



The National Independent Visitor Data Report 2019

By Rebecca Jordan and Sarah Walker

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NATIONAL
INDEPENDENT
VISITOR
NETWORK

the
Tudortrust

Believe in
children
 Barnardo's

Case Study:

Young person matched at 15-years-old for 5-years with her IV

“I remember having a questionnaire about myself and a chat with someone from Barnardo’s to get to know me and narrow down the matches. He (IV Coordinator) came back in a couple of weeks with some booklets about some possible IVs; the first one looked like my mum and put me off instantly because of this. The second one had a picture of Sue on a ski slope; as a keen snowboarder at the time I felt I had something in common with her and the rest of the booklet confirmed that she sounded like someone I would get on with well.

*Sue took me to do all sorts of activities that I really wanted to do and wouldn’t have got to do otherwise, we went to snowdome together and really bonded over sports we both love. She also did the smaller trips, like taking me to the cinema to see films I was desperate to see and going for coffee to chat, **getting to do these outings made me feel normal, as other children would speak about family outings and shopping trips with their families.***

*Sue told me she loved her mother for having taught her self-confidence and how to love herself, and that this was something she wanted to share and pass on, this felt genuine and meaningful, **she wasn’t just another person employed by Social Services who only came to see me for their job and would leave after a couple of months.** Sue wanted to get to know who I really was and how she could help me personally.”*

Young person, Coventry and Warwickshire (name of IV changed).



Section 1: Executive summary

The role of the Independent Visitor was introduced as a statutory service for looked after children in the Children Act 1989. The National Independent Visitor Development Project (NIVDP) was launched in March 2014 in response to the low profile and limited understanding of Independent Visitor services amongst professionals, children and young people. Since then, the project has made significant advances to improve the quality and reach of Independent Visitors for children in care.

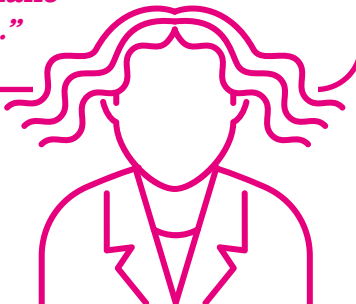
Key achievements include: the establishment of a **National Independent Visitor Network (NIVN)** of local IV providers, creation of a set of **National Standards for the Provision of Independent Visitor Services**, delivery of three **national conferences** for young people, professionals and policy-makers and publication of the **National IV Data Report in 2016** on the basis of a Freedom of Information (FOI) request made to 152 local authorities in England (see references and link at end of the report). The project is funded by the Tudor Trust and hosted by Barnardo's and is in its fifth year of funding.

Consultation with seven regional NIVN groups across England, has highlighted ongoing challenges to raise the profile of and access to IV services as well as opportunities to continue to improve consistency and quality of services offered. In order to understand how access to IV has changed for children in care since the Freedom of Information (FOI) request made in 2015, we have carried out a second FOI Request. The data report that follows aims to show the reach of IV provision nationally and regionally and includes, for the first time, demographic information on children and volunteers involved in IV services. The report also draws on best practice examples and learning from the network to make recommendations in relation to improving and sustaining the reach, consistency and quality of IV services.

Key findings

- 100% (152) of local authorities responded to the FOI made this year, compared to 142 local authorities in 2015
- There are around 2,653 children currently matched with an Independent Visitor – **3.5%** of the total looked after children (LAC) population in England. The previous report identified that 3.2% of looked after children were matched with an IV so this represents an **increase** of 0.3%
- There are currently around 1,200 children on a waiting list for an IV. This data shows **over two thirds of local authorities (LA) have a waiting list and that demand significantly exceeds supply**. The 2016 data report also identified that over two thirds of LAs had a wait list in place.

“It is so much fun, it is awesome, you get to make new friends.”



- 91% (139) of LAs in England responded that they have an IV service and 7% (10) responded that they do not provide this service. **The number of local authorities that do not provide a service since the previous FOI request has increased by two.**
- Approximately **60 LAs reported funding IV matches beyond 18yrs** (18-25 years), with around 218 care leavers benefiting from this. **This represents a significant rise from 38 local authorities detailed in the 2016 Data Report and an increase of 90 IV matches for care leavers.**
- 73% (100) local authorities contract out their IV service to external organisations; 27% (38) local authorities provide ‘in-house’ IV Services and 1 local authority provides both internal and external services
- 3% (3) local authorities operate solely on a spot check purchase basis
- **Around 26% (694) of matches were out of county/area;** whilst **34%** (421) of children placed on a wait list live out of area
- **28% (739) of matched children and IVs have known each other for at least 2 years; in comparison to 40% in 2015**
- On average there are around 17 matches per service across England. This represents an **increase of 3 matches** per service compared to data findings in 2015.

“We made a good friendship. Having someone to talk to when things are good and bad.”



Recommendations

The Department for Education

1. Work with the NIVN to raise the profile, reach and quality of independent visitor services and ensure that all children in care who need and want them have access to an IV, as proposed in ‘Care Matters: Transforming the Lives of Children and Young People in Care (2006)’
2. Work with the NIVN to review current legislation and guidance on IV to extend the offer to care leavers, as recommended in the 2015 Data Report and ‘Keep on Caring: Supporting Young People from Care to Independence. (HM Government, July 2016)’

Office of the Children’s Commissioner

1. Work with the NIVN to raise the profile, reach and quality of independent visitor services and ensure local authorities carry out their statutory duties and secure children’s rights to an Independent Visitor.

Ofsted

1. Work with the NIVN to increase inspectors’ understanding of the statutory entitlement of young people to an IV and the duty of LAs to provide this service
2. Work with the NIVN Development Project to increase inspectors’ understanding of the role and value of the IV service and ensure it is assessed with reference to the National IV standards.

The National IV Network

1. Partner with local authorities without IV services or solely working on a spot purchase arrangement, to open access to IV for looked after children.
2. Foster greater partnership and influencing work to increase the profile, reach and quality of independent visitor services nationally
3. Strengthen the voice of children and young people across network activity to ensure it is responsive, effective and reflects their legal entitlements
4. Good practice should be developed in partnership with local authorities to: extend provision to care leavers and increase IV access to under-represented groups – disabled children; ethnic minority children; those at risk of child sexual exploitation or serious youth crime; unaccompanied asylum seeking children.
5. Work with local authorities to develop ways to improve matching rates and reduce waiting lists for children placed out of the local authority area.
6. Work with local authorities to create ways to increase recruitment of male volunteers and volunteers from ethnic minority backgrounds.
7. Research ways to capture the impact of the IV relationship on the life opportunities of looked after children.

IV services

1. Work towards the National IV Standards and collaborate with the NIVN
2. Ensure that children in care, local children's services and corporate parenting panels understand the role of IV and are aware of the statutory entitlements to this service

Local authorities

1. 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 to meet their statutory duty.
2. Allocate a specific and appropriate budget for the independent visitor service, to include special attention to the additional costs of out-of-area matches
3. When targets for matches have been met, local authorities should have a process for scoping and monitoring additional need and ensuring funding is allocated in order to make further matches when needed.
4. Ensure the IV relationship is considered at each LAC review and that decisions whether or not to appoint an IV are recorded in LAC review notes (as per the IRO handbook)

“My IV is friendly; she changes my life a lot. She’s making me calmer because I feel lots of anger in me. We like playing golf, going to the cinema and sing in the car. My favourite is the songs from the Greatest Showman!”



Context

“Having an IV gives you someone to talk to but also have fun with. It’s a way of having freedom and choice of what you do. I’ve been to places like Harry Potter world, Madame Tussaud’s and up The Shard.”

The Independent Visitor Service is the only statutory, befriending service available to looked after children; ***“My IV is someone to talk to, not involved with anyone else... it’s private.”***

In the Department for Education and Skills White Paper, *Care Matters: time for Change* (June 2007) (Referenced and a link available at end of report) an Independent Visitor is described as a trained volunteer who is there to “befriend and support children and young people in care”. The paper sets out a clear recommendation that “all those children who need them have access to Independent Visitors”. The paper goes on to say that “Young people in care often view their Independent Visitor as a friend to talk to – someone who can provide them with emotional support and stability as well as enabling them to have fun and share in recreational activities”.

The National Standards for the Provision of Independent Visitor Services developed by the NIVN (2016) highlight that consistency and reliability sit at the heart of the IV role “in order that children can build a trusting, positive relationship with them over time”. The standards set out that the IV should commit to a minimum of one-year in order to become a consistent adult in the child’s life “who doesn’t change when placements or social workers change...” However, as the report goes on to show, many matches continue for longer.

Legal background

The role of the independent visitor was first introduced as a statutory service for looked after children in the Children Act 1989. The Act places a statutory duty on local authorities to provide an independent visitor for any child they are looking after, if they feel it would be in the child’s interests. The person appointed must visit, befriend and advise the child. Department for Education’s guidance found in Volume 2 of the Children Act 1989 Guidance and Regulation, states that the appointment should be considered as part of the development of the care plan for the child and looked after child review process. The role is voluntary and the child’s wishes and feelings should be ascertained in deciding whether or not an IV should be appointed.

Evidencing the impact of the role of the IV on the life of a child

“I have enjoyed the activities we have done together and things we have tried. Having an Independent Visitor has been the only stable thing in my life recently.”

“I’m able to talk to my IV about different problems; we also have a laugh together.”

“Having an IV is great because they are an extra person to talk to and someone you can be around comfortably.”

“My IV changes my life a lot. She’s making me calmer because I feel lots of anger in me.”

The NIVN has worked to develop a theory of change model and outcomes framework to evidence and understand outcomes for children accessing IV. However, the framework has not been implemented. The NIVN *Interim Evaluation Report* (October 2016 – October 2018) identified that many members were not required to measure outcomes and/or felt that some of the achievements of the IV relationship require a longer term view than the framework allows for.

There is some existing research available that evidences the impact of IVs on looked after children's lives. The New Economics Foundation (NEF) report '*Relationships for children in care*' outlines the case for investing in mentoring and befriending projects for children in care. The report demonstrated that IVs provide stable, consistent and continuous relationships for children in care, on the basis of IV match length which was on average 3 years. The Office of the Children's Commissioner recommended 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, page 3). Data on the number and duration of IV matches is available in Section 5 of this report.

The Stability Index 2018, carried out by the Children's Commissioner, investigates the stability and consistency that children and young people in care experienced in 2016/2017. The research shows that only one in four children/young people experienced no placement move, school and/or social worker changes within a year and only one in ten within two years. It also states that less than half of the children/young people experienced no placement changes over three years and one in four children had two or more social worker changes over a year. This research further underscores the vital role of the IV to provide stability and consistency to looked after children.

The Freedom of Information request:

In February 2019 the NIVN Development Project put out a second FOI request to 152 local authorities in England. Responses were received from all local authorities through the FOI process or direct contacts made by the NIVN Project team. Of the 152 local authorities, ten stated they did not have an independent visitor service. Three local authorities said that they work on a 'spot purchase' basis only, without an allocated service. The full list of FOI questions is available in the appendix.

The following results focus on the 152 local authorities that responded to the FOI questions. There is some data relating to questions 4) a/b and 5) a/b that is not available as some local authorities declined to disclose this information. The Freedom of Information Act Section 40(1) states: "1) Any information to which a request for information relates is exempt information if it constitutes personal data of which the applicant is the data subject." Appeals were made to 10 local authorities who had chosen not to answer these questions and 3 out of the 10 local authorities accepted the appeal and provided us with the data. The FOI questions were not designed to gather identifiable, personal data relating to volunteers or service users.

"Have one, they are good at supporting you through anything you ask them."



Findings from the FOI request:

The responses from local authorities are broken down as per Table 1. 100 local authorities contract out their independent visitor services to external organisation, and 38 local authorities provide their services internally. 1 local authority has both an internal IV service and a contract with an external organisation. Three local authorities responded that they operate on a ‘spot purchase’ basis only. Spot purchase means they do not commission an entire service, but will externally spot purchase matches as needed. There are currently 10 local authorities with no IV service; this has increased by two since the last FOI report in 2015.

10 local authorities currently offer no IV provision however this figure rises to 17 if we include the further 7 local authorities that have no active matches in place. Interestingly, this includes 2 out of the 3 local authorities who operate on a ‘spot purchase’ only basis. In addition there were a further 2 local authorities who stated they had very low match numbers and declined to provide match figures due to concerns around GDPR breach although no personal data was being requested.

Table 1.1: Breakdown of responses to the FOI request

LA response on IV services	Number of LAs
Internal	38
External	100
Internal/External	1
Spot purchase only	3
No service	10
Did not answer	0

Local authorities with no IV service

Since the last FOI report the number of local authorities with no services has increased from 8 to 10 (*this figure includes the Isle of Scilly, which currently has zero LAC at the time of the FOI request*). Although the number of local authorities has increased, it is important to highlight that 2 out of the 8 local authorities that had no IV service in 2015, now offer a service. The FOI has also highlighted that 4 local authorities that were providing an IV service in 2015, no longer provide a service. Of the 10 local authorities that currently provide no service, 5 were not providing a service in 2015. Guidance, support and resources were offered by the NIVN project team to all local authorities that were not providing IVs to looked after children in 2015.

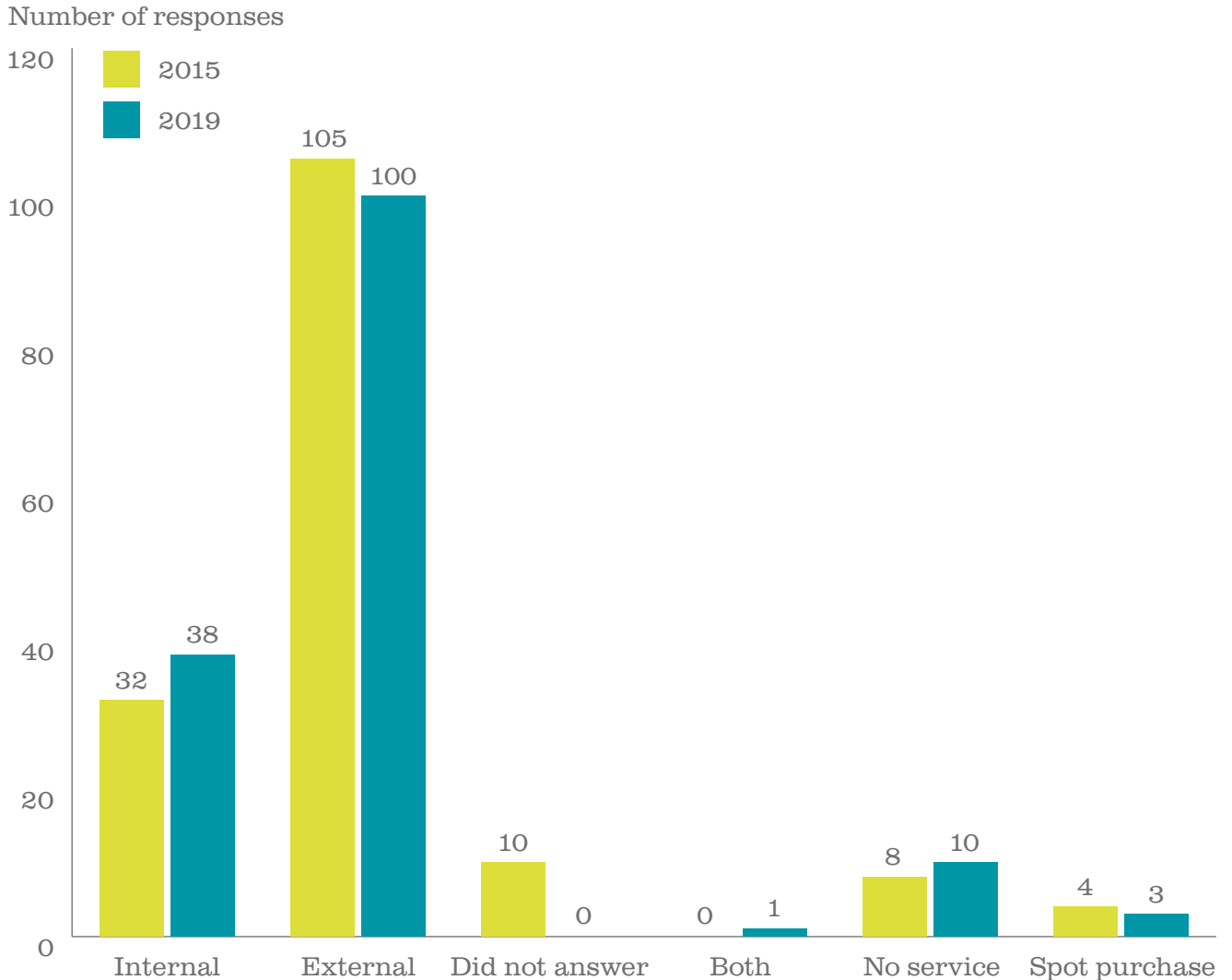
The National IV Network will continue to explore ways to open access to IVs to children who are looked after by local authorities that do not currently provide this statutory service.

“I found out about Independent Visitor from the newspaper. I didn’t have the nicest childhood myself so I wanted to help a child. I didn’t realise what I can get out of it! It is a real privilege to be an IV! We enjoy lots of activities together such as crazy golf, bowling, cinema and our own ‘carpool karaoke’ when we sing the songs from the Greatest showman!”



Section 2: Service Providers

Figure 2.1: Number of responses by service provider type (2015 vs 2019)



Note: Based on a sample size of 152 LAs who have responded across England.

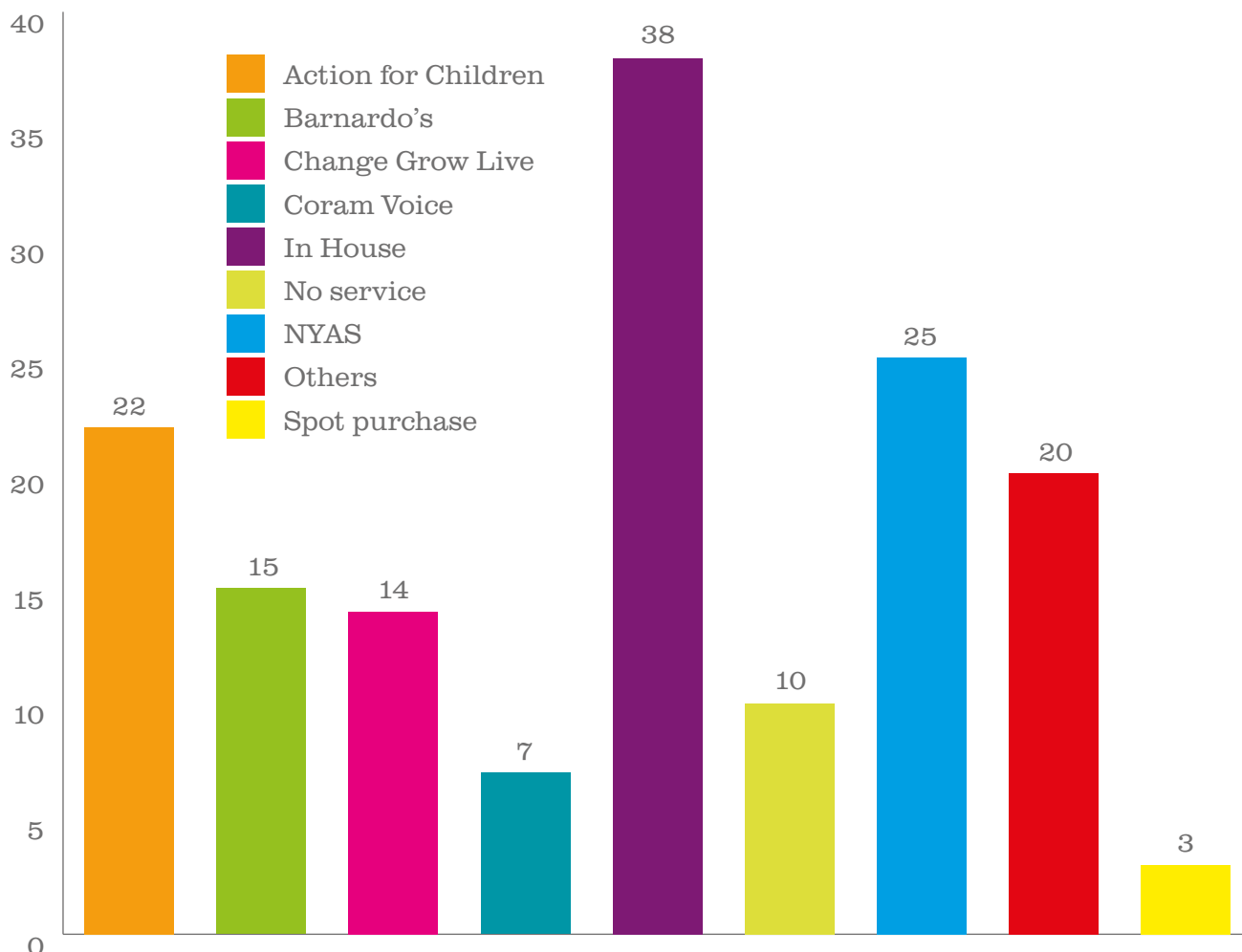
Source: 2015 FOI Request, 2019 FOI Request.

In terms of change, Figure 2.1 above illustrates that since 2015 the internal number of IV providers has increased from 32 to 38, whilst the external number has decreased from 105 to 100. The spot purchase figure has decreased by 1 from 4. It can also be noted that in 2015, 10 local authorities did not answer, but in 2019 all local authorities have responded to the FOI request.

- 100 local authorities (66%) contract out their IV service to external organisations
- 38 local authorities (25%) provide their IV service internally as labelled as ‘In House’
- 3 local authorities provide a spot purchase service, 10 local authorities provide no IV service and 1 local authority provides both internal and external service for the remaining 9%.

Figure 2.2: Number of IV services by service provider

Number of responses



Note: Based on a sample size of 152 LAs who have responded across England, the service providers with less than 5 IV services have been grouped as 'Others'.

Source: 2019 FOI Request.

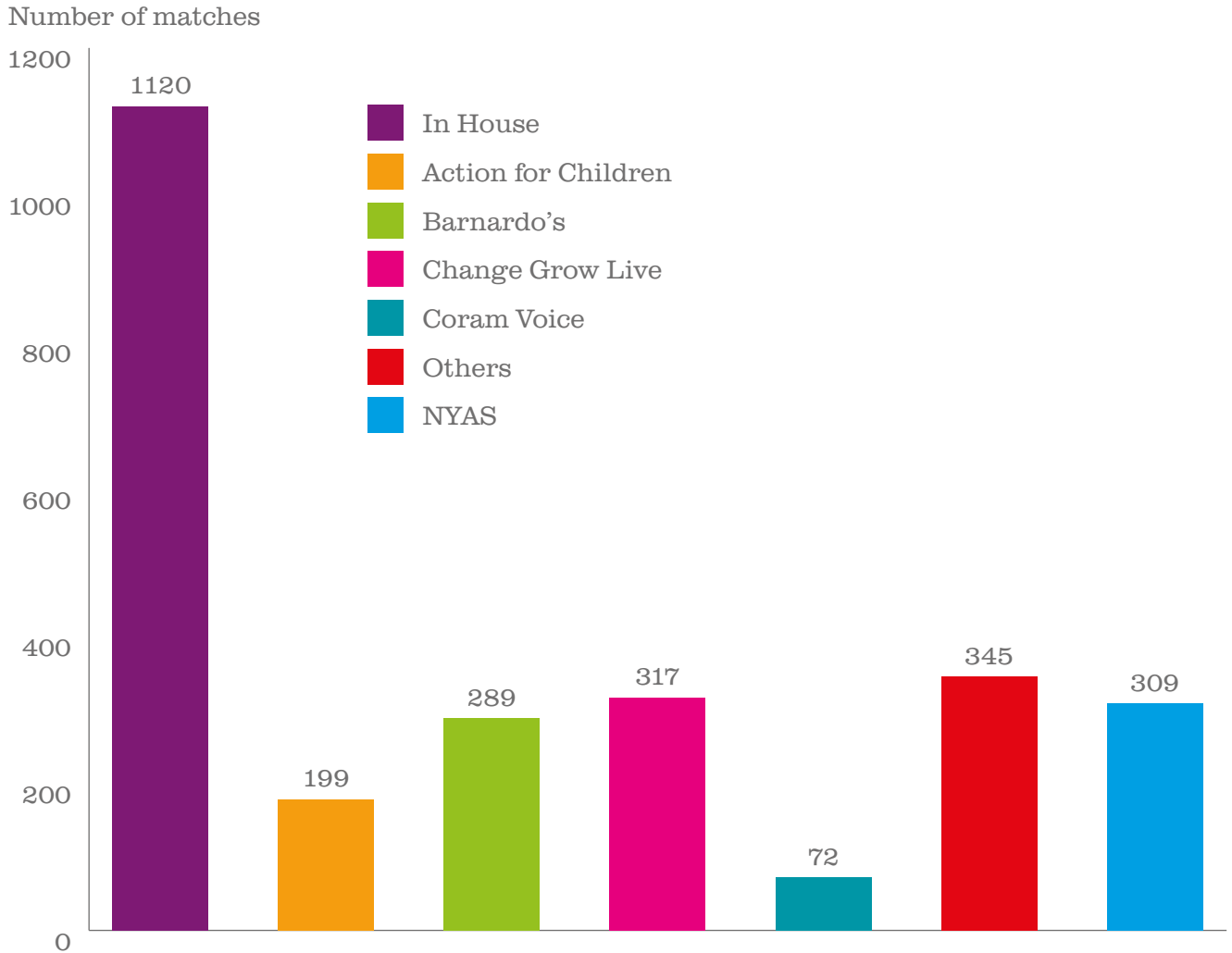
There are five main external providers (in order of share of business – as measured by the number of services run at the time of FOI): NYAS, Action for Children, Barnardo's, Change Grow Live, Coram Voice. In 2015, there were four main external providers. There are also a large number of smaller external providers who each run fewer than 5 services (typically just 1 or 2).

“It’s nice having some time away from my annoying brothers and have somebody to talk to. My favourite thing to do with my IV is trampolining. I can do back flip, side flip, twist flip and front flip! It’s nice having my IV there to cheer me!”



Section 3: Current Matches

Figure 3.1: Number of matches by service provider



Note: There were 2,651 matches in total in 2019 (there is a discrepancy of 2 in relation to data returned on services that are provided both in-house and externally)
 Source: 2019 FOI Request.

Figure 3.1 above, shows the proportion of matches by service provider type.

We can see that IV services at the time of the FOI request were provided to **2,651 children**. Of these, 1,531 are provided by external providers and 1,120 by 'internal services' (where the service is delivering from within the local authority rather than commissioned

out). As stated earlier in the report, 10 local authorities have no IV service in place. 'Others' include the list of the smaller external providers.

The number of matches provided by internal IV services has increased from 845 to 1,120 and the external number from 1,345 to 1,531 from 2015 to 2019.

IV services compared with looked after population size

Since the last data report (2015), figures continue to suggest that local authorities with smaller populations of looked after children, contract out the IV service to external providers. As illustrated in Chart A below, local authorities providing internal IV services have a larger than average LAC population. Although only 38 out of the 152 local authorities run a service internally, these services account for roughly 43% of matches. Chart A highlights that the 10 local authorities that reported having no IV service have smaller than average (496) looked after populations (just over 200).

The average of looked after children per local authority in England is 496. The range varies between those local authorities who have under 200 to some with over 1000. It can be noted in Chart B that Barnardo's and NYAS continue to provide services to local authorities with an average-sized population of looked after children (around 496). The chart highlights that Action for Children and Coram Voice mainly provide services to local authorities with smaller than average LAC populations. Change Grow Live provides services to local authorities with larger than average LAC populations.

From consultation with the NIVN regional groups different opportunities and challenges arise from IV services that are delivered in-house or externally. As stated above, local authorities with smaller populations of looked after children, tend to contract out the IV service to external providers whilst local authorities with large looked after populations tend to run services internally (38 out of the 152 local authorities run a service internally, these services account for roughly 43% of matches). Further research is required to understand why this is.

Internal and external IV providers use a mixture of approaches to promote, deliver and manage services. Some examples include:

- IV referrals for children are considered at each LAC review
- Opportunities to advertise the service via the use of local authority intranet and internet, newsletters and magazines
- Prospective volunteers awaiting training are referred across local authorities
- National, external agencies sharing volunteers across regions

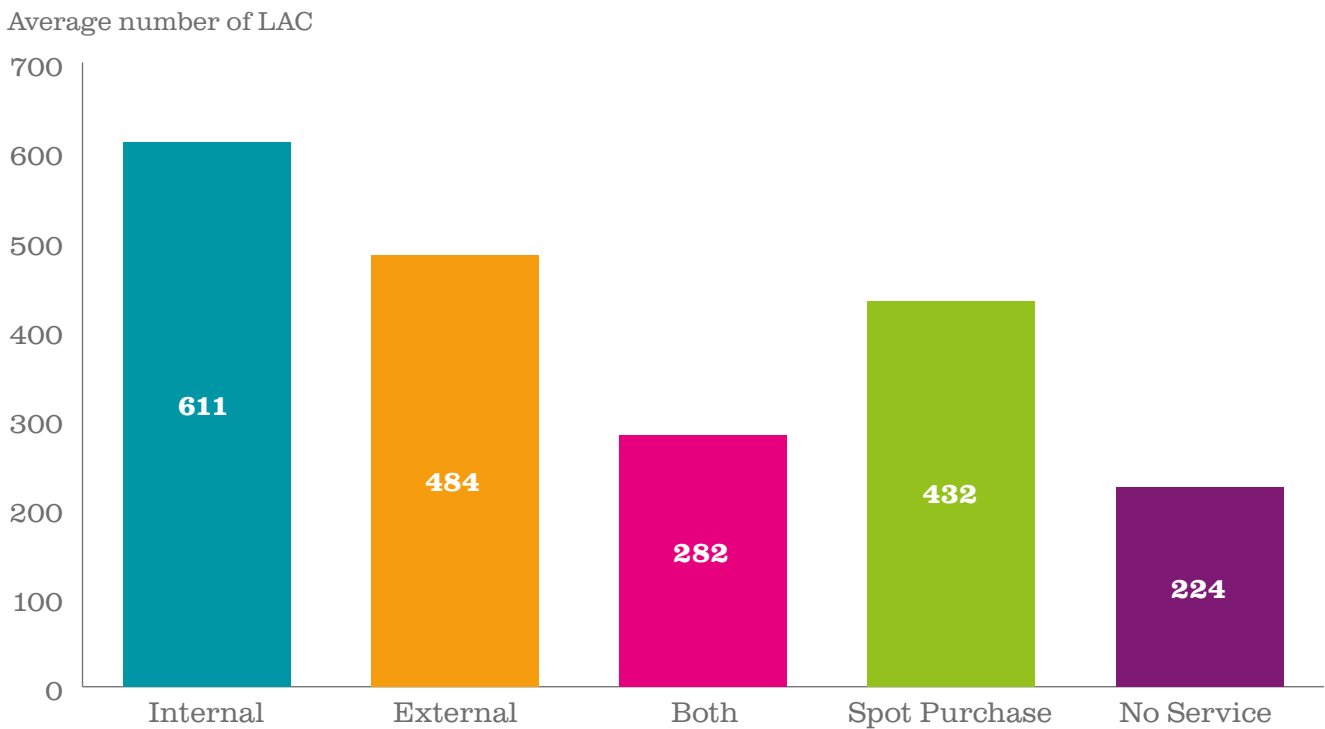
Significant challenges can arise from recommissioning processes that impact on the sustainability of IV matches and provision of new IVs to children. IV services delivered by external providers are commissioned for a period of 3-years with some provision to extend by further 2-years. These challenges include: existing providers slowing down the matching process whilst they await the outcome of commissioning, potential loss of volunteers and subsequent breakdown of matches when new providers are commissioned, delays handing-over IV case files. To reduce these risks, commissioning processes need to adhere to clearly stipulated timeframes and support sufficient handover periods and service mobilisation.

“Consistency and continuity are fundamental to the relationship of the IV and child and should also be fundamental to funding and commissioning.”

(IV Coordinator, Brighton and Hove)

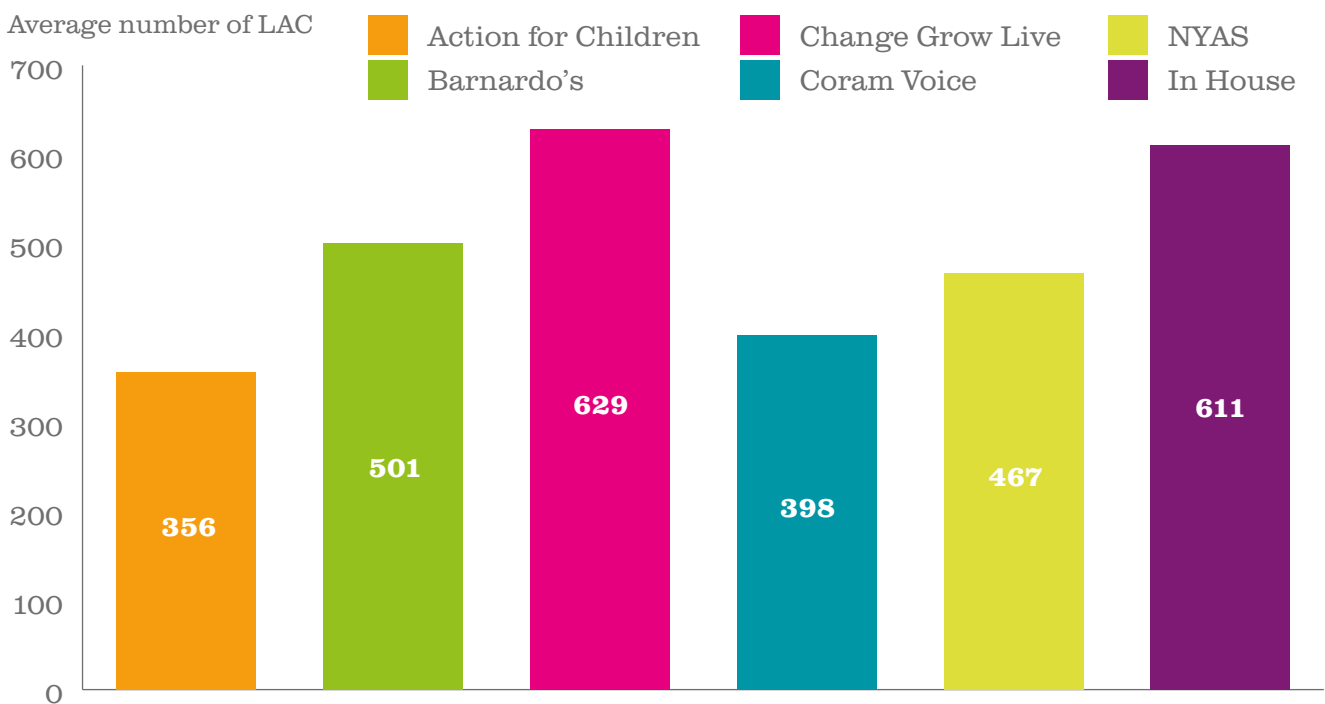


Chart A: Average number of LAC by LA service type



Note: Based on average size LAC population for each service type, out of the 152 LAs who responded across England. Internal = 38 service, External = 100 services, Spot Purchase = 3 services, Both = 1 service and No service = 10 LAs

Chart B: Average number of LAC per LA by service provider



Note: Bases on the average size LAC population for each service provider, out of the 152 LAs who responded across England. This chart does not include the 'other' providers that run less than 5 services.

Case Study Examples

“I’d say for us investment and recognition has been key to our success – we couldn’t do what we do without the support of our Senior Leaders.” Leeds City Council

“We also couldn’t offer such a large service without the commitment and dedication of our volunteers – they really are amazing and make us what we are... We work hard to build relationships with our volunteers and this is shown in our continued growth and retention.”
Leeds City Council

“Our IV Coordinator hours were increased by the Council which meant we were able to recruit and train more IVs. The IV service was felt to be valuable to young people.”
Brighton & Hove County Council

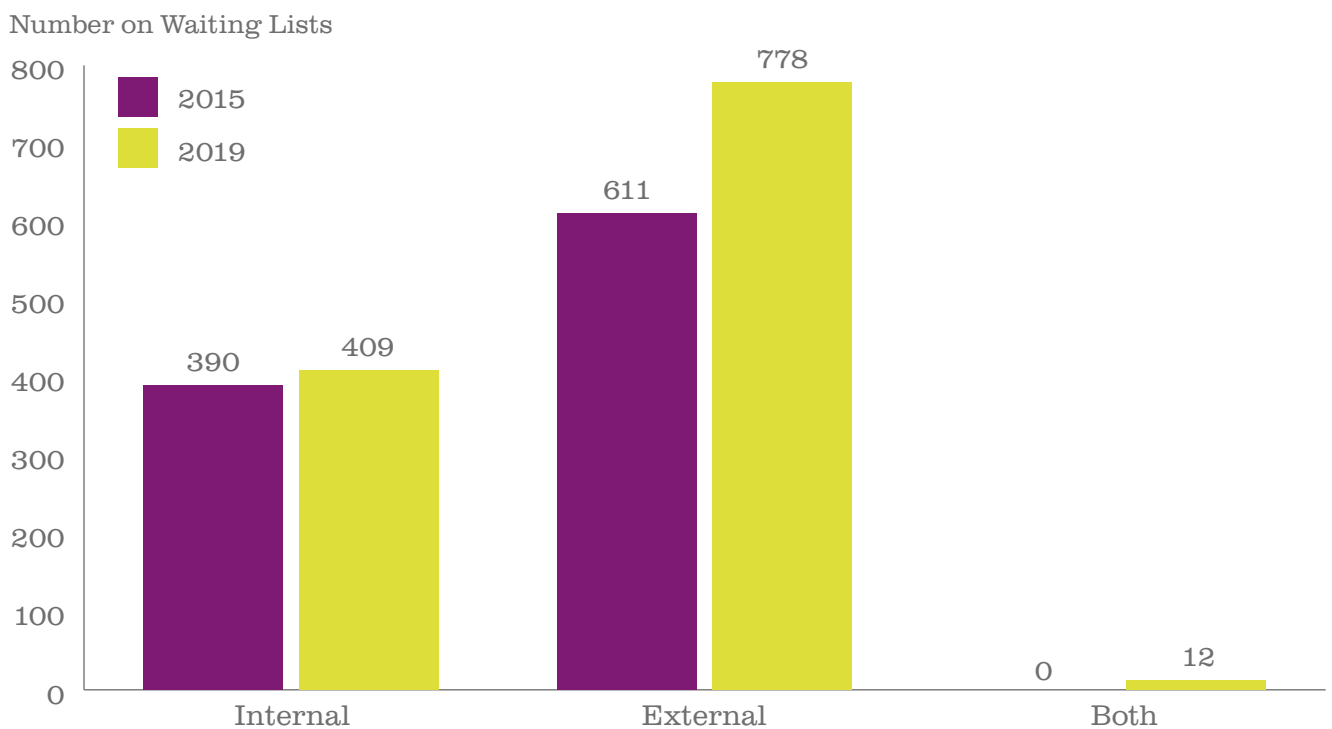
“Our independent visitors are great and do help to promote and develop the scheme through word of mouth. Some of our independent visitors have been involved in the scheme for many years and have continued their relationships with young people well into adulthood. With this in mind and to celebrate their contribution we hold a yearly celebration event which is a sit down meal and awards ceremony.”
Leicestershire County Council

“The voice of the child is key to the IV Service. NYAS always meets with the young people referred to the service, to ensure they fully understand the goals and boundaries. Their interests are also discussed as well as the qualities they would like in an IV. Once a potential IV has been found, the young people are sent information about the IV and it is their choice whether they agree to meet them. Once they have met, the young people decide whether they are happy to be matched with the IV.” Wokingham IV service provided by NYAS



Section 4: Waiting Lists

Figure 4.1: Number of Children and Young People waiting by service provider type (2015 vs 2019)



Note: Based on a total of 1,202 young people waiting in 2019 and a total of 1,001 in 2015.
Source: 2015 FOI Request, 2019 FOI Request.

Demand for independent visitor services continues to be strong and has grown from 2015 to 2019 as Figure 4.1 illustrates. Over two thirds of local authorities have a service with a waiting list – this remains unchanged since 2015. There are currently 1,202 young people on the waiting list – 35% are with internal services (409), 65% are external (778).

Since 2015, there has been a 20% rise in the number of children waiting to be matched to an Independent Visitor volunteer. Relative to the rise in the number of looked after children (65,510 in 2015 to 75,420 in 2019), this represents a significant increase of 11.5%.

Why are so many children waiting for an IV?

NIVN members have set out a number of factors they believe contribute to the rise in wait list numbers that we outline below.

- Contracts at capacity**
 87 services clarified that they have a set maximum number of matches they are unable to exceed, leading to children being placed on a wait list when the contract is at capacity.
- Funding and Spending cuts** impacting negatively on IV staffing capacity to recruit volunteers and match **Challenges recruiting volunteers**. The recruitment of volunteers continues to present a challenge. This is especially

the case in rural areas with low density populations and challenges in respect of travel and transport.

- **Recruiting diversity** Where a child or young person requests an IV from a similar ethnic or cultural background they can end up on the wait list whilst the service recruits a suitable individual. Data gathered for this report highlights challenges recruiting volunteers from ethnic minority groups. Finding a suitable match for children and young people with special needs can be challenging and require more time than matching non-disabled children.
- **Out of borough/ county referrals** Many looked after children live outside of their responsible county/borough boundaries. This results in relatively high referral requests for IVs who also live outside of the responsible LA and can present significant challenges in relation to volunteer recruitment.

Meeting the needs of children placed out of local authority area

75% of IV services have current out of area matches and 26% of all current IV matches are out of area. Providing IVs to these children continues to be highlighted by network members as the biggest challenge they face; including both internal and external providers. In addition to the relatively high numbers of children out of area matched or awaiting an IV, many local authorities prioritise this cohort since they can face greater social isolation in comparison to children placed in borough/county.

NIVN regional groups have explored and shared challenges and solutions in relation to out of area matching.

Challenges include:

- **Increased cost** due to time taken to identify and recruit IVs out of area

- **Quality of support to IV** IV Coordinators do not always have the capacity to travel to provide face to face supervision to IVs and this may be restricted to long-arm telephone support
- **Responding to placement moves.** Research conducted by the Office of the Children's Commissioner evidences the lack of placement stability that many looked after children experience. Placement moves out of area can adversely impact on the continuity of IV matches

Proposed solutions include:

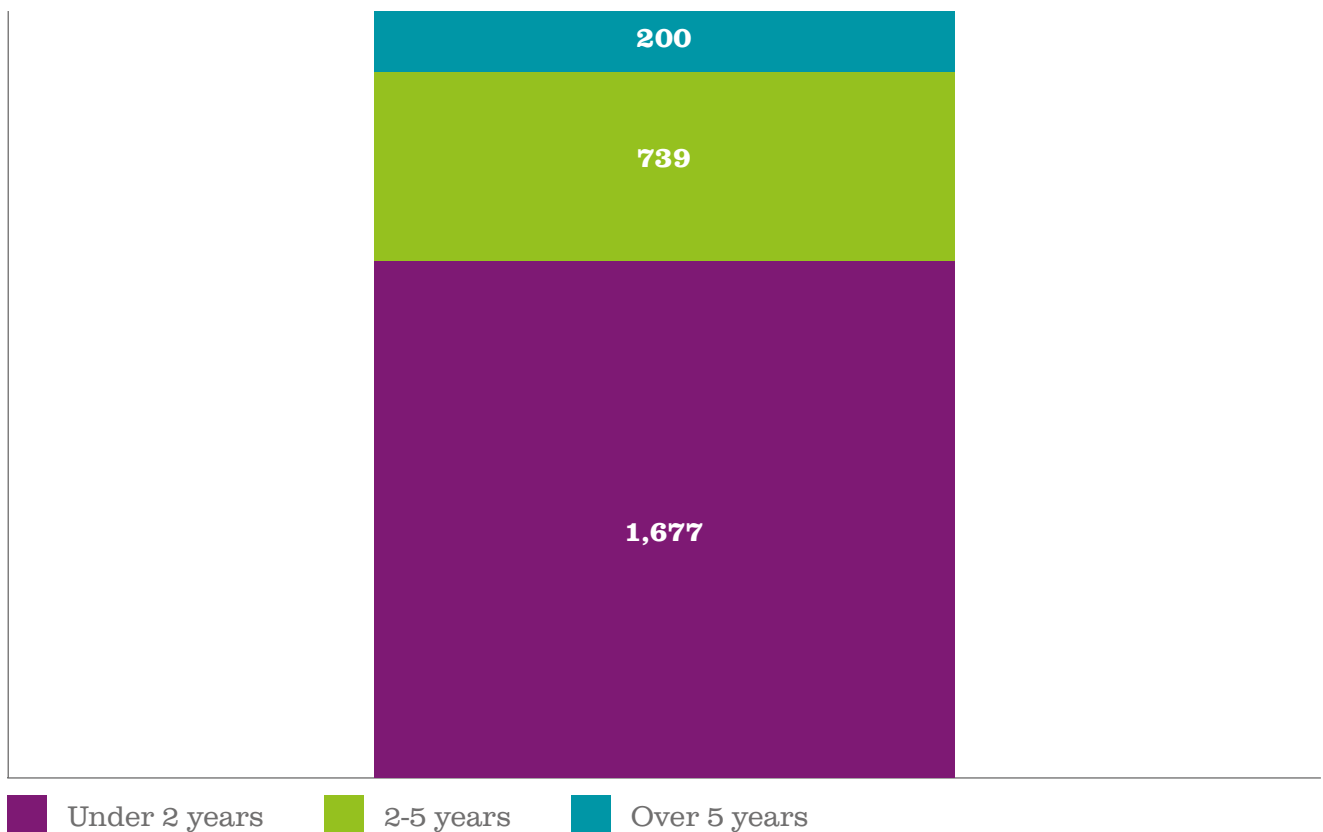
- **Sharing of IVs.** Whilst some of the main external service providers may be able to draw on volunteers recruited from regional services, this solution is not available to all external and internal providers. This solution has led to exploration among regional network groups of standardised volunteer training across core areas, to facilitate different IV providers' sharing volunteers
- **Standardising spot purchase arrangements:** having a template contract, a database of services that accept spot purchase arrangements and setting a standardised price for such arrangements.

"I have been with the IV scheme for around 7 years now, and the last 5 of these have been with the same girl. She is a young girl who has had a very troubled start in life, and in spite of this is kind, generous and keen now to get on with the next step of her life. She has spent time in secure units dotted around the country. I have travelled to Sheffield, Bury, Newcastle and now Durham to maintain contact – being aware at times that I was the only constant in her life."

Section 5: Length of matches

Figure 5.1: Number of long term matches by different length of matches

Number of long term matches



Note: Based on a sample size of 2,616 matches (less than the whole sample size) as a few LAs did not provide an exact number of matched visits.

Source: 2019 FOI Request.

In terms of the length of time that matches are open for, the data provided for 2019 FOI suggests that more than 50% (1,677) of the long term matches are under 2 years. Around 29% (739) of the current volunteers have been visiting children between 2 to 5 years. This figure remains unchanged since the 2015 FOI data report. 7% of volunteers (200) have been matched for over 5 years in comparison to 11% in 2016. Some of the LAs did not provide an exact number of matches for the different lengths i.e. approximate values such as <5 or ‘unknown’ have been recorded.

Figure 5.2 below shows a further split of the long term matches by internal, external and internal/external IV service provider.

The figure shows that 63% of the matches that have running for up to 2 years relate to external providers and 36% relate to internal providers. 37% of matches running for over 2 years relate to external providers and 64% to internal service providers.

The limitations in this data set are that it represents match rates as of the time of the FOI request and does not illustrate fluctuating match rates. The above data shows that a significantly higher proportion

of IV matches running for over 2 years are managed by internal IV service providers. Feedback from IV network members relating to this variance, points to the challenges sustaining matches when externally run IV services are recommissioned resulting sometimes in a change in service provider.

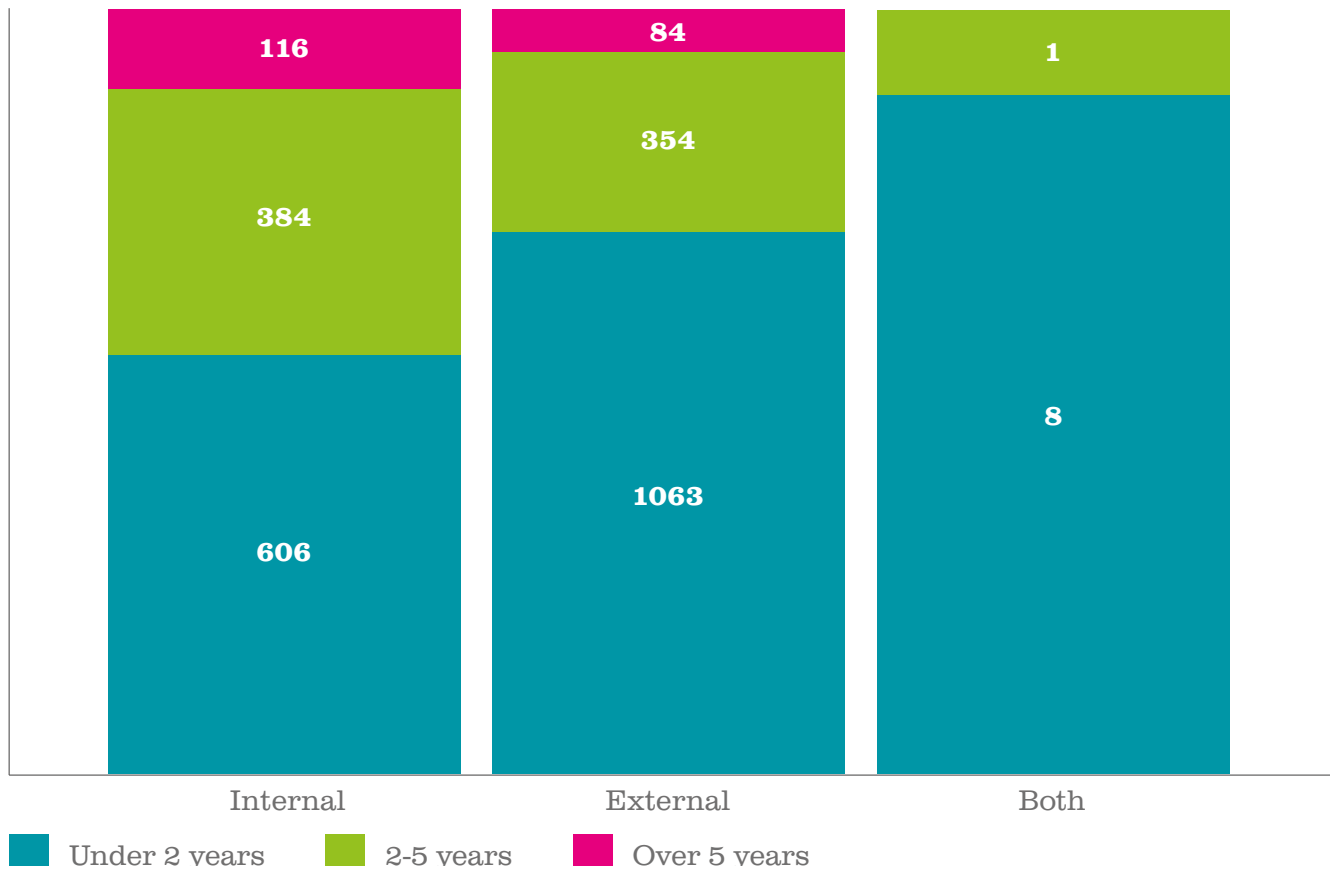
Whilst many IV matches end when the child turns 18-years-old, in line with underpinning legislation, volunteers have feedback that they continue their IV relationships on an informal basis. This comment does not relate to IV services that formally permit matches to continue post-18 and is addressed later in the report.

“I was matched with my young person when she was 11, nearly 12. She’s now 15, about to turn 16. I can’t believe it’s been 4 years! It’s been lovely to see her grow up in that time, from a child to a young woman who is about to start the next stage of her life as she leaves school in the summer to go to college.”
IV Volunteer, Wokingham



Figure 5.2: Number of long term matches by different length of matches and service provider types

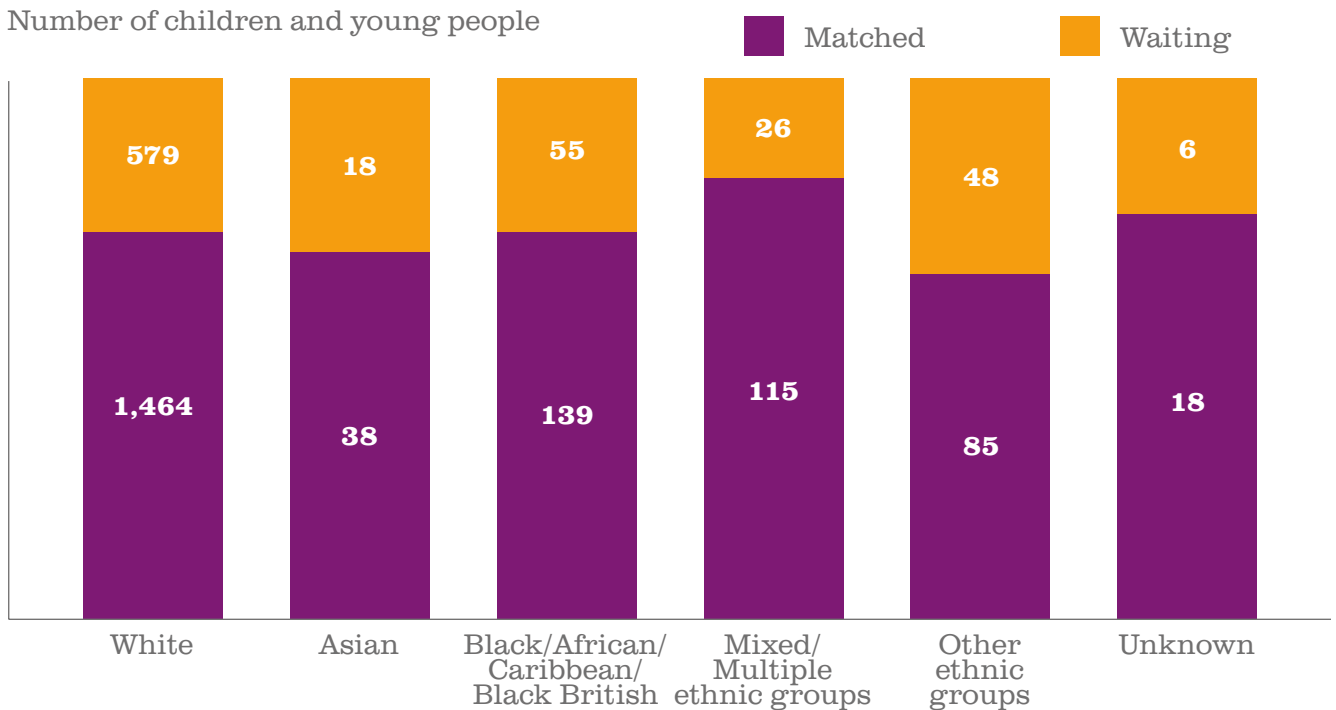
Number of long term matches



Note: Based on a sample size of 2,616 matches (less than the whole sample size) as a few LAs did not provide an exact number of matched visits.
 Source: 2019 FOI Request.

Section 6: Children and Young People & Volunteers Ethnicity Data

Figure 6.1: Number of children and young people by ethnicity and match status



Note: Asian category includes Asian/Asian Black. Number of matched = 1,859 and number of waiting = 732.
Source: 2019 FOI Request.

The FOI request made in 2015 did not seek to gather data in relation to the ethnicity, gender or age of children and young people using IV services or volunteers. Following feedback from the network, the 2019 FOI request included questions that relate to the diversity of children, young people and volunteers. The reason for including these questions was to map the demographics of IV service users and volunteers in order to ensure IV services are inclusive of looked after children and volunteers. Network members have highlighted challenges and solutions to the recruitment of ethnic minority volunteers. It was felt that some baseline data could help to identify the gaps and inform practice. A full data set from LAs is not available due to a number of LAs

declining to disclose information under the Freedom of Information Act Section 40(1).

Whilst looked after children from ethnic minority backgrounds do not always express a preference for a volunteer of the same ethnic background nor may it be deemed in their best interest, some children do express a wish for or require an IV who matches their ethnicity. There is anecdotal evidence that suggests that children of ethnic minority backgrounds are most likely to be affected by this when they are moved from urban areas with ethnically diverse communities, to rural areas with less diverse communities.

Figure 6.1 above illustrates that **79% (1,464)** of the children and young people matched with IVs are White (White British/Irish/

Traveller and other White Background), out of a total of 1,859 matches. This broadly reflects the national composition of the looked after population but children from non-white backgrounds (25% of total looked after population), have slightly less access to IVs given only 21% of current matches are for children from non-white backgrounds. There are 24 Unknown responses, 18 of which are matched and 6 waiting.

Around 7% of children and young people waiting to be matched come from ‘Other Ethnic groups’. However, if we include all children from ethnic minority groups this figure increases to 20% (147 out of 732). The figure above does not reflect regional variations. In relation to the total number of children placed on IV wait lists (1,200), there remains a need for IV providers and commissioning local authorities to explore factors contributing to this.

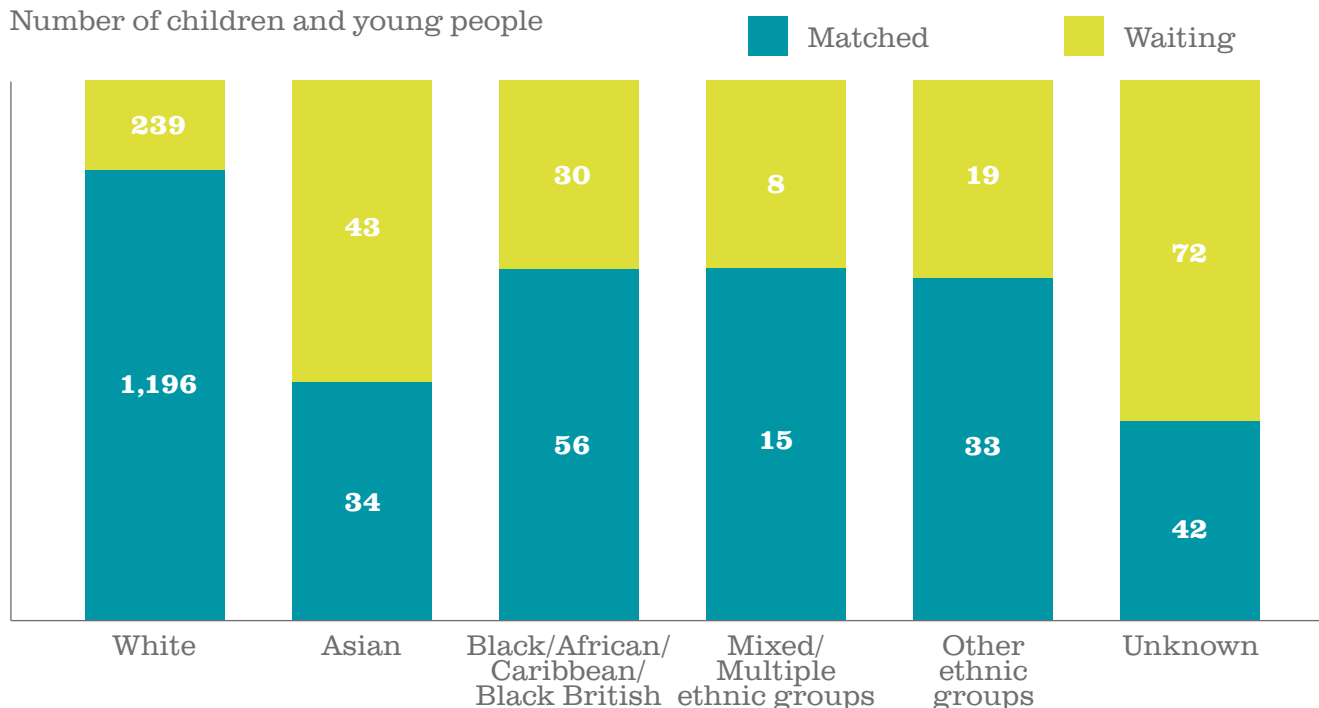
Figure 6.2 below shows that 87% (1,196) of Independent Visitors are White (White British/Irish/Traveller/any other White) out of a total of 1,376 volunteer matches. There are also 114 ‘unknown’ responses out of which 72 are waiting and 42 matched volunteers. 138 (10%) of Independent Visitors belong to ethnic minority groups.

10% of all volunteers waiting to be matched are in the Asian group (43 of 411). Only 1% (15) of the Mixed/Multiple Ethnic volunteer group is matched. At the time of the FOI request, it was not known why variances in relation to the ethnicity of volunteers and waiting time to be matched, exist.

This data highlights the ongoing need for IV services and local authorities to explore solutions to increase recruitment of volunteers from ethnic minority backgrounds. The data in Figure 6.2 does not reflect regional variances and points to a gap in data available in relation to the ethnic composition of volunteers regionally.

Figure 6.2: Number of volunteers by ethnicity and match status

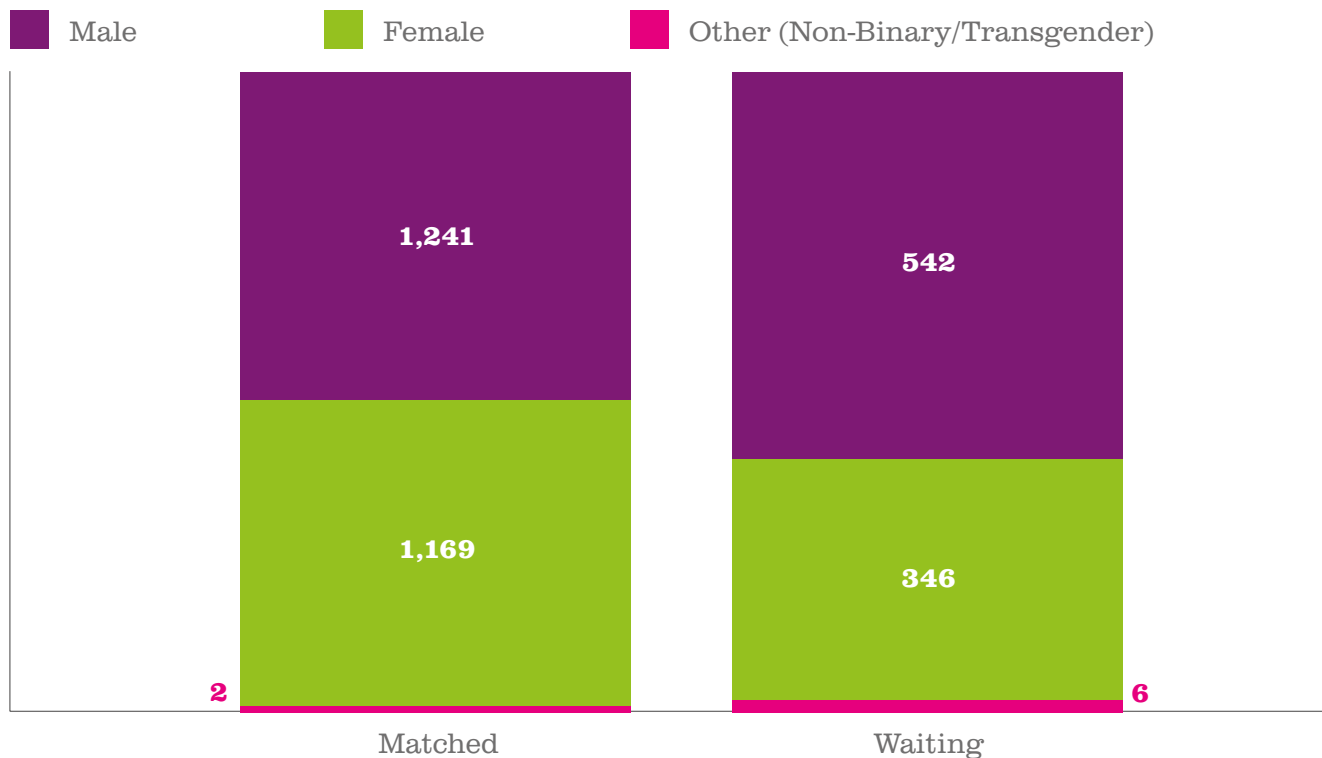
Number of children and young people



Note: Asian category includes Asian/Asian Black. Number of matched = 1,376 and number of waiting = 411. Source: 2019 FOI Request.

Section 7: Children, Young People & Volunteers Gender Data

Figure 7.1: Number of children and young people by gender and match status



Source: 2019 FOI Request.

Figure 7.1 identified only a small difference in the proportion of matched male and female IVs with the matched male rate at 51% (1,241) and matched female at 48% (1,169). There are 2 transgender children matched and 6 waiting to be matched. The proportion of males to females waiting to be matched is slightly higher – with a waiting male rate at 61% (542) and waiting females at 39% (346).

In Figure 7.2, we can see that 71% of volunteers, both matched and waiting, are female (1,755). For male IVs this is 29% (716). In relation to matched volunteers, the proportion of females is also considerably higher than that of matched males (69% as compared to 31%). There are only 2 transgender volunteers on the waiting list.

Feedback from NIVN members highlights that recruitment of male volunteers poses an ongoing challenge. Reasons as to why this is include:

- ‘Befriending’ volunteering roles can be perceived as more female orientated as opposed to ‘mentoring’ roles.
- The way that the roles are portrayed can appeal more to a female audience.
- Male volunteers are more likely to feel anxious or fearful about supporting a highly vulnerable child or young person eg. children who have experienced child sexual exploitation

Network members have shared information and developed solutions around targeted recruitment of male volunteers. This has included:

- Developing male orientated promotional and recruitment strategies. Examples given include use of images of male volunteers and male ‘orientated’ activities in recruitment material.
- Involve existing male volunteers as ‘Volunteer Ambassadors’ to promote the role and share their experiences of being an IV in recruitment materials.
- Ask existing IVs to ‘refer a male friend’ to volunteer or to share amongst their networks that have access to men.

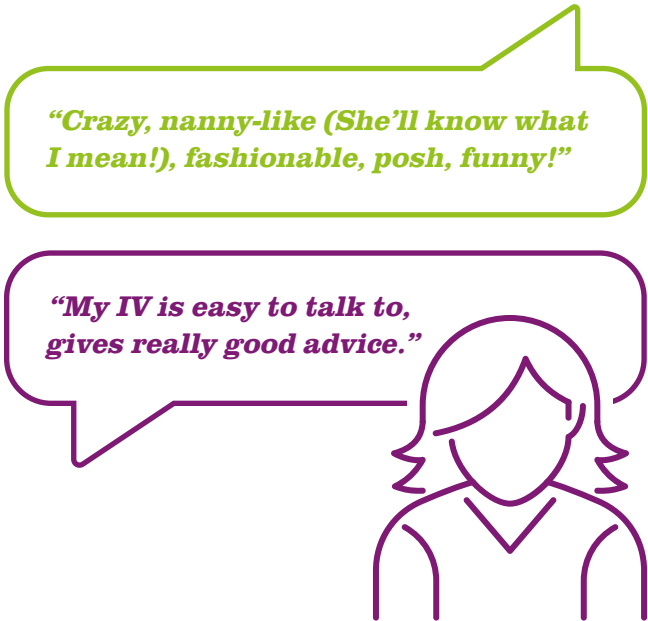
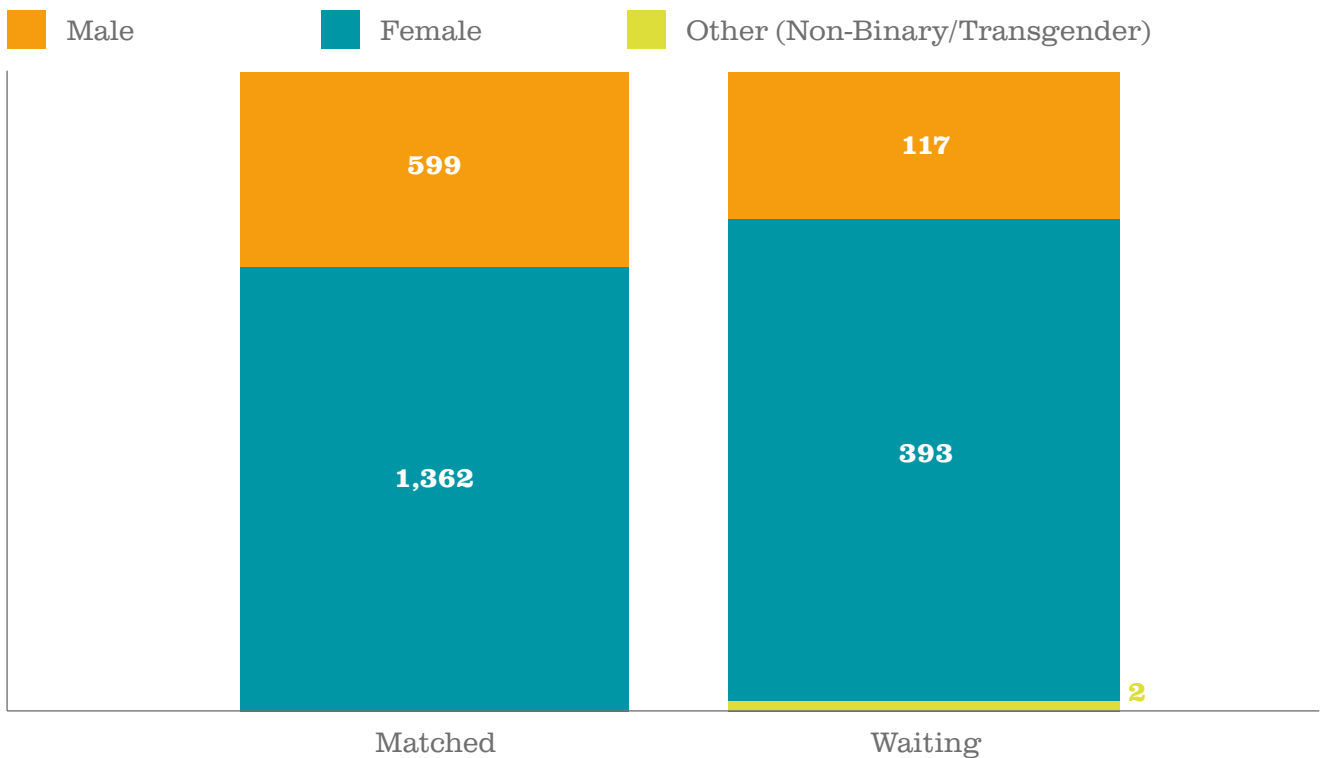


Figure 7.2: Number of volunteers by gender and match status



Source: 2019 FOI Request.

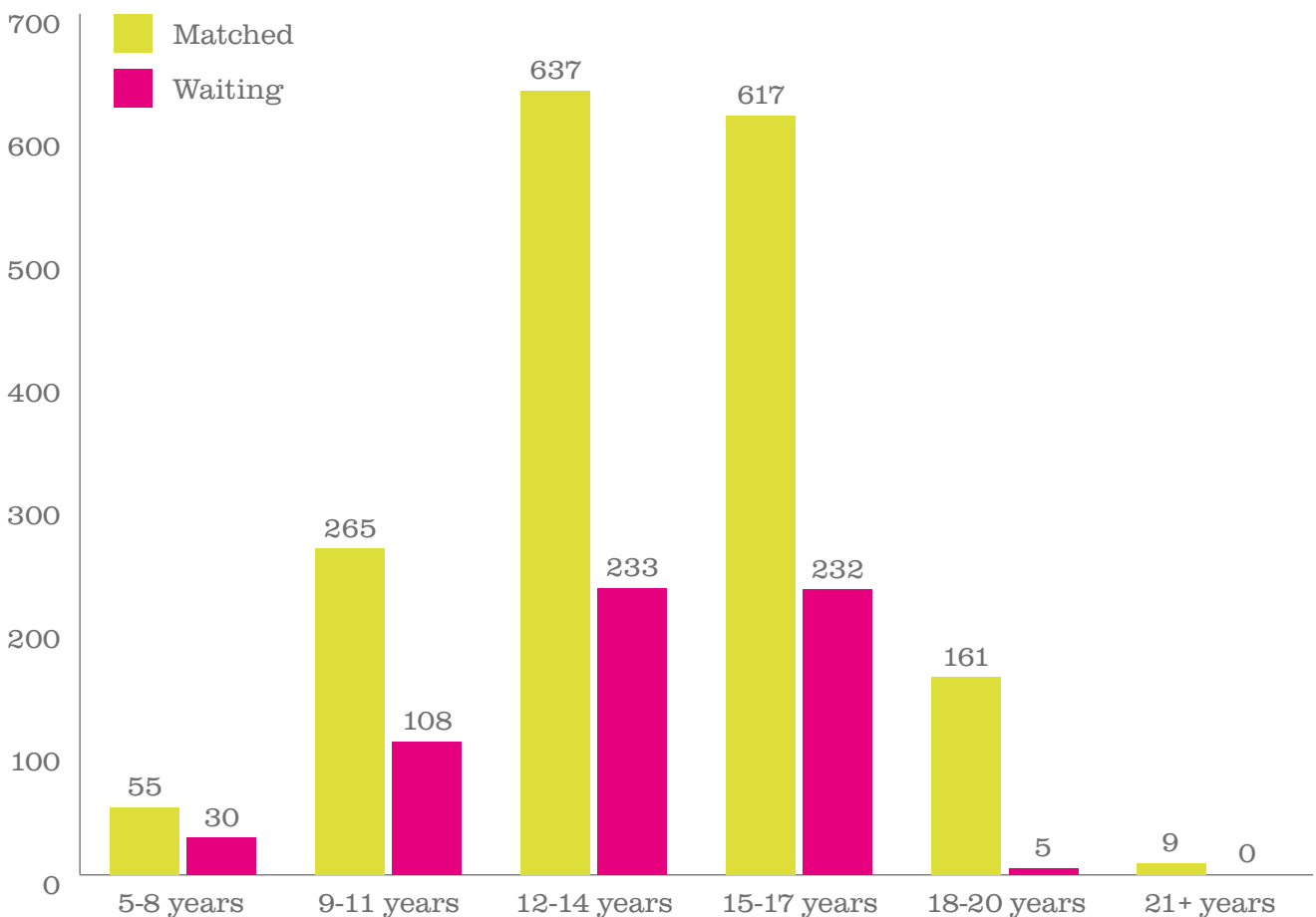
Section 8: Children and Young People & Volunteers Age Data

There are a total of 1,719 children and young people aged between 12-17 years who are either matched or waiting. Figure 8.1 shows that 12-17 year-olds account for the highest proportion of referrals. 12-14 year-olds account for 37% (637) of the matched population, whilst 15-17 years account for 35% (617).

The proportion of children and young people on a wait list for both 12-14 years and 15-17 year is 38% of the whole waiting population size. 5% (30) children are waiting to be matched in the 5-8 years group.

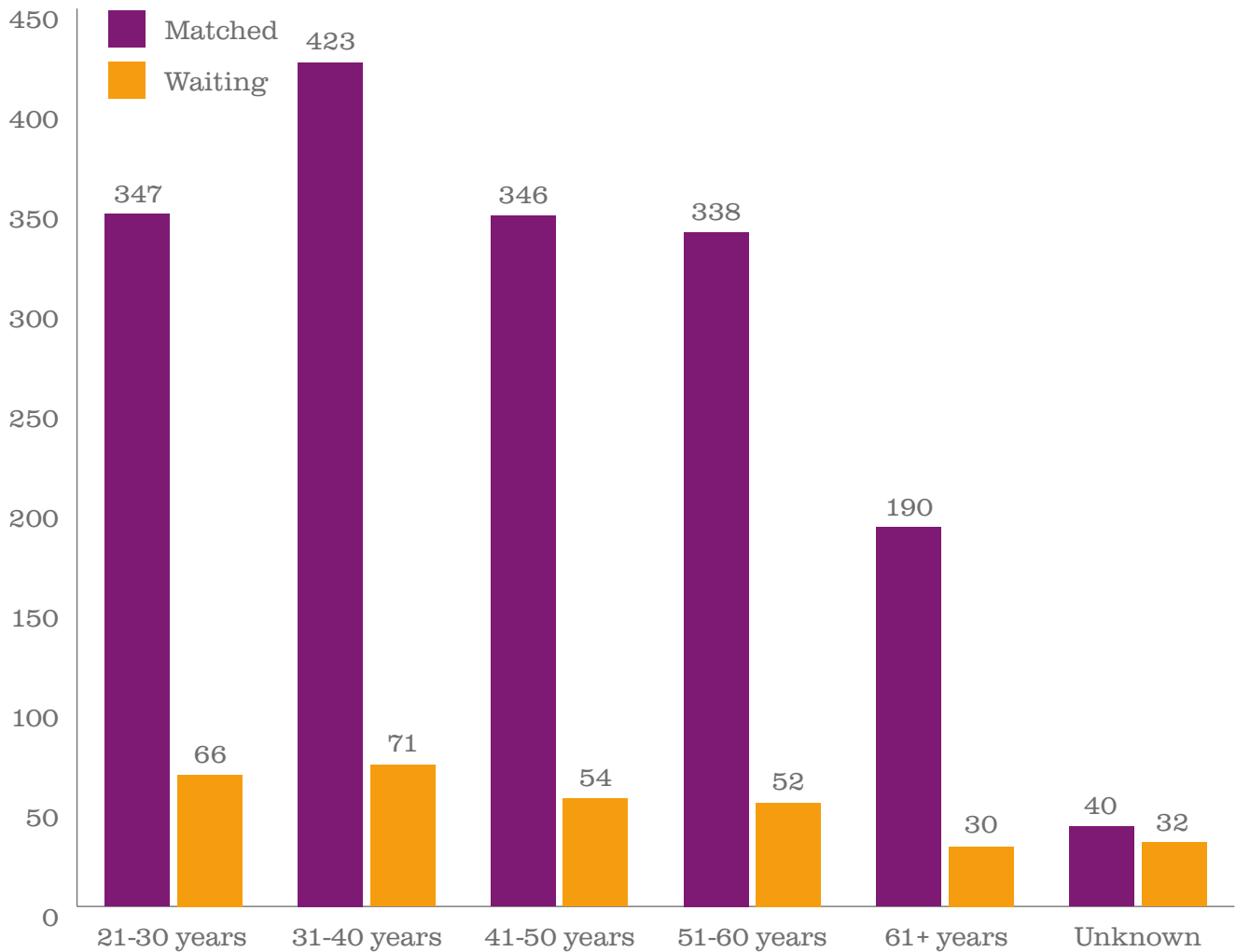
According to **Department of Education guidelines**, children of any age can be referred to IV services (The Children Act 1989 guidance and regulations Volume 2: care planning, placement and case review). However, some providers set eligibility criteria that include minimum age ranges from 5-12 years on the basis of perceived benefits to younger children of having an IV.

Figure 8.1: Number of children and young people by age and match status



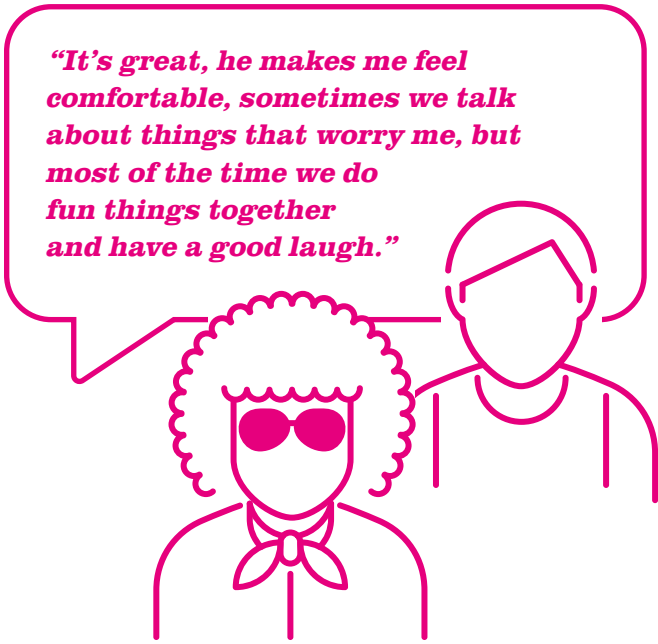
Source: 2019 FOI Request.

Figure 8.2: Number of volunteers by age and match status



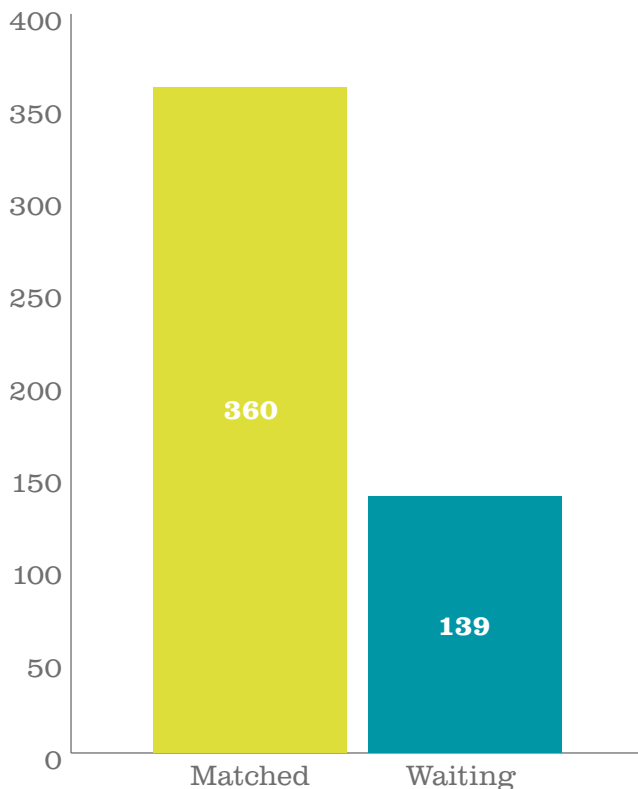
Source: 2019 FOI Request.

Figure 8.2 illustrates that 31-40 year-old volunteers represent the main age group of IV volunteers (25%). However, variations across age groups are quite small. The proportion of the matched volunteers for 21-30 years, 41-50 years and 51-60 years is approximately 21% of the whole matched volunteer population size. The data highlights a good spread in respect of the age range of volunteers recruited.



Section 9: Children and Young People Disability Data

Figure 9.1 : Number of children and young people by disability and match status



Note: Some the LAs did not respond with an exact number for disability.

Source: 2019 FOI Request.

2,670 children in total are matched and 1,202 are waiting. The above figure illustrates that 13% (360) of all children and young people matched, have a disability. 11% (139) of children waiting for an IV have a disability.

Consultation with NIVN members around matching disabled children and young people to IV services and ensuring that their needs are met shows:

- Some network members have stated they face greater challenges matching children/young people with additional needs to IVs and the matching time can be longer.
- Resources are not always available to meet additional staffing support needs of children who require the support of more than one adult
- Matching volunteers to children with social, emotional and behavioural difficulties can be easier than those with more complex disabilities
- Many IV services do not provide specialised training to assist IVs in befriending children with complex physical disabilities and severe learning disabilities
- Examples of targeted recruitment exist to identify volunteers with existing experience and skills to support disabled children
- Some IV providers offer free training in handling wheelchairs, manual lifting and handling courses.
- IV visits can be adapted to meet the needs and interests of disabled children

“As the child I am matched with has autism, I feel having an IV has a positive impact on him as he is able to increase his social skills through interacting with new people, build his self-confidence through partaking in new activities and most importantly have fun!”

IV, Doncaster County Council

Section 10: Regional Data Variations

Figure 10.1: Number of children and young people by region and match status

Regions	Total LAC Population	Number of CYP matched with an IV	Proportion matched	Number of YP waiting to be matched	Proportion waiting to be matched
North East	5020	60	1%	35	1%
North West	14070	269	2%	172	1%
Yorkshire and The Humber	8190	475	6%	150	2%
East Midlands	5630	216	4%	78	1%
West Midlands	10,050	245	2%	73	1%
East of England	6550	258	4%	130	2%
Inner London	4260	128	3%	80	2%
Outer London	5630	244	4%	123	2%
South East	10000	406	4%	252	3%
South West	6020	352	6%	109	2%
TOTAL	75420	2653	3.5%	1202	2%

Note: Based on a sample total size of 75420 LAC population. This does not include the 218 care leavers.
Source: 2019 FOI Request.

The table below illustrates variations in the different regions across England in terms of LAC population and the proportion of children matched and waiting for IV volunteers.

The data above shows that the highest proportion of children and young people matched to IVs is in the South West and Yorkshire and The Humber at 6%, followed by the East Midlands, East of England, Outer London and the South East with a match-rate of 4% of the total looked after population.

The lowest levels of match-rates are in the North-East, North-West and West Midlands regions at 1% and 2% respectively. The North-East and North-West regions face both the

greatest demand for children’s services and also the largest cuts in central government funding – see page 3, according to an analysis of public funding and spending on local authority children and young people’s services from 2010/11 to 2017/18; “Funding for children and young people’s services for the most deprived local authorities has fallen almost twice as fast as for the least deprived” (*Children and young people’s services: Funding and spending 2010/11 to 2017/18*). However, it is noteworthy that Yorkshire and the Humber also experienced the largest reductions in funding over the past decade but has an above-average match-rate of 4%. A recommendation is to explore this further.

NIVN network members collectively express challenges to sustaining and increasing access to IV for looked after children, in the context of cuts in funding from both local authorities and central government.

Figure 10.2 below illustrates the variations in the different regions across England in terms of care leavers population and the proportion of matched and waiting for 2019.

The figure below shows that the proportion of care leavers is highest in the London regions at 39% and the lowest in the North East, North West and Yorkshire and The Humber (between 20% and 21%). South East region has the highest number of care leavers matched (69) but in relation to the total care leaver population this figure represents a match rate of 2%.

“My IV has helped me to make decisions about my college courses and what college to go to. I talk to her about wanting to be a nurse.”

“My IV has organised swimming lessons for me because I couldn’t swim. She has helped me to learn to ride a bike and make me safe on the roads.”



Figure 10.2: Number of care leavers by region and match status

Regions	Total care leavers population	Proportion of care leavers	Number of care leavers matched	Proportion of care leavers matched
North East	1,340	21%	2	0%
North West	3,590	20%	21	1%
Yorkshire and The Humber	2,230	21%	37	2%
East Midlands	2,050	27%	13	1%
West Midlands	3,140	24%	2	0%
East of England	2,910	31%	25	1%
Inner London	2,690	39%	4	0%
Outer London	3,650	39%	10	0%
South East	4,400	31%	69	2%
South West	2,510	29%	35	1%
TOTAL	28,510	27%	218	1%

Note: Based on a sample total size of 103,930 total looked after and care leavers population
 Source: 2019 FOI Request.

Eligibility criteria and access to Independent Visitor services

On the basis of local authority responses to the 2015 FOI request, we established that access to IV services was sometimes restricted to children with limited or no contact with birth family only. As set out at the beginning of this report, the legal basis of IV Services is Section 23ZB of the Children Act 1989, which cites consideration to appoint an Independent person should be made in the ‘child’s interests’. Further statutory guidance issued by the Department for Education (the Children Act 1989 Guidance and Regulations, Volume 2) sets out a number of factors to consider when appointing an IV. These include level of communication and contact between the child and a parent; contact with friends for children placed out-of-authority; children placed in residential settings with limited ‘individualised’ relationships; children at risk of negative peer pressure or forming inappropriate relationships with people who are significantly older.

To understand further how eligibility criteria and local authority prioritisation impact on access to IV, the 2019 FOI request asked: “What is the eligibility criterion for children/young people receiving your Independent Visitor service and how does the local authority prioritise referrals?” The response highlighted that 68 out of 152 local authorities use the ‘best interests’ principle. In addition to making decisions in the ‘child’s interests’ as set out in the Children Act, local authorities are also referring to the DfE Guidance to prioritise two principal cohorts: ‘children with limited or no contact with birth family/guardians’ and ‘children placed out-of-authority/in residential settings’. Only three responses explicitly referenced prioritisation of children at risk of negative peer pressure/ forming inappropriate relationships with significantly older people. This group is likely to include children vulnerable to child sexual exploitation or gang affiliation. However, as stated above 68, out of 152 local authorities apply ‘best-interests’ principle which may include this cohort.

In terms of age eligibility most local authorities reported that the service was for looked after children up to 18 years of age. Few specified at what age the service starts, but of those who did ages ranged between 5-12 years. Minimum age consideration is not part of the DfE guidelines but there is a legal requirement for all looked after children to be considered eligible. Additional anecdotal feedback from NIVN members, suggests that a minimum age is used because children under a certain age do not always explicitly appear to benefit as much from being matched with an Independent Visitor. However it is interesting to mention that there is no consensus amongst services about the age from which children are considered to be benefiting from an IV relationship.



Access to IV Services for Care Leavers

“I’m 20 now and I still meet up with Grace and I really look forward to it. Catching up with Grace feels like catching up with family, she sends me congratulation cards for my achievements and seems genuinely proud of me.”

Female care leaver, Coventry and Warwickshire. (Name of IV changed).

“We found when young people were moving into their own place they became very isolated and therefore the IV really helped to support the young person with shopping and to access local services in the community.” IV service provider.

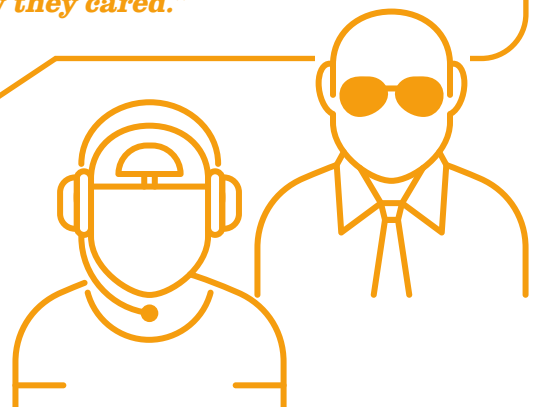
In comparison to the access rate to IVs for looked after children which has increased from 2015 to 2019 by 0.3%, the number of 18+ matches has nearly doubled; rising from 130 matches to 218 and from 38 local authorities to 64. The IV service is not statutory for care leavers, as such this increase was unanticipated, particularly in a climate of ongoing funding and spending cuts in social welfare.

From the FOI returns it is not possible to extrapolate the proportion of care leavers who were matched with an IV as a looked after child from those who have been matched with an IV after turning 18-years. On the basis of anecdotal feedback from NIVN members, it is felt most likely to be that the majority of these matches were made whilst the young person was a looked after child.

There is a growing body of research that highlights the challenges faced by many care leavers transitioning to adulthood, as well as setting out solutions. ‘Keep on Caring: Supporting Young People from Care to Independence’ (HM Government, July 2016) refers to IVs as an approach to invest in whilst the 2016 National Independent Visitor Data Report outlines the benefits of extending the service from the perspective of a number of local authorities.

Initiatives such as the extension of ‘staying put’ foster care arrangements until 21-years and the more recent extension of Personal Advisor support to all care leavers up to age 25, in line with the ‘Children and Social Work Act 2017’, contribute to better outcomes for young people. However, not all care leavers feel able to positively transition to adulthood and many experience loneliness and social isolation. A review by Coram Voice that explored existing research into what care leavers say about their transition from care, found many young people experienced feelings of loneliness and social isolation and some reported this affecting their emotional well-being and triggering mental ill-health. In contrast, care leavers with a key person to go to, felt better able to cope with transitions:

“At the heart of very single positive story and experience the project heard, was that just one strong relationship with one person who was willing to go the extra mile and show they cared.”



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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 maximum agreed number of matches for your service at any one time?
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 waiting to be matched?
 - c) How many children/young people matched are out of county?
 - d) How many children/young people waiting are out of county?
3.
 - a) What are 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?
 - c) How many current matches have been visiting for over two years? Over five years?
4. Please provide a breakdown of gender, age, ethnicity and disability for:
 - a) children matched?
 - b) children waiting?
5. Please provide a breakdown of gender, age, ethnicity and disability for:
 - a) volunteers matched?
 - b) volunteers fully trained and checked and waiting to be matched?

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Barnardo House, Tanners Lane, Barkingside,
Ilford, Essex IG6 1QG Tel: 020 8550 8822

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