



The National Independent Visitor Data Report 2022

By Sarah Walker and Rebecca Jordan
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NATIONAL
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VISITOR
NETWORK

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About the National Independent Visitor Network

The National Independent Visitor Network (NIVN) was launched in 2014. The Network was set up in response to the low profile and limited understanding of Independent Visitor (IV) services among professionals and children and young people.

The Network has worked tirelessly to improve understanding and profile of IV services. Its work has included establishing good practice and peer support regional groups in England and a national group in Wales and developing a set of *National Standards for the Provision of Independent Visitor Services* to benchmark and drive forwards improvements to IV practice. The network has also published two national data reports in 2016 and 2019, and created a set of *Training Principles* to quality assure IV induction training. The network launched the *Right Friend* campaign (*references and links available at end of report*).

In recent years IV services across England and Wales have faced the unprecedented and unforeseen challenge of the Coronavirus pandemic. NIVN good practice groups in England and Wales adapted swiftly to the pandemic to maintain access to IVs for care-experienced children and sustain the vital friendship and continuity of care they offer. Good practice groups offered peer support and worked with NIVN to produce resources and learning events on topics such as safe, virtual IV visit activity and online IV induction training. NIVN has recently secured funding from the Tudor Trust and Barnardo's Foundation to embed and extend its reach and impact as a good practice and influencing programme over the next three years.

“When it first happened, we didn’t really know what to do, I don’t think anyone did, so we ground to a bit of a halt. Hearing what others were doing really helped us to get things back up and running again”.

**NATIONAL
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Executive summary

“Seeing my IV lets me re-set my mind for the rest of the week so I can think about other things. It’s been good because there’s not many people who just listen to me and listen to my story.” *Young person, Bolton Lads & Girls Club*



An Independent Visitor, also known as an IV, is a trained volunteer who is matched with a looked after child or young person to befriend them and act as a positive role-model. They build “trusting, positive relationships with them over time” (*National Standards for the Provision of Independent Visitor Services, p.3*). The role was introduced as a statutory service in the Children Act 1989 but remains a hidden entitlement that many professionals, care-experienced children and young people are unaware of.

This report sets out findings from the NIVN’s latest Freedom of Information (FOI) investigation on the extent of current IV provision. 146 out of 152 Local Authorities responded to the FOI made this year, compared to 152 (100%) in 2019 in England while 21 out of 22 unitary authorities responded to the FOI in Wales.

It also draws on best practice examples and learning from regional and national activity to make recommendations on improving and sustaining the reach, consistency and quality of IV services.

146/152

146 out of 152 LAs responded to the FOI made this year

21/22

21 out of 22 unitary authorities responded to the FOI in Wales

This is an important time for learning in relation to the care system in England. The recently published Independent Review of Children’s Social care is hailed as an opportunity “to reshape the system by placing relationships front and centre”. The review specifically recognises the role that IVs play in helping to build relationships and makes a recommendation that “more children in care and care leavers will be able to have an independent visitor who will build a long-term relationship with them”. As a network we are keen to work with the Government going forward to consider how we can make this ambition a reality and how we can work with Local Authorities to help them extend



the reach and extent of their IV provision. This report provides current evidence on the “state of the nation” in relation to IV services which we believe will be crucially important as we continue the debates on how we can prioritise and develop this statutory right over the next year.

Findings from our research

As a network, we wished to review the reach of IV provision in England including demographic information on children and volunteers engaged in services. We also wanted to map access to IVs in Wales for the first time. We recognise the enormous barriers the health pandemic posed to services and the impact this has undoubtedly had on access rates, particularly in comparison with pre-pandemic years.

We know that Covid-19 and the measures to contain it, had a disproportionate impact on children and young people’s mental health and wellbeing. It exacerbated feelings of loneliness and isolation and underscored the vital importance of relationships, staying connected to friends and receiving support from trusted adults. In the words of one young person in care: “I don’t have a routine to keep me afloat,

I feel like I’ve lost myself: I don’t eat, sleep; I have no friends to talk to...” (Protect Rights During Covid-19).

Consultation with good practice groups in England and Wales also highlighted ongoing challenges to raise awareness of IV with social care professionals and care-experienced children. Our *Right Friend* campaign has generated increased visibility of IV and influenced decision-makers; “It provided me with something tangible that could be used to demonstrate the service is national and a duty on LAs” (*Wellings, S., p.34*).

“He (the IV) has been absolutely fantastic and made lockdown bearable for the young person”.

Foster carer, Barnardo’s London IV Service





Previous data reports were produced based on FOI requests put out to all local authorities (LAs) in England. This report is the first time that an FOI request relating to IV service provision has been made to unitary authorities in Wales. As a network, we wished to review the reach of IV provision in England including demographic information on children and volunteers engaged in services and map access to IVs in Wales for the first time.

The 2019 FOI data highlighted that 3.5% of children looked after in England were matched with an IV, compared to 3.2% established by the 2016 Data Report. This picture has not improved significantly in the current data set. Key findings are outlined below.

- **Low numbers of children looked after are currently matched with IVs.** There are around **2,650 children** up to 18-years currently matched with an IV – **3.3%** of the total population of children looked after (CLA). The previous report identified that 2,654 (3.5%) of children were matched with an IV so this represents **a slight decrease of 0.2%**. In Wales **79 children looked after** are matched with an IV representing **1%** of the looked after population.
- **Many areas have long waiting lists for IV services suggesting that demand continues to outstrip supply.** There are currently around **1,327 children** on a waiting list for an IV in England. This data shows **over four fifths of LAs have a waiting list**. In Wales, around **43 children** are waiting to be matched with an IV with **just over half of LAs** placing children on a waiting list. This reflects a lower level of demand for IV but is also likely the result of

under-resourcing and out of date, restrictive eligibility criteria applied to one third of IV services.

- **A small number of areas have no IV services at all.** **144 out of 146** of LAs in England responded that they **have an IV service**. Of the two LAs with no service, one has a looked after population of under five children and young people and the second states it is redeveloping its scheme in-house. The number of LAs that do not provide a service since the previous FOI request has decreased from 10 to two. (Six LAs that did not respond to the FOI do have an IV service in place). **18 out of 22 unitary authorities in Wales responded that they have an IV service**. However, six had no matches in place at the time of the FOI request. Three authorities stated they do not offer IVs and one did not respond to the FOI.
- **Some local authorities offer an IV service to young people over the age of 18 and the number is increasing.** In England, approximately **76 LAs reported funding IV matches beyond 18 year old**, with around **386 care leavers** benefiting from this. This represents a rise from 60 LAs matching 218 care leavers in 2019. In Wales **two unitary authorities fund IV matches beyond 18 years old with 10 care leavers** benefiting from this.
- **There are a variety of different models for contracting IV services across England and Wales.** In England 67% (96) of LAs responding to the FOI contract out their IV service to external organisations; while 29% (42) LAs provide ‘in-house’ IV Services. In Wales, all LAs with an IV scheme externally commission their service. **Six LAs operate solely on a spot purchase basis in England**, compared to three in 2019. **In Wales, one unitary authority spot purchases IV.**

- **Out of area placements remain a big challenge for operating IV services.** **Around 26% (700) of children matched in England** and **40% (32) of children matched in Wales** were living out of their LA area. In England, around **29% (388)** of all children placed on a wait list live out of their local authority area. In Wales this figure is **50% (16)**.

Legal and policy context

The legal basis for the IV role is well established and historic. The role was introduced as a statutory service for children looked after up to 18-years in the *Children Act 1989*. The Act identifies the IV as a volunteer with a role to visit, befriend and advise the child. The legislation outlines that IVs should be made available for those who are having infrequent contact with family members and if it was thought to be in their best interests.

The *Children and Young Persons Act 2008*, Section 23ZB updated the 1989 Act, opening up eligibility for more children. This amendment requires LAs to consider the appointment of an IV where it appears that it would be in the child’s interests to do so. *Volume 2 of the Children Act 1989 Guidance and Regulation* states the child’s wishes and feelings should be established in deciding whether or not to appoint an IV and that it should be considered as part of the development of the child’s care plan and looked after child review process. In this way, Independent Reviewing Officers play a critical role ensuring that an IV is considered for all children who would benefit from one. The Local Government Association’s *Corporate Parenting Resource Pack* (2019) further states that all children looked after should be offered the chance to have an Independent Visitor.



Whilst the legal basis for IV is strong, the research and evidence base continue to be limited with little peer-reviewed research. The small body of published evidence that does exist demonstrates the impact a stable, consistent, positive relationship with an IV has on life outcomes for children and young people looked after. Building and sustaining safe, stable relationships for care-experienced children and young people is a central concern of the *Independent Review of Children's Social Care* launched by the Government in January 2021 to transform the children's social care system. The review acknowledged early on that the care system does not do enough to make and sustain relationships and that young people leaving care consequently experience a "cliff edge" where support and relationships abruptly fall off. The care review's *Final Report* cites that having a trusted adult during childhood "can positively influence long term physical and mental health (Crouch et al, 2019), and can mean children are less likely to experience "toxic stress" or develop unhealthy coping strategies (Cheong et al., 2017)" (p. 150). It also acknowledges the centrality of relationships "in an extensive body of research on promoting good childhood development and mental health".

“When I have something on my mind she will sit and listen and give me good advice”.

Young person, Changing Futures North East

NIVN published a set of *National Standards* in 2016 to quality assure and drive forward improvements to IV service development and delivery. These standards are widely referred to by IV services across England as the benchmark of good practice and basis for setting up new services, but they are not legally enforceable.

The Welsh Government funded the creation of a set of statutory practice standards and guidance for IV. This document builds on the practice standards developed by NIVN. It includes tools on commissioning consistent, effective IV services and assessing eligibility against the 'best interests' criteria set out in the *Codes of Practice* accompanying the *Social Services and Well-being (Wales) Act 2014*. This legislation states that whether a child needs an IV should be considered as part of the development of the child's Part 6 Care and Support Plan, or when a child's case is reviewed.

“Trust, stability, and emotionally supportive relationships have been difficult for me to cultivate since going into care”.

Final Report of the Independent Review of Children's Social Care



NIVN launched the Right Friend campaign in June 2020 to champion every care-experienced child's right to an IV. This campaign drives our influencing work and called for at least 10% of children looked after per LA in England to be matched with an IV by the end of 2022. The campaign also calls for statutory IV provision to be extended to care leavers to tackle social isolation and loneliness and help end the "cliff edge" of care so many young people experience. Current legislation only provide for IV provision up to the age of 18. This is disappointing since there has been an increased recognition in recent years of the support needs for young people when they first leave the care system. This includes reforms in the *Children and Social Work Act 2017* that extended the right to a personal adviser to all young people leaving care up to their 25th birthday.

The National Standards for the Provision of Independent Visitor Services 2016 further 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" (p.3). The standards set out that the IV should commit to a minimum of one-year, to become a consistent adult in the child's life "who doesn't change when placements or social workers change..." (p.3). Creating stable networks of loving relationships is very difficult in the face of frequent home moves; the *Children's Commissioner's 2020 Stability Index* found that 30.5% of children looked after had experienced two or more home moves in the previous three years. IV Coordinators frequently express the challenges in sustaining relationships when children and young people are moved, particularly out of area.

The All-Party Parliamentary Group for looked after children and care leavers launched the *Spotlight Inquiry*, in response to the Independent Review of Children's Social Care (2022). The *Spotlight Inquiry* also focused on the importance of relationships and helping children and young people make close connections in their communities. It acknowledges IVs as an important source of friendship and connection to local communities and recommends:

“All children in care and care leavers should have access to an Independent Visitor. Ofsted should assess each LA’s Independent Visitor services against national quality standards”.

p.7

Ofsted’s National Director, Yvette Stanley agrees that positive relationships and a sense of belonging cannot happen in isolation and says that IVs “are a wonderful source of enduring friendship and support for children” yet are not available to very many. Ofsted posted a response to the Spotlight Inquiry’s recommendation on IV and states that the standards developed by NIVN are “a useful benchmark for LAs to consider when developing and monitoring their Independent Visitor services” whilst not being legally enforceable.

The recently published Independent Review of Children's Social Care echoes the Spotlight Inquiry with a much-welcomed recommendation that:

“More children in care and care leavers will be able to have an independent visitor who will build a long term relationship with them” to help build a strong network of loving relationships and ensure “no young person should leave care without at least two loving relationships, by 2027”.

Recommendations (including those from NIVN’s Right Friend campaign)

We recognise that as a network we have a central role in helping to improve the provision of IV services in England and Wales. Going forward we will continue to work with LAs to make sure that sufficient resources are allocated to IV services so that every eligible child and young person can be matched if they so choose. We will work with the Children’s Commissioners of England and Wales to address immediate gaps in IV provision with LAs that do not have a service or an active offer in place. NIVN will also continue to work in partnership with Ofsted to ensure that the availability and quality of IV services is included in inspections, with reference to the *National IV Standard* as well as build partnerships with academic and research bodies to increase learning and better evidence the impact of the IV relationship.

“It’s really fun because we go places. I love food and we go for desserts, like having ice cream. I like ice cream. They take you out and you’re not bored with them. It’s like making a new friend. When I first met her, I knew we would be great friends.”

Young person, Havering IV service, London

Our key recommendations for improvements in IV provision are outlined below.

1 At least 10% of looked after children per local authority in England must be matched with an Independent Visitor by the end of 2022. Most LA access rates fall far short of this target. The Department for Education must work with NIVN and our community of IV professionals, volunteers and care-experienced children and young to reach this target and implement the Care Review’s recommendation that:

“More children in care and care leavers will be able to have an independent visitor who will build a long-term relationship with them”.

Independent Review of Children's Social Care, Final Report

We recommend:

- enshrining rights of children in care and care leavers to an IV in new law and guidance arising from the Care Review and implementation of its recommendations
- a cost-benefit analysis of IV provision to establish what levels of resourcing LAs need to safely open access to high-quality IV relationships for all children in care and care leavers who wish to have one
- increased funding for Local Authorities to resource IV provision
- creation of a set of statutory practice standards and commissioning guide to better equip LAs in England to meet their legal duties.

2 Introduce a statutory entitlement which makes IVs available to care leavers up to the age of 25 in line with NIVN's Right Friend campaign. This would reduce social isolation and build a positive pathway to independent adulthood as referenced in the care review’s *Final Report*. NIVN would be happy to work with the Department for Education to enact legislative reform to extend IV provision to care leavers up to 25-years-old and develop statutory good practice guidance.

3 All local authorities in England and Wales that currently have no Independent Visitor offer must take immediate action to meet their legal obligations.

4 The Welsh Government should work with the NIVN and the community of IV professionals and care experienced young people to improve services in Wales.

- create and implement a plan to support LAs to reprioritise and effectively resource IV services in line with *Standard 12: Appropriate resourcing*
- consider and explore the extension of statutory provision of IV to care leavers up to 25-years-old.

The following results focus on responses received in relation to 146 LAs in England and 21 in Wales. Some authorities declined to disclose data relating to the demographics of children, young people and volunteers matched and waiting, under Section 40(1), Freedom of Information Act. This 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.” Whilst the FOI questions were not designed to gather identifiable, personal data, a high number of LAs gave a data response of ‘under five’ to some questions. For this reason, where relevant we present a range of data sets to the questions we asked. In other instances, LAs declined to disclose demographic data stating the cost of extracting it would exceed the ‘Appropriate Cost’ limit set out in the Act. In these instances, null returns were entered that we have not included in the responses that follow.

Findings from the FOI request

Responses from LAs in England and Wales are broken down as per Table 1.1 below.

England

96 LAs contract out their IV services to external organisations, and 42 LAs provide their services internally, which is very similar to data gathered in 2019. Six LAs responded they operate on a ‘spot purchase’ basis only. This has increased by three since the last FOI report in 2019. Spot purchase means they externally spot purchase IV matches as needed. There are currently two LAs with no IV service; this has decreased by eight since the last FOI report in 2019. It is of note that of the six LAs that spot purchase, one had zero matches and two gave match rates of under five.

Wales

All LAs in Wales that provide an IV service contract out to external organisations. Three LAs responded they do not provide an IV service and one externally spot purchases IV matches. Of the 18 externally commissioned services (not including spot purchase arrangements), six have zero matches.

Table 1.1
Breakdown of responses to the FOI request

England – IV service type	Number of responses
Internal	42
External	96
Spot purchase	6
No service	2
Did not answer	6

Note: Based on a sample size of 146 LAs who have responded across England

Wales – IV service type	Number of responses
Internal	0
External	17
Spot purchase	1
No service	3
Did not answer	1

Note: Based on a sample size of 21 LAs who have responded across Wales

Local Authorities with no IV service

England

Since the last FOI report the number of LAs with no services has decreased from 10 to two. This figure includes the Isle of Scilly, which currently has a looked after population of under five children and young people. The second LA with no IV offer available to children looked after has stated it is bringing its scheme in-house. Whilst we did not receive a response in relation to six LAs, NIVN holds information that they all provide an IV service.

NIVN set out in our *Right Friend* campaign an objective that “all LAs in England that currently have no Independent Visitor Service must take immediate action to meet their legal obligations”. We are delighted to have progressed this objective.

Wales

Three LAs in Wales provide no IV service. We are aware that the single authority that did not respond to the FOI request does not provide an IV service thereby increasing the number of authorities without IV provision to four. This represents 18% of all authorities. NIVN will work with network members and stakeholders to develop a strategy to address these significant gaps in a statutory provision.

The Freedom of Information request

“Me and my IV always do things I have never done before.”

Young person, Barnardo’s London IV service

In February 2022 NIVN put out its third Freedom of Information (FOI) request to 152 LAs in England and for the first time to 22 unitary authorities in Wales. A number of LAs failed to respond to FOI requests, some citing delays due to reduced services because of the Coronavirus pandemic. To address gaps and access current data, NIVN then contacted local IV services to directly respond to questions included within the FOI request. Responses were received from 146 LAs in England and 21 in Wales. The full list of FOI questions is available in the appendix.

Of the 146 LAs in England, two stated they do not have an IV service, compared to 10 in 2019. One of these has a looked after population of under five children and young people and the second clarified it is redeveloping its IV scheme in-house. Six LAs said that they work on a ‘spot purchase’ basis only, without an allocated service, compared to three in 2019.

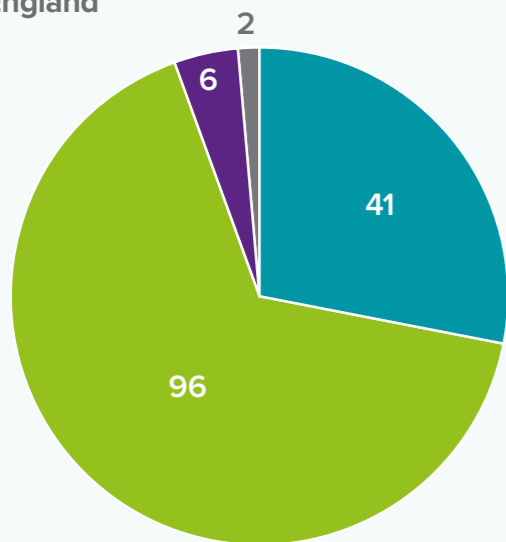
In Wales, three LAs stated they did not have an IV service and one said they work on a ‘spot purchase’ basis.

Section 1 Service providers

Figure 1.1 Services by provider type

Internal External
Spot Purchase No Service

Number of service providers by type in England



Note – this table does not include the six LAs that did not respond to the FOI request.

Number of service providers by type in Wales

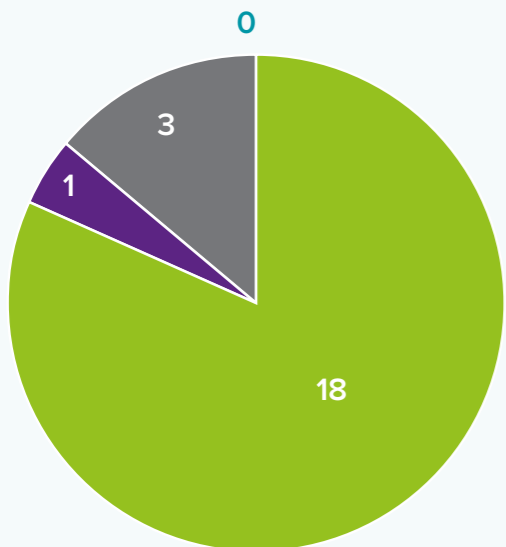


Figure 1.1 demonstrates that in England the majority of IV services are provided by externally commissioned organisations and in Wales all services are externally commissioned.

- 96 LAs (67%) contract out their IV service to external organisations in England
- 100% of IV schemes provisioned in Wales are contracted out to external organisations
- 42 LAs (29%) in England provide their IV service internally
- 6 LAs (4%) externally commission a spot purchase service in England
- 1 LA (6%) provides a spot purchase service in Wales

As set out in Figure 1.2 below, in England there continue to be five main external providers (in order of share of business – as measured by the number of services run at the time of FOI). These are NYAS, Action for Children, Barnardo's, Change Grow Live and Coram Voice. As with the 2019 FOI data returns, there continue to be a large number of smaller external providers who each run fewer than five services (typically just one or two – detailed as 'Others' in the graphic).

As set out in Figure 1.3 in Wales, TGP Cymru and NYAS are the main external providers with Swansea Council for Voluntary Service holding one contract.

Figure 1.2 England – Number of services by provider

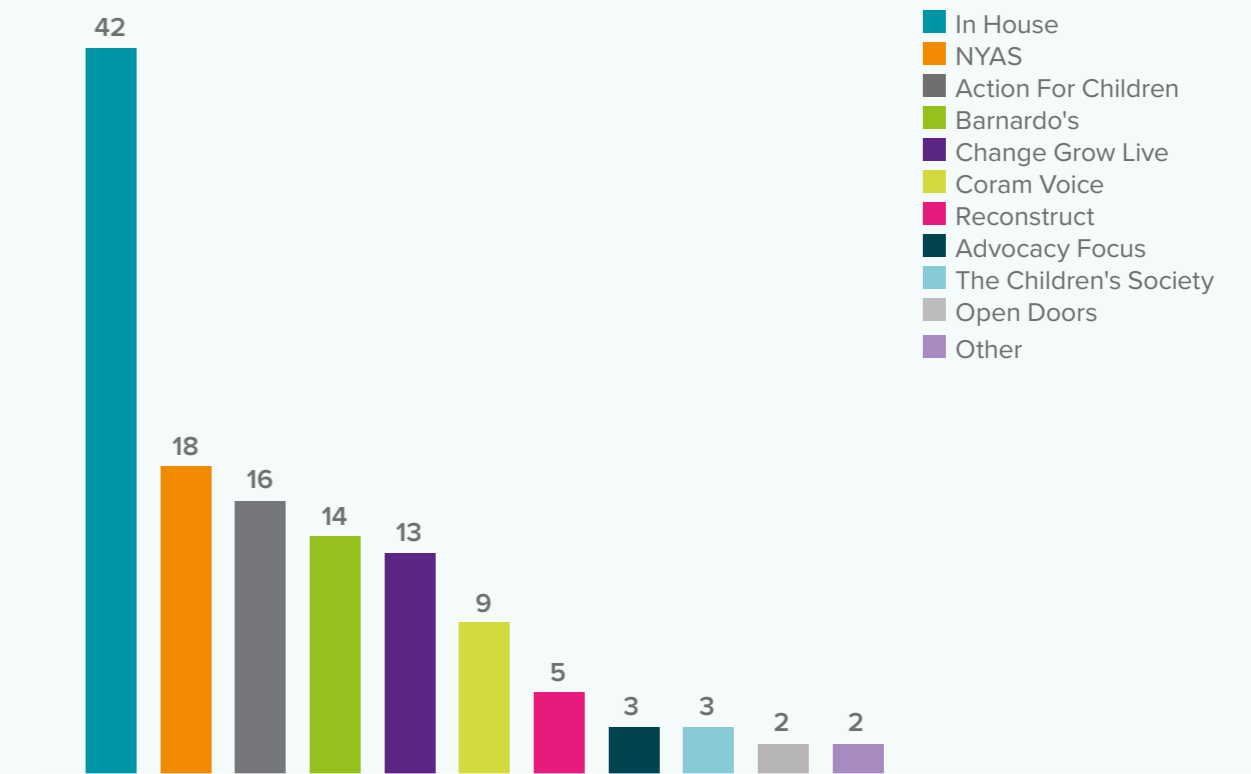
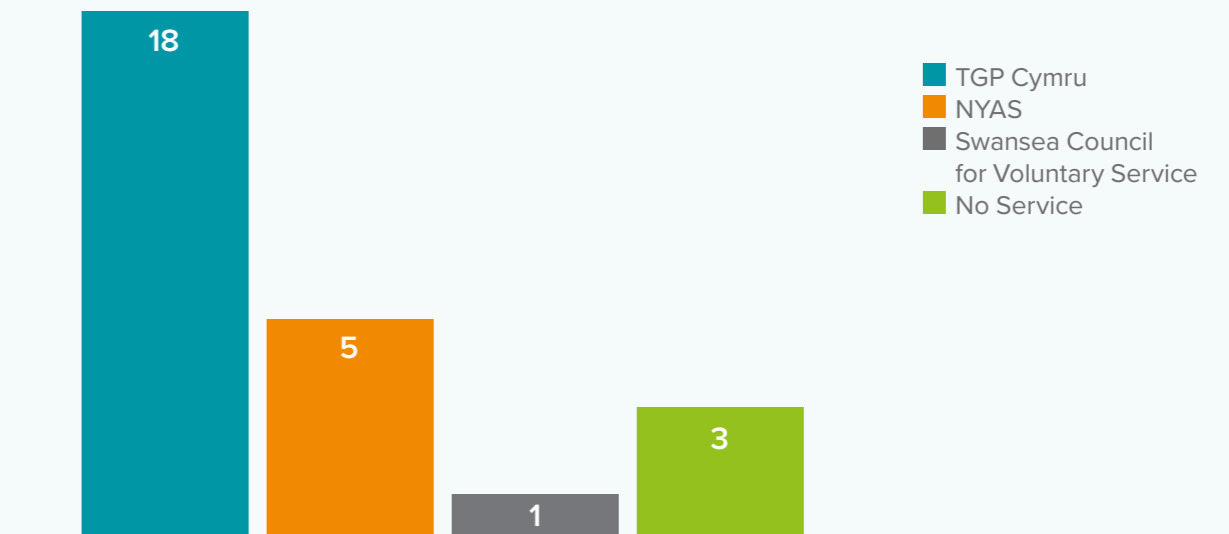


Figure 1.3 Wales – Number of services by provider



Section 2 Current matches

“I trust (my IV) with a lot of things – I consider her my best friend. When I split up with my girlfriend she was one of the first people I told.”

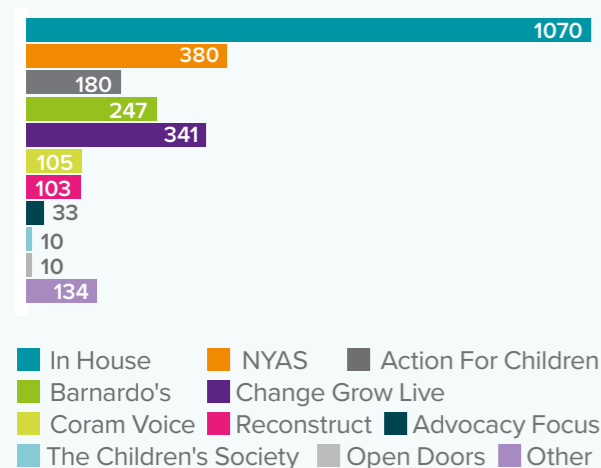
Young person, Changing Futures North East

England

IV services at the time of the FOI request were provided to around **2,650 children, as compared to 2,654 in 2019**. Of these, around 1,651 are provided by external providers and 1,070 in-house and 38 via spot purchase arrangements. The IV access rate in proportion to the CLA population in 2019, was 3.5%. In 2022, this rate has dropped slightly to 3.3%.

The number of matches provided by external and internal services has remained stable since the 2019 FOI although in relation to

Figure 2.1 England – Number of matches per service provider

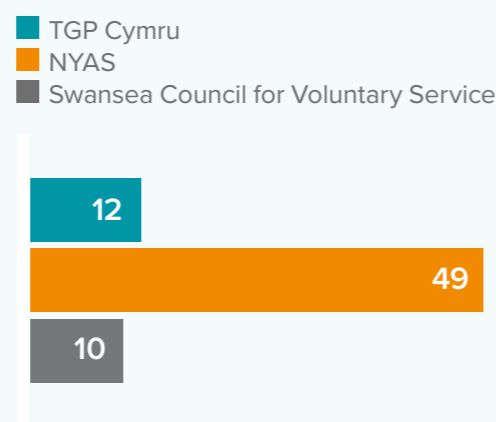


the rise in CLA population, there has been a real-time decrease in IV matching. A total of six LAs provide 38 spot purchase matches. LAs with larger populations continue to tend to run services internally (42 LAs run a service internally; these services account for roughly 41% of matches).

Wales

At the time of the FOI request, IV services were provided to 79 children. Externally commissioned providers deliver all services. The single LA that spot purchases IV matches had zero matches, however a further six LAs that externally commission schemes also have zero matches. On this basis, we are not able to correlate low match rates in Wales with spot purchasing arrangements alone. In Wales, as of 2021 there were 7,265 children looked after representing an access rate of 1%. Figure 2.2 below shows the number of children matched per service provider, excluding 18+ care leavers – it is of note that Swansea has a total match population of 17 including 18+ cohort matched.

Figure 2.2 Wales – Number of matches per service provider



NIVN good practice groups are comprised of professionals from both external and in-house IV services. They demonstrate high levels of variance in terms of local resourcing, service procedure and policy, needs and vulnerabilities of children and demographics of both children and volunteers. These variances make it difficult to draw out commonalities between in-house and external schemes.



“It’s nice to talk to someone who is not involved with Social Services. It gives me the chance to have a break away from things and someone to talk to when I’m feeling down. It’s talking to someone that I can trust...It’s good to have the time with my IV to just chill. We have done lots of different things together.”

Young person, Havering IV service, London



Resourcing

No information is available on the contract value of externally commissioned IV services or in-house budgets. However, many external services in England and Wales report that they currently operate a deficit-model with no increase in budget in relation to the growing CLA population and rise in inflation. National Standards for IV provision in England and Wales both include recommendations on resourcing. In England the *National Standards* recommend a safe caseload of matches to manage and support at roughly one match per hour per Coordinator. In Wales the *Practice Standards* state that many LAs pay for the equivalent of less than two hours’ staff time per week against a reported cost of around £2,400 to support a match per annum.

Anecdotally, via NIVN good practice groups, we can see that LAs with the highest percentage of children matched with an IV have more dedicated staffing. Many of these larger teams sit within in-house schemes. Data responses from LAs in England show:

- Five out of the 42 IV services run in-house match over 10% of their local CLA population
- Two out of 92 externally commissioned services match over 10% of their local CLA population
- Seven out of 42 in-house services match between 7–10% of their local CLA population
- Six out of 92 external services match between 7–10% of their local CLA population

Whilst the average access rate across the two models of service delivery is very similar (4.7% in-house and 3.7% external) there is a large disparity in access rates across LAs. Opening access to this statutory entitlement for more children looked after and extending it to care

leavers requires a significant reprioritisation of the IV statutory offer throughout England and Wales.

Referring children and young people to IV services

“I am really happy to be T’s IV, I enjoy spending time together and doing things I can tell she enjoys, seeing her happy and listening to her tell me about things that are going on in her life makes me happy. It’s been nice to support her with things she has been a bit nervous of, like using the zip wiring in the park and ice skating with older children.”

Independent Visitor, Calderdale IV service

Awareness of IVs among care-experienced children, young people and professionals, remains low. IV is a statutory entitlement with a clear legal basis that LAs have a duty to make all children and young people in care aware of. In 2021, NIVN worked with a group of care-experienced children to produce the ‘Independent Visitors – Our Legal Right’ animation to raise the profile of IV with social care professionals. This FOI demonstrates that much more needs to be done to ensure all care-experienced children and young people are aware of their right to an IV. The Covid-19 pandemic pulled social care professionals away to emergency duties and consequently many in-house and external IV services reported a drop in referrals.

However, as we transition out of the pandemic, a considerable number of services continue to report low referral levels for children. IV services state that challenges to raising the profile of IV with social care professionals are:

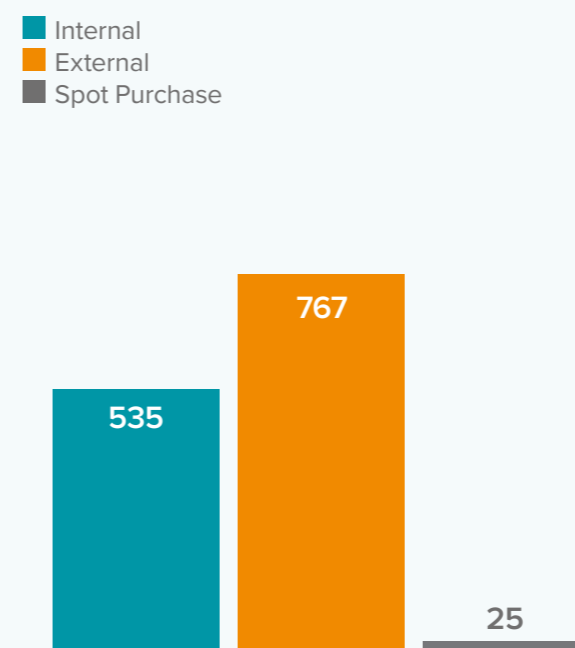
- High levels of social worker turnover
- High social work caseloads impacting on time to refer to IV
- Recommissioning of external services, breaks in service provision and lack of awareness of new referral routes
- Under-resourcing of IV schemes impacting on capacity of IV professionals to promote services.

The challenges that arise from recommissioning processes continue to impact not only on awareness of referral routes but also the stability of IV relationships themselves. Consistency and continuity must be built into funding and commissioning to avoid breakdown of key relationships for children and young people in care. NIVN recommends:

- LAs commission on the basis of quality as well as cost with sufficient resourcing to ensure a consistent, positive experience for more children and young people, as well as volunteers
- LAs adhere to clearly stipulated timeframes and include sufficient time for handover and service mobilisation
- LAs effectively promote clear referral pathways to IVs e.g. up to date, accessible service information is published on council website and intranet
- Child Looked After review records always include consideration of the appointment of an IV.

Section 3 Waiting lists

Figure 3.1 England – Number of CLA waiting per service provider type



Why do children have to wait for an IV?

In England around 1,327 children are waiting for an IV and in Wales the figure is 43. Data collected shows over four-fifths of LAs have waiting lists in place in England. In Wales the figure is just over half. NIVN members have expressed a number of factors they believe contribute to ongoing waiting list numbers that are outlined below.

- **Contracts at capacity**
47% (68 out of 144) of LAs with IV services in England responded that they have a set maximum number of matches. At the time of the FOI request only eight of these 68 services had reached capacity, suggesting this is not currently a principal factor. We recognise the FOI is a snapshot

of a moment in time and that IV access rates fluctuate.

- **Insufficient resourcing**
Whilst the FOI did not request information in relation to resourcing of IV services, we know from consultation with members that large variances exist; particularly staffing capacity. The picture in Wales is especially stark wherein six out of 18 LAs that responded they have a service, have zero matches. Reasons provided by the externally commissioned provider are that resources allocated to the scheme to recruit, train and manage matches do not meet the cost to do this; and in one instance, no budget is allocated.
- **Out of borough/ county referrals**
An increasing number of looked after children in England and high number in Wales are placed outside of the local authority of their corporate parent. Away from networks of family and friends, these children can experience social isolation and benefit from an IV. This results in high referral requests for IVs who also live outside of the responsible LA. This continues to present challenges in relation to volunteer recruitment, training and support. Many services state that contracts do not account for additional costs to match and manage out of area IV relationships.
- **Challenges recruiting volunteers**
The recruitment of volunteers absorbs a lot of IV staff time and is reported to fluctuate. The Covid-19 pandemic and a large increase in homeworking saw a rise in volunteer applications across many services. This has reportedly dropped off but is something that varies widely from locality to locality.

- **Recruiting the right match for the right person**

IV services are motivated by a desire to create long-lasting, positive relationships. Seeking the right match for the right person in terms of interests, skills and sometimes personality type is key. Children and young people also meet the prospective volunteer before committing to the IV relationship and get to choose if they feel the relationship will work out. IV services experience times when both volunteers and children are waiting to be matched; they are relational and not an exact science. Matching a child with special needs or a young person who is at risk of exploitation, for example, may require a volunteer with certain skills and thus targeted recruitment.

- **Recruiting diversity**

Where a child, young person or social care professional requests an IV from a specific ethnic or cultural background, they can be placed on the wait list whilst the service recruits a suitable individual. In areas with low numbers of people from Black and minority ethnic groups, this can require targeted recruitment.

‘I tell him (my IV) my exam scores and he remembers them’

Young person, Leeds IV scheme



Meeting the needs of children placed out of LA area

Available data in England shows an increase in the percentage of children looked after placed out of area by the LA. From 2010 to 2020 the number of children placed outside their home LA increased by around 28%, rising from 37% of all placements to 41% over the period. (*Looked after children: out of area, unregulated and unregistered accommodation, 2021*). The Care Review’s first report, the *Case for Change* also commented that the increase in such placements “is alarming, and we have to consider the challenges for children of being uprooted from their communities” (p.57). In this context, it is unsurprising that IV services in England receive a proportionately high number of referrals for children and young people living out of area.

At the time of the FOI request, of the 138 LAs in England that responded they have children matched with an IV, 97 (70%) stated they have matches with children placed out of area, 31 (23%) had no matches with children out of area and 10 (7%) did not respond to this question. The total number of children placed out of area is 697 (26%) out of a matched population of 2,650. In relation to children waiting for an IV, 388 are out of area representing 29% of the total wait list (1,327).

In Wales around 38% of children looked after have been placed out of area over the past decade. (StatsWales, Children looked after at 31 March by local authority and location of placement). Of the 12 Welsh LAs that have children matched with an IV, 9 (75%) of these have out of area matches in place. In Swansea, five out of 10 children matched are out of county, including some living on the border or outside the country.



Providing IVs to these children continues to be highlighted by network members as a major challenge. NIVN good practice groups explore and share challenges and solutions to improve out of area match numbers and speed.

Challenges include:

- **Increased resources** needed to identify, recruit, train and support IVs matched with children out of area
- **Responding to placement moves**
Placement moves out of area can adversely impact on the continuity of IV matches since some volunteers will not be able to travel longer distances to maintain regular visits.

Solutions include:

- **Sharing of IVs.** There is some evidence across the IV good practice and peer support groups of sharing of volunteers; particularly volunteers who are awaiting training. However, this does not meet need and is dependent on a surplus of prospective volunteers within a service.
- **Training Principles and self-assessment audit tool.** NIVN has worked with members to create a set of training principles to quality assure and improve the consistency of volunteer induction training. Many of our members reported that more consistent volunteer induction training would give them greater confidence to share or spot purchase volunteers.
- **Standardising spot purchase arrangements.** NIVN is working to create a template service level specification and guidance on spot purchase cost.

Section 4 Length of matches

“My young person has gained in confidence so much since I started working with her, she is now suggesting ideas for visits and even initiated contact with me!”

IV, Barnardo’s London IV service

39 LAs responded to a question asked on match duration for children and young people in England. This data set demonstrates that out of 975 children and young people matched with an IV at the time of the FOI request:

- 497 (51%) matched for under two years
- 340 (35%) matched for two-five years
- 138 (14%) matched for over five years

We are not able to provide data on match duration rates in Wales due to the low number of responses to this question.

Current legislation provides for statutory entitlement to an IV for children up to 18-years only. NIVN believes that statutory access to an IV should be extended to care leavers up to 25-years to address the cliff edge experienced by many young people leaving care and bring IV provision in line with the *Children and Social Work Act 2017*. Whilst a growing number of IV services in England are funding IV matches with care leavers post 18-years, many more relationships continue informally. In this way, the figure above does not include matches that have continued informally post-18 as this data is not collected by IV services. Wiltshire in-house IV provision in England funds IV matches up to 25-years and carried out research this year with 29 young adults (aged between 18 – 32) who had been matched over a fifteen-year period from 2006 to 2021. The study found that over half of the sample group remained pro-actively in contact with their IVs, with some of the older matches having lasted very many years.



Case Study

Sayed and Paul, Wiltshire County Council

Sayed came to the UK as an unaccompanied asylum seeker when he was only 13 years old, having fled from danger in his home country of Afghanistan. He had to leave behind his family and travel on his own across Europe before reaching a place of safety in England.

As a young teenager, he was placed in a foster family in Wiltshire. He quickly had to learn a new language and adapt to a completely different culture and education system. Sayed was 13 years old when he was linked up with Independent Visitor (IV) Paul.

Their introduction took place with the help of an interpreter, and from then on, they got to know each other through a shared love of sport. Their very first visit together was playing a game of pitch and putt at a local sports centre. Sayed had never held a golf club before but proved to be an absolute natural at the game. Paul was delighted that this experience sparked such an interest in Sayed and was really proud when he went on to be picked to play golf as a junior for his county.

Sayed and Paul met up regularly through the IV scheme every month for seven years until Sayed was 21. Over the course of that time they talked together about all sorts of things and shared many new experiences. On one occasion they both even attended an official event at No 10 Downing Street, held in celebration of mentoring and befriending relationships.

Since leaving the IV scheme at the age of 21, Sayed has always kept in touch with Paul and they still meet up together as friends. Sometimes, when they both have time, they will still go and hit a few golf balls together (although Sayed now plays off a hard to beat 2 handicap!)



Section 5 Eligibility criteria and access to IV

“It feels like ‘electric static’ to have someone to listen and who I can be myself with.”

Young person, Bolton Lads & Girls Club

On the basis of previous data reports and communication with IV providers engaged in NIVN, we are aware that access to services is sometimes restricted to children with limited or no contact with their birth family. The FOI included a question on the legislation that IV services apply to determine who gets an IV. Options to select from included:

- Best Interests of the child/young person (Section 23ZB Children Act)
- Limited or no contact with birth family (repealed paragraph 17, Schedule 2 Children Act 1989)
- Best Interests of the child/young person (Social Services and Well-being (Wales) Act)

Responses demonstrate that 38% (48 out of 128 responses) of services in England match on the basis of ‘best interests’ principle alone, in line with current law. In 2019, the FOI established that 68 out of 152 (45%) of LAs applied ‘best interests’ principle to IV services in England.

51% (65) of services in England selected both ‘best interests’ principle and limited or no contact with birth family, as their eligibility criteria. 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. In addition to making decisions in the ‘child’s interests’ as set out in the *Children Act*, the above LAs are also referring to the Department for Education Guidance to

prioritise: ‘children with limited or no contact with birth family/guardians’ and ‘children placed out-of-authority/in residential settings.’

4% (5) of IV services in England continue to match exclusively on legislation repealed in 2011 (Limited or no contact with birth family). The legal basis of IV is Section 23ZB of the *Children Act 1989*, which cites consideration to appoint an independent person should be made in the ‘child’s interests’. It is important that these five LAs review and revise eligibility criteria to bring their services up to date with current law. A further 10 responses selected ‘Don’t Know’ suggesting these LAs are not aware of the legal basis of IV provision.

The current law on IVs in Wales, is set out in the *Social Services and Well-being (Wales) Act 2014* and accompanying Codes of Practice. This clearly set out ‘best interests’ provision for appointment of an IV to all children looked after. The *Practice Standards and Good Practice Guide* for Independent Visitors in Wales are a statutory document. Out of 18 responses to the FOI question on the legal basis of their service, 6 responses stated they restrict access to IV to children with ‘limited contact with their birth family’. Four out of these six schemes operate in North Wales where IV match rates are very low. It is vital that these LAs bring their IV services in line with the Welsh law, *Codes of Practice and Practice Standards*. The *Practice Standards and Good Practice Guide* append an eligibility tool that includes limited contact with family as well as friends: “where the child is placed at a distance from home, or is placed out of the LA area, whether the placement makes it difficult to maintain sufficient contact arrangements (for example, with family and friends)”. The National Assembly for Wales has established a strong legal basis for IVs that all LAs must work to follow.



“We do lots of fun things together which I wouldn’t normally get to do!”

Young person, Leeds IV scheme

“We go anywhere I wanna go, we always try new things. She just gets it.”

Young person, Leeds IV scheme



Section 6 Children, young people and volunteers age data

“Sam keeps in touch with me, we text each other regularly and it’s nice to know that he is always there. Sam sticks to visits and picks me up when he says he does, he never lets me down.”

Young person, Changing Futures North East

NIVN will be working with members to address gaps in volunteer data collection and the impact this can have on inclusive volunteer recruitment and training practice. Inclusive and targeted volunteering opens the range of IVs available to children and young people; for example, attracting volunteers from different cultural backgrounds and perspectives to broaden horizons of children or provide a sense of cultural connection and belonging. It also offers a diverse range of people the opportunity to give back; connect with their local community and build skills and knowledge for future employment or professional development, through volunteering.

133 out of 146 LAs responded to a question on the age of children and young people matched in England. In Wales, 17 out of 18 LAs responded. See Figures 6.1 and 6.2 below.

In England, out of a total of 2,650 children who have an IV, 12-14 year-olds account for the highest proportion of the matched population representing 40% (1,050), followed by 8-11 year-olds that account for 33% (864). The 2019 FOI demonstrated that 12-14 year-olds were also the largest matched cohort representing 37% followed by 15-17 year-olds representing 35%. The number of 5-8 year-olds matched remains very low and has altered little since the previous data report; 59 at the time of the FOI compared to 55 in 2019. 21 respondents in England and Wales stated that they apply a minimum age criterion to their service, however a national survey of members in 2021 showed this figure to be much higher with 7-8 years the most common minimum age. Legislation does not set a minimum age children can get an IV; the small number of children under-7 matched reflects this minimum-age referral criterion applied by these services.

Data collection process

A full data set on the demographics of children, young people and volunteers engaged with IV services is not available due to the high number of LAs declining to disclose information or presenting responses as under 5. For this reason, an error bar has been used on the graphs that follow to illustrate the margin of uncertainty that takes into consideration ‘under 5’ responses.

In relation to volunteer data, reasons given for null responses are:

- Data not readily available and held by third party/external provider
- Data not collated but available from individual volunteer applications
- Ethnicity, age, gender, disability of volunteers matched and/or waiting is not recorded
- Exemption applied under Section 40(2) of the Freedom of Information Act where disclosure of numbers (usually under 5) breach personal privacy.

In England, 13% (386) of all children and young people matched with an IV are care leavers aged 18+ years. This represents a significant rise from 8% (218) reported in 2019.

In Wales, two LAs fund a total of ten matches with 18+ care leavers. Whilst this is a small percentage of the care leaver population, it represents 13% of all children looked after and leaving care who have an IV. Figure 6.2 below does not include all 10 care leavers as ‘under 5’

responses were given to protect privacy of matched individuals.

1,327 children are waiting to be matched with an IV in England compared to 1,200 in 2019. In Wales, 43 children are waiting. Around 80% (118) of LAs in England with an IV service have a wait list for children compared to 55% (10) in Wales demonstrating a higher level of demand for IVs in England than Wales.

Figure 6.1
England – Number of children and young people by age and match status

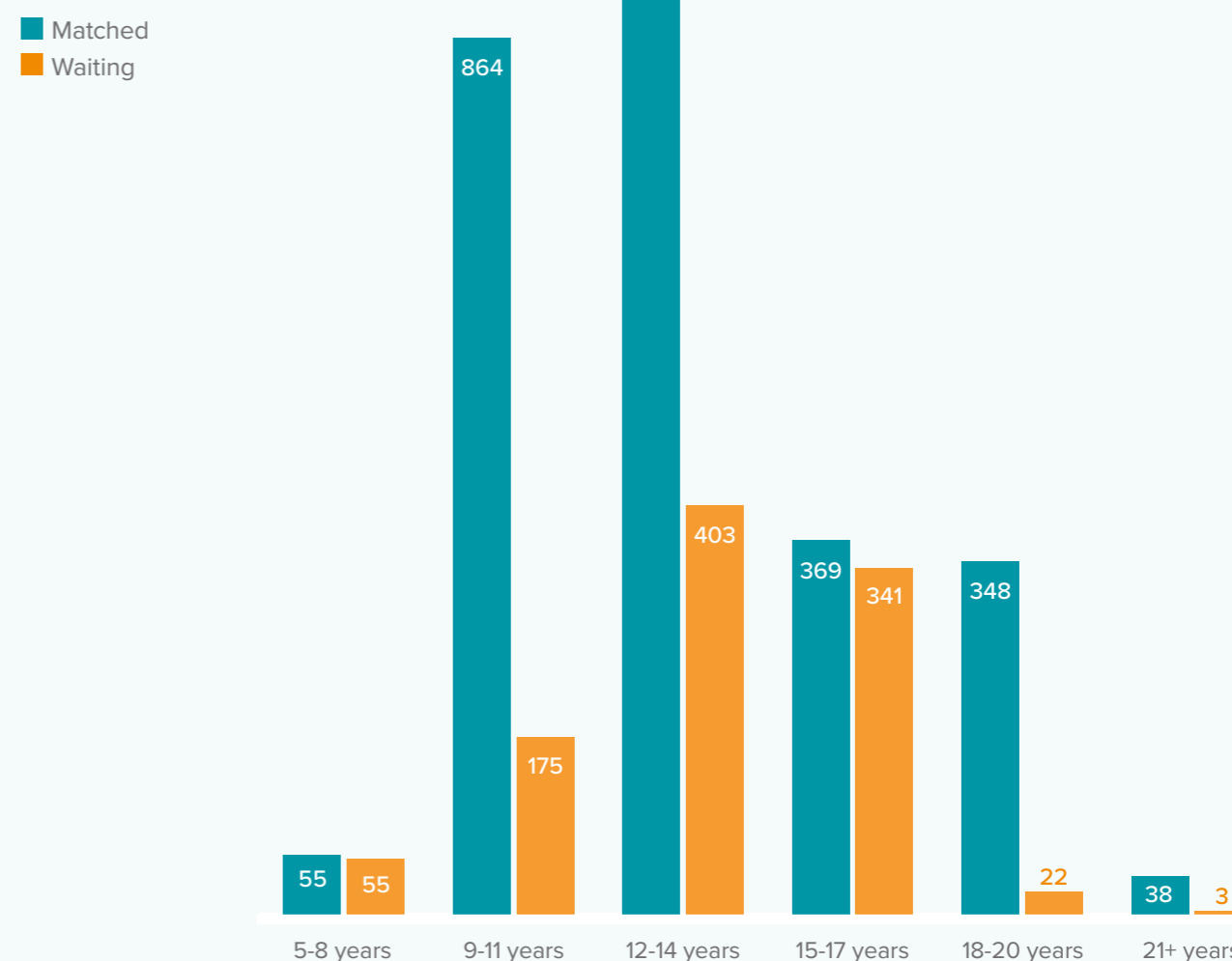
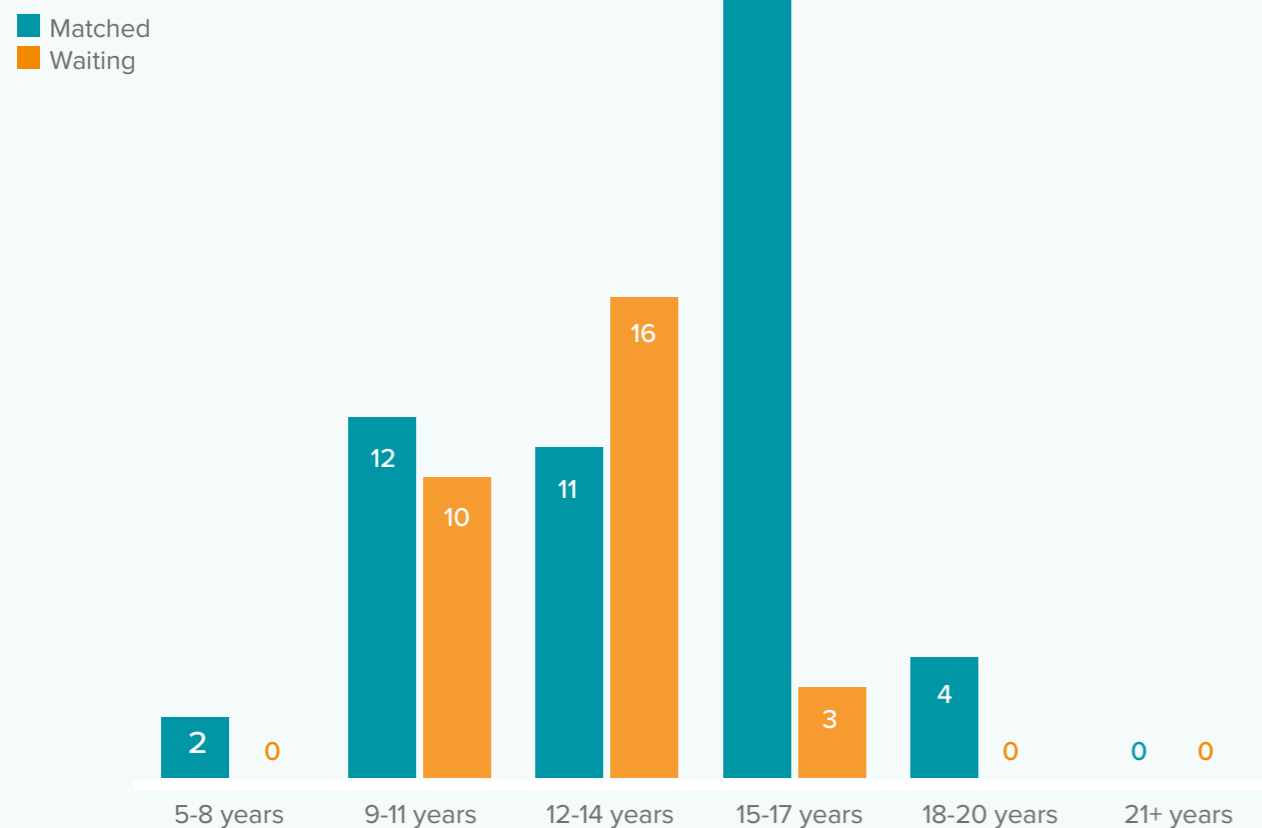


Figure 6.2 Wales – Number of Children and Young people by age and match status



Volunteers' age data

In England, 109 responses were received to this question on the age range of volunteers matched and waiting to be matched.

Table 6.3 illustrates that 31–40 year-olds represent the largest cohort (26% of 1,709) of matched volunteers followed by 51-60 years (22%). Volunteer numbers appear to drop off slightly at 61+ years. The ranged figures in the table show 'under 5' responses received.

In Wales, 17 responses out of the 18 LAs with IV services were received in relation to the age of volunteers matched and waiting. The data show that 41-50 year-olds and 21-30 year-olds represent the largest cohorts of matched volunteers (30% and 28% respectively).

Table 6.3

Age range	Volunteers matched England		Volunteers matched Wales	
	Count	Percentage	Count	Percentage
21–30	328–336	20%	16	28%
31–40	446–450	26%	8	14%
41–50	310–318	18%	17	30%
51–60	370	22%	9	16%
61+	241–249	14%	7	12%

Footnote: Ranged figures are used in this table to represent 'under 5' FOI responses

Care leavers and access to IV

The number of care leavers who are matched with an IV in England and the number of LAs funding 18+ matches has risen slightly since 2019. As stated above, the number of young people 18+ who are matched with an IV is 13% (386) of the total matched population. This represents a rise from 8% (218) reported in 2019.

In England, the highest number of care leavers with an IV are in Yorkshire and the Humber, the South-East and South-West regions. At the time of the FOI request, Leeds City Council matched 32 care leavers, representing almost half of its total population of children and young people with an IV, followed by Somerset Council matching 28 care leavers (40% of its total matched population) and Brighton and Hove matching 25 care leavers (almost half of its entire matched population). Although these IV services are all run in-house, 51 externally commissioned schemes also provide IVs for care leavers. Change Grow Live provides IVs for 22 Norfolk care leavers (40% of matched population), Sutton Volunteer Centre provides IVs for 15 care leavers (60% of matched population) and 10 Medway Council care leavers are matched with IVs by Young Lives Foundation (28% of matched population).

“I have had mine for a year, she has taken me round London. One of things I wanted to do was work with children, she used to work as a Scout, so she helped me volunteer as a Scout. It was an amazing experience and helped me build my confidence.”

Young person, NIVN focus group with Care Review team

Currently, there is no legislation or statutory guidance on the provision of IVs to 18+ young people leaving care. New IV relationships with care leavers are often funded on the basis of need and vulnerability, rather than best-interests. Consultation with NIVN members provided examples of IV relationships approved in response to young people moving into independent living and feeling isolated; care leavers with additional needs and disabilities; refugees and asylum-seeking young adults with limited social support networks and young parents.

Birmingham Children’s Trust supported a care leaver who is a young parent with an IV. The young person said:

“My IV gave me advice on parenting and settled me into a new community and built my confidence to explore it myself. She is not there to judge me...being a phone call away, someone to lean on”.

We are not able to distinguish between the number of ongoing IV relationships matched prior to the young person turning 18-years and new matches with care leavers post-18. As stated earlier in the report, whilst funding of ongoing IV relationships often ends when the child turns 18-years, many matches continue informally outside of the scheme but are not tracked.

“In October Katie will be 21 and will be leaving the IV scheme, but she has chosen to keep in touch with Helen and they have both decided they will carry on meeting just as before ... this time as a normal part of their day-to-day lives. They have known each other for 11 years and have become really good friends. They can’t imagine a time when they haven’t known each other!”

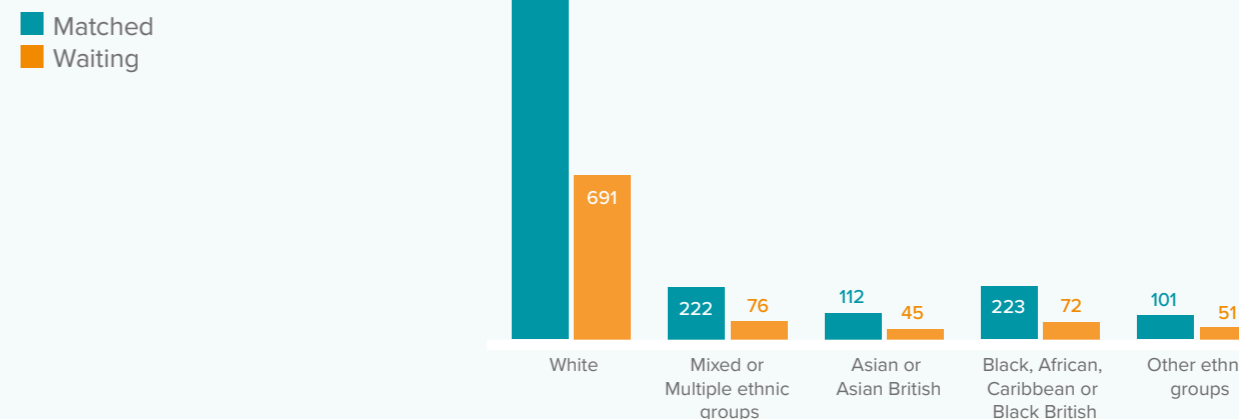
Wiltshire, in-house IV service

In Wales, two LAs fund a total of ten matches with 18+ care leavers. Whilst this is a small percentage of the care leaver population, it represents 13% of all children looked after and care leavers who have an IV. Swansea Council for Voluntary Services provides IVs for seven care leavers out of a total of 17 matched children and young people. The team leader for the scheme stated that Swansea Council was responsive to meeting the needs of leaving care and supportive of NIVN’s Right Friend campaign to extend statutory entitlement to an IV to this cohort.

In the ‘Keep on Caring’ Government Report 2016, young people leaving care highlighted strong relationships with key adults as of vital importance. *“Where they had developed a good relationship with an adult – a former foster carer, a member of staff at a residential home, an independent visitor or social worker – they wanted support to maintain those relationships once they left care, on an informal basis”.* The large and growing body of evidence around the care “cliff edge” and feelings of loneliness, social isolation and insufficient preparation to live independently, makes a strong case for the statutory extension of IV to care leavers up to 25-years.

Section 7 Children, young people and volunteers ethnicity data

Figure 7.1 Number of children and young people by ethnicity and match status



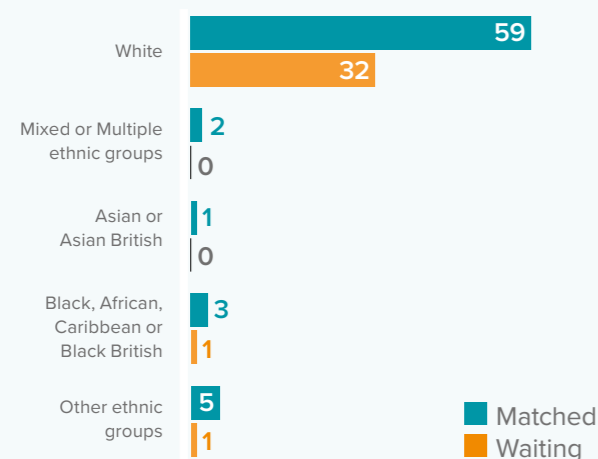
132 out of 146 LAs with IV services in place in England, provided data on the ethnicity of children, young people and volunteers matched and waiting to be matched. Out of 3,033 children looked after and care leavers matched with IVs, 2,718 responses were received. We wish to map the demographics of children, young people and volunteers engaged with IV services, to better understand the extent IV service provision is inclusive of diverse children, young people and volunteers. Whilst children and young people from Black and minority ethnic backgrounds do not always express a preference for a volunteer of the same ethnic background, some do. In these instances, IV services report that targeted recruitment is sometimes necessary to find the right match.

Figure 7.1 above illustrates that of the 2,718 responses in England, 75% of children and young people matched are White; 8% belong to Mixed or multiple ethnicities; 8% are Black, 4% Asian and 4% belong to other ethnicities. This closely reflects the national composition of the looked after population (no published data is available on the ethnic composition of 18+ care leavers). Out of 1,327 children up to 18-years

waiting to be matched, 935 responses were received. Around 74% of these 935 children waiting to be matched are White, 8% are from Mixed or multiple ethnicities, 8% are Black, 5% are from Other ethnic groups and 5% are Asian. This again reflects the national composition of the looked after population.

18 IV services in place in Wales provided data on the ethnicity of children, young people and volunteers matched and waiting to be matched. Out of the 89 children and care leavers matched with IVs, 70 responses were received. Figure 7.2 below illustrates that of these 70 responses, 84% of children and young people matched are White; 7% belong to Other ethnic groups; 4.5% are Black; 3% are Mixed or multiple ethnicities and 1.5% Asian. In relation to the national ethnic makeup of children looked after (no data is available on 18+) this broadly reflects the population. Out of 34 children up to 18-years waiting to be matched, 34 responses were received. 94% (32 children) of children waiting to be matched are White, 3% (1 child) Black and 3% (1 child) from Other ethnic groups. This data needs to be interpreted in the context of low waiting lists nationally that reflect limited resourcing and a low level of demand for IV.

Figure 7.2 Number of children and young people by ethnicity and match status



109 out of 146 LAs in England with IV services provided data on the ethnicity of volunteers matched. A high number of LAs provided null returns stating the data is held by a third party; not collected or readily collatable. We recommend IV services gather and collate data on the ethnicity of volunteers matched and waiting to be matched, in order to assess the inclusivity of IV recruitment and training.

The data below shows a ranged figure that represents ‘under 5’ responses received. The available data set is small but broadly reflects the ethnic composition of England (in relation to the 16-64 year-old population only, as measured by the 2021 National Census). The data below shows that out of 1,805 responses around 86% (1,560) of Independent Visitors matched are White and 14% (245) belong to Black and minority ethnic groups. The data provides a national-level snapshot only and does not reflect regional variances. NIVN good practice groups maintain diverse volunteer recruitment as an agenda item and continue to explore solutions to effective recruitment of volunteers from Black and minority ethnic backgrounds that is representative of the local communities they work within.

Volunteers Matched England – Ethnicity

- 1,560 (around 86%) White
- 90–98 (around 5%) Black, Black British, Caribbean or African
- 76–84 (around 4%) Asian or Asian British
- 36–40 (around 2%) Mixed or multiple ethnic groups
- 29–37 (around 2%) Other ethnic groups

In Wales, 15 responses were received on the ethnicity of volunteers matched and waiting. Three LAs did not provide data on the basis of it being ‘under 5’ and identifiable. The data below shows that out of 82 volunteers matched 96% are White, around 4% minority ethnic groups and 0% Black. The total number of volunteers matched with children and young people in Wales is 89; 7 responses to this question are therefore unknown. 18 responses were received to the question on ethnicity of volunteers waiting, 17 were White and 1 Mixed of multiple ethnic groups. As of 2019, 95% of the population of Wales described their ethnic group as White, 5% as Asian, Black or from mixed, multiple of other ethnic groups. (*Equality and diversity statistics 2018 to 2020*).

Volunteers Matched Wales – Ethnicity

- 79 (96%) White
- 0 Black, Black British, Caribbean or African
- 1 (around 1%) Asian or Asian British
- 2 (around 2%) Mixed or multiple ethnic groups
- 0 Other ethnic groups

Section 8 Children, young people and volunteers gender data

Figure 8.1 shows that 2,770 responses to the question on the gender of children and young people matched were received in England, out of a total of 3,033 matched looked after children and care leavers. This represents a 91% response rate. Out of 2,770 responses, 1,451 are male (52%), 1,296 are female (47%) with 23 (0.8%) children and young people identifying as neither male nor female. Out of 1,120 children and young people waiting to be matched, 630 (56%) are male, 357 (32%) female and 133 (12%) do not identify as male or female. There is a small difference in proportion of matched male and female children and young people. The proportion of males to females waiting to be matched is slightly higher. The biggest variance in proportion of children and young people waiting to be matched as compared to matched, is of ‘Other’ responses. ‘Other’ relates to transgender, non-binary, gender neutral, agender, pangender, genderqueer and any other identity. Of this group, 133 children and young people were waiting to be matched, compared to 23 matched. Whilst this is a relatively small data set, IV good practice groups state that some children and young people express a desire to be matched with a volunteer who shares their gender and/or sexuality; this requires inclusive and targeted recruitment to attract volunteers from all genders and sexualities.

Figure 8.2 illustrates that of 87 responses to the gender of children and young people in Wales accessing an IV (out of a total of 89 matched), 54% (47) are male, 45% (39) are female and just under 1% (1) do not identify as male or female. In relation to 33 responses to children/young people waiting to be matched, 64% (21) are male and 36% (12) are female.

Figure 8.1 England – Number of children and young people by gender and match status

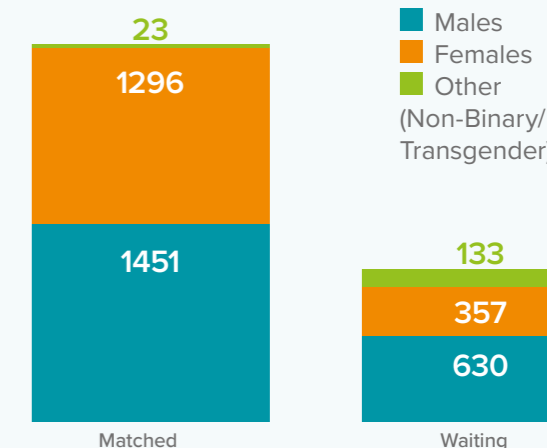


Figure 8.2 Wales – Number of children and young people by gender and match status

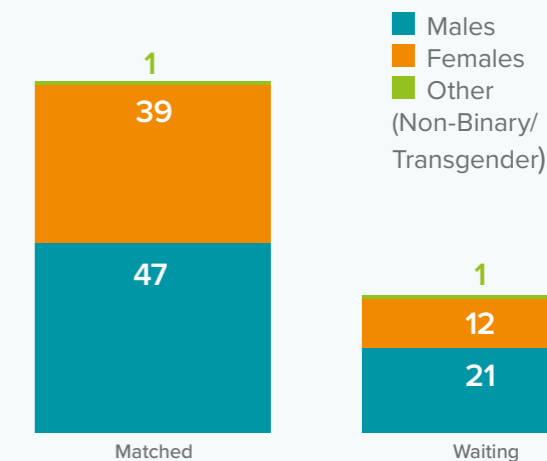


Figure 8.3 illustrates a large difference in the proportion of matched male to female volunteers in England with the matched male rate at 29% (604) and matched female rate at 71% (1,514). This compares to 51% matched males to 48% of matched females at the time of the 2019 FOI. A total of 2,118 responses to this question were received out of a total of 3,033 matched looked after children and care leavers; representing a response rate to this question of 70%. Whilst we cannot overlook this data gap, NIVN members continue to report challenges attracting male volunteers. Whilst there are examples of good practice in this area (e.g developing male orientated promotional material that includes images of male volunteers; targeting men’s magazines; targeted Facebook drives; requesting male volunteers to ‘refer a male friend’), this data demonstrates a need to explore and devise further strategies to attract more male volunteers.

325 responses to the gender of volunteers waiting to be matched were received. 75% of waiting volunteers are female and 25% are male. This data broadly reflects the proportion of male to female volunteers matched.

Figure 8.4 illustrates a similarly large difference in the proportion of matched male to female volunteers in Wales. 22 males (27%) and 60 females (73%) are matched at the time of the FOI. Seven females and one male are waiting to be matched, reflecting a similar pattern of underrepresentation of male IVs.

Figure 8.3 England – Number of Volunteers by gender and match status

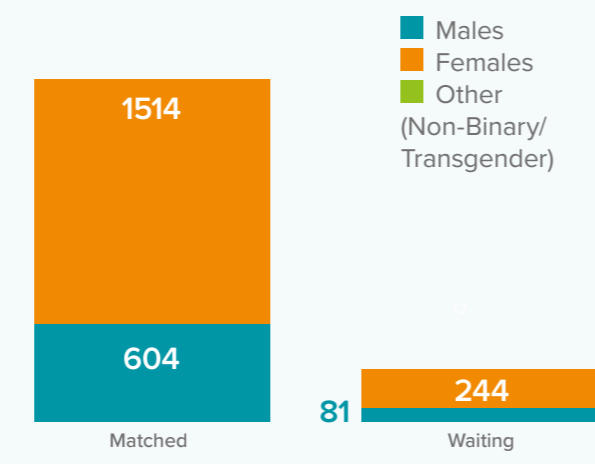
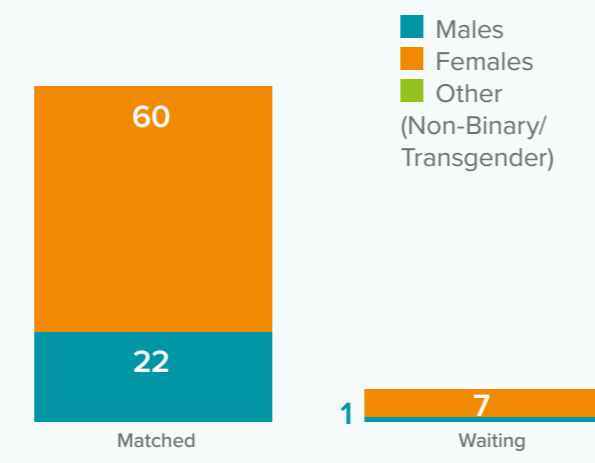


Figure 8.4 Wales – Number of Volunteers by gender and match status



Section 9 Children, young people and volunteers disability data

In England, 704 responses to the question on the disability of children and young people matched and waiting were received. Figure 9.1 illustrates that 16% (498) of all children and young people matched (3,033) have a disability. 206 children and young people with a disability are waiting to be matched. The total number of children waiting in England (1,319) does not include young people over-18 years waiting, so we cannot accurately calculate what proportion of those waiting have a disability. We can approximate that 15% of those waiting also have a disability.

In Wales, 26 responses to this question were received. Figure 9.2 illustrates that 20% (18) of all children and young people matched (89), have a disability. Eight children with a disability are waiting to be matched, approximating 20% of all children and young people waiting.

The FOI question on disability did not provide a definition of disability since we were seeking to replicate questions from the 2016 and 2019 FOIs. Some of our members fed back that the lack of distinction between registered disabled and/or children with Special Educational Needs made it difficult to accurately respond to this question and led to some ‘null’ data returns.

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

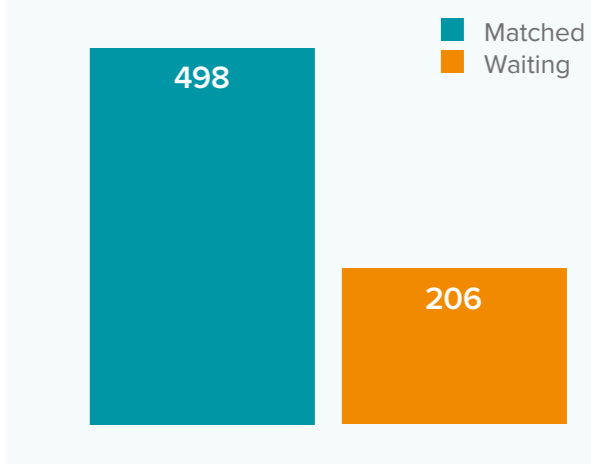
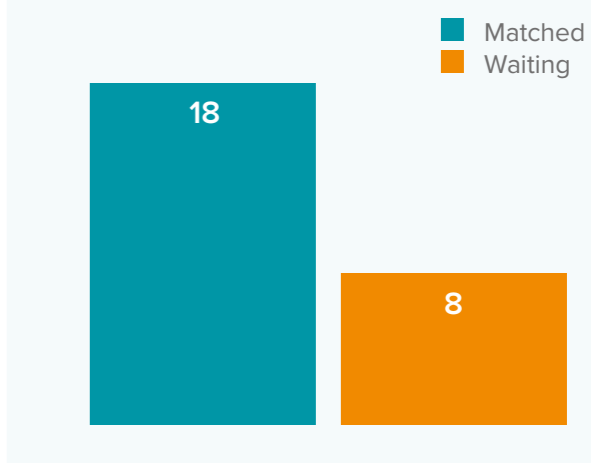


Figure 9.2 Number of children and young people by disability and match status



Section 10 Unaccompanied and Asylum-Seeking Children (UASC)

NIVN is working with members to understand barriers and develop good practice to open access to IV relationships for more SEND children and young people. A full range of good practice solutions is needed to make IV services inclusive of the diverse needs of SEND children/young person. Some of the challenges and solutions explored are:

- The matching time can be longer as IV services seek to recruit volunteers who are adequately skilled to support a child/young person with additional needs. Solutions to this include targeted recruitment drives tailored to individual needs of the child and awareness-raising with referring professionals around the recruitment process.
- Whilst volunteer induction programmes may include an element of training on the needs of children/young people with SEND, some services provide specialised training and support to upskill individual volunteers matched to a SEND child. Examples of training include supporting children with autism and manual lifting and handling courses to support wheelchair users.
- Resources can be insufficient to meet additional staffing needs of children who require the support of an adult alongside the volunteer eg. to meet personal care needs that arise during a visit. Some services seek to negotiate additional resources via different LA social care teams e.g children with disabilities.

Volunteers' disability data

In England, FOI response rates to the question on disability of volunteers matched and waiting were low affecting the validity of the data. A ranged number of 35-43 volunteers matched have a disability. As stated previously, the ranged figure represents 'under 5' responses. Reasons given for null returns to this question included; data is not held by the LA, data is not collected or readily collatable, and Exemption is applied under Section 40(2) of the Freedom of Information Act. A range of 5-9 volunteers waiting were reported to have a disability. Feedback was also received that the FOI question was not sufficiently clear since it did not provide a definition of disability, negatively affecting response rates.

In Wales, zero responses to this question stated that volunteers matched or waiting, had a disability. However, three out of 18 responses applied Exemption due to low numbers so we can assume that 'under 5' volunteers matched and/or waiting, have a disability.

From responses received we are not able to make a clear distinction between data that is not collected and data that is not readily collatable for FOI purposes. We are aware that some IV service providers do not collect information on disability of volunteers. Other services have reported challenges accessing information relating to diversity of volunteers in general, since volunteers have the right to not provide this. One service has revised its equality monitoring form to clearly outline the purpose of collecting diversity data: to better understand which groups of people are volunteering, where groups are underrepresented and to identify changes or improvements needed to ensure volunteers are treated fairly and equitably.

LAs in England and Wales have a legal duty to accommodate children who have applied for asylum and are separated from both parents and/or a responsible adult. UASC represent around 5% of the looked after population in England. (*Children looked after in England including adoptions, 2021*). Data available in Wales (March 2021) shows that around 1% of the looked after population was UASC (*Children looked after by local authorities, 2021*). Whilst the numbers are relatively low, some LAs have larger populations of looked after UASC who can benefit from the IV relationship in areas such as English language improvement; getting to know the local area and building confidence accessing amenities; establishing a friendship with a consistent adult and feeling less isolated. NIVN is working with members to build on good practice to provide inclusive, high-quality IV relationships for these children and young people.

'F is very kind to me, always willing to help. It is very useful if you have a problem or don't want to be alone'

UASC young person, 17, Croydon IV Service

"It means a lot, without (my IV) I would get bored, he has taught me lots of things and helps me... we have lots of fun together."

UASC young person, Route-1, Somerset

In England, 110 LAs responded to the question on the number of UASC matched with an IV, providing a range of 61-77 (reflecting 'under 5' responses). This represents around 2.5% of the total matched population. 107 LAs responded to the question on number of UASC waiting to be matched, providing a range of 31-34 children that also represents around 2.5% of the total population of children waiting to be matched. A number of IV services stated they do not collect information on UASC status of matched and/or waiting to be matched. NIVN recommends this data is collected and compared to local authority numbers of UASC in care, to identify and track the accessibility of IV services to this group.

In Wales, 17 LAs responded that two UASC are matched with none waiting; broadly reflecting national statistics.

"We have been to a climbing wall, cycling, walking and he is now doing his Duke of Edinburgh's awards...It has been a great source of joy to me to help someone to help themselves forward in life, despite the danger, fear and trauma they have suffered"

IV, Route-1, Somerset

Section 11 Regional data variations

Table 10.1 below illustrates regional variations across England in terms of the looked after population and the proportion of children matched and waiting for IV volunteers. The data shows that the highest proportion of children and young people matched to IVs is in the South West (6% of the population is matched), followed by London (5%) and the South East and Yorkshire and The Humber (4%). The lowest levels of match-rates are in the North-East, North-West and East Midlands that all share a 2% match rate.

We have not broken data down by region in Wales, due to low, identifiable numbers across some regions. The highest match rates are in South Wales (Cardiff region and Swansea Bay region) and lowest in North Wales.

Table 10.2 illustrates regional variations across England in relation to the care leaver population and the proportion of 18+ young people matched and waiting for IVs. The figure below shows that the proportion of matched care leavers is highest in Yorkshire and the Humber at 3% of care leaver population followed by the South East and South West at 2%. This data should be interpreted in light of IV currently being a statutory entitlement to children looked after up to 18-years-old only.

In Wales, a total of 11 care leavers are matched in South Wales (Swansea and Cardiff).

‘S is an independent person I can always talk to – it’s always easy to get hold of her. She’s always there. I think of her as a friend and not another service.’

Young person, Leeds IV scheme

Table 10.1 – Regional Data Variations England

Regions	Child looked after population 2021	No. children matched	% matched	No. children waiting	% waiting
North East	5,790	100	2%	53	1%
North West	15,260	313	2%	172	1%
Yorkshire and The Humber	9,210	354	4%	208	2%
East Midlands	6,400	197	3%	93	1%
West Midlands	11,120	236	2%	83	1%
East of England	6,650	195	3%	101	2%
London	9,670	447	5%	217	2%
South East	6,270	390	4%	204	2%
South West	6,270	368	6%	218	3%
TOTAL	80,850	2,600	3.2%	1,349	3%

Table 10.2 – Regional Data Variations England

Regions	Care Leaver Population	No. care leavers matched	% of care leavers matched (compared to care leaver population)
North East	1460	7	0.5%
North West	4380	7	0%
Yorkshire and The Humber	2730	72	3%
East Midlands	2360	25	1%
West Midlands	3580	9	0.3%
East of England	3300	34	1%
London	7200	73	1%
South East	4840	89	2%
South West	2650	57	2%
TOTAL	32500	373	1%

Freedom of Information request questions

1. Does your local authority have an Independent Visitor service?

If you have selected no please give a reason as to why your LA does not provide a statutory Independent Visitor Service.

If you selected yes, Is the service run internally or externally?

If your service is External, who is your provider?

2. Is your service spot purchase?

3. Does your Independent Visitor service have a maximum agreed number of matches at any one time?

If yes, what is the maximum agreed number of matches for your service at any one time?

4. How many children up to 18-years are currently matched with an Independent Visitor?

5. How many children currently matched are out of county?

6. How many children currently waiting are out of county

7. What is the eligibility criteria for children/young people receiving your Independent Visitor service? Please select from options below?

Best Interests of the child/young person
(Section 23ZB Children Act)

Limited or no contact with birth family
(repealed Section 17 Children Act)

Best interests of the child/young person
(Social Services and Well-being (Wales) Act)

Don't know

8. Does the local authority restrict access to Independent Visitors beyond the legal eligibility criteria listed above?

If you answered yes to the question above, please select the groups of children/young people that are excluded from your IV service.

This question relates to restricting access, not prioritising the order of IV allocation.

Children and young people placed out of county/area

Children and young people at risk of exploitation

Minimum age

Other excluded group

9. How many current matches have been visiting for under two years? 2-5 years? Over 5 years?

10. How many current matches are funded for young people aged 18yrs - 25yrs?

11. Please provide a breakdown of gender, age, ethnicity and disability per child/young person matched?

12. How many unaccompanied asylum-seeking children and young people are matched with an Independent Visitor?

13. Please provide a breakdown of gender, age, ethnicity and disability per child/young person waiting to be matched?

14. How many unaccompanied asylum-seeking children and young people are waiting to be matched with an Independent Visitor?

15. Please provide a breakdown of gender, age, ethnicity and disability per Independent Visitor matched with a child/young person?

16. Please provide a breakdown of gender, age, ethnicity and disability per Independent Visitor waiting to be matched with a child/young person?



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‘What’s been positive is that I’ve been able to do stuff that I wouldn’t have done otherwise, especially going to new places that I wouldn’t have seen without my IV.’

Young person, Leeds IV scheme

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