- Personal relationships; better able to form and maintain relationships with peers and new contacts
- Social interaction: expanded network of support; improved social interaction, skills and behaviours
- Practical skills & problem-solving: eg: staying safe; making decisions; budgeting
- Achievement: personal; educational; developing skills and range of experience

**Potential outcomes for individual and society**

- Reduced truancy and exclusion from school
- Reduced risk of becoming NEET (not in education, employment or training)
- Reduction in risk of youth and adult offending
- Reduced risk of addiction
- Reduced risk of mental ill-health

## Recommendations

### The Department for Education

1. Raise awareness and promote independent visitor services.
2. Start collecting data on looked after children receiving an IV service, to feed into the national pupil database. This would enable better evaluation of IV, and with appropriate funding this could form part of a longitudinal study on the impact of IV.
3. Consult with the National IV Network to review current legislation and guidance on IV such as extending IV services for care leavers.
4. Endorse and promote the National IV Standards.

### The National IV Network

1. Raise awareness and promote independent visitors to children, young people, carers and other professionals.
2. Hold best practice events, bringing together IV services and LAs to share practice on: achieving higher number of matches, extending provisions for care leavers, enabling long-term matches, and developing processes for better transfer of commissioned services.
3. National Independent Visitor Network members to develop ways of improving challenges around out of area matches

### IV services

1. Work towards the National IV Standards and collaborate with the National IV Network.

2. Internal and external services should be clear about staff hours allocated to independent visitor services.
3. IV services to work together on developing ways to improve matching rates and reduce waiting lists.
4. Ensure the IV relationship is recorded on the child's file at the local authority.

### Local authorities

1. Allocate and be able to identify a specific and appropriate budget for the independent visitor service. This should include special attention to the additional costs needed for out of borough matches.
2. Local authorities without an IV service (or solely working on a spot purchase arrangement) should contact the National IV Network to request support with setting up their IV service.
3. Social workers to make referrals for younger children to have independent visitors.
4. When targets for matches have been met, as stipulated on contracts or by budgets, local authorities should have a process for ensuring additional funding is allocated in order to make further matches when needed.

### Ofsted

1. Ensure that inspectors understand the role and value of the IV service and evaluate its effectiveness when considering support for children in care, with reference to the National IV standards.

## The freedom of information request

In April 2015 the National Independent Visitor Development Project put out an FOI to 152 local authorities in England. We received 149 responses with only three local authorities who did not respond in time. Most local authorities in England reported having an independent visitor service. Eight local authorities said they did not have an independent visitor service. We heard from five local authorities that work on a spot purchase basis only without an allocated service. Please see appendices for the list of FOI questions asked.

### Findings from the FOI request

The following results focus on the 149 local authorities that answered the FOI request in time for this analysis to be completed. It is therefore important to note that there is some data missing from the three remaining services that are likely to have some matches in place.

The responses from local authorities are broken down as per Table 1 and chart 1 (overleaf). 104 local authorities contract out their independent visitor services to external organisations, and 32 local authorities provide their service internally. Five local authorities responded that they operate on a ‘spot purchase’ basis only. This means they do not commission an entire service, but will make spot purchases externally for individual matches when needed.

**Table 1 – Breakdown of responses to the FOI request**

LA response on IV services	Number of LAs
Internal	32
External	104
Spot purchase only	5
No service	8
Did not answer	3

Excluding the three authorities who did not respond in time, there are 19 local authorities with no current matches in the data. The reasons for this will vary, including 4 out of the 5 local authorities that operate on a spot purchase only basis, and the 8 who said they had no service (one of which is the Isles of Scilly which has no LAC). Additionally, there are a further 7 local authorities who have externally provided services that responded to say they had no current matches. On average the local authorities with no matches have smaller LAC populations than other local authorities, although they range from very small (0-5 looked after children) to very large (over 600).

There are however some local authorities who use spot purchases as a top up to their existing services. For example, if the provider is unable to match out of borough the local authority may choose to spot purchase with another provider. From our discussions with network members the average rate for a spot purchase match is around £2000 per year.

## Service providers

Of the external providers, there is a concentration of four large providers who provide a number of services, and then a large number of smaller external providers who run fewer than five services (typically just one).

Chart 1 – Number of services provided by service provider type

Number of services

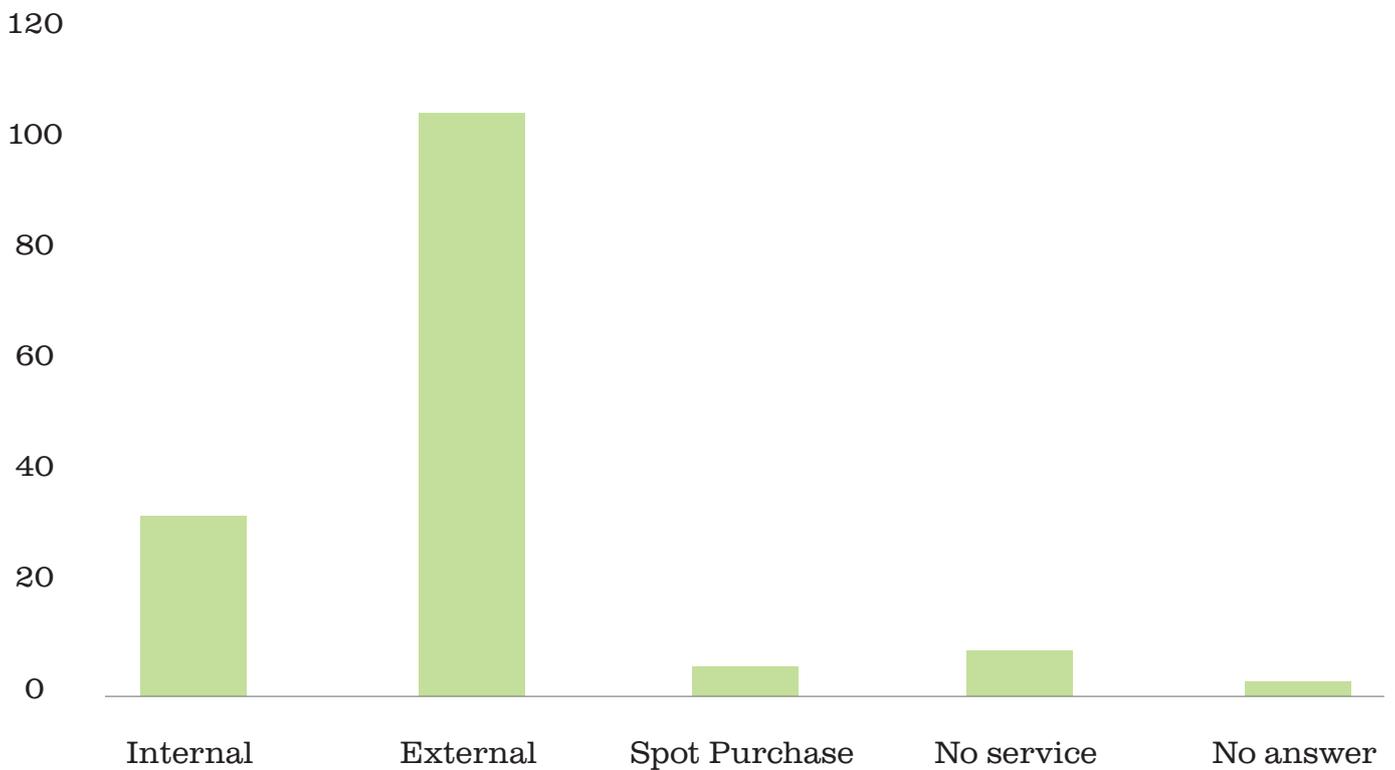


Chart 2 shows that are four main external providers (in order of share of business – as measured by the number of services they each run at time of FOI): NYAS, Action for Children, Barnardo’s and The Children’s Society. 104 LAs contract out their IV service to external organisations, 32 local authorities provide their IV service internally. Internally run services account for more than any single external provider.

**Chart 2 – Number of services provided by service provider**



### Current matches

Chart 3 (overleaf) represents the current LAC population in England and the proportion of children who are matched with an IV. The number of matches is shown in green at roughly 3%; the size of the waiting list is in orange at roughly 2%. 95% of the LAC population who are not matched are represented in blue. The current size of the LAC population in England is around 68,800 (at the time of the FOI request). The current number of IV matches is around 2,200 and there are roughly 1000 children currently on a waiting list. At the start of this project we estimated that most IV services were working towards a 10% target of their LAC population being matched with an IV, which is a figure the network hoped to increase. We can now see that local authorities in England are far from this, currently reaching around 3.2% of the LAC population.

Data on the agreed number of matches that services are commissioned to provide, as stipulated on contracts, was not consistently reported, and so it is not possible to accurately report on the average contract size. We found that contracts varied greatly in how they commissioned services. Instead, here we consider the snapshot data on current matches based on the responses from services to question 2a) “How many children/ young people are currently matched with an independent visitor?”. We would expect this number to fluctuate somewhat over the year, and therefore it is important to consider the following data as an indicative picture of the provision of independent visitor services in England.

Chart 3 – Proportion of the looked after children population waiting for and receiving IV services

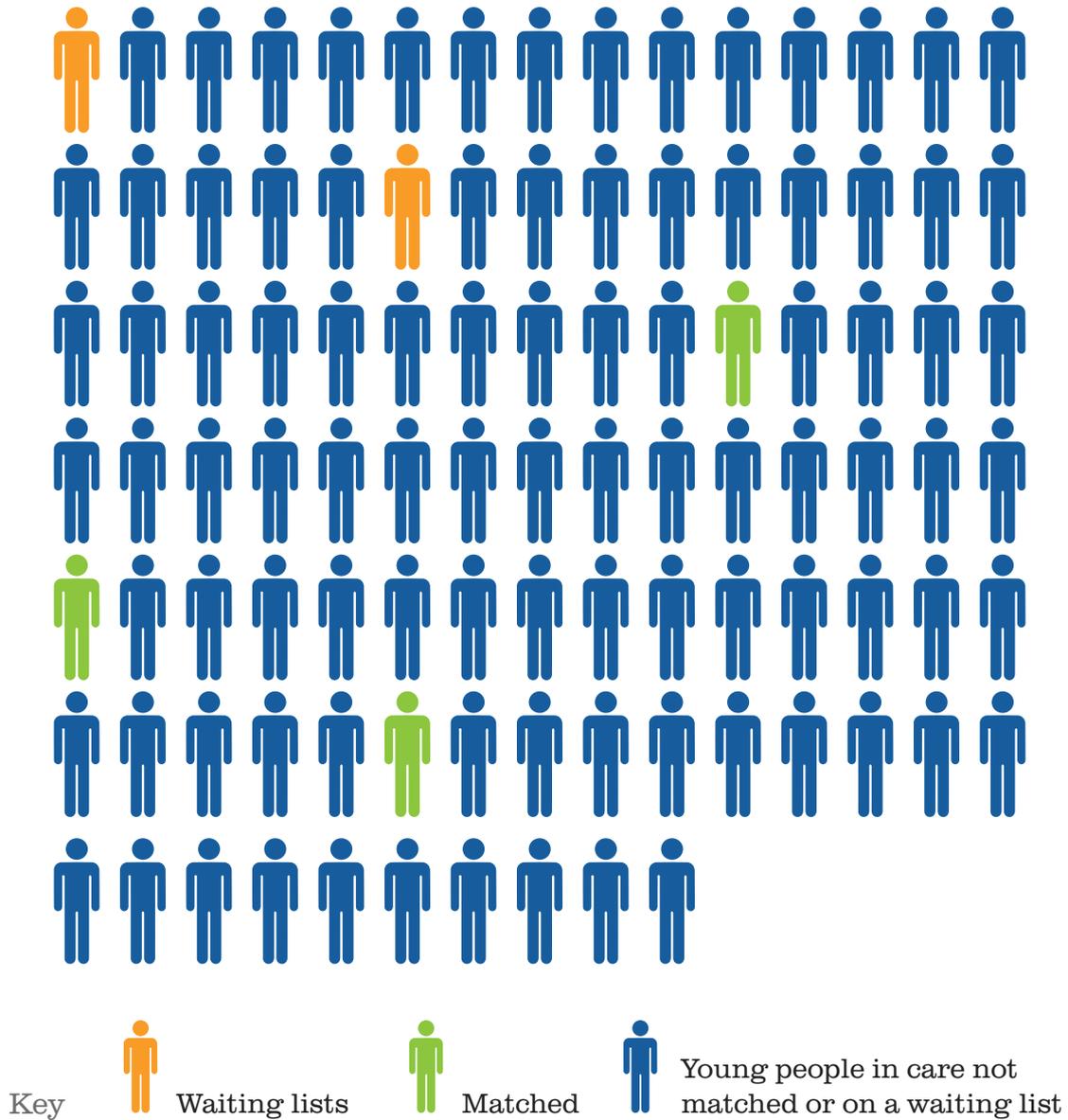


Chart 4 (overleaf) independent visitor services who responded to the data request currently provide services to around **2,200 children**. Of these, **1,340**

are provided by external providers and **845** by ‘internal’ services (where the service is delivered from within the local authority rather than commissioned out).

If we compare the share of services that are provided internally to the share of matches, we see that the internal services account for a larger proportion of matches (39%) than their share of the total number of services (21%) would suggest. This means that the average size of internally provided services is larger than those provided externally – providing around twice the number of matches on average (26.4 internally vs. 13.1 externally). On average across all service types there are around 14 matches per service, see chart 5 below.

It is important to consider the relative scale of service in the context of the relative scale of local authorities. As highlighted in chart 6 (overleaf), internally run services tend to exist in local authorities with much larger LAC populations than those run by external organisations. Therefore the variation in the scale of services (in terms of average number of matches per service) could be explained by the relative size of the local authority in which they operate.

Chart 4 – Total number of current matches

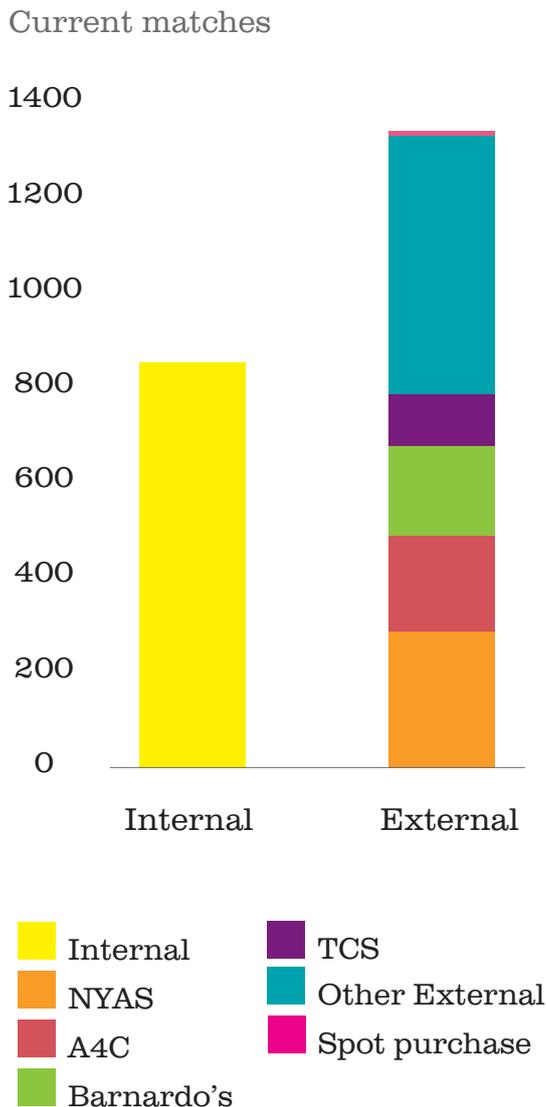
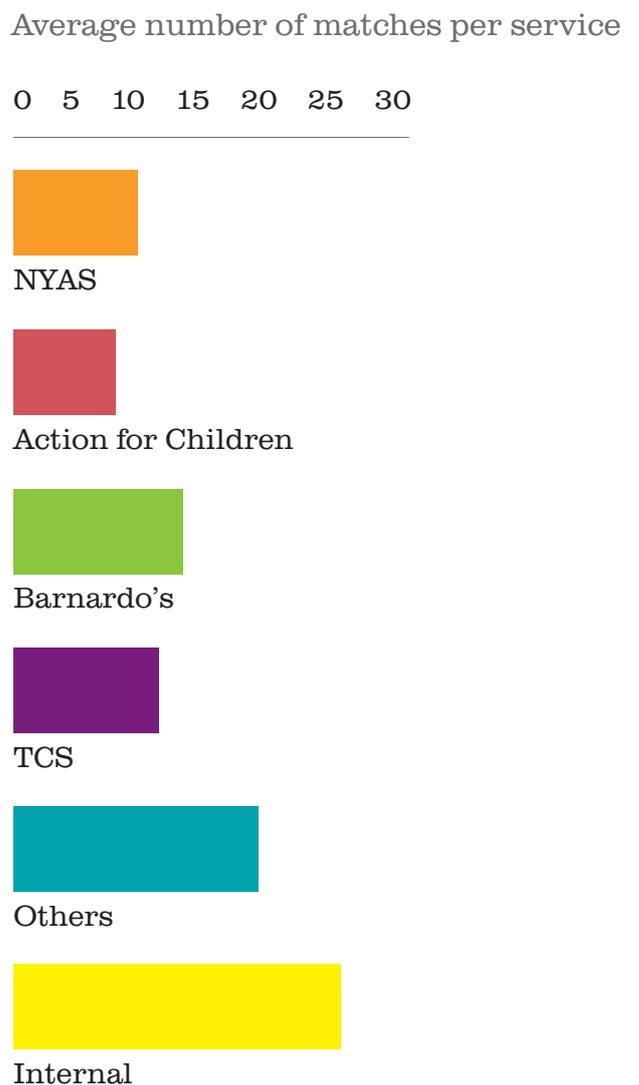


Chart 5 – Scale of services: average number of current matches



### IV services compared with looked after population size

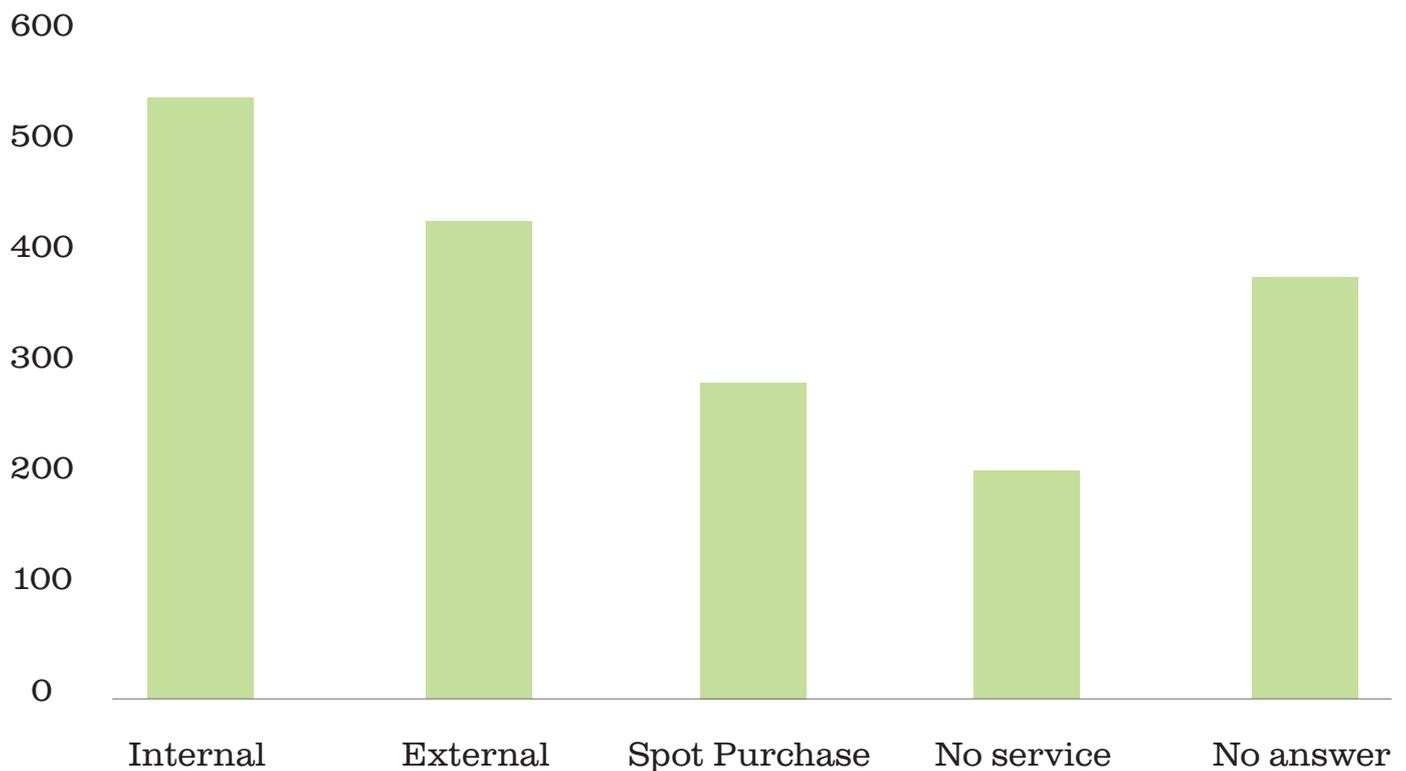
The fact that contracting out of IV services tends to happen in LAs with smaller populations of looked after children might suggest that scale of service is a factor in the commissioning decision making process, whereby smaller contracts are more likely to be commissioned out. However, amongst the ‘external’ organisations that provide services there is some variation. Barnardo’s and NYAS provide services in local authorities that have a roughly average sized population

of looked after children (the average for local authorities overall is 453), whilst Action for Children provide services in local authorities that tend to be smaller than average, and The Children’s Society run IV services in 10 local authorities that tend to be larger than average.

We can also see from chart 6 that the local authorities that reported not having an IV service had smaller LAC populations (under 200). It will be important for the National IV Network to discuss how to support these smaller local authorities to set up their IV services.

Chart 6 – Average number of LAC by LA service type

Average size of LAC population

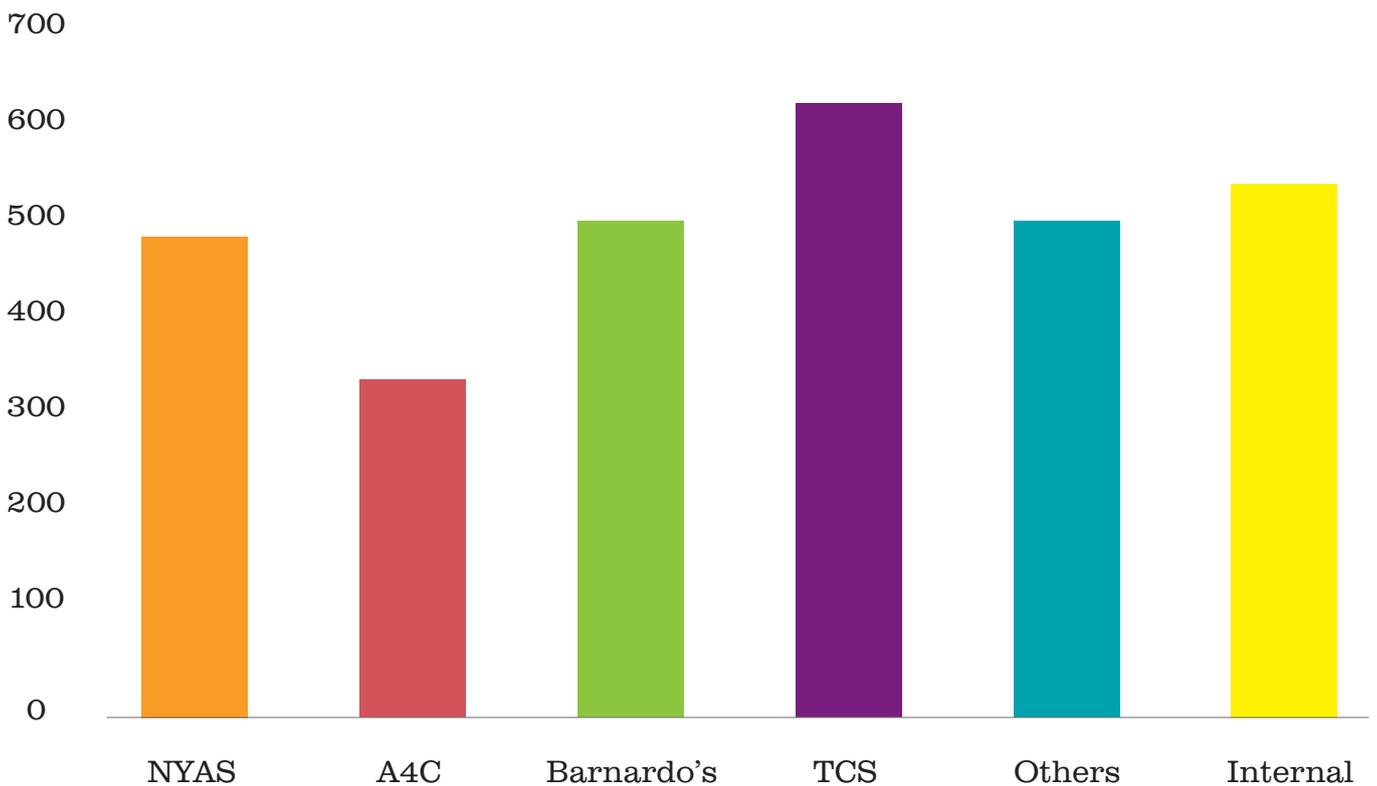


There is some evidence to suggest that one of the reasons that internally run services have a higher number of matches is due to larger LAC populations and perhaps also have larger budgets and more resources to run the service. However, there may be other important factors for us to consider.

We have listened to network members across different regional groups discuss the differences between internal and external services. Although these points are anecdotal, this is still useful when considering how to improve our services and reach.

**Chart 7 – Average number of LAC per local authority by service provider**

Average size of LAC population



- Internal services may have speedier recruitment processes for volunteers and therefore speedier matching process.
- Internal services not experiencing the same constraints presented by commissioned services i.e. internal services may have more autonomy over how the service is run. Network members from commissioned services have highlighted challenges such as: individuals within the local authority holding referrals, local authority pressurising services to end matches, requesting substantial reporting information (e.g. monthly reports on matches).
- Internal service coordinators may be able to communicate with social workers more easily. External services comment that one of the biggest challenges is communication with social workers which can hold up various processes.
- Some internal services have told us that they have more autonomy to 'keep matching'. Whereas external services usually have a 'target number' and when this is reached they may be told to stop making further matches until others end. I.e. there is a limit on the budget and therefore a 'capacity' of IV matches.

This is not to say this is always the case, and we know that there are many challenges and benefits of both scenarios. It can vary greatly on the local authority and the individuals who have oversight

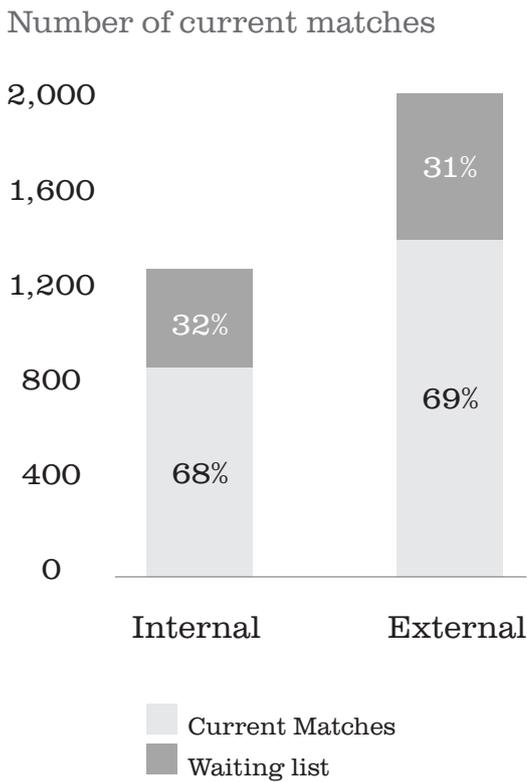
of the service. There are clearly many benefits of commissioning IV services externally such as:

- services are kept independent and children and young people value the separateness from the local authority
- services have clear budgets specified for IV
- charities have a pool of resources to enable wide recruitment, support for events, additional funding opportunities
- the four larger providers may be able to support matches out of borough more effectively if they have other services in other regions. This can be more difficult for local authorities where they will always pay a fee for spot purchase.

## Waiting lists

Demand for independent visitor services appears strong. Over two thirds of local authorities have a service which has a waiting list, and in total the waiting list comprises over 1,000 young people, which is around a third of total young people either receiving a service or waiting for a service. The overall picture is the same for both internally and externally provided services, with waiting lists reflecting a very similar proportion in either type of service.

**Chart 8 – Young people receiving services and on waiting lists by service provider type**



**Why are so many children waiting for an IV?**

Although a large waiting list may imply that a service requires improvements (to ensure that the length of time children are waiting is kept to a minimum), it is also a positive sign that the local authority values and makes use of the service. A large waiting list may mean that social workers, IROs, children and young people know about the IV service, the local authority values the service and promotes it well. We may be more inclined to question services without a waiting

list, as there could be a lack of knowledge amongst professionals, with IV services struggling to get referrals in.

From our discussion with network members we can outline some potential explanations for why services have waiting lists:

- **New services starting up**

It takes considerable time to set up an IV service. IV Coordinators take great care in recruiting volunteers and considering the right matches for young people. It can take many months to recruit a pool of volunteers, who go through an important rigorous recruitment and selection process. Even with a pool of volunteers ready to go, they might not be the right person for the young people on the waiting list. IV Coordinators must consider setting up matches that will last long-term, and this involves waiting for the right IV for that particular young person.

- **Tendering process can result in a 'lull' of matching**

The very nature of the tendering process, whether a service is lost or not, can result in providers slowing down their matching process. We have heard of services where they are unsure if the local authority will re-commission their service, and therefore they may hold off from making further matches during this time. Quite often staff are also at risk of losing their job or being 'tuped' to a different organisation or local authority, which means the service may be going through a consultation process.

- **New providers taking on the service**

We know that there are complications when services change providers. This may include; slow transfer of case files, slow tendering process with unclear decisions; volunteers not wanting to change organisation. This can result in volunteers leaving their role, matches breaking down, and therefore the service having to start from scratch resulting in a long waiting list of referrals. We have heard of scenarios when the transition period leaves matches without an IV coordinator, leaving the volunteer without a support network, the service is unsafe, and ultimately matches can break down. This is both the responsibility of the local authority to make clear and speedy decisions on tenders, and the voluntary sector providers to communicate efficiently with each other. In all cases local authorities need to support a month long handover period.

- **Contracts at capacity**

Where local authorities have an allocated budget, when the service reaches their agreed target, there is no more funding to make further matches. Referrals may continue to come in, and therefore create a waiting list. In this scenario local authorities should consider additional funding in order to meet their duty.

- **Difficulties recruiting volunteers**

Some network members report difficulties recruiting volunteers; this is generally outside of London in more rural areas without high density city populations to draw from. Services in larger geographical areas may find it harder to recruit volunteers willing to travel. Recruiting male volunteers and volunteers from ethnic minorities is also a challenge

services face. Sometimes a referral may state the young person needs a volunteer from the same cultural background as the child which can prove difficult. It's important to note that IV services are child-led and should consult with the child about what is important to them, whilst being honest about the volunteers available.

- **Out of borough/ county referrals**

Many local authorities request that IV services prioritise referrals for out of borough/ county referrals. Therefore services are receiving lots of referrals for young people that are placed at some distance from the service. This can prove challenging in terms of recruiting a volunteer that is happy to travel this distance, or finding a volunteer who lives near that young person. Matches for young people placed out of borough/ county cost more to facilitate and this is not often reflected in the allocated budget. Out of borough matches has been highlighted as the biggest challenge for IV services.

- **Challenging referrals**

Professionals running IV services have reported a significant change in the types of referrals coming through to their service. Coordinators have reported that they are experiencing many more referrals for children and young people with complex needs. If we consider that this service is dependent on volunteers from a lay background, it is proving more difficult for coordinators to find IVs that have the right skills to support the children referred to them.

- **Matching process**

Services have different approaches to their matching process, and local authorities should be aware of the many challenges through this process. Consultations take place with both the IV and the child to gather profiles, and detailed risk assessments from the social worker are needed. The IV is given some time to consider the match, as is the child. There are many different events that can impact on the matching process including: difficulties contacting the social worker, an event in the child/ IV's life or the child may move placement. IV services should always work towards quick matches following referrals, and local authorities and providers should negotiate realistic matching targets.

### **Length of matches:**

In terms of the length of time that matches are open for, the data provided for this FOI suggests that around 29% of current matches (628 in total) have been for over 2 years, and 11% of matches have been for over 5 years (234 matches). Therefore in total, 40% of matches have known each other for over two years. Some answers to this question were incomplete due to data protection guidelines, so it could be expected that this is an underestimate.

This does vary by provider, but the largest numbers of long term matches are in internally run services. There is some evidence in the responses from externally provided services that the services are sometimes quite young themselves, (so it is unreasonable to expect large amounts

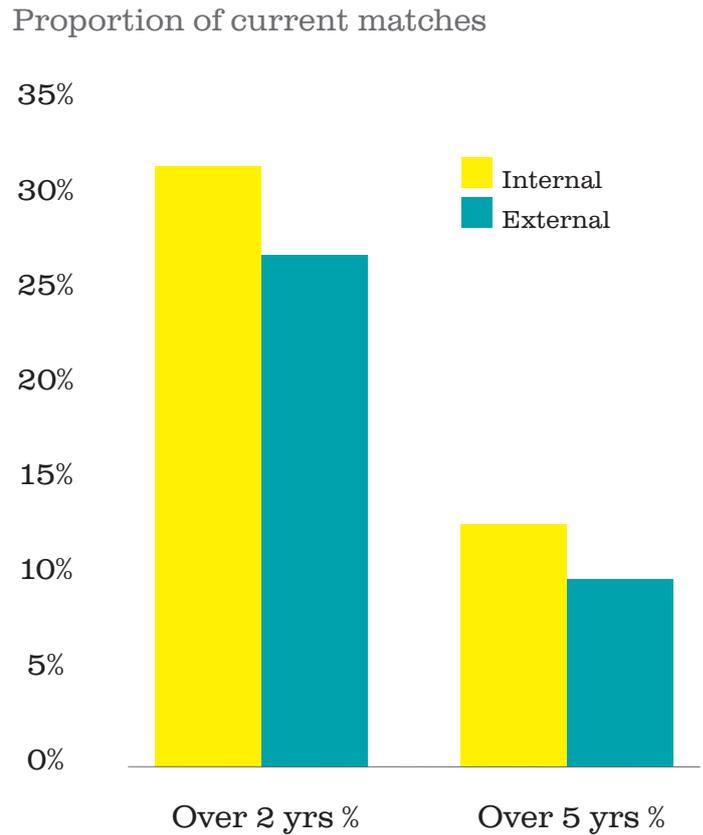
of long term matches), and it is also not clear whether externally run services are keeping data on their matches when contracts change provider – which would tend to reduce the appearance of long term matches in these services.

From speaking to network members we feel the data gathered here on long-term matches may be well underrepresented. We know that many services end at 18 years old and although many IVs are still in touch and visiting their young person, this is not an 'official' match and therefore the data is not held. It is likely that there are many long-term relationships that are now 'informal' with no data recorded as they are not funded by the service.

Another reason for why the majority of matches may be shorter term may be due to referrals often coming in for teenagers. Some network members have told us that there has been an increase in referrals coming for older young people, when things may be difficult for that young person. The majority of IV services end at 18 years old, therefore if referrals come in for 16 and 17 year olds there is no opportunity for a longer term relationship. It is recommended that local authorities consider making referrals for younger children to ensure the possibility of long-term relationships, and providing early intervention support, rather than making referrals at a time of crisis.

It is important to adjust for scale when considering longer term matches. As internally provided services account for a large proportion of all matches, then we would expect a greater proportion of long term matches to be found in ‘internal’ services. If we account for the difference in scale by showing the proportion of matches that are long term in both internal and external services, we see that although the pattern continues, the difference is relatively small – 31% of internally provided matches have been over 2 years, whilst for externally provided services the equivalent figure is 27%. The same is true with matches lasting over 5 years; 12% of internally provided matches, against 10% of externally provided matches.

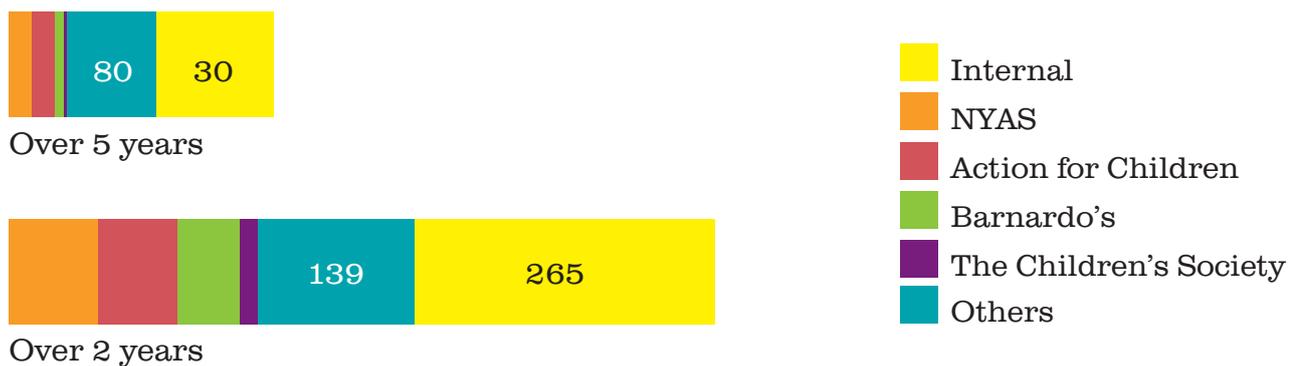
**Chart 10 – Long term matches as a proportion of all current matches by type of provision**



**Chart 9 – Number of long term matches**

Number of matches

0 100 200 300 400 500 600 700



## Budgets for independent visitor services

We asked a question around current and past budgets in order to get an understanding of what the average budget was for independent visitor services in relation to their LAC population. This question was asked in response to many local authorities and network members requesting information in order to benchmark their service or understand what an appropriate budget is for setting up an IV service. Although many local authorities answered this question, around 20 stated they were unable to provide this information, either because the budget was part of a combined service (including children's rights) or because "*there is no designated budget*". Therefore where there were very large budgets, we questioned whether some responses were including data for a wider children's rights service. We went back to some of those local authorities to ask this question, and most of them confirmed it was in fact a combined budget including other services. Another concern is that for internally run services we heard that some local authorities were giving budgets solely for volunteer expenses (excluding salaries etc). We can assume that the budgets from internal services were perhaps understated whereas the externally provided services include all the additional costs including rent, pension etc. We cannot therefore pull accurate information from the question around budgets.

Although we can't give accurate comparisons, it does lead us to question why and how IV services run without a specified budget. We have spoken to network members running services who

do not know what the overall budget is, creating difficulties such as not knowing how much to allocate for costs of visits or not knowing whether they can afford to spot purchase further matches. In a wider context, if we don't know how much is being spent on IV services, it can be hard to give a cost benefit analysis. Many people talk about this being a cost effective service to run, considering the early intervention support and potential long-term outcomes for children supported by IVs. It would be helpful to understand exactly what is being spent on these services to enable this kind of research.

Aside from practical difficulties of having no separated budget, another knock-on effect is how the service is valued and understood. We know that there is a lack of awareness of IV amongst professionals and children. One of the factors behind this may be due to the service being 'tagged along' to other services such as advocacy. In this scenario advocacy services seem to take priority and IV becomes an afterthought, as network members have told us this is often the case. We have also heard that Ofsted inspections can take more interest in advocacy services rather than independent visitors.

We cannot state that the information around budgets is accurate, so care must be taken when interpreting the following information. 36 local authorities provided no data (the majority being externally provided contracts), and a further 14 provided data that was difficult to interpret, and therefore only 102 local authorities are included here. We looked at the budgets for different sized local authorities. The 'minimal' group (ranging from 0 – 215 LAC) had

the lowest average budget of £24,600. For the middle three groups (216 – 605 LAC) budgets are between £33,000 and £36,000 on average. The most pronounced variance was evident in the ‘extra large’ group (606+ LAC) which had an average budget of £69,745. This indicates that local authorities with ‘extra large’ sized populations significantly invested in their IV service, presumably due partly to the large size of the LAC population they are required to support. However, the average size of the budget is disparate across the different groupings and implies that the size of the budget is not always proportionate with the size of the LAC population.

The general pattern amongst the data that we do have is that spending is relatively similar (between £20,000 to £40,000 per year) amongst services where the population of looked after children is not very large. Only the local authorities with the largest LAC populations have budgets that are significantly higher – on average nearly £70,000 per year. Even on this basis it is difficult to say to what extent the budget data from the FOI request is representative – there is no way to verify that the data explicitly relates to just IV services without further information.

## Matching rate

The following analyses considers the relationship between the percentage of LAC who are currently matched with IVs (the match rate), and other variables such as the average population of LAC, Ofsted ratings and breakdown of provider types.

For this analysis the LAs were grouped into 10 groups (or deciles) of equal sizes (roughly 15 local authorities to each group), organised from the 15 authorities with the highest rate of matches (shown on the left of the chart – with an average match rate of over 10%), to the group of authorities with the lowest match rates on the right of the chart (technically this last group is 2 of the ten groups, made up of the 24 authorities with no matches, and the other 6 authorities with the lowest match rates).

The match rate for each group is shown by the dotted black line, so that as you move from left to right on the chart, it is possible to see how the other variable changes in relation to the declining match rate.

Chart 11 (overleaf), shows it is possible to see the correlation between average size of the population of looked after children for different local authorities and the rate of matches. Those that match the highest proportion of LAC tend to have relatively small LAC population (on average the leftmost group has around 330 LAC per authority, with a match rate of over 10%), and the same can be said for those with the lowest match rates (on average these authorities have around 325 LAC per authority, but a match rate of only just over 0%). In the middle of the chart we see a slight increase in the average population size, and perhaps a slightly raised population associated with lower match rates in the groups labelled 6, 7, and 8 (compared with lower average populations in groups 2, 3, or 4). When considering whether there is any correlation between matching rate and Ofsted inspections, we found very little association in this area. Higher rates of matches are not associated with increased Ofsted ratings.

**Chart 11 – Looked after children population by match rate**



### Provider type by match rate

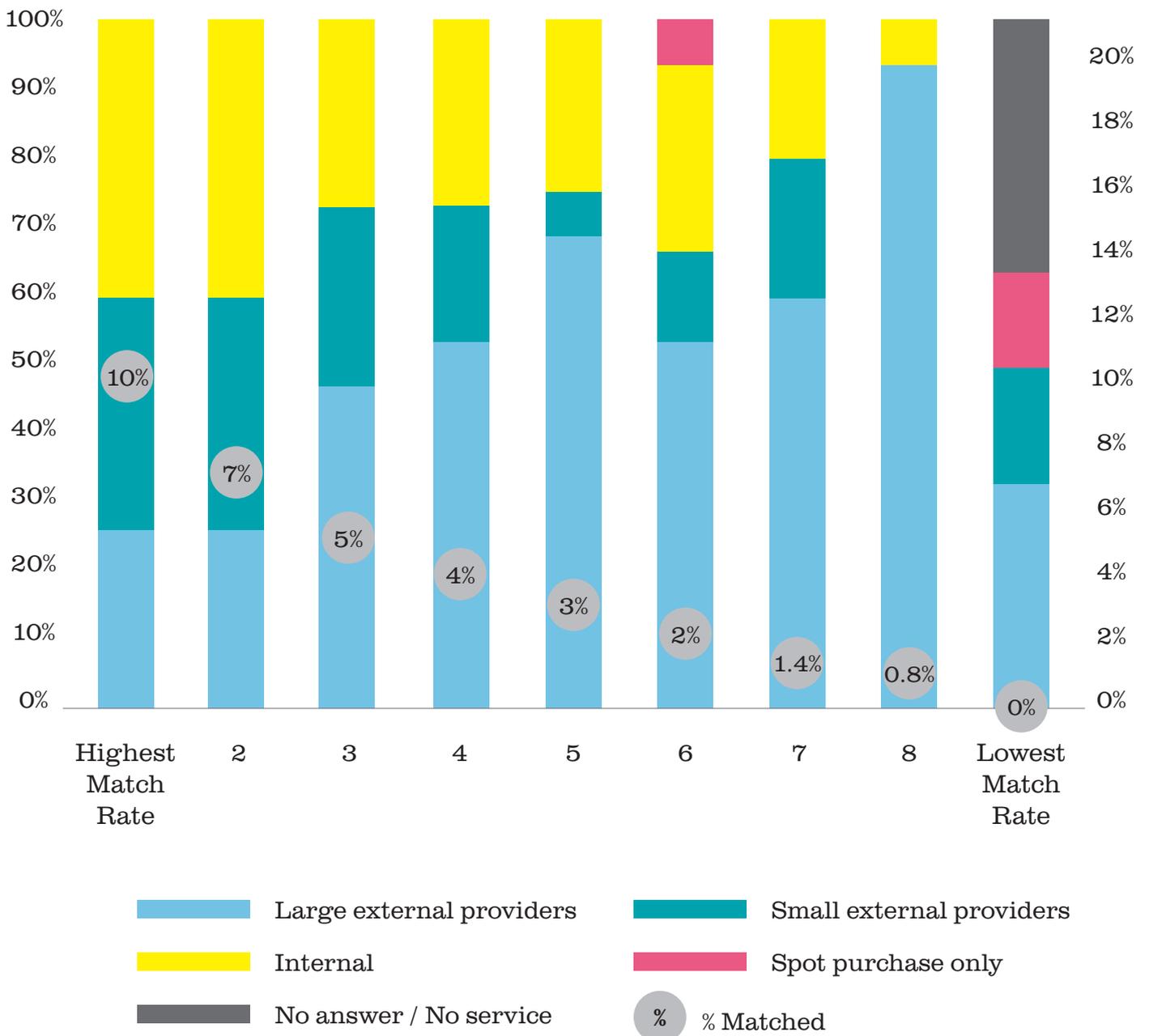
Chart 12 highlights the fact that the authorities with higher match rates tend to have services that are internally run, or run by small external providers (the blue

parts of the bars are more prevalent on the left hand side of this chart). Larger external providers are more likely to be found in the groups where the match rates are lower (shown by the prevalence of the red bars on the right hand side of the chart).

Chart 12 – IV service type by match rates

Average size of LAC population

Average match rate



## Eligibility criteria used by independent visitor services

Responses to question 4a) “What is the eligibility criteria for children / young people receiving your Independent Visitor service and how does the local authority prioritise referrals?” were unclear and it is not possible to provide a detailed summary. What we can identify is that the majority of answers stated that they work towards current legislation and guidance; i.e. all children in care are eligible.

One of the reasons for asking this question was that we had heard from network members that some local authorities were only providing this service to those children who had limited or no contact with birth family, and had not widened their service out to all children in care where it is in their ‘best interest’. From the responses we can identify over 10 services that stated their eligibility criteria is for those children with ‘limited or no contact’ with birth family, with no mention of ‘where it is in the best of interest of the child’. *“The eligibility is for those children who have limited contact from person with PR. However this is currently being debated to include ‘if it is in a child’s best interest’”*. This suggests that there is still some way to go in raising awareness of the current legislation, and ensuring that local governments are implementing sufficient budgets to IV services in order to enable the service to reach all children where the local authority feels it is in their best interest. We have heard from some services that do understand the change in legislation, but due to limited resources are unable to provide the service wider, therefore they prioritise the offer to children with limited contact.

In terms of age eligibility most local authorities reported that the service was for children in care up to 18 years of age. Not many specified at what age the service starts, but from those that did, the youngest was 4 years old, and the oldest was 10 years old. Some services stated that they extend the eligibility age for disabled young people (up to 19 or 21 years old), and some services have extended the service to care leavers.

## Matches supported beyond 18 years old

We have heard through network members that some local authorities have officially extended their independent visitor services for care leavers, that is up to 21 or 25 years old. As we know, transitioning into leaving care is a particularly difficult time for young people, when many services and people in young people’s lives end. Therefore it is felt that a volunteer independent visitor, who has known that young person for some time, could be a vital support and network for a young person leaving care.

From the FOI responses we know there are around 131 current matches where the local authority is funding the match beyond the age of 18 years old. These numbers were spread out amongst 38 local authorities that reported to be funding matches beyond 18 years old. The majority of local authorities were funding between 1 – 3 matches for this age group, which suggests that common practice is to review matches on a ‘case by case’ scenario where they feel it would be in the best interest of that young person. We do not know at what age the local authority intends to

end these matches. But we can say that a good number of local authorities see the benefits in extending the service. We have identified 9 local authorities that have considerable (over four) numbers of matches funded for over 18 years old. We contacted these local authorities to find out more about their services. So far we have had responses from four services that have officially extended their IV service for care leavers: Brighton and Hove (internal), Leeds (internal), Norfolk (Action for Children) and Wiltshire (internal).

We heard from these services that the extension has been made in line with leaving care legislation (up to 21 years old for care leavers and 25 years old for disabled young people). Not all the services were allocated additional funds to make this change. Two services stated this eligibility has been the case for many years. One service raised their own funds in order to extend the provision. One service gained funding from a transfer of a different mentoring programme. These four services have identified some of the challenges and benefits of providing IV for care leavers, outlined below.

### Benefits of providing IV for care leavers

- Address the isolation/loneliness young people can feel when leaving care. *“If it wasn’t for my IV, I would never go out or see anybody”*.
- Visiting the young person regularly at a time of transition and lots of change e.g. workers, education, accommodation, loss of familiar carers.
- IV’s consistent and regular visiting pattern impacting on the young person’s confidence to engage with other professionals, formal services and peers.
- If the IV has known the young person for some years in care, they may be able to pick up on difficulties the young person is experiencing before the professionals do, enabling early intervention from the leaving care team.
- IVs supporting young people with; job hunting, house moving, attending court, going through pregnancy, mental health issues, drug taking, abandonment by birth family, relationships, further education.
- The IV being a listening ear, dropping in for coffee or having a meal together, at a time when visits from other people reduce.
- The relationship can continue to grow with support and funding by the IV service. This gives the match a greater chance of continuing after the young person has left care, because the match has lasted longer and is more established.

- IVs and young people can be more involved in the service as trainers/ interviewers and young people may want to become IVs themselves.
- It is a relationship, and it feels natural to continue.

### Challenges to consider

- Leaving care teams need an understanding of the role of the IV, and the IVs themselves also need clear boundaries and training. There have been instances where either professionals or young people have asked IVs to do tasks outside of their role, and/or the IV has felt compelled to do them.
- Young people need to have clear expectations of the IV role.
- Additional training for IVs: understanding the challenges faced by care leavers, understanding their rights, recognising their vulnerabilities.
- It can be hard for IVs to engage consistently with over 18's, as young people are not always good at remembering appointments (when in care they are often reminded by carers) so it can help to set up a reminder system. This could create challenges for commissioned services as the regularity of visits may be stipulated on the contract.
- Young people sometimes choose to return home to their birth family when they're older. One service offers a 6 month window to see if this move lasts, and if so then formal support ceases leaving the IV/ young person to either continue as friends or for the relationship to end.
- Young people often reach crisis once they are expected to manage more independently and IVs matched with over 18's often report more worries, frustrations and safeguarding concerns requiring management support and input.
- DBS checks need to be extended to working with vulnerable adults.
- If young people have babies, services may need to consider appropriate guidelines and risk assessments.

### Staffing for independent visitor services

We wanted to find out a bit more about how independent visitor services are staffed. We know that staffing for IV services differs greatly. We have heard of a number of scenarios where services are being run on very limited hours allocated solely to IV. This may be due to very small contracts, small budgets or IV not being recognised as a service in its own right. As discussed earlier, IV is often tagged along with advocacy services. This means that we see a range of advocates or managers working on both services.

We have heard a common theme that the advocacy service usually takes precedence, which results in the IV service not being run sufficiently. This may be due to the urgent nature of advocacy services, with local authorities focussing more on this area. We know that many IV services are running on very low budgets and this results in few staff hours allocated to the service.

Unfortunately the responses to this question were extremely limited, the local authority either did not hold this information, or they were unable to identify the hours allocated as staff were working on various different services.

### **Provision of IV services by local authority type**

As requested by network members, we looked into the data around different types of local authorities to see if there were any correlations. We grouped the local authority types as: Unitary, County, Metropolitan District and London Borough. Local authorities classified as County had the highest average size of LAC population at 622. The next highest was Metropolitan District authorities at 539. London Borough authorities had an average size of 416 and Unitary authorities had the smallest average size of LAC populations at 338. The average number of matches by local authority type closely follows the pattern of the average size of the LAC population by local authority type. Local authorities classified as County had the highest average number of matches

at 25. Metropolitan District authorities had the next highest average number of matches at 15, closely followed by Unitary and London Borough authorities that had an average of 14 matches each. Analysis of the proportion of matches by local authority type shows that both Unitary and County authorities have an average of 4% matches. Metropolitan District and London Borough authorities both have an average of 3% matches. It is worth noting here that none of the local authority types come close to the 10% target for matches.

## Conclusion

All the research so far points to positive outcomes for looked after children being matched with an independent visitor, yet today very few of them benefit from this valuable service. The aim of the FOI was to establish a picture of current provision and this has found to be lacking. We have outlined many of the actions for the National IV Network and IV services, but there is also a vital need for the government to prioritise the service and ensure more children in care understand their right to an independent visitor with sufficient resources provided to meet the need.

We have found that the numbers of children and young people currently matched with an independent visitor is lower than originally expected. Although many services may have targets to reach 10% of their LAC population, overall we are far from reaching this target. We know that there are still some LAs without a service, and even where there are commissioned services numbers can be very low.

We have seen that data held on independent visitor services is not consistent, and in particular information on budgets and resources has been difficult to identify through the FOI process. We have not been able to analyse what local authorities are spending on independent visitor services, and what might be an average budget in relation to a local authority's looked after children population. This information would be useful when considering what a sufficient budget may be when considering how to reach a larger group of LAC (higher than we do currently).

The FOI request has helped us identify examples of best practice including: services that offer IV to care leavers, services matching 10% of their LAC, services that have higher numbers of long-term matches and services that make spot purchase agreements on top of their current contract. The National Independent Visitor Development Project will continue to share these findings with network members and stakeholders in order to ensure more children in care have access to an excellent independent visitor service.

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## APPENDIX 1

Freedom of Information Request questions asked:

1

- a) Does your local authority have an Independent Visitor service?
- b) Is the service run internally or externally?
- c) If the service is external, who is the provider?
- d) What is the agreed number of matches for your service at any one time? (This may be found in the contract).

2

- a) How many children / young people are currently matched with an Independent Visitor?
- b) How many children / young people have been referred and are on a waiting list?
- c) How many current matches have been visiting for over two years? Over five years?

3

- a) What is the annual budget for the service in 2015/16?
- b) What was the annual budget for 2014/15?
- c) What was the annual budget for 2013/14?

4

- a) What is the eligibility criteria for children / young people receiving your Independent Visitor service and how does the local authority prioritise referrals?
- b) How many current matches are funded for young people aged 18yrs - 25yrs?

5

How many full-time equivalent workers are staffing your Independent Visitor service (including any coordinators, administrators, managers)? Please break down by staff type.

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