Role, Relationship and Friend for Life:

How Independent Visitors promote the Learning and Wellbeing
of Looked After Children

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Abstract

Poor outcomes for looked after children in the areas of education and wellbeing are well established by research. Statutory guidance for Local Authorities says all looked after children are entitled to have access to an 'independent visitor' (IV) - an adult friend, independent of the care system, if it is deemed to be in their 'best interests'. Currently, just 3.2% of the looked after population are matched with an independent visitor. This is a voluntary role and evidence indicates that most IV relationships develop into friendships, and last longer than two years. This research study used a two-phase, sequential mixed-methods design to investigate the nature of these relationships and the ways they benefit this vulnerable group. Phase one consisted of unstructured interviews with six Independent Visitors, one Independent Visitor Service co-ordinator and eight young people from one Local Authority to discover their perceptions of the value or otherwise of the relationship. Systematic thematic analysis of the data was carried out (using NVivo 11) resulting in the identification of six themes and eight sub-themes. Phase two consisted of a national online survey of one hundred and four IVs in order to test and corroborate findings from the interview data. Qualitative and quantitative data was collected through the survey. Findings from the two phases were triangulated and discussed. IVs described approaches to working with young people which promote positive education and wellbeing outcomes through promoting their voice, advocating on their behalf, providing consistent emotional support, support for transitions and preparation for leaving care. Young people valued many different aspects of their IV's support including consistent, flexible, practical and emotional support. Overall, findings highlight the value of IVs in enhancing resilience and safeguarding for vulnerable young people in care and after. Good practice strategies for LAs and professionals working with looked after children and young people are highlighted.

Declarations

The word count (exclusive of appendices and references) is ***36,628*** *words.*

I, Dymphna (Dee) Clancy, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Signed: *Dee Clancy*

Date: 12th July, 2016

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Chapter One - Introduction

"It's just nice to know that there is actually someone who really cares...I sometimes wonder what life would be like if I hadn't met Tony"

Brian, 19

In recent years there has been much government guidance and legislation aimed at raising standards for young people in public care. Alongside a focus on the quality of care, educational standards have been viewed as a priority, and government has sought to reduce the gap in achievement and subsequent outcomes between those in care and other children. Emotional wellbeing and mental health have also been identified as priority issues. Reflecting that policy emphasis, the study reported here focuses on a statutory service for looked after children and young people which has a relatively low profile within Children's Services- Independent Visiting.

The Children Act 1989 introduced the role of Independent Visitors (IVs) for looked after children (LAC) in England and Wales. Their task is 'visiting and befriending the child' [section 7(2)(a)]. All looked after children in England and Wales have a statutory entitlement to access to an 'independent visitor' and the research presented here investigated what are the key characteristics of Independent Visitor/Looked after Children relationships and how these relationships can contribute to the learning and wellbeing of children and young people in care.

What is an Independent Visitor and why was the role introduced?

The Children Act 1989 was a key piece of legislation that recognised the needs of looked after children and introduced important changes to improve outcomes. One of the key operational principles underpinning the legislation was that 'continuity of relationships is important and attachments should be respected, sustained and developed' (Department of Health, 2001:9). Introducing independent visitors was seen as one way of improving continuity and attachment in relationships with adults for young people in care.

This statutory service has a low profile within children's services, with limited recognition and understanding amongst professionals, children and young people. Recent data collected by The National IV Network by FOI request indicates that only 3.2% of all LAC (2,200 people) in England are matched with an IV (Barnardo's, 2015)

What does the law say?

The *Children Act 1989 Care Planning Regulations (2010)* stipulate that the responsible authority has a duty to appoint a person to be the child's IV;

> *'where it appears to them to be in the child's interest to do so'*
>
> [section 23zb (1)(b)]

and that the appointment should be 'considered as part of the development of the care plan for the child or as part of a review of the child's case. Any decision not to appoint an independent visitor should be kept under review to make sure that the opportunity to appoint such a person is considered if the child's circumstances change'.

While it represented a welcome new direction for vulnerable young people in many respects, one of the main shortcomings of the Children Act was the lack of money put behind the many recommendations and local authorities were in many cases unable to carry out the additional duties stipulated within it and in recognition of this many of the provisions were enabling rather than obligatory, and were often left deliberately vague (Ryan, 1999). This has been addressed, to some extent, in subsequent interpretations of the Act. For example the Care Planning Regulations 2010 sets out the role of IV and widens the scope for appointing an IV to a wider number of young people. It states:

'A responsible authority should assess whether it would be appropriate to appoint an IV for a child they are looking after if either of the following criteria is satisfied;

- if the child or young person in care has had 'infrequent' communication with parents or those with parental responsibility
- if the child/young person has not been visited by parents/those with parental responsibility during preceding 12 months.

or

- if the responsible authority considers (in light of the young person's needs) that such an appointment is in the best interest of the child or young person.

In deciding what factors should be taken into account when making such a decision, the LA should consider the following:

- whether the child is placed at a distance from home, particularly where the placement is out-of-authority, which makes it difficult to maintain sufficient contact with friends
- whether the child is unable to go out independently or whether s/he experiences difficulties in communicating or building positive relationships
- whether the child is likely to engage in behaviour which will put him/her at risk as a result of peer pressure or forming inappropriate relationships with people who are significantly older
- whether a child placed in a residential setting would benefit from a more individualised relationship
- whether it would make a positive contribution to promoting the child's education and health.

The guidelines are relevant to Educational Psychologists who are uniquely placed within the Team around the Child to consider the factors listed above often in out of Borough placements and residential settings where children and young people are more at risk of isolation from friends and family.

Research suggests that the role is viewed with suspicion by some foster carers and social workers (Knight, 1998; Showell, 2009) and studies of the experiences of young people in residential care suggest that there are systemic obstacles to the notion of friendships between adults and children (Knight, 1998; Pellicano et al., 2014). Little is known about the nature and dynamics of such adult-child relationships, how they differ qualitatively from other more formal relationships with adults or indeed, friendships with peers. The present study aims to expand professional knowledge about the role of the IV which can be used to inform service providers for vulnerable young people. The data presented here provides a psychological and educational evidence base for the value added by this role. The

findings are presented in light of contemporary theories of child development, attachment and social learning and reflect the increased recognition by psychologists and learning theorists in the centrality of relationship in children's learning and development.

National Context

In March 2014 a National Independent Visitor Network was established and set about gathering data about IV services nationwide including numbers of children accessing the service. A freedom of information (FOI) was made to gather data from all Local Authorities and some of the findings are as follows

- There are currently 2, 200 children matched with an IV in England – 3.2% of the total looked after population (more than 6% less than previously estimated)
- There are currently over 1,000 children on a waiting list for an IV and over two thirds of LAs have a waiting list.
- 32 LAs provide their IV service 'in-house' and 104 LAs contract out to providers such as Barnardo's and NYAS.
- 8 LAs do not have IV services and 5 operate solely on a spot purchase basis

Local and Professional Context of Research

My role as a Trainee Educational Psychologist working within the Children's Service of Local Authority X brings me into regular contact with children in care of the state and I am part of service-wide initiatives to monitor and promote the learning and wellbeing of this vulnerable group. In this context, I was keen to learn more about the role of Independent Visitors and explore how it might be contributing to these wider initiatives. I was supported by the Authority X's Independent Visitor Service (IVS). For the year 2015-2016 there were 464 looked after children and young people in the borough (Internal Memo). The IV Service currently manages 48 IV relationships (plus seven care leavers to the age of 21) which represents a 10% access or uptake to the service. There are currently 30 vetted and trained IVs waiting to be matched. Progress is reportedly slow as the service is managed by one full time position and guidelines advise that services need at least one hour per-week per-match to provide adequate support and supervision. I will discuss issues of accessibility both locally and nationally in Chapter 6.

The IVS in Local Authority X manages the recruitment, training and matching of IVs to young people and provides ongoing monitoring and support to the IVs including bi-monthly support groups and training from other professionals within children's services. Independent Visitors meet their designated young person once a fortnight. It is a voluntary role and they are not paid, however they are reimbursed for expenses incurred during visits. A minimum two year commitment is sought from IVs but most friendships last much longer than this. Walking, eating out and trips to cinema and swimming pool are common activities. The IVs are encouraged to keep in regular contact with the IVS and to seek advice and support about any aspect of their relationship with their young person if required.

I first came into contact with the subject of independent visiting through my consultation work in schools, in particular feedback from a foster carer whose daughter was being supported by an IV. This young person was vulnerable socially and her foster carer believed that time spent with her IV had helped her to develop communication skills and become more assertive. As an educational psychologist, the potential benefits of such a relationship for assisting the children's learning and development were of interest to me. What kind of relationships developed between IVs and young people? Which young people were gaining access to the service and which were not? What proportion of young

people gained access to IVs? What difference might it make to them? What similar roles are there? The IV Service was keen to discover what the users of the service feel about the value or otherwise of the IV role and how it might be supporting positive outcomes for this vulnerable group for example, engagement with learning or successful transition from care.

From the case outlined above I had experience of the IV role being valued by a foster carer. I wondered about the interface between foster carers or residential care workers and IVs and between social workers and IVs. Was there mutual understanding and perceived value of the other's roles? How were IVs viewed by birth family members in cases where contact was still ongoing?

1.1 The Research Project

Through discussion with the IVS and colleagues in the Children's Service, it became apparent that this is an underused service with potential to offer young people an additional, different relationship with an adult, with learning and mentoring possibilities. As an educational psychologist supporting the recent Special Educational Needs and Disability (SEND) reforms which aim to bring a more integrated and holistic approach to the ways health and education and care meet young people's special needs (DfE, 2014), I was interested to know whether and how IVs have opportunities to support young people across all three areas. The relationship is intended to provide them with a 'friend' to talk to, emotional support and stability, continuity and someone to have fun and share new experiences and interests with' (Department for Education and Skills, 2007b p.57). The current study examines if the IV role fulfils these objectives and provides rich qualitative data about the importance of such relationships for young people in care.

Research Aims and Objectives

- To explore if and how Independent Visitors are beneficial for the learning and well being of looked after children.

- To hear the voices of young people in care who are matched with an IV.

- To hear the voices of the independent visitors who fulfil this role.

- To discover how the local IV service supports these relationships and how this compares to services nationally.

1.2 Research questions:

- What do young people and independent visitors have to say about their relationship and how do they perceive its value?

- What is the perspective of an IV service co-ordinator about the relationships managed by the service and how do they perceive its value?

- How do the relationships contribute to learning and wellbeing for children in care?

Terminology and definitions

For the purposes of the research reported here, the term 'looked after' follows the 1989 Children Act [Section 22- 1] definition:

"all young people living away from home and cared for by Social Services".

The terms 'in care' and 'looked after' are used interchangeably. For the most part 'young people' is used to refer to both children and young people up to the age of 18 - the age of leaving care. However, two participants in the present study were in fact care leavers and 20 years of age.

Chapter Two - Literature Review

The introduction outlined that the role of Independent Visitor, introduced in the Children Act, 1989, has not been comprehensively implemented. The essence of the role is that it is aimed at developing friendships with adults, who are volunteers, who will be a source of support for the young person and promote positive outcomes in education and health. This literature review examines the evidence relevant to the conceptual basis for the role and that relevant to its implementation. For the purposes of the literature review I have taken the Children Act 1989 as a useful starting point, not only because it marks the introduction of the role but because it is generally viewed as a new departure point for the way the state views its role as 'corporate parent' to the children in its care (Ryan, 1999).

I begin by exploring existing research on IV relationships and other important relationships in the lives of looked after children and young people (CYP), for example social worker (SW), the ways they differ from the IV relationship-and why this is important. Through the lens of educational psychology, I will explore the protective and risk factors associated with care status as well as issues regarding safeguarding and children's rights and the importance of everyday experiences and relationships in children's wellbeing.

Literature Search Strategy

Outlined below is an overview of my initial literature search strategy which highlights a dearth of published literature on the subject of Independent Visiting. I found only one peer reviewed journal article (Hurst and Peel, 2013) and a handful of grey literature publications including an Ofted report by the Children's Rights Director for England (2012) and promotional literature commissioned by various children's charities.

Database	Search terms used	Number of results returned	Number deemed relevant
British Educational Index (EBSCO)	*"Independent Visitors" and "Independent Visiting"* *Educational outcomes for "children in care"* or "looked after children"	0 2 Academic journals	0 2
ERIC (EBSCO)	Educational outcomes and "children in care" / "looked after children"	2 Grey literature Academic journal	2
IOE Journals	"Independent Visitors" / "independent Visiting"	1 Journal article	1
IOE LibGuides	"Independent Visitors" / "independent Visiting"	2 Grey literature	2
UCL LibGuides	"Independent Visitors" and "independent Visiting"	2 Grey literature	2
DERA	*"Independent Visitors"* / "independent Visiting" *"Looked after children" AND "independent visitors"* and "independent Visiting"	1 Grey Literature 0	1 0

2.1 The Voice of the Child

In 2012 the Children's Rights Director gathered the views of 361 young people about their views and experience of having an independent visitor and their views about not being offered one. Of the 361 children questioned 29% said they had an IV and 71% said they didn't have one. By far the main reason for CYP questioned *not* having an independent

visitor was that they had never been offered one. Overall, 80% of the people who answered this question said this and when asked if they would take up the offer if asked, 43% respondents said 'yes'. The sample was taken from a population of young people participating in consultation events for young people in care which may have contributed in some way to the high figures reported of people accessing the service. Many services operate on a target of 10% of the LAC population but as already noted, figures recently obtained from LAs indicate that overall, only 3.2% of the LAC population is accessing this service.

Knight (1998) undertook a study about the extent to which this service was being offered to disabled children and young people in residential care. Young people in the study were very positive about having an Independent Visitor. They viewed them as friends, people they could go out with and talk to and supporters in their placement review meetings. The disabled young people interviewed benefited from having an Independent Visitor by: being introduced to a variety of experiences, including the chance to do ordinary things; having visits from someone 'unofficial'; experiencing family life; and having someone to monitor their welfare and help them prepare for leaving care. The Independent Visitors in the study acted as advocates when they spoke up for the young people in review meetings, but not usually in the sense of solving problems and making complaints. Independent Visitors were more likely to be advocates for young people with severe learning disabilities.

Some key issues highlighted by this study were funding and gender inequality. The vast majority of the Independent Visitors were white women. Many co-ordinators reported difficulties in recruiting men and volunteers from black and minority ethnic groups. Problems experienced by scheme co-ordinators and Independent Visitors included uncertainty about the role of Independent Visitors among some social work staff and foster carers, lack of funding to run schemes and pay expenses and a perceived lack of independence in schemes placed in social services.

2.2 What does the IV role offer?

Friendship

An IV provides the opportunity for a looked after child to have regular contact with an adult outside of the care system and someone who cares sufficiently to maintain a stable and enduring relationship. The elements of the relationship with an IV most commonly mentioned by young people are having someone to go out and do fun activities with and someone to talk to (Hardy, 2007; Knight, 1998; Showell, 2009). When asked to describe IVs, young people most commonly perceived them as a 'friend' (Knight, 1998: 23), a view echoed by the IVs themselves as well as scheme co-ordinators, foster carers and residential workers (Hardy, 2007; Knight, 1998; Oakley and Masson, 2000). IVs are provided solely for the young person and are not linked to statutory bodies; they provide a type of support that is distinctly different from other adults within the child's life.

It is important that IVs are not paid to care, as is the case with many other adults in their lives (Oakley and Masson, 2000). Thus, IVs are people who want and choose to spend time with the young person, do things that he or she enjoys and makes them feel special (Hardy, 2007). In this respect, young people's relationship with their IVs may be characterised as one of the few over which they can exercise real choice, in contrast to their relationships with other professionals. This element of choice is crucial for allowing the relationship feel like a real friendship, rather than a formal arrangement.

> *'Officials may be friendly but they cannot provide the exclusive, confidential and unpressured relationship which develops in successful matching of a young person with their IV'*

(Oakely and Masson, 2000 p.12).

Friendship has been described as a 'reciprocal relationship between two people with both affirming it' (Rubin et al., 1998 in Dunn, 2004). Reciprocity or mutuality of affection is of particular significance. Studies of friendship in middle childhood (e.g. 8-12 years) list companionship, intimacy and affection as key features. Loyalty and commitment are features which develop later, normally in adolescence (Weiss, 1974).

Friendship is a primary feature of both adults' and children's lives and research shows that children even younger than two years enjoy 'friendship' if characterized by behaviours such as seeking out the company of other particular friends, preferring their company over others, expressing shared happiness together, comforting each other in distress and displaying unhappiness if separated. Friendship has been shown to be important

developing a sense of security, self-esteem and pro-social behaviour (Gifford-Smith & Brownell, 2003). Other outcomes for development as a result of friendship for young people are development of social skills, social understanding (Wellman et al., 2001) and moral frameworks (Dunn et al., 2000).

The emotional quality of friendship founded on cooperation and trust is central to children's growing moral sensibility- and has been described as

'the crucible in which moral sensibility is formed'

(Dunn, 2004 p.7)

Friendship has been shown to be a critical determinant of children's social adaptation and adjustment and has a positive impact on children's ability to handle transitions and for coping with adverse experiences (Berndt, 1999; Gifford-Smith and Brownell, 2003).

While it can be expected that friendship with an adult such as IV is qualitatively different to that with a peer, the relationship/friendship is intended to be free (or freer) of the power plays normally associated with other adult relationships with young people and it is hypothesised that the IV relationships which have developed into friendships may serve many of the same functions as peer friendships listed above.

IV as source of encouragement and support

Talking things over and listening are considered important features of IV relationship by children in care (Hardy, 2007). Knight (1998) reports that children living in residential care talked about the importance of having 'someone just for them' when other children went out to visit their families (Showell, 2009). In addition to being a friend for socially isolated young people, IVs can also be important in building confidence levels and broaden horizons (Hardy, 2007, Knight, 1998).

The vast majority (80%) of IV relationships are formed when LAC are in their early teens (Barnado's 2015). Adolescents look to significant people within their lives in seeking to establish a sense of personal identity (Erikson, 1968). Gilligan (2008) emphasises the importance of having a range of social roles for health and wellbeing as these roles 'underpin the person's identity and sense of self' (p. 40). One of the risk factors linked to the adversity experienced by most young people, typically before, but also during their

care experience, may be a 'restricted range of socially valued roles' and development of 'a stigmatised and all-embracing master-identity' such as 'young person in care' or 'outsider' (p.40).

There is a wealth of theory linking social-interdependence (or how we develop in relationship to others) and skills for learning and coping. Sroufe (2005) argues that 'such models concerning the availability of others and, in turn, the self as worthy or unworthy of care, provide a basic context for subsequent transactions with the environment, most particularly social relationships' (p.358).

Masten and Coatsworth (1998) note that when children do not have strong parental guidance, competence is often linked to a surrogate care-giving figure who serves a mentoring role. They argue that having 'an effective adult connection' can mitigate against the risk of 'maladaptive' behaviours. Gilligan (2008) states that a young person's sense of social support allows them to believe in their own abilities to 'achieve things and make a difference' (p. 47) .

'Fundamentally these qualities grow out of supportive relationships with parents, relatives, teachers or other adults (or sometimes peers) who offer in-depth commitment, encouragement and support'.

(Gilligan, 2008 p.47)

'The number of supportive adults a young person has in their life may be important in different ways and has been found to be related among young people, for example, to a 'higher level of psychological and behavioural engagement with their schooling' (Wooley & Bowen, 2007). In their study of the progress of reform school/ care leavers in Finland (n=52), Janhukainen & Jarvinen (2005) concluded that 'much more power lies in the totally non-institutionalised and non-formal factors such as close human relationships' (p.680).

These conclusions are reiterated by the National Scientific Council on the Developing Child, a multi-disciplinary committee based at Harvard University which has the aim of synthesising and disseminating key findings from psychology, psychiatry and neuroscience for public policy making.

These relationships provide the personalised responsiveness, scaffolding and protection that buffer children from developmental disruption. They also build key

capacities-such as the ability to plan, monitor and regulate behaviour, and adapt to changing circumstances-that enable children to respond to adversity and to thrive. This combination of supportive relationships, adaptive skill building and positive experiences constitutes the foundations of what is commonly called resilience.

Harvard Center on the Developing Child, 2015

Attachment

Bowlby (1953) defined an attachment relationship as an enduring relationship, the most important of which is seen to be the primary caregiving relationship of a mother to a child. The relationship provides a secure base from which an infant can explore the world around them, and in this way, secure attachment relationships are seen as the critical foundation for learning and development (Geddes & Hanko, 2006).

Subsequent research has indicated the importance for attachment relationships in behaviour (e.g. Balbernie, 2001; Geddes & Hanko, 2006; Greig & Howe, 2001). Such relationships have been shown to impact on an individual's working model of themselves and others, affecting self-esteem and motivation in learning environments and have been linked to positive outcomes for mental health for looked after children and young people (Howe, 2005).

There is an extensive body of research which suggests that opportunities to form later positive attachments can alleviate some of the negative effects of early adverse relationships and increase resilience (Howe, 2005; Schofield & Beek, 2006). I believe that attachment theory has much to add to our understanding of resilience and how it thrives in the context of secure attachment relationships.

Resilience and attachment

The concept of resilience has been used when referring to the qualities that help a vulnerable child or young person to deal with adversity and that may help a person to cope in the face of immense pain and disadvantage (Stein, 2004). Resilience does not only depend on internal qualities, however, and Gilligan (2000) has made a distinction between

the aspects of resilience that is thought to depend on, or be facilitated by, the disposition or personality traits of an individual and those which have a 'social origin' which can be traced back to social experiences and the way these experienced are processed or perceived by individuals. This view of resilience emphasises the importance of relationships in coping mechanisms but also, crucially, the opportunities for development of resilience throughout life. Resilient youth have been studied by Sroufe (2005) who found that all the young adults they reviewed were able to identify *at least one significant relationship with an adult*. Such findings have helped to refute the notion of resilience as an innate constitutional factor;

IV as source of stability

The majority of IV schemes seek long-term commitment, with most asking for a minimum of two years from their volunteers (Barnardos, 2015). Hardy (2007) noted that for many of the young people interviewed, IVs were the 'only person still to be involved in the young person's life since an early age' (p.24). This fact may be in stark contrast to the high turnover of social workers experienced by many children (Munro, 2011) and difficulties achieving placement stability for many children in care (Biehal et al., 2010). Kendrick's (1995) study of a Scottish Authority suggested that about one third of children experienced three or more moves within the care system in one year. By 2003 the figure in England and Wales had dropped to around 15% with nearly half (43%) of placement moves being initiated and planned by the local authority and often as a result of a shortage of suitable placements or lack of planning (Holland, 2005).

Giving the relationship time to develop and grow into friendship is especially important given the attachment and trust issues that young people may have based on their experience of separation from key adults including parents. The continuity of an IV relationship is particularly important during times of transition for the young person, such as change of placement or change of school. As IV Services can help support relationships until the young person is 21, an IV can be an invaluable asset at the time of leaving care. Research has evidenced the value of the IV in providing a 'sense of sameness (Hardy, 2007). In the study by Oakley and Masson (2000), all the young people and volunteers hoped their friendship would continue irrespective of any placement changes.

Research findings suggest that for children in care, having a 'positive and sustained personal relationship with their social worker promotes their well-being' (McLeod, 2007 p.72). McLeod argues that to achieve this ideal, social workers need to be allowed to spend more time undertaking direct work with LAC, 'in order to develop relationships where the young person feels relaxed and able to confide in his or her social worker. Trust, respect availability, reliability, concern, being non-judgmental and listening are key qualities in a social worker according to children (Bell 2002).

However, for many social workers, pressure of workload and demands on their time limit their capacity in this regard. Changes to social work practice have arguably resulted in a more service-led response with greater emphasis on business efficiency (Morris, 2000; Trevithick, 2003), which may further reduce the likelihood that social workers will be able to spend enough time building relationships with LAC. By contrast, IVs are solely focused on the wishes and needs of the young person and are not accountable to organisational demands in the same way. Social workers are very aware of the boundaries they have to maintain with CYP due to the power differentials and their professional status (Hurst & Peel, 2013). IVs are encouraged to be fully involved in the lives of the young people as would a friend, for instance, attending personal celebrations and important events in the young person's life.

Barriers to sustained relationships for children looked after

Young people can feel that questions are being asked about their lives because of a bureaucratic routine, rather than because the questioner is genuinely curious about how they are. Young people communicate best about their lives when they are in control about how and when to communicate (Holland, 2008). Holland emphasises the need for adults working with looked after CYP to acknowledge that the young people's identities and feelings about their life situation, relationships with families and carers, aspirations and understanding of their life story will be 'constantly shifting over time and in different social settings'.

Brief interventions for assessments or sporadic visits by social workers are likely to produce a narrow understanding of people's lives (and indeed endanger the growth of a broader understanding of their life by the young person). Therefore relationships with

young people need to be sustained on an on-going basis indicating the need for a different model of supportive relationship e.g. companion or social pedagogue, who spends being together rather than being task orientated.

McLeod (2007) gives a reflective account of some of the difficulties she encountered when conducting one-off research interviews with looked after young people. These included a reluctance to talk at all, giving very brief responses, a tendency to change the subject and giving responses that appeared to be untrue. She found that these same young people's social workers had similar communication patterns with the young people. One of her conclusions is that relationships need to be on-going and positive before young people will be prepared to talk to an adult about issues that concern them:

> *'Clearly achieving a constructive relationship with some teenagers is the work of many months, or even years, and will not easily be achieved in a regime where brief interventions are the norm'*
>
> (McLeod, 2007:285)

Questions have been raised about the depth and sustainability of relationships with carers and teachers available to children in residential care. Children living away from their family feel a strong need for close relationships but these are not always forthcoming from staff anxious to maintain professional boundaries (Pellicano et al., 2014). Other difficulties identified for children with special educational needs (SEN) living in residential care are difficulties maintaining links with their home community, which leave them vulnerable at times of transition and with their participation in the decision making process and having their voice heard at key moments (Pellicano et al., 2014) These are potentially times when having an Independent Visitor could be valuable to the young person.

Preparing for Independence

Leaving care is a critical time of transition for young people. Many IVs feel strongly that supporting young people with this transition is an important aspect of the role and many noted a notable lack of support from other agencies in this regard (Knight, 1998). Knight's study evidenced the varying forms this support took, with IVs helping their young people develop skills in housekeeping, planning and money management with some even inviting

LACs to their home, involving them in practical life skills activities such as cooking or laundry. Oakley and Masson (2000) found that some IVs helped find new accommodation and employment.

With limited research on the role of IV it is important to look at other similar roles and the ways they are alike or different. For example, the Independent Visitor may act as a 'mentor' to the young person, advising and guiding them towards positive outcomes. This could be explicit through discussion, questioning and activities such as target setting or it could be more subtle and less of a collaborative process. Or an IV may advocate on a young person's behalf. How might this aspect of the role compare with other similar roles for example those provided by mentors or official advocacy services?

Mentoring

The task of the IV includes 'advising' as per the Regulations (Section 7 (2)(a)) and so it could be argued that a 'mentoring' aspect to the relationship was intended by the authors of the Children Act (1989). Mentoring has grown in popularity in recent years. Mentors are to be found in schools, colleges, places of work, as well as in a variety of projects assisting young people who are variously labelled, 'disadvantaged', 'socially excluded', 'disaffected' and 'vulnerable' (Colley, 2003). The 'Big Idea' of mentoring originated in the United states where the early 'Big Brother, Big Sister' projects were pioneered and where belief in mentoring interventions has continued to fuel their expansion. In part influenced by these developments, mentoring has become a significant component of contemporary government and community youth policy in the United Kingdom (Philip & Spratt, 2007; Pawson, 2004). In the literature, mentoring is used to describe many different types of relationships and many different models or approaches to mentoring. The purpose of mentoring schemes have been variously described as 'instrumental or engagement mentoring' and linked to hard outcomes such as employment, education or training or reducing offending behaviour or alternatively, 'expressive' mentoring linked to 'soft' outcomes, such as self-esteem and personal development.

One of the most successful and long running mentoring programmes to date in the UK has been The Princes Trust 'Progression Mentor' programme. It was borne out of the aims of the Children (Leaving Care) Act 2000 introduced in 2001. These were:

- To delay young people's transitions from care until they are ready to leave

- To strengthen assessment, preparation and planning for leaving care

- Provide better personal support for young people after care

- To improve the financial arrangements for care leavers

To meet these aims, the provisions of the Act were:

- To assess and meet the needs of young people in and leaving care

- Pathway planning

- Assistance with education and training up to the age of 24

- Financial support and maintenance in suitable accommodation

- For the responsible authority to 'keep in touch', or retain links with the young person beyond their transition from care

- Appointment of *a personal adviser* to provide advice and support to young people, to participate in needs assessment and pathway planning, to co-ordinate services, to be informed about progress and wellbeing and to keep records of contact with the young person

Success of relationships was found to be dependent on 'careful matching of mentors and young people and flexible approaches of managers, within safe guidelines' (Clayden and Stein, 2002).

With the introduction of the statutory role of 'personal advisor' at around the same time as the study, the researchers report evidence of confusion about the nature of the two roles and awareness of the danger of overloading the young person with the number of adults involved in their lives. However, the mentors and mentees reportedly valued the voluntary aspect of the role and the fact that they were not somebody the young person *had* to see. Also highlighted as a strength of the role was the element of 'control' for the young person:

One co-ordinator noted;

> *'Well, a mentor is very different from other people involved in the young person's life, because, even though they offer a befriending role, they are not the young person's friend, so they are different from friends and family. Hopefully they are also different from a professional worker.'*

The mentoring role highlighted here is qualitatively different from the IV role as the 'task' takes precedence over friendship. But like the IV role, the voluntary nature of the role sets it apart from other adults working with the young person. Furthermore, it could be argued that guidance given is *more likely* to be more meaningful and acted upon if it is heard in the context of an established and trusted longer term relationship such as that of IV. Mentoring was extensively promoted during the New Labour governments (1995-2008) and from the outset was promoted as the ideal mechanism for developing partnership approaches to social inclusion and for fostering 'community based' initiatives (SEU, 2000). When flagship programmes such as the New Deal, Connexions and Youth Justice schemes the mentoring role was identified as one of assisting young people to become integrated into the mainstream whether this was in relation to work, training or civic engagement.

Such linkages inevitably introduced an element of coercion, since involvement in the schemes carried implications for income, for remaining in the community and sometimes for a right to accommodation. Colley (2003) outlined how what she has described as 'engagement mentoring' encapsulated processes of coercion that often undermined young people's and mentors' attempts to develop relationships of trust and support. Within some schemes, when young people left or dropped out, the mentoring dimension was terminated. Thus, at a time of risk, access to this support, however minimal, was no longer available to them. Other drawbacks noted by Colley were; the short timescales for measuring of goals, uncertainty about what constituted appropriate support and questions about the accountability of mentors which further compromised the potential for meaningful relationships.

IV as advocate

The IV role has been linked to that of an advocate on behalf of young people (Knight, 1998) but the extent to which IVs act as such or feel this is appropriate varies greatly. One study indicated that up to half of young people who had IVs felt that they had acted in such a way (Hurst & Peel, 2013). Half of all IVs interviewed by Knight (1998) confirmed that they were prepared to take on such a role if it was necessary although only 3 out of 23 said that they had actually had the experience of doing this.

This same study raised the possibility of role confusion and controversy when IVs act as advocates, in that they are not usually trained in this regard. Care Matters (Department for Education and Skills, 2006) however, proposed that advocacy could be combined as part of the IV role and suggested it should be renamed 'independent advocate', but this idea was not developed further due to objections from young people and professionals, who feared it would confuse two 'distinct' roles and possibly lead to the dilution of both (Department for Education and Skills, 2007a).

2.3 Young People and the Care Experience

In March 2015 there were 69,540 looked after children in England which represents a 1% increase on the previous year and the number has been steadily increasing since 2010 (7% increase). Young people aged 10-15 represent the largest proportion of the overall number (37%DfE, 2015).

Despite the recommendations of the Children Act 1989 many care leavers continued to face poor life outcomes as they were 'proportionally more likely to lack qualifications and face unemployment' (Baldwin et al., 1997). By the year 2000, it was well established that looked after children were disproportionately at risk of social exclusion in terms of educational under-achievement, low income, poor access to services, ill health and disadvantages in the labour market (Social Exclusion Unit, 2001).

The period from 2000-2008 was a time of great change in government policy in England and Wales affecting children and young people. It witnessed an unprecedented level of legislative and policy initiatives to promote and sustain the health and wellbeing of all children in care. This was largely driven by the work of the Social Exclusion Unit from 1997. Central to this agenda, and reflecting broader discourses in the fields of social care

and psychology, were the notions of holistic care, of attainment and achievement, opportunity and of safety and security.

 The Green Paper *Every Child Matters agenda*, launched in 2004 (DfES) outlined five key objectives considered essential to allow all CYP to progress successfully to adulthood: being healthy, staying safe, enjoying and achieving, making a positive contribution and securing economic wellbeing. Fulfilment of these objectives was planned for through a number of linked strategies: support for parents and carers; early intervention and effective child protection, clear accountability, multi-agency working and partnerships and integration of health, social care and education.

Underpinning this new 'change for children' approach, was a recognition of the inequalities that diminish the health, social and economic prospects of some young people and families and the focus shifted to placing the most vulnerable groups centre stage in order to 'close the gap' and make 'every child matter'. Issues of gender, ethnicity and social-economic deprivation were now closely monitored as risk factors for children's health and well-being. Children 'in care' of the state were identified as an extremely vulnerable group.

In 2001, the Children (Leaving Care) Act 2000, came into effect. This significant piece of legislation extended the duties of local authorities to care for and support young people during their transition from care up to the age of at least 21 years. This contrasted radically with the previous practices involving children in care, when young people were expected to fend for themselves after the age of 16. The corporate parenting responsibilities of local authorities include having a duty under section 22 (3) (a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in our out of authority or the type of placement. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.

The Act stipulated that CYP should be able to participate in decisions about their care. Arrangements should be in place to promote a culture :

- o where young people are listened to
- o that takes account of their views according to their age and understanding, in identifying and meeting their physical, emotional and mental health needs
- o that helps others, including carers and schools, to understand the importance of

listening to and taking account of the child's wishes and feeling about how to be healthy.

The reasons for a child coming into care are monitored; children primarily suffer severe neglect or abuse before being removed from their family: 62% of children in care in England were removed for this reason in the year ending March 2015 (DfE, 2015). The LA in England where this research was conducted had 464 children in care, (December 2015, internal communication) which represents 0.8% of the total 0-18 population of 57,000. The figure, combined with the number of children in need, has been consistently high relative to its statistical neighbours for a number of years (Anonymised, 2015) and presents a concern to the LA.

2.4 Educational outcomes for children in care

The educational challenges faced by young people in care are well documented. Two thirds of looked after children have a recognised special educational need (SEN) and just under one third have a statement or Education, Health and Care Plan) of SEN compared with 17.9% and 2.8% of all children respectively. The difference in the level of learning difficulty and attainment between these two pupil groups indicates that it is necessary to understand their needs holistically to enable greater success in education through the support of people around the child (DfES, 2007). Just under half of young people in care are considered to have emotional and behavioural health difficulties e.g. in building and maintaining relationships with others, hyper-vigilance and poor mental health. These difficulties mean children in care are eight times more likely to experience exclusion from school than their peers (DfES, 2007; Harker, Dobel-Ober, Berridge, & Sinclair, 2004) and just over half leave school without
qualifications (DfE 2014). The low achievement of looked after children can be explained by: pre-care experiences that can create barriers to learning; experience of the care system, including placement instability; and the school system, either because schools are not aware or do not understand that children are in care or are not taking appropriate action to help children progress at school (DCSF 2009a). Looked after CYP frequently have specific needs that can challenge their ability to learn, get on in school and adjust to their new home environment. Placement instability at home affects school placement stability and vice versa.

In her seminal research project, Jackson (1987) found that children who came into care were at high risk of educational failure and that the factors affecting their education were; pre-care experience, disrupted schooling, low expectations, low self-esteem and a lack of continuity. Her research initiated an increased focus on educational attainment as a protective factor for this vulnerable group. A subsequent study by Heath, Colton and Aldgate (1989) compared children in foster care to children from families receiving support from social services but who had not been taken into care. They found that children in foster care consistently failed to make the same educational progress as the comparison group, even when they were placed in 'good quality' foster placements. Simon and Owen (2006) noted the rate of educational underachievement of looked after children relative to all children, with the gap widening as the children progressed from KS1 through the subsequent stages and Table (below), indicates that this trend is still prevalent**.**

Table 1. Attainment of children in care by key stage compared with children not in care (2014-2015).   * source: Department of Education (2015)

Key Stage	% of looked after children achieving expected levels	All children achieving expected levels
1	68%	88%
2	48%	79%
4 (Young people achieving 5+ A*-C GCSE)	12%	62%

The importance of Education for looked after children

Jackson and Simon (2006) argued that learning and education can have a positive effect on physical and mental health through its impact on later economic and social status as well as increased uptake of medical services. Furthermore, they reported that measures of education such as years in formal education and level of qualifications showed a positive correlation with mental health measures such as happiness, lower rates of depression and reduced risk of suicide. According to the authors:

> *Outcomes of learning include improvements in self-esteem, self-efficacy, interpersonal trust, anti-discriminatory attitudes, access to a wider network of social support, and social and political engagement and activity.*

> Jackson and Simon, 2006, p.45

According to Jackson (1998) both negative and positive outcomes for looked after children can best be understood in the light of research on resilience. Looking at the experiences of children or young people in local authority care from a risk and resilience perspective, we can see that there are present in most of these children's lives an overwhelming preponderance of risk factors. By the time they reach adolescence, unless there are strong protective factors or processes at play, positive outcomes are incredibly difficult. Some children who face stressful, high-risk situations fare well in life, but their chanc9es of doing so depend on the extent to which the risk factors in their lives are balanced by protective factors, both individual and environmental (Rutter, 1999). Jackson, 1998) stress the interactive nature of these influences, and also that they are not static constructs but processes or links in a chain of reactions, which may be negative or positive.

Factors promoting educational engagement

The *By Degrees* study (Jackson et al, 2003) interviewed care leavers who had overcome adversity to successfully engage with higher education. The aim of the study was to illuminate the experiences of this group and to identify common challenges and protective factors they encountered in their bid to pursue university level education. The participants who were placed in an educationally supportive foster home between the ages of 10 and

14 and remained there until they went to university, had the best outcomes in terms of engagement with higher education.

Apart from the personal characteristics necessary - determination, self-belief and resilience the main environmental factor promoting high achievement was, not surprisingly, a foster placement where carers gave a high priority to education and who were capable of supporting the young person's academic ambitions in a variety of ways. Also essential, was consistent personal and financial support from the local authority. 'For those who did not have supportive foster homes, the absence of a named person to offer consistent emotional support posed even greater problems.' (Jackson et al., 2003, p.80). One of the main conclusions drawn from the several studies reported in 'In Care and Beyond-A Positive Perspective' (Chase, Simon and Jackson, 2006) was the following:

> *'most young people need continued support from a known and trusted person well into adulthood'.*

At the time of By Degrees Project (Jackson, Ajayi and Quigley 2003, 2005), the proportion of care leavers going to university was estimated to be only one in a hundred (Social Exclusion Unit, 2003). Thanks in part to the awareness raised by the By Degrees research and subsequent changes in legislation and practice, the number has now risen to seven per cent, but it is still far below the percentage amongst the general population (Cameron & Jackson, 2014).

Risk and protective factors in relation to Education and Being in Care

Factors that have been shown to promote resilience for looked after children are; building a sense of self-esteem and self-efficacy; having a close tie with at least one significant adult, and being happy and involved at school (SCIE, 2004). Stein (2004) also commented that the resilience of young people could be promoted through: providing them with stability (of care setting, school, staff); helping them to develop a positive self identity; enabling a positive experience of education, opportunities to plan and problem solve and gradual and supported transitions from care.

There is a wealth of evidence pointing to educational attainment as a protective factor in the lives of looked after children and has been linked to a myriad of positive socio-

economic and health outcomes (Jackson, 1987 and 1989; Cameron and Dent, 2003) argue that it is not educational attainment but being part of the school community and 'formative living and learning environment that has the potential to exert a major influences on the personal and social development of a pupil (Cameron & Dent, 2003). Gilligan (1998), managed to capture some of the complexity of within-school experiences when he argued that school life also offers vulnerable pupils

> 'a wide range of other opportunities to boost resilience, including acting as a complementary secure base, providing many opportunities for developing self-esteem and self-efficacy, and opportunities for constructive contact with peers and supportive adults'.
>
> p.23

Gilligan argues that achieving success in one area of a young person's life creates a 'spill over' of positive effects into other areas of their lives leading to resilience benefits (Gilligan, 1997).

2.4 Wellbeing of looked after children

Many children and young people in care have experienced significant abuse, neglect and relationship breakdown before they come into care which impacts negatively on their mental wellbeing. Research indicates that 45 per cent of children in care have a diagnosable mental disorder (Meltzer et al, 2003), a rate that is four times higher than that of children in the general population (Ford et al, 2003). This rate has also been linked to inadequate levels of support for children in care (Hooper et al, 2007; Rees et al, 2010). Semprik et al (2008) conducted a longitudinal study into the incidents of emotional and behavioural difficulties of CYP who remained in care for at least a year. This study considered needs identified at the point of first entry into care and subsequent social work and psychologist assessments and concluded that 72% of CYP aged 5-15 had a mental or behavioural problem.

One of the aims of the every Child Matters Agenda was for children to be 'emotionally and mentally healthy' (DCSF, 2003, 2008). The National Children's Plan (DSCF, 2007) outlined the rationale;

Emotional wellbeing and good mental health are crucial for every aspect of a child's life... Good social and emotional skills are vital for healthy personal development. They build resilience and reduce the likelihood of engaging in risky behaviour (p.35)

Many aspects of young people's health have been shown to worsen in the year after leaving care (Chase et al, 2008) including problems with alcohol and drugs, physical illness and mental health difficulties. Both young men and young women in and leaving care are more likely than their peers to be teenage parents, with one study finding that almost half of young women leaving care became pregnant within 18 to 24 months (Broad, 2005) although for some this may be a positive choice (Dixon, 2008).

Conclusion

The literature on educational outcomes for looked after children shows that there are protective factors which help to mitigate against the risk factors associated with being in care. Having reviewed the literature, the main factors are having stability and continuity of care and school placements, a sense of belonging at school and within a peer network, access to resources and facilities, and the support of a reliable adult. The relationship between emotional wellbeing and learning is a complex one and factors such as self-esteem and confidence, communication skills and social competence play a large role in a child's capacity to engage with learning at school and elsewhere. These skills are learned in the context of attachment relationships and lead to increased resilience. I was keen to explore the IV/LAC relationship with these theories in mind in order to investigate its impact and potential benefits.

3.0 Chapter Three - Methodology

3.1 Influences on research design

I am aware that my personal beliefs and world view have influenced this research study and in this chapter I will set out the epistemological and ontological considerations that underpin its design and implementation. I will describe the procedure involved in

participant recruitment, data collection and subsequent analysis and interpretation. I am aware that my personal views and beliefs will have affected my interactions with the interview participants and my interpretations of what they said and I therefore want to make these as transparent as possible. As a trainee educational psychologist and former primary school teacher I have a strong personal belief in the importance of relationship in the lives of all children and had hypothesised in advance that the IV relationship would be beneficial in some way. Furthermore, I made assumptions, based on my professional experience that the participants would have meaningful experiences to explore.

In keeping with the social constructivist outlook of my training course, which emphasises the world of experience as it is lived, felt and undergone by people acting in social situations (Schwandt, 2007), I was keen to record participant's first-hand accounts of their experiences. Researchers with this theoretical orientation find grave difficulties in the notion of an objective reality which can be known and doubt any possibility of having access to it.

> *'In principle there are as many realities as there are participants- as well as that of the researcher'.*

> (Robson, 2011 p. 34)

In recording the views of the participants and interpreting them in light of relevant theory I do not claim to have access to any absolute 'truth' and I acknowledge my own role in the process of helping the participants to 'construct' reality, for example through the style of questioning both in the interview and the survey instrument and in the interpretation of my findings. However, because a bottom-up inductive approach was taken when analysing the data, I believe that personal bias in my interpretations was minimised.

A realist view of science- the view that the real world is not only very complex but stratified into different layers, that social reality incorporates individual, group, institutional and societal levels led me to design a research project that would capture the local and national picture and incorporate the views of children and adults, the IV service co-ordinator, managed by the Local Authority and members of a national network of IVs across the country.

A pragmatic paradigm guided by multiple worldviews influenced the design and execution of this study. Hence I used research methods which allow for the recording of 'multiple perspectives', in this case, interviews and a survey. It was decided that in order to address the research question in a practical manner, within the time constraints of the project, using a range of methods and gathering multiple perspectives a mixed methodology design was chosen.

3.2 Mixed Methodology Research Design

Mixed methodology research is the type of research in which a researcher 'combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the purposes of breadth and depth of understanding and corroboration' Johnson et al. (2007) in Creswell and Clark (2011). The central premise of a mixed methodology is that the use of quantitative and qualitative approaches, in combination, provide a better understanding of research problems than either approach alone (Cresswell & Plano Clark, 2007).

Quantitative methods are the best way to identify group properties and general tendencies and valuable for limiting the 'experimenter effect' of results (Robson, 2011) However, quantitative methods do not allow for in-depth understanding of the context or the individual perspectives of participants.

With qualitative methods, the researcher's own values and ideas impinge on the process of obtaining and making sense of data. Interpretation, by the researcher, of the meanings attributed to events is a feature of qualitative psychological research and is not viewed as problematic, but as a potential strength (Creswell, 2007). There is also an emphasis on validity rather than reliability, which means that the research does not claim to produce results which could be exactly replicated, at a later date, or with another sample or researcher. Rather the aim is to develop a true understanding of the area under investigation, focusing on information from those who experience the phenomena, and their interaction with the researcher (Hayes, 2000).

In qualitative studies, researchers are embracing the idea of multiple realities (Creswell,

2007), a standpoint which bears in mind which experiences are unique to each individual and which individuals make sense of their experiences in different ways. In this way it is 'reality' for the individuals concerned that is valued and explored, which is said to constitute a relativist ontology, with an emphasis on participants' subjective account of an experience (Willig, 2001).

The 'third research paradigm' (Onweugbuzie, 2004) or pragmatic approach, represented freedom from the 'forced-choice dichotomy' (Creswell, 2011) between quantitative and qualitative methods and enabled me to use as many different methods as was necessary to answer the research questions effectively using a multi-strategy design.

I conducted unstructured interviews with eight CYP in care, six Independent Visitors in Local Authority X and one IV Service Co-ordinator. Five of these adults and children were 'matched' pairs. I also collected data from 104 Independent Visitors nationwide through an online survey. The survey allowed for the collection of both quantitative and qualitative data.

A sequential exploratory design was used where the online survey was administered after the interview transcripts had been analysed. The findings from the interview transcripts were then used to guide the questions asked in the survey, particularly those questions that allowed for qualitative data to be provided. This approach was used in order to further explore and triangulate the phenomena evident in the transcript data.

On one hand qualitative methods (in this case semi-structured interviews) would be ideal for hearing the voices of the people who are involved in these relationships and would give me a detailed understanding of the context in which the relationship exists. On the other hand, I wanted to be able to generalise to what extent my qualitative findings in order that I might better understand this national service to young people. For this reason I decided to include a quantitative element to the research design, in this case, a survey. The survey elicited strength of views on a range of issues, pre-identified during thematic analysis of interview data and which is presented as numerical data. This approach helped to address any biases arising from my personal interpretation of the qualitative data as well as strengthening the generalisability of findings from a small sample size which was important to me as I hoped to gain insight to the impact of a *national* service. Furthermore,

in order to explain my quantitative findings, I decided to include a qualitative element *embedded* within my survey tool. Hence, the limitations of one approach are offset by the strengths of the other method.

Using a mixed methods research design provided me with more evidence for the study of my research question than would be supplied by using either quantitative or qualitative methods alone- leading to a more complete and comprehensive picture of the topic of the research. Furthermore, I had all the tools of data collection at my disposal rather than being restricted to the types of data collection typically associated with these single approaches.

3.3 Ethical research methods

In this section I will set out the steps I took to gain access to participants and how I gathered and analysed the data with the needs of the participants and my own epistemological and ontological view point in mind.

As per the course requirements, I wrote an application for ethical clearance which was reviewed by the IOE ethics committee (please refer to Appendix G). This outlined the aims of the study, the research questions and planned methods of participant recruitment (including addressing possible bias), data collection and analysis.

Petrie et al. (2006) report that the population of children in care is 'relatively small and is dispersed, stigmatised and excluded in many ways' (p. 152). This poses practical challenges to conducting research, including complexities of gaining access to potential participants, and difficulties in ensuring that the sample is representative. In my own professional experience, many children do not wish to talk about their status of being 'looked after' especially at length, or with an unfamiliar adult. Due to the often traumatic and unstable experiences of these young people, they can be disengaged with professionals, for this reason I used research methods that were highly sensitive, put the needs and wishes of the young person as paramount.

3.4 Participant recruitment

Phase 1: Interview participants

I relied on the Independent Visitor Service for the recruitment of all participants. I attended two IV support group meetings in order to raise awareness of my research and to recruit volunteers. All six IVs signed up in this way and five of them facilitated the recruitment of their matched young person too.

Three young people were recruited by other means;one was a twin of a young person who had agreed to be interviewed and who also showed an interest. Two others were children I worked with in my role as a trainee Educational Psychologist.

For all young people, IVs first got expressions of interest from their young person before I contacted their social workers (information supplied by IVS) to introduce myself, to share information about the research project and to seek social worker consent to approach the young person themselves.. I then contacted foster carers or residential care managers to arrange a meeting as well as a further check that the young people were still interested in taking part. All foster carers, social workers and interviewees received copies of the information booklet in advance of our meeting and all participants signed consent forms on the day of the interview (Refer to Appendix F). Reminders were given on the day of meeting that participants had the right to opt out at any point, even after the interview had taken place.

Young people were interviewed separately from their IVs so that they could express themselves in confidence. I outlined how if any young person revealed anything of concern about their IV relationship I would talk with them about what should happen next outlining that it may be appropriate to discuss it with the IV service. In cases of child protection concern I would liaise with social workers where necessary. I made it clear to all participants that their responses would not be shared with their IV or young person and I outlined in the information sheet and consent form and again in person that all responses would be reported anonymously.

3.4.1 Participants
Some brief information about participants is outlined in **Table 2**, below:

Young People

*All names are pseudonyms

Name	Gender/Age	Care Status	Length of time in care	IV's Name	Length of relationship
Sam	M / 20	Supported Lodgings	7 years	Rick	5-6 years
Sam was taken into care aged 7 with his sister who is visually impaired. Sam has learning difficulties and difficulties with regulating his emotions. When Sam was 12 he was sent to a residential school 90 miles away. He was matched with Rick when he was 14. For four years Rick made a 6 hour round trip every fortnight to spend a couple of hours with Sam. When he was 18 Sam returned to his home town and lives in supported lodgings. He is supervised 24 hours a day by two carers and the only time he is allowed out for extended periods without his carers is with Rick. Rick has helped him get to know some people in the local community and he has started doing some unpaid voluntary work in a local charity shop.					
Stacey	F/13	Residential Care	8 years	Alice	2-3 years
Stacey has been in care since she was 4 years of age. She has had three foster placements and is now in Residential care. She has been matched with Alice for over two years. Prior to that Alice was Stacey's social worker but when she left her job (and Stacey's IV of two years left the area) the IV service matched them together. They have a very close bond and both describe the friendship as lifelong. Stacey is an outgoing and articulate 13 year old who has spoken in public about the importance of the IV role. She looks older than her 13 years and her IV describes her has vulnerable.					

Ahmed	M/ 20	Care Leaver	5 years	Rita	5- 6 years

Ahmed came to the UK when he was 15 in the back of a lorry after making a perilous land and sea journey from Afghanistan on his own. He was clearly traumatised. He reported his father and brother were killed by the Taliban and he was missing his front teeth. He did not speak any English. He was self-harming and has been hospitalised on a couple of occasions. His IV, Rita saw him several days a week for the first year and taught him how to speak, read and write English. They speak twice a week on the phone and see each other twice a year now as he lives in a different city. He has officially left care but lives in supported lodgings. He has ongoing mental health difficulties for which he is medicated. He is socially isolated. He has not yet been granted asylum, is not allowed to work and lives in fear of being deported to Afghanistan

Brian	M/ 19	Residential Care	12 years	Tony	1-2 years

Brian has been in care since he was four years old. He has had 4 long term foster placements and is now in a residential care home that specialises in 'harmful sexual behaviour' which is in a rural setting. Brian is socially isolated and doesn't have contact with his birth family. He is fully supervised at college where he is studying Horticulture. He names his IV and the boys in his new care home as his only friends.

Daisy	F/ 13	Foster Care	6 years	Valeria	4-5 years

Daisy is in foster care with her twin sister Elizabeth. They have been in care since they were 3 years old and with the same carer. They both have IVs. Daisy values the fortnightly trips to the cinema and swimming pool with her IV.

Elizabeth	F /13	Foster Care	6 years	-	3-4 years

Elizabeth is in foster care with her twin sister Daisy since she was 3 years old. Elizabeth has moderate learning difficulties and has recently changed school. She is socially isolated. Her IV recently left the area and she has been matched with a new person. Elizabeth's foster carer noted the value for both Daisy and Elizabeth to go out with someone who was 'just for them', a little independence from their twin and also time to themselves away from a very busy household.

Maeve	F/ 13	Foster Care	7 years	-	3-4 years

Maeve is in foster care with her brother Hughie since she was 4 years old. Maeve values her fortnightly trips to the swimming pool and to the cinema with her IV. She is described as her foster mother and teachers as socially vulnerable.

Hughie	M/ 11	Foster Care	7 years	-	<1 year

Hughie was taken into care when he was 2 years old and lives with his sister Maeve. He is very happy to be recently matched with an IV. He values the chance to go out and be treated to special treats and talked about having a giggle with his IV.

Table 3.

Independent Visitors

IV Name	Gender/ Age	Care status of young person	Length of time in care	Young person's name	Length of relationship	
Tony*	M/ 55	Residential Care	12 years	Brian	<1	**Pha se 2:**
Alice*	F/ 37	Residential Care	8 years	Stacey	2-3 years	**Sur vey**
Rick*	M/ 52	Supported Lodgings	7 years	Sam	5-6 years	**part icip**
Rita*	F/ 54	Independent living	5 years	Ahmed	5-6 years	**ants**
Valeria*	F/29	Foster Care	6 years	Daisy	4-5 years	I
Nadeane	F/ 37	Supported Lodgings	4 years	Ella	3-4 years	was give

n access to the online discussion platform used by the IV National Network 'Huddle' which enabled me to communicate directly with hundreds of IVs around the country. I posted a link to the online survey here with a brief outline of the aims of my research and a request for participants (see Appendix D for details). 104 IVs responded.

Survey Respondents- total 104

- 101 gave gender info: 79 female 24 male supporting
- Supporting 51 female and 50 male young people
- 67% matched with young people in foster care
- 13% matched with young people in residential care
- 20% other- guardianship care, assisted living, independent living or care leaver

3.5 Data Collection

3.5.1 Unstructured interviews

Unstructured interviews were conducted to generate rich qualitative data enabling me to 'learn first-hand about the social world' of the interviewees as well as to facilitate rapport

and empathy (Smith et al., 1995). Additionally, whilst allowing for flexibility to further explore issues raised by the participants it would allow me to pick up on non- verbal cues, which was important to help me understand and notice potentially emotive issues that needed sensitive handling (Greig & Taylor, 1999).

Unstructured interviews have the disadvantage that they do not all deal with the same topics so their contents cannot be easily collated (Robson, 1993, p.229). However they carry the advantage of allowing the child, rather than the researcher, to decide what issues are important to a looked after child and therefore give a more vivid picture of the world as they experience it. It also gives them an element of choice in whether or not to discuss personal issues with a stranger. This approach was chosen for ethical reasons. Research involving children creates particular moral dilemmas in that they are typically less powerful than the adult researcher (Thomas and O' Kane, 1998). In this instance there are also reasons for concern about the nature of the consent to participate. Although their interest to be involved and consent was sought, I did consider that they may feel obliged to do so by virtue of the fact that they are initially asked by their IV who had already agreed to take part. However, as the relationship is based on friendship and not one based on hierarchical principles (for example that of the social worker relationship) I felt that this would not be an issue. Right to withdraw was also repeated in the consent sheet (See Appendix F)

I asked a set of 'opening' questions and as many follow-up questions as was necessary to fully explore the issues that might arose. Opening questions related mainly to the gathering of descriptive data about the participants, age, length of match and care status of young person for example. An open ended question about the relationship was then asked and the interview flowed from there. While maintaining a stricter interview schedule would have resulted in stronger coding density within and across the data sets I believe that the 'interviewee-led' agenda allowed for a 'truer' account of the relationship

3.5.2 Survey

An online survey instrument (see Appendix C) was used to collect the views of Independent Visitors nationwide. The sample was accessed through the online IV National Network Forum- Huddle. This was an easy, time efficient way of accessing larger sample

with high amounts of data standardisation. Anonymity allowed for frank and honest responses and it was hoped that this would reduce any 'social desirability response bias'. 104 people completed the survey in a 40 day time period in January and February 2016.

Sample and issues of bias

The findings reported in Chapter 4 are generally very positive, with no young people reporting negative effects or aspects of their IV relationship which lead me to consider potential issues of confirmatory bias. Due to the small total number of IV/LAC relationships in the LA (n=47) small sample size was already a potential limitation of the study. Furthermore the IV participants who volunteered were from a sub-group of IVs who already showed increased motivation by being present at the bi-monthly support group meetings which may indicate that they are individuals who a) take their role seriously b) actively seek support and guidance from the IV Service for providing good quality support and guidance to their young person. In defence of the data however, it must be noted that almost all of the IVs referred either directly or indirectly to the challenges of the role but none of the young people mentioned any negative aspects of their relationship with their IV despite my seeking a balanced appraisal of the relationship during interviews.

3.6 Data Analysis

3.6.1 Thematic Analysis

The semi-structured interviews were recorded and transcribed verbatim. These data were analysed and using the principles of thematic analysis in both an inductive and deductive approach using the cycles of coding described by (Saldana, 2009). Thematic analysis was selected as more appropriate than other methods of qualitative analysis, for example interpretative Phenomenological Analysis (IPA), as the researcher aimed to generate a surface-level, descriptive picture of the interviewees perceptions, one which gave voice to their own ideas, rather than the researcher's interpretation of them.

The analysis was conducted to Braun and Clarke's suggested framework (Braun & Clarke, 2006), as follows:

1. Familiarisation with the data was achieved through reading and re-reading and

generating links between the data and the RQs and the data sets themselves. Handwritten notes and memos were recorded at this stage.

2. Initial codes were generated systematically across the data set by creating 'Nodes' in NVivo 11 and memos were stored electronically at this stage.

3. The codes were grouped into potential themes and sub-themes using NVivo 11 (see Appendix B)

4. Further exploration of the data including exploring quotes that had been coded to more than one node to check the clarity and coherence of the themes and subthemes. Density of coding to particular nodes and across different data sets was also investigated at this stage.

5. Ongoing review of themes to ensure that all data coded fit the dimensions of the code before themes and sub-themes were named. Opinions on clarity and coherence of themes and sub-themes was sought at this stage from my supervisors who offered helpful insights.

6. During the writing of the results section there were opportunities for further refinement of themes and categories

For an outline of the first round (initial) codes generated and subsequent theme and sub-theme generation see Appendix B.

A number of decisions were made before embarking on the collection of data. According to the model proposed by Braun and Clarke (2006) it is necessary to determine whether the primary aim of the research is to provide a rich description across the entire data set, identifying predominant themes, or whether the analysis is intended to provide a more detailed in-depth account of one particular theme. In the research reported here, the aim was to identify, code and analyse themes to reflect the content of the whole data set, in relation to a broad research question, namely: How do IVs promote learning and wellbeing for young people in care?

I coded the data initially using both an inductive approach and deductive approach. As I had hypothesised that there may be benefits for engagement with learning and social and emotional benefits too, I was actively looking for data that could be coded in this way but I also kept an open mind and coded for a wide range of issues which I felt might be of importance for understanding the nature of the relationship more generally. For example, I

coded data for 'challenges to the role' and 'obstacles to friendship' as well as data that was linked to the support given by the IV service. I conducted four separate rounds of coding on the interview transcripts.

A key distinction is made in thematic analysis between theoretical and inductive identification of themes. An inductive analysis would mean that the themes are identified without reference to previous research in the area. It is a process of coding the data without trying to make it fit into themes that the researcher has preconceived. To some extent, inductive analysis assumes that the researcher has no prior knowledge or experience in the field (Braun and Clarke, 2006). A theoretical analysis is influenced by the researcher's prior theoretical knowledge, and does not render it problematic for the researcher to have pre-determined key ideas that may be identified in the data. The research reported here does not conform to either of these more 'purist' views. Due to the format of the Doctoral Research Programme being undertaken, a review of the literature had already been undertaken as part of the programme of study which informed my theoretical framework for analysis. Moreover, the author's professional training and practice offered relevant personal experience of work with looked after children.

However, as pointed out by Willig (2001), the use of researcher –generated categories is not compatible with qualitative research seeking to explore meanings. Qualitative research needs to have enough flexibility to allow new categories of meaning to be identified, as was the aim in the current research. The thematic analysis undertaken here allowed for inductive coding in the early stages and as themes emerged, relationships with theory were identified. This influenced how and why codes were merged and grouped together to formulate the themes and sub-themes. The number of sources and references coded to each subtheme is presented in Appendix A. This gives an indication of the extent to which sub-themes were discussed, but not an indication of relevance of the theme: themes highly relevant to the analysis may only be reflected by a minority of participants (Joffe & Yardley, 2004).

Coding of Qualitative Data from Survey

Nvivo11 was used to code, store and analyse the qualitative data from the survey,

however, this data was not subjected to coding density analysis in the same way as the interview transcripts. This is because, much of the survey data was in response to specific questions for example, participants were asked specifically about 'child's voice' and so themes were not so much 'residing' in the data as being sought by the researcher. This qualitative data is used to supplement the themes and subthemes indicated from the analysis of the transcripts.

4.0 Chapter Four - Results

Data will be reported for each of the following four data sets:

1. National online survey of one hundred and three Independent Visitors
2. Interviews with eight looked after young people/ care leavers at Local Authority X
2. Interviews with six Independent Visitors from Local Authority X
3. Interview with IV Service Co-ordinator at Local Authority X

4.1 Quantitative Data and the National Context

Table 4. sets out the quantitative data gathered from the online survey of IVs nationally:

	'I have been able to support my young person with...'	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Learning Benefits	**Communication/Social Interaction Skills**	30.61%	45.92%	21.43%	2.04%	0.00%	98
	Engagement with formal education	15.79%	21.05%	44.21%	12.63%	6.32%	95
	By attending PEP or LAC reviews	15.38%	12.09%	38.46%	17.58%	16.48%	91
	Engagement with interests / skills outside of formal education	47.92%	36.46%	13.54%	2.08%	0.00%	96
	Life Skills including preparation for leaving care	15.05%	24.73%	46.24%	10.75%	3.23%	92
Psych	**Having their voice heard**	26.09%	36.96%	30.43%	3.26%	3.26%	92
	Developing sense of	27.96%	36.56%	29.03%	3.23%	3.23%	93

Identity						
Developing aspirations	30.11%	41.94%	23.66%	3.23%	1.08%	93
Emotional literacy	22.34%	42.55%	32.98%	2.13%	0.00%	94
Coping at times of stress or crisis	15.05%	34.41%	43.01%	4.30%	3.23%	93
Staying safe and making safe choices	19.57%	43.48%	31.52%	5.43%	0.00%	92

4.2 Qualitative Data and Local Context

The qualitative data will be dealt with in two distinct sections according to the research question:

How do IVs promote <u>learning</u> and <u>wellbeing</u> of looked after children and young people?

- Benefits for learning
- Benefits for well-being or 'psycho-social' benefits

In **Section 1,** two main themes and five sub-themes relating to Learning will be outlined for four separate data sets; young people, IVs, IVS co-ordinator and survey respondents followed by interpretation and discussion.

In **Section 2,** four main themes and eight sub-themes relating to 'Psycho-Social Benefits' will be outlined and discussed, again for four separate data sets, followed by interpretation and discussion.

Qualitative data from the survey relevant to the sub-themes will be reported in each section. Quotations have been selected for illustrative purposes and to indicate the range of sub-themes illuminated by the survey respondents, and not as an indication of the prevalence or strength of the sub-themes. Theoretical and practical considerations with relevant literature and research will be given in Chapter Five.

Clarification of terms

I have used the term 'psycho-social' as an umbrella term to describe the social, emotional and psychological nature of the support offered and related benefits for young people. In the context of my interpretation of the findings, the term is used to mean *'of or relating to*

processes or factors that are both social and psychological in origin' as defined by the Oxford Dictionary. This term, as well as the other terms used will be defined and explored in relation to theory and research on wellbeing in the analysis section.

Thematic Map
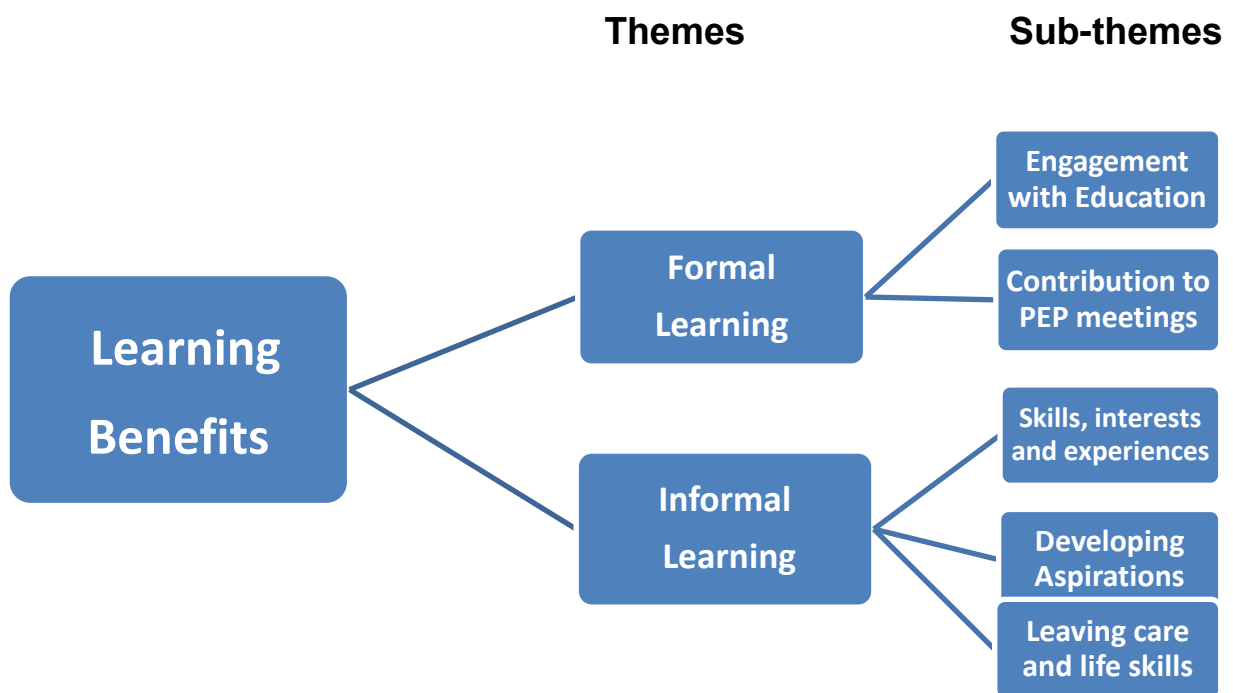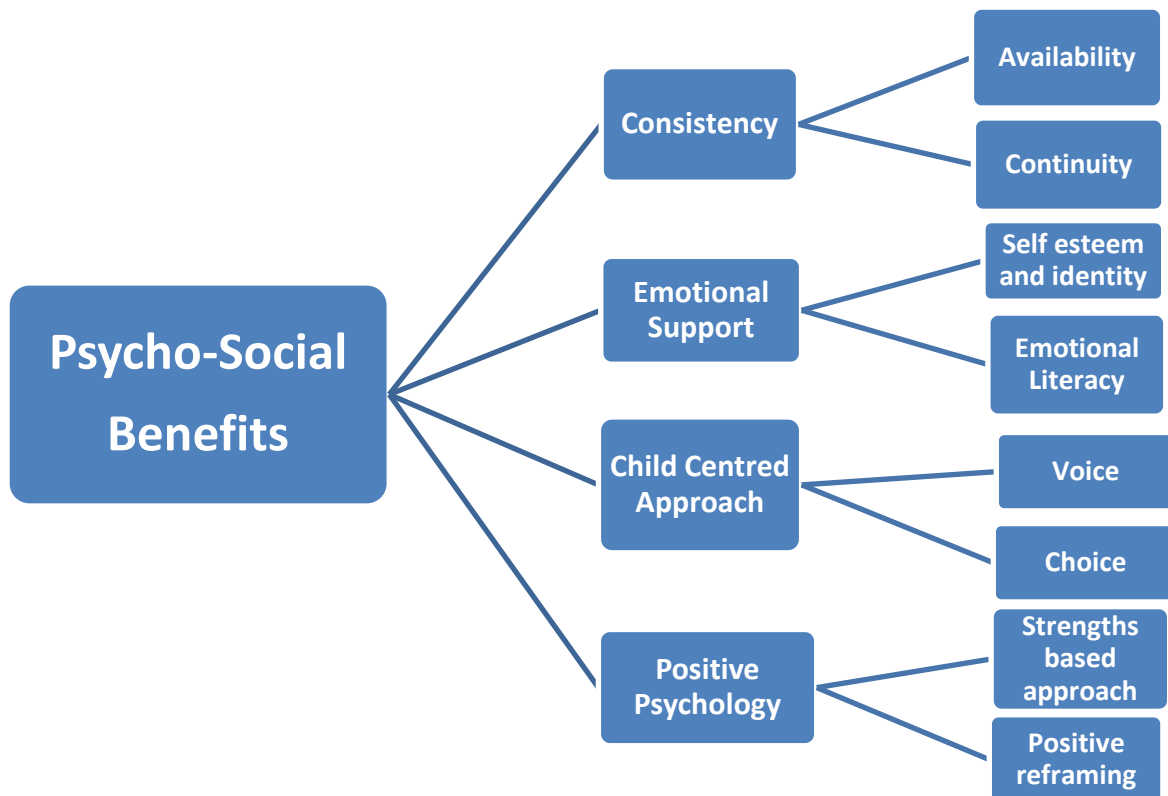
4.2.1

Section 1: Learning Benefits

In the following section I will outline my findings in relation to themes and sub-themes related to Learning Benefits. No participants in the study commented negatively about IV support of learning and education. Many IVs expressed frustration about the limits to how they could help or their young person's desire to keep the IV relationship separate to school issues, but overall IV involvement in learning matters was interpreted by the author as 'beneficial' and reported as such. I have organised the results in each section by using the following sub-headings in accordance with the themes and sub-themes outlined above:

Theme 1: Formal learning
Sub-themes:
1. Engagement with education
2. Contribution to PEP reviews

Theme 2: Informal learning

Sub-themes:

1. Skills, interests and experiences
2. Developing aspirations
3. Life skills and leaving care

Coding density for each of the sub-themes can be found in in Appendix A. As outlined in the methodology section, coding density is not reported for qualitative data gained from the survey as in many cases, views given were in direct response to questions asked about particular themes (see Survey tool Appendix C)

Theme 1: Formal learning

Sub-theme 1: Engagement with Education

Dimensions of the sub-theme:

- Encouragement and praise
- Practical Support
- Planning for the future and goal setting

Key Findings

Independent Visitors support their young people with formal learning in three key ways. Firstly, by offering encouragement and praise for engagement or success with learning. Secondly, through practical support for example with homework projects, reading practice and trips to visit educational establishments for example open days at college or university and lastly by helping young people to develop aspirations, plan for the future and goal setting. Six out of eight young people reported that they engaged in regular discussion about their education with their IV. Some, like Brian, openly welcomed such discussion;

Yeah we always talk about it I and how am I getting on in college. And it's mainly positive.

While others, like Stacey, were not as keen;

We never talk really about school because it's such a boring subject to talk about.

Encouragement and praise	
Brian (19)	*We've been declared as the best working team in the college at the moment. Our motto is hash tag proper job! He's like well I'm really pleased it's going well for you and I hope it continues going like that. So we're always positive.*
Stacey (13)	*She has asked me how school is going … if I asked her to…I know she would be there and she would be the ear to listen to and you know if I wanted to talk about school and subjects in GCSEs*
IV (Survey)	*I went to see a play she took part in, in her previous school* *Young person currently studying for A levels, I encourage and support him.*

Brian appreciates the encouragement and praise he receives from his IV for his engagement at college. Stacey's IV asks her about how school is going and Stacey values her IVs availability and her *'ear to listen'*, should she need to discuss school.

Practical Support	
Stacey (13)	*I'm doing my GCSEs at the moment so I had to get some help [with subject choices] from Alice.*
Ahmed (19)	*In the beginning, when I first saw her, it was my language, my English wasn't really good and she was really nice er… when I didn't understand talking with her, she explained every time..*
Rita (IV)	*Because I think for the first two years I just drummed it into him. I just used to do all the books with him and the writing, getting him to write…I was teaching him and I used to take him to the library and we used to get books out and audio tapes.* *I used to see him probably every second day which was over and above what you were supposed to do as an independent visitor, but he didn't have very much*

	English and I thought I need get him up to speed
IV(Survey)	*Talking to him about his future. Taking him to an open day at M.......n College, speaking to staff, encouraging him to explore what opportunities would be available to him and getting him to ask questions for himself. Preparation before the open-day by obtaining the prospectus and spending time discussing the courses that appealed to him.* *I have discussed her schooling, college courses with her and her foster carer and taken her for interviews.* *I have offered to help with applications and also reading and maths which has not been taken up yet.* *Trip together to Cambridge University for a talk about studying at University*

Stacey values her IV for practical advice and support and she appreciated this when she came to make her subject choices for GCSE. Rita describes how she supported Ahmed with learning English when he initially arrived in the country as an unaccompanied minor seeking asylum from Afghanistan. She adopted a flexible approach in order to give him intensive learning support so that he could make accelerated progress.

Planning for the future and goal setting	
Stacey (13)	*She asked me about what I wanted to do. I said I wanted to go to college and learn and I'm going to start working because I don't want to go through university. She thinks that I've chosen good [subject] choices there*
IV(Survey)	*We talk frequently of his future, what he would like to do and how he is going to achieve it. I let him air his thoughts and act as a sounding block for him* *We talk about what she wants to do when she grows up and then think about what exams she might take to gain these.* *My young person and I regularly talk about challenges and things that we want to achieve whether these are small goals or long-term life goals.* *My YP is a very talented artist and we have discussed if it is something she would continue with after leaving care and how she could use her art in career choices* *We discuss life after school and explore options. I encourage higher aspirations by suggesting courses/colleges/ open days to visit places she may consider in future … discuss career options and how this can be accessed* *He asked for my support with work for getting into university and was accepted onto a university course (but has put it on hold)....He has seen me go through university*

	twice since we met...I hope I have been a good role model for education, however I have always supported him in the choices he has made.

Stacey values the chance to talk through her decisions and plans for the future with her IV. Many IVs, particularly if they visited older children or young adults, referred to the importance of helping their young person 'explore options' and identify short and long term goal. IV's awareness of how they might act as a role model through their own choices was mentioned frequently.

Formal Learning: Sub-theme 2:

Contribution to PEP reviews	
Brian (19)	*I'd let him know that it's happening and I'd say, "Look you can come to any of my reviews if you want or PEPs." And he's always tried to come to everyone since I've known him. .....It's nice to just knows that there's someone there who wants to know what's going on for me and actually cares about what happens.*
Tony (IV)	*What he is actually getting in terms of education. Why haven't they been addressing his learning issues, and why they haven't been doing that. What is the advocate actually doing? I don't know.*
Rick (IV)	*I wanted to get him into some sort of college so I looked around for a college, found one. .. And they took it really seriously, and had a review meeting and invited his father, Sam, me, the social worker, somebody from the finance department, of the county council, a lot of different people. And we all got involved...*
IV (Survey)	*Attending reviews enables me to support young person in being able to speak up for himself.* *Although I offered more than once to be involved I was never asked to do so.* *I attend on an infrequent basis - when asked to by my supervisor.* *I don't attend these as she has not requested that I do. I think she prefers us to do fun things and not become involved in the more formal arrangements for her care and schooling.*

	Many IVs cited they were able to give a more balanced view of the young person;
	I am able to raise issues I feel are of importance for my young person's progress and well-being I can give an independent viewpoint of the situation to date in terms of social and educational development I am able to describe social events the young person has independently participated in, and how he has coped.
	Challenged a label of ADHD that I felt was not appropriate- was removed. Gave positive feedback to give a more balanced view. I was only person in room that knew her more than 6 months - some in review only met her once/twice
	I've been to every care plan review meeting. I always feed in comments and observations, and have challenged the professionals on different topics, in particular lack of knowledge on FASD (Foetal Alcohol Syndrome Disorder)

Two out of six IVs interviewed were matched with young people who were not engaging with education due to their mental health needs and so did not attend PEP reviews. All the others (four out of six) reported attending PEP reviews and playing their role in seeking better outcomes for their young person. Some IVs preferred that their attendance was requested, either by the social worker or school while others felt it was the young person's role to invite them.

Over one third of survey respondents agreed or strongly agreed with the statement:

I have been able to support my young person with engagement in formal education

indicating that this was the area that IVs perceived they were making the *least* impact for their young people. The possible reasons for this will be explored in Chapter Five.

Three (out of 104) survey respondents reported not knowing what PEP or LAC review meetings were. Eighteen respondents had never been invited but said they would be happy to attend if asked and four reported submitting a report if they could not attend.

Rick describes trying to get Sam's education "sorted out" when he returned from an out of authority placement by engaging with the PEP review meeting and by maintaining high aspirations for him. Many IVs reported that PEP and LAC reviews offered good opportunities to facilitate the young person in having their say or to re-frame or challenge

people's perceptions of their young person's strengths and difficulties. This theme of 're-framing' is elaborated on in greater detail in the next section which explores the nature of psycho-social support offered by the IV relationship.

Theme 2: Informal Learning

Sub-themes:

- Skills, interests and experiences
- Developing aspirations
- Leaving care and life skills

Skills, interests and experiences	
Brian (19)	*We've been walking on the North Downs, biking and loads of other stuff*
Valeria (IV)	*I took her to a natural history a science museum and that's when we went to London just to show her like it doesn't have to be boring...*
Rita (IV)	*I saw him in the summer. He came over here. Tried to teach him to swim in the sea.* *I was taking him all along South Bank and took him to the Tate. He's very interested in art. Took him to the Tower.*
IV (Survey)	*We went walking, cycling and attended local country shows which had for example, rabbit shows and horse events which she liked very much. We also went to the seaside on day outings, hunting for fossils and discussing how they were laid down and solidified.* *We do a variety of activities including swimming, cooking and visiting places of interest (museums zoo etc) and I have introduced the young person to new activities she had not tried before.* *The thing I feel he got most from was taking him for a walk in the Peak District, it was a different world to him living in the city and from being difficult and sulking on the way out to being fully engaged once we started walking "off the tarmac" was a joy to see.* *We will be going swimming on our next visit as she says she likes swimming. Her foster carer is disabled so he cannot take her on active days out.* *Initially it was difficult to find something that really rang his bell - Then I thought I'd show him how to use my camera, (bridge camera) and within an hour of having it in his hand he was using fill-in flash, framing shots, zooming, and he had a real eye for a good picture. We entered a photographic competition that had an under 16 category, and his pictures were featured on a website and he had 45 votes for his pictures. He didn't win but he got a huge boost out of it. With permission from the IV*

	Project, I gave him my second camera and we spent most of last summer taking photographs.

All of the young people interviewed made reference to the things they got to experience with their IV which they wouldn't normally get to do including, bakery lessons, hill walking, cycling trips, volunteering at community projects and visits to museums and galleries. The majority of independent visitors gave rich accounts of the wide variety of activities engaged in with their young people during visits and many alluded to the broadening of their young person's horizons, of chances to try out new experiences that were out of the ordinary.

Eighty-seven out of one hundred and three survey respondents (84%) agreed or strongly agreed with the statement:

I have been able to support my young person with developing skills and interests

The role IVs play in facilitating novel and enjoyable experiences for looked after children is perhaps what it has become best-known for but focus on this alone represents a limited understanding of its value. The importance of regular attuned, play-based interactions in the development of attachment, social skills and psychological wellbeing will be explored fully in Chapter Five.

Developing aspirations	
Courtney (13)	*when I met Alice, she just changed my whole mind-set of life and it was making me think of like all the other people who worse off than me that I could help..... When I'm 18 I'm going to apply for it (to be an IV herself)*
Brian (19)	*[about volunteering in the community] No it was my idea because I was kind of actually inspired by his work.*
IV (Survey)	*We spoke about my travelling to which she would say she was jealous. I spoke to her about the importance of work and saving hard so that if she wanted to travel she could. She began to see that it was possible and spoke of the places she would like to visit.* *He has expressed an interest in joining the air cadets and would like to become a pilot one day. I've passed on some books from my Dad on planes to help him start*

	to learn.

Stacey had made the connection between her exposure to her IV's charity work and her desire to help others. Stacey has had the chance to speak to the National IV Network conference where she vigorously defended other children's right to be offered an IV. She has had her eyes opened to the type of work carried out by NGOs and charities and Alice spoke of arranging some work experience at the charity office during the summer holiday.

Seventy-five out of one hundred and three survey respondents (72%) agreed or strongly agreed with the statement:

I have been able to support my young person with developing aspirations

Life Skills and Leaving Care	
Alice (IV)	*But I think in the future, there might be more that you know there's definitely more that we can do and I think in the holidays ... And she might want to come and volunteer.*
Brian (19)	*So I'm out of school now doing independence and getting on with life like doing the shopping...Yeah, we sometimes talk about budgeting, the price of things how much everything is at the moment.*
Stacey (13)	*I'm interested in helping in Alice's charity because I feel that I feel pretty much given a second chance in life. I've been in care I need to give something back to it, pretty much.*
Tony (IV)	*I have taken him down to the canal where they do volunteering, and he's met a couple of lads who've done volunteering down there, where they sort of painted boats and they have gone on deck and they have served customers tea, and things like that, which he'd like to do..*
Rita (IV)	*I did his CV with him and he kept going to this one shop and I said after a while, they're not going to give you a job. Start in another shop..*
Rick (IV)	*And I've gotten him a job, I suggested that he got himself a job and we got him a job at the charity shop. And now he's doing a bit of unsupervised time in the local town where he lives. ...I instigate quite a lot of it.*
	He can't work for nothing for the rest of his life. He's got to go to college. He's got to

	start learning how to live independently. Whether he will ever be able to live independently is irrelevant.
IV (Survey)	*My young person left care and is now independently living. I helped with this move, and feel that without my help and support it would have been very different for her - in a negative way* *Many conversations with my young person and her foster carer about leaving care, financial matters, practical issues, emotional issues. It is difficult to make her really aware of all the challenges she will face when she leaves her foster home.*

Four young people mentioned how their IV had supported them with developing life skills including skills of food preparation, menu planning, budgeting and eating healthily. Five out of six IVs referred to encouraging their young person with skills of shopping, budgeting, handling money and use of public transport as well as emotional and practical support around transition from care for example packing and moving to independent living. Three out of six IVs interviewed encouraged or arranged for their young person to engage in voluntary work in the community however, Rick maintains high aspirations for Sam and would like for voluntary work to be a stepping stone to paid employment. Rick encourages Sam's carers to allow him to have short periods of time unsupervised in his local community and clearly takes pride in his role in encouraging ever greater measures of independence for him.

Thirty-nine survey respondents (40%) agreed or strongly agreed with the statement:
I have been able to support my young person with preparation for leaving care.

The discrepancy between the two data sets may be explained by the higher proportion of older young people who had recently left care or who were about to leave care described in the interview data than the online survey (80% versus 10%)

Conclusion

It is clear that IVs encounter many challenges when trying to support their young person's engagement with *formal learning*, particularly when they have special educational needs that impact on their motivation and enjoyment of it. However, the IVs report remaining persistent, available and creative in their attempts to support by whatever means possible. Many IVs, in keeping with the child-centred ethos of the role, wait for their young person to

initiate their involvement while others show that with a little more assertiveness they find they are welcomed in their endeavours. It is in the area of *informal learning,* however, that the IV role reveals its enormous potential to facilitate learning and development. This learning 'in the broadest sense' allows young people to enjoy experiences and successes which may not be ordinarily available to them as well as encourages them to engage with their local communities, broaden their social networks and ultimately, prepare for leaving care.

4.2.2

Section 2- Psycho-Social Support

In this chapter key findings will be presented regarding the IV relationship and associated social, emotional and psychological benefits for the young person.

Key Findings:

IVs support young people in four distinct ways;

- Consistency
- Emotional support
- Child-centred approach
- Positive psychology

This support contributes to the development of 'protective factors' for the young people including;

- skills of emotional literacy and regulation
- sense of self-esteem and identity
- have their voice heard and become active agents in their lives
- positive outlook and approaches to solving problems
- facilitate social connections and decrease social isolation

Thematic Map: Psycho-Social Support   **Themes**   **Sub-Themes**

The
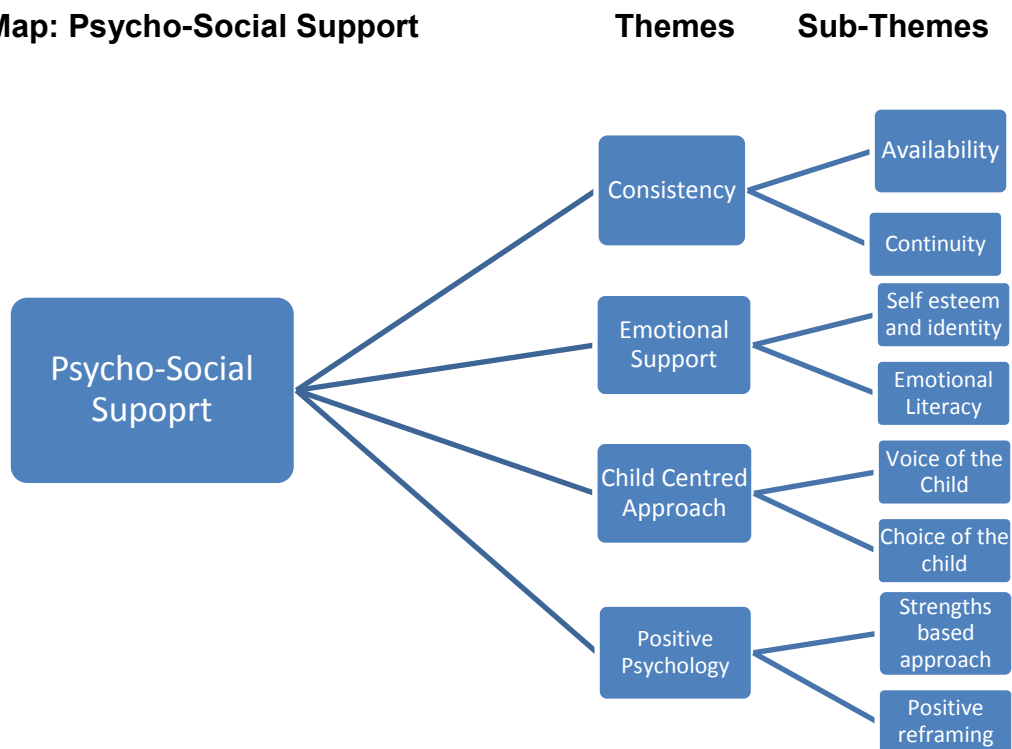
followi

ng section sets out the findings in detail and illustrative quotes have been chosen from each of the four data-sets; young people, IVs and IVS co-ordinator (interviews) as well as quantitative and qualitative data from the online surveys. Coding density for each theme and sub-theme can be found in Appendix A. Each theme will be considered in turn, followed by reflection and interpretation by the author. Theoretical and practical considerations with relevant literature and research will be given in the Discussion chapter.

Theme 1: Consistency

Sub-themes:
- Availability and Continuity
- Knowledge of young person

Dimensions of sub-theme Continuity:
- Stability
- Knowledge of young person

Key findings for Theme 1

Most young people (six out of eight) noted the value of having a consistent person in their lives outside of their foster family or care home staff. References were made to the length of relationship and the availability of their IV especially during times of personal crises or during placement instability and transitions. All IVs interviewed reported that being available was a fundamentally important way in which they support their young person and that their continuous involvement allowed for the growth of trust and a 'shared history' between them. In addition, IVs felt that their presence across multiple changes of placement allowed for important knowledge about the young person's needs to be shared with others working with them.

Availability	
Brian (19)	*Yeah. He's someone to talk to and someone that you know is always there. He's always a phone call away...Sometimes I wonder what it would be like if I hadn't met Tony.*
Stacey (13)	*I can tell Alice anything now like she's got my full trust and I've got her full trust and its just like we've grown so much together...She is like "Well, I'm always here if you need me."*
Rick (IV)	*We have an understanding, don't we?" He goes, "yeah". I say, "What was the understanding? If you get angry, you phone me up. I don't care what time of day or night it is. We have an agreement." It's a way to get some of the pressure off, he phones me up and rants and raves.*
Nadeane (IV)	Interviewer: Do you think that that's something she values that you're still there four years later? *Yeah, I think so, yeah. I think especially after she kind of rejected me I think in a way.* *And I think for me to then you know, not see her for all that time and then be prepared to walk into MVH [Mental Health Unit] and sit there, you know, she knows it's quite difficult for me to be around people [with mental health difficulties]*
IV (Survey)	*He's proactive with arranging visits and sometimes he has got in touch as he needs to get out for a break or, I guess, to make sure I'm still 'there'.* *I have regularly talked to my young person when she has had issues with her family and foster family. She is able to contact me should she need someone to talk to.*

	He has my mobile number and he knows that he can call me 24/7 which works for us
	Just listening to him and telling him that he can contact me whenever
	He knows I am always available over the phone though he lives a long way from me

Stacey makes the link between her IV's availability and the trust that has enabled them to "grow together". Rick understands that in order to support his young person to cope with the frustrations of his supported living arrangements to 'get the pressure off', he needs to be available round the clock and flexible contact arrangements were mentioned by many IVs. Nadeane notes the powerful value of being available even in the face of rejection by her young person when she was sectioned for a time in hospital.

Continuity: Stability	
Sam (20)	Interviewer: Six years is a long time, isn't it? Do you think that's a good thing, that you've known him for six years? *Sam: Yeah.* Interviewer: Yeah. Why is it good? *Sam: I've known the person a long time. The same person.*
Rita (IV)	*...that's just what he needs is someone he knows that I'm always there. I haven't backed out. I'm still here and I still ring him and I'm, you know, still go and see him and…*
Alice (IV)	*She knows I'm not going anywhere...I think it's helped her to know that there's someone consistently there...through all of this. It's having someone who actually understands what she's been through, where she's come from.*
Rick (IV)	*And he shows his emotions to me which is very unusual because he just lacks any emotional contact. Because he gets let down all the time....The staff at his house move on....Counsellors and social workers they move on and change. He doesn't like change in any way shape or form. I am the only constant person in his life...*
IV-Survey	*I think it's important that she knows I will still be there, even when a lot of other things change...when she has moved foster carers which has happened several times..* *after having 19 social workers in 11 years he gets a bit fed up with a change of people in his life - hopefully I can continue to provide a more constant role*

| | *We've done visits when my young person has had to change placements. He had a lot of change a year ago with 2 placement changes - I provided continuity. I have seen YP through one change of foster placement, 3 social workers and 2 schools which has caused her stress and worries. This was added to a previous failed adoption and separation from her biological sister, and at least 2 foster homes. Through the last 18 months I have been "a constant" and available to discuss fears and worries.* |
| | *This is probably the biggest area where I help. He's had a turbulent few years with many care placements, and times of difficulty with his carers. I've been the one consistent person through all this turbulence who he's been able to trust and talk to about his feelings and concerns.* |

Rita sees continuity and availability as pivotal to her ongoing support of Ahmed, particularly in the light of his mental health difficulties, for him to know that someone is still following his progress and available to talk at any time. Alice sees their relationship as a 'constant' during the tumultuous changes of Stacey's placements and that her knowledge of her life story and "what she's been through" is important to Stacey too. A frequently occurring theme was that many young people in care find change difficult to deal with and Rick views the IV role as an antidote to the frequent change Sam experiences.

Continuity: Knowledge of young person	
Rita (IV)	*.. it was interesting when I would turn up and they'd say, well, who are you? And I'd say, well, I'm his Independent Visitor and they said," oh, you're English" and you're on his side...and that would turn people's heads, they would kind of go "Oh, there's someone here on his side" so you would get more...they would believe you more about him. I'd say no, he's had problems... and they would listen more, but if he was there on his own... he would have fallen through the cracks*
Jackie (IVS)	*His independent visitor had known him in Bedford ...he could support him much more with his needs in mind and kind of help the home to understand the young person's needs. It helps when placement changes are fragmented. It helps to feel less fractured because that person knows- has known their history.*
IV-Survey	*Gave positive feedback [at review] to give a more balanced view (was only person in room that knew her more than 6 months - some in review only met her once/twice)*

Rita felt that her role was to share information about his traumatic past in order to keep staff at the psychiatric unit fully aware of his needs and that she was playing a crucial role

in preventing him from "falling through the cracks". Jackie (IV Service) reiterated many of the themes above regarding the IVs potential role in sharing valuable information particularly when a young person has experienced multiple placements leading to a "less fractured" care history and less fractured sense of self.

Theme 2: Emotional Support

Sub-themes and categories:

- Identity and Self Esteem: feeling valued and feeling accepted
- Emotional literacy: awareness and regulation

Key findings for Theme 2

Emotional support is defined as support that has an impact on the young person's identity, self-esteem and ability to cope with frustrations or crises and is closely linked with the themes of availability, knowledge of young person and IV's use of positive psychology approaches. Many IVs commented on how they have been able to support their young person embrace their 'looked after' identity or reflect on their identity in relation to their birth family and one person valued their IV's acceptance of their sexual identity. References were made to helping their young person assert their identity in peer relationships, to 'be themselves' and not 'bow' to peer pressure.

Young people commented on how their IV values them by spending time with them and listening to what they have to say. The voluntary nature of the role was of significance to both young people and IVs and there was consensus amongst the adults that young people do respond differently to the relationship because they know the adult wants to be there, not because they are getting paid to be there.

Identity	
Stacey (13)	*..it just so amazing to see someone who's gone from pretty crap childhood to an amazing adult life.... it's made me open my eyes that like I can do what Alice is doing*

	because she's had a crap background but she's still helped other people in the process .. I feel that I feel pretty much given a second chance in life. I've been in care I need to give something back to it, pretty much. So I wanted to help other kids in care ..
Brian (19)	*because he accepts me for who and what sexuality I am... just feeling like it's not even an issue with him...because when I told him I was bi he was like , "Really? Well you shouldn't be ashamed of that". In my old school. Everyone treated me weirdly because obviously I was different from them. I'd never told anyone I was bi… And he went and told the carer I was living with. Even when I told him, "Don't, please. Because they were taking the mick out of me"*
(IV) Survey	*My charge is a very polite confident young man but when we first met he would have been reticent to attend a workshop with other looked after children. We recently attended an art workshop with others and he (after a little while) mixed very well always looking out for the others and letting them go first at things. Even took the trouble of going up to the gentleman who organised it and shaking his hand and thanking him.* *This is his biggest issue, he doesn't know who he belongs to. He's also told his foster carer he wants to be an XXX (foster carer's surname) rather than an xxx (given name). He has told his carer that he hates himself. I found this really hard to take as I think he's an amazing kid. I do the best I can - remember all the little things he's said over the years, tell him how bright he is, what a good conversationalist he is, how streetwise he is and how smart and funny he is.* *[we have] discussions around his past family life and members of his family at the present time.* *Giving her the chance to talk about her birth family if she wants to* *She often says she likes that she can do things with me that she can't do with her friends because there isn't the same peer pressure to be 'cool' with me.* *I encourage her to do her own thing and not bow to peer pressure.* *I think the most important part of the role of an IV is to help your young person develop an idea of who they are, where they have come from and where they want to be.*

Alice also has influenced Stacey's view of herself as someone who has overcome adversity and who can use her experiences and understanding to help other people. Stacey spoke enthusiastically about her experiences speaking at the IV national conference, advocating for young people's rights to be offered an IV. She is embracing her identity as a looked after child and thinking of her care experience as being 'given a second chance'.

Tony's support for Brian as he embraces his bi-sexual identity is in stark contrast to the reaction he has had from other adults in his life, including foster carers. Many IVs referred to supporting their young people as they developed their identities as looked after children, members of their foster family, members of their birth family, members of their peer group and members of their local community. Identity was frequently conceptualised by both young people and adults as a journey from the past and the present into the future.

Self-esteem: Acceptance	
Stacey (13)	*Oh I could have like conversations like boys, like what clubs I'm in to, and I could talk to her like in depth of stuff that I like doing.* *She said like even if I did make a bad choice she would still back me up with whatever I wanted to do. …she wouldn't agree with it but she would support me through it because it's my choice in life..*
Brian (19)	*He accepts me for who and what sexuality I am. And it's really nice because when I was in my old school everyone treated me weirdly because obviously I was different from them...To just feeling like it's not even an issue with him...because when I told him I was bi he was like , "Really? Well you shouldn't be ashamed of that".*
Nadeane (IV)	*Even if I knew she was going to be going out drinking and you know, I still wouldn't tell on her, cause in a way she's, you know, she's got to kind of learn.*
Valeria (IV)	*yeah, and I'm like I wanna help, I'm not going to judge you and at the end I just say like it's ok you don't have to tell me about it and then we went to do something else.*
(IV) Survey	*Listen to his concerns about the difficult behaviour of his mother and his difficulties at school. He knows that he can talk to me about the things that bother him, without judgement or unwanted advice from me.*

Stacey values being able to speak freely about the things that are important to her without fear of judgement and makes it clear that she understands that her IVs support is not the same as her approval. Brian is developing pride in his sexuality and this is clearly linked to Tony's judgement-free acceptance. Valeria feels it is important to reassure her young person that she wouldn't judge her if she spoke to her about what is bothering her.

Self-esteem: feeling valued	
Brian (19)	*But as he's actually willing to make the journey all the way up here, spend a couple of hours with me and go all the way back down, just to have a few hours with his family? Yeah. Shows that he's actually--what's the word? Dedicated. That's it, dedicated. [He does it] out of the goodness of his heart, truly, honestly.*

Jackie (IV Service)	*..when he was sectioned, his only visitor who wasn't a paid professional required to visit him, was his independent visitor because his family didn't visit at all during that time. So, for about a year at least, he only had one visitor who came to see him other than having to.* *And I just think it is so valuable and even if they do not see each other that often, just to know that there is somebody who has got you in mind …*
IV (Survey)	*by showing how much I like her and enjoy her company.* *I went to see a play she took part in, in her previous school.* *He tells me about his sports he does and I often praise and encourage him for trying really hard and achieving well in them.* *I always treat my young person with respect and as more of a friend than an adult-child relationship.* *He has told his carer that he hates himself. I found this really hard to take as I think he's an amazing kid. I do the best I can - remember all the little things he's said over the years, tell him how bright he is, what a good conversationalist he is, how streetwise he is and how smart and funny he is.* *She suffers from anorexia and when she was very ill she was banned from any physical activity. So we went and got our nails done. Again, she really enjoyed this and I got the feeling it made her feel special and looked after.* *He knows he's got someone who spends time with him because I want to - he may have been only 7 when we started meeting up but he's got the significance of that from the start, and it means a lot to him to have an adult who is there just for him.*

IVs referred to taking an active interest in their young person's interests and achievements enquiring and making an effort to be there in person. Both young people and IVs referred to the significance of the voluntary aspect of the role. For Brian it signified Tony's dedication to him. Jackie believes that the IV relationship is not just practical support but can hold a deeper meaning for the young person; the idea of being '*held in mind'* and that this is a benefit which remains with the young person even between visits.

Many IVs made reference to the difficulties many young people have with developing positive views of themselves and of their abilities. Many used praise and positive affirmation to bolster children with weak or negative sense of self but what was really striking about many of the IVs comments was the extraordinary affection and genuine admiration many IVs expressed for their young person, even in recently matched

relationships, it seemed as if a protective and affectionate bond could develop relatively quickly for many individuals allowing *genuine* emotional response to be communicated.

Emotional Literacy: Self-awareness	
Stacey (13)	*when I met Alice, she just changed my whole mind-set of life and it was making me think of like all the other people who worse off than me that I could help.*
Valeria (IV)	*I was like oh, this is a great opportunity to tell her that sometimes it's okay and it's actually healthy if you do something without expecting in return like sharing or maybe sometimes giving away even if you are left with nothing...that was a good example to show that it's not always you, you, you. It can be , others, others, others as well*
Rick (IV)	*Sam shows his emotion in strange ways. And he shows his emotions to me which is very unusual because he just lacks any emotional contact. Because he gets let down all the time....The staff at his house move on...Counselors and social workers they move on and change. He doesn't like change in any way shape or form. I am the only constant person in his life, there's a few others. Sally, his ex-foster mom, she's really active in his life still.*
IV (Survey)	*A guarded individual who doesn't show/express deeper emotions. Haven't known long enough to allow this to develop*
	He doesn't talk about his feelings very much, and after 4 years we're only just getting to the point where he tells me anything about his home or school life at all.
	I'm a trauma specialist so can help a lot with this by using attunement and naming and normalising emotions
	we talk about her actions and the reactions of those involved. I think I am able to help her reflect on the situation and she has started to see it from the other person's point of view.
	I name feelings and am not afraid to express appropriate emotions around her to model these
	Throughout the years there have been many occasions when she has experienced a range of feelings, sometimes resulting in inappropriate behaviour. She has not always found it easy to empathise with other young people and their issues. Again it has been a case of discussing these feelings, listening to her and not judging her behaviour and trying to help her move forward.
	She used to sulk severely even in response to minor infractions. We worked on this a lot in the first couple of years and she no longer expresses herself in this way..we have worked on how she can express her anger constructively. We have discussed that feeling angry is OK and normal, but she needs to express this in an appropriate way. My YP is doing extremely well and is controlling her outbursts and communicating more effectively.

Valeria noted that she was able to support her young person by modelling empathy, something her young person found quite puzzling at first. Other IVs saw their young person's developing empathy towards others as an indicator of their own wellbeing. Rick and many other IVs referred to the difficulties young people had with understanding and

reflecting on how they felt and how this was linked to the process of building trust with the young person over long periods of time, even years.

Emotional Literacy: Self-regulation	
Brian (19)	*And he's taught me that I shouldn't always kind of snap if I'm in a bad mood. He is so laid back and he's never one to say, "Look, I'm quite annoyed." He'll just either suppress it really, really well or he just don't, just let's it go like dropping the pen (gestures) ...but now if anyone treats me like that. I'm like...You know what? Sod you." Just walk away, don't talk to me....*
Rick (IV)	*He gets pretty aggressive and angry and he's phones me up. [grr grrr] and I'll say "Hang on,what's going on Sam? Calm down we will talk about it". I'll deal with that.* *I says, Sam you have taken a massive step backwards. Why are you getting all aggressive again?, "What was the understanding? If you get angry, you phone me up. I don't care what time of day or night it is. We have an agreement." It's a way to get some of the pressure off, he phones me up and rants and raves.*
Rita (IV)	*...everything is hard. And he's a bit like a thirteen year old when he goes, "Its hard and I can't do that". He was moaning about the boots and I just said, everyone moans about the boots, you know. I'm saying to him all the time, yeah I know it's difficult. I'm trying to just say this is difficult, but you need…*
IV (Survey)	*My young person would often "vent" for a little while when we first met about things that had happened.* *We have talked about his anger and I have told him how I deal with my temper* *My YP used to sulk severely even in response to minor infractions. We worked on this a lot in the first couple of years and she no longer expresses herself in this way. We have discussed that feeling angry is OK and normal, but she needs to express this in an appropriate and constructive way. My YP is doing extremely well and is controlling her outbursts and communicating more effectively.* *Talk about feelings and ways to deal with them. How feelings can be overwhelming and where to seek help and support.* *This child had/has huge issues with anger. She can be red-faced with rage and verbally abusive if she does not get her way (use of choice, boundaries empathy to diffuse v difficult situation)* *Discuss how they experience school and how to manage negative emotions in a classroom situation.* *How to not react to behaviour designed to wind him up*

Rick frequently gets phone calls from Sam when he is feeling frustrated with something and he helps him to calm down by offering emotional or practical support by offering to 'deal with it'. Reminding Sam that he is available to him 'day or night' is an important aspect of this emotional support. Brian has difficulties with regulating his emotions at the care home and he indicates that his IV has modelled for him an alternative way of coping with stressful situations which he has been trying out for himself. This idea of 'modelling' emotional regulation was touched on by several survey respondents.

Theme 3: Child-Centred Approach
Sub-themes:
- Voice - IVs facilitate child's voice being heard
- Choice - IVs facilitate the child's active role in their lives

Key findings for Theme 3
Four out of eight young people made reference to a child-centred approach when describing their relationship with their IV. Four out of six IVs named a child-centred approach as being central to their understanding of the IV relationship. All IVs and IVS co-ordinator described the IV relationship as being pivotal in facilitating the child to have a voice in matters relating to their care. Many IVs reported that being assertive and taking an active role was something their young person found difficult.

Voice	
Brian (19)	*It'd be a lot harder to talk because I wouldn't have someone I've already spoken to about my issues. Obviously, having the confidence to open up to someone that I know really well...*
Ahmed (20)	*In the beginning, when I first saw her, it was my language, my English wasn't really good.. and she was really nice erm... Yeah when I didn't understand.. talking with her, she explained every time..*

Stacey (13)	*Yeah, I mean like Alice never pressures me and she never says to me "Oh tell, tell me" So I always talk to her about stuff that is bothering me.* *And she was just like to me "Well, you need to do something about it then. You are strong enough girl and you can do this and I can help you. We will get through this together."*
Rita (IV)	*all of these social workers talking about him on the periphery almost not talking to him and I was like, but he's here in the room and they would always assume as well because his English isn't his first language that he won't understand. He understands everything.* *..it was interesting when I would turn up and they'd say, well, who are you? And I'd say, well, I'm his Independent Visitor and they said," oh, you're English" and you're on his side...and that would turn people's heads. "Oh, there's someone here on his side" so you would get more...they would believe you more about him. I'd say no, he's had problems and he's had this and they would listen more, but if he was there on his own...that's why in the first three years, I felt if I wasn't there, oh my God, it just would have been...... he would have fallen through the cracks*
Valeria (IV)	*..at the beginning I would be giving the options while now I say what do you want to do and she say Cinema, swimming pool, like she feels confident to tell me the things she want to do.* *[the main challenge for Daisy] is being able to voice what she feels ....what she thinks as well. .. so the fact that she was able to be honest with me that she can be open about saying I like it or don't like it or I didn't enjoyed it or I enjoyed it. She don't have to please me she doesn't have to say something to make me feel good.*
IV (Survey)	*This was really important as he found it hard to speak to them [foster carers] sometimes about difficult things i.e alcohol/drugs/girlfriends. It made it easier for him at times if I was there because I could broach the subject with everyone there and then the conversation flowed from there.* *We talk about what's important to her and I listen and try to support her to say what she feels and wants* *I also help her problem solve about how she can change things in her life and get heard* *When he was younger he asked me on a couple of occasions to sit with him and his foster carers to help and explain a situation from his point of view.*

	I believe this is the most important thing you can do as an IV. Sometimes they find things difficult to say to those they live with and an IV is someone who is there to give the young person one to one support. *So far she hasn't wanted me to speak to the school or foster carer so we have discussed how she might ask for help differently to get a more positive response.*

Stacey values that her IV doesn't pressurise her into speaking about things that may be bothering her and as a result she is more inclined to do so, in so doing, helping to keep herself safe. There is a striking range of support for young people to communicate effectively outlined above. From teaching of basic language skills (Ahmed), to developing confidence with speaking to less well known persons (Brian) to speaking out in a crisis and seeking justice for an alleged crime committed (Stacey). Many IVs referred to speaking on their young people's behalf at review meetings or facilitating them speaking for themselves including moral support. Rita noted how she had opportunities to speak up for Ahmed when he was sectioned and she felt that her role in information sharing regarding Ahmed's traumatic history and changing people's perceptions about his abilities was crucial at that time.

Choice	
Brian (19)	*And I made a decision to continue because I found him really friendly and really nice to get along with.*
Stacey (13)	*Because I felt I wasn't being listened to and I've always wanted someone there to talk to me and be there for me.* *But IVs aren't there just to [talk about] your behaviour but to talk to you about*

	whatever you want to talk about.
Hughie (11)	*I would just say that, they take people out and they just like go where ever the children want to go.*
Rick (IV)	*But, the emphasis is on them rather than you. It's what they want and if they want to see you. If they want to go to cinema. So, it's all them them them.*
Jackie (IV Service)	*It's very much about emphasizing to them, "It's your choice. It's not me here, because I want you to have one," because I've got in an agenda that you don't know about, that is important I think as well. That element of choice, I think it makes all the difference.*
IV (Survey)	*She decides on the activities we do. She chooses where we eat.* *She has begun to take more of a lead on deciding what we do on our visits whereas in the beginning she relied on me to come up with ideas. I feel she is more assertive and able to express her opinions with me than at the beginning of our relationship*

Brian and Stacey reflect on their decision to have an IV and Brian hints at the fact that he felt he could opt out even after they had met a few times. Stacey highlights an important way IVs are different to other adults in her life who may enquire or lecture about her behaviour- her IV follows her lead about the topic of conversations. Rick is very clear that the relationship is on the terms of the young person, from what happens during meeting times to whether they meet at all. Many survey respondents referred to the active role they encourage during the visits, making choices about what to do or where to go and 'taking the lead' with paying bills and ordering food. Jackie refers to how the choice that is emphasised in the process allows young people to escape the adult 'agenda' which many young people perceive in their lives.

IVs play an important role in both facilitating young people's voice and encouraging them to take an active role in their own lives. In the absence of a supportive family network, becoming active and assertive is crucial in order for this vulnerable group of young people to speak out, make informed choices and stay safe.

Theme 4: Positive Psychology

Sub-themes:
- Positive approach and positive re-framing
- Strengths based approach

Key Findings for Theme 4

All IVs interviewed used approaches in their interactions with their young person that could be described as 'positive psychology'. Positive psychology emphasises personal growth and capacity for change rather than pathological interpretations of behaviour. It is a relatively new field of psychology based on the scientific study of the strengths that enable individuals and communities to achieve and thrive (Seligman et al, 2000; Compton, 2005). Reframing a young person's perception of their difficulties was a key feature of three of the five relationships examined and four out of six IVs interviewed referred to how they could help reframe the perceptions of others working with the young person. This was a common theme among the survey respondents too. These findings suggest that IVs have the potential to change negative perceptions or narratives that may exist around young people in care.

Positive Approach	
Brian (19)	*Yeah we always talk about college and how am I getting on in college. And it's mainly positive…* *He's like well I'm really pleased it's going well for you and I hope it continues going like that. So we're always positive. We always have a positive outlook in life. We always look on the bright side of life.*
Ahmed (20)	*Yeah when she ask me about my feelings, she giving me hope, and she say to me good things, to try to ......When we meet, yeah we have a good time, she is talking about different things, we not chat about this my illness and difficult things.... and she's talking about happy things and make me feel happy*
Rita (IV)	*And I said, you're not homeless. You have someone that has housed you. You have money every week. But he's still not at that stage where he thinks that's good enough because he hasn't got anything personally and emotionally going on in his life.* *I'm not as worried. I'm not thinking he's going to take his life. Because what's happening now is as I keep saying to him, the minute you put your head up, things*

	will come in.
	I did his CV with him and he kept going to this one shop and I said after a while, they're not going to give you a job. Start in another shop, Ahmed…just put your head up. He has a lovely smile …I just said, smile at people and things will start happening.
IV (Survey)	*it was the only time I ever got cross and she was just so rude and, you know, she was angry that day, well, she's angry sometimes. But she was just really rude to me … I thought she must feel comfortable with me to be that rude...* *she's quite different next time I saw her. She's like, "hi". And you know, so I said to her, I'm getting a dog in about 6 weeks… when I come and see you we'll have to walk the dog and she ... her eyes, even Jackie said, her eyes lit up didn't they? And it was like, yeah! let's walk along the beach, let's get the bus to Stanmer, let's go and do something now.*

Brian refers to the positivity which Tony brings as something he can share and which may be helping him to look at his life differently. For Ahmed, Rita's positivity and emphasis on happy things helped him to cope during a traumatic time when he was sectioned by giving him hope. Rita points out the positives in a bad situation but she also shows good understanding of why it is not enough for Ahmed. She emphasises the practical things Ahmed can do to affect change, for example by being aware of what he may be communicating through his body language.

Nadeane gives insight into the kinds of challenges the IV relationship can present but despite the challenging behaviour from her young person, Nadeane looks for positives;

…she must feel comfortable with me to be that rude...

Nadeane enabled a fresh start the next time she saw her young person. There are limitless possibilities for positive change and optimism in a consistent relationship which allows for regular 'new beginnings'.

Strengths based approach	
Valeria (IV)	*Yes sometime, well once I did and the reply was like "I hate school" but then, I asked her from like all the subjects you have, you hate them all but what's the one that you hate the least and she said "science" so I said ok, and then I took her to a natural*

	history a science museum and that's when we went to London just to show her like it doesn't have to be boring
Rita (IV)	*And so I listen to all of that and then I try to do, a lot of self-help. "Come on Ahmed, you can. You don't believe how strong you are." So I keep saying, "You got yourself this far. You can go on and do this. You're strong. You got yourself into Southampton." He's quite a driven character....yeah and he does listen to me.* *He's brilliant. He just thinks right, get to the train, go. Because I think if he's done that from Afghanistan. And so if he wants to do something, he will bloody do it. That's why I don't listen to him when he goes, oh it's hard. I think, Ahmed, if you want to do something, you'll do it.*
Rick (IV)	*..the only time he ever is only unsupervised with one person is when he's with me... Normally it's two but now he's doing a bit of unsupervised time in the local town where he lives. Fifteen minutes, goes into town, buys his sweets and come back again on his own. So that's good but I'm sort of provoking that...so I said "He's being good for so long, lets dangle a little carrot"*
IV (Survey)	*YP is not always able to identify his own strengths and talents, for example when thinking about future jobs so am able to feedback to him things I have noticed about him.* *Developing self-esteem, talking about the qualities that I like in her* *Initially trying activities that were familiar and then branching out into new activities such as climbing and ice skating* *He tells me about his sports he does and I often praise and encourage him for trying really hard and achieving well in them.* *I think her obvious talents for skating and climbing gave her self-esteem a real boost- the happiest I've seen her was swinging from a rope 5 metres overhead!*

Valeria skillfully identifies a 'least hated' aspect of learning and capitalises on it to give Daisy an alternative perspective on her school work. Rita recognises Ahmed's past achievements and refers to them when she is trying to motivate him. Rick points out Sam's progress to his carers and uses it to create incentives to keep moving forward, in this case with independence skills.

Reframing	
Rita (IV)	*So I said then about all the news of the refugees this summer. He said he watches it and goes, 'the pain is there'. And I keep saying, 'do you ever think you're lucky because you got here and you didn't die in the boat'. And he can't answer those questions yet because to think about that too much which would mean he'd have to take it all on. He will in the years to come...* *sometimes I listen to him and I go, Ahmed, everyone finds that difficult. So well then… I'm saying to him all the time, yeah I know it's difficult, but you need… it was a*

	really good day and it was a social day.
IV (Survey)	*I really used to worry about what would happen with all that anger as he grew up, but he always managed to pull it out of the bag for our visits. He was always good natured, always came across as happy, I realised that if he could pull it out of the bag for our visits, he could do it for other things that were important for him, and he is going to be OK.* *I think sometimes his schoolteachers could only see the behaviours and not think behind that to the enormity of a 7,8,9,10 year old struggling with his situation. There was an implication that he couldn't see anything from anyone else's point of view, but I've found him to be extraordinarily kind and thoughtful.* *she is able to be a very pleasant young lady with me, whereas she can be difficult with teachers and foster family. So she is getting the opportunity to see that she can behave differently.* *I attended one review for him and I had very positive things to say about him and how he was when we spent time together which I think was needed to make sure he stayed confident as not all of the comments were positive. I felt it was important to show that even if he was struggling in other areas he was always very well behaved with me and I enjoyed taking him out.* *The people there [review meeting] all spoke well of him but he was very guarded, so much so that I would not have recognised him. He looked really small and defensive. Then the IRO asked me what I thought of him, and I started talking about what a great kid he was, and he just lit up. Great big smile, I've never seen any child so totally transformed. In the early days at his reviews, I would not have recognised him from the way others spoke of him, swearing and kicking, smashing all his favourite toys, lack of attention in class, and I described how he was with me (well behaved, tractable, engaging, astute) and said I knew I was in a different situation to his teachers, but they should recognise that he was capable of better, if he was being approached the right way. They were supportive of him, but in the early days of the match, very few people apart from his carer had a good word to say about him.* *Challenged a label of ADHD that I felt was not appropriate- was removed. Gave positive feedback to give a more balanced view. I was only person in room that knew her more than 6 months - some in review only met her once/twice*

Rita attempts to normalise everyday difficulties for Ahmed. She attempts to help Ahmed to re-frame his traumatic experiences as a refugee into a story of survival- of triumph over adversity. Many IVs remarked that they felt that they were in a privileged or unique position to see what the young person was capable of- who they sometimes *are* and who they *can* be.

To conclude, I believe the findings reported here illustrate the broad range of support that the IV relationship offers to children in care. The support is flexible and personalised to

each young person's unique set of needs and circumstances. Highly attuned and sensitive caregiving is provided by skilled members of the young person's community, in many cases by professionals with years of experience in the care and education systems. The voluntary aspect of the role is of pivotal importance and recognised by young people and IVs alike as the key factor in success of relationships. These findings suggest that most IVs show remarkable insight into their young person's social, emotional, psychological and learning needs and for many young people it has a direct positive impact on their mental health and ability to cope in times of stress or crisis. Indeed, the IVs contribution to the safeguarding of vulnerable young people is clear and will be discussed further in Chapter Five.

5. Chapter Five - Discussion

5.1 Overview

In this chapter I will discuss the research findings and examine them in relation to the study's aims and objectives as outlined in the Introduction chapter (page 12). It examines links between the themes presented in Chapter Four and existing research literature, contribution to knowledge base and limitations of the research. Conclusions and recommendations for social workers, carers, schools and educational psychologists as well as areas for further research are made in the final chapter.

The overarching aim of the study was to understand IV/LAC relationships from the perspective of those involved, using methods that valued their individual perspectives, in order to identify the ways in which the relationship may be beneficial (or not) for the learning and wellbeing of young people in care. The interviews revealed many ways in which there were benefits for young people, both for learning and for their wellbeing, described in the last chapter as 'psycho-social' support. There were no adverse impacts of IV relationships reported. For this reason, I have focused attention on the insights given by study participants into the benefits or advantages of the IV role for young people and highlighted commonalities in the approaches taken and beliefs held by the IVs that encouraged or enabled these benefits.

Some of these dynamics exist quite naturally in the context of healthy relationships and friendships and others are influenced by policy and guidance from the IV Service. It is proposed that the relationship and associated benefits serve as 'protective' factors which lead to enhanced resilience for the young person. The concepts of risk and resilience in relation to theory and practice for children in care will be explored in detail. The IV relationship will also be considered in light of theories of attachment and the centrality of social bonds for learning and development across the lifespan. How IV relationships compares to other similar care giving models including birth family, foster carers and residential care staff will be examined.

Of course, the overwhelmingly positive findings of this study do not rule out the possibility

that some LAC have had negative experiences of IV relationships. One young person interviewed did refer to an IV relationship that came to an end due to the IV leaving the area. She was very disappointed by this and reported refusing a replacement IV as she expected her to leave too -"that's what IVs do". The IV service reported that only one relationship had come to an end before the 2 years minimum commitment that they require in the 24 years the service was operating in Local Authority X. This was as a result of the IV experiencing an acute mental health crisis and of course situations like this have the potential to be harmful to a young person. Clearly failed relationships or abrupt endings have the potential to do harm to young people who may have difficulty trusting adults and forming attachments. Relationships may end if the IV or young person moves far away. Relationships ending in this way, while potentially difficult also hold the possibility of valuable learning experiences, if adults handle them correctly and are supported to do so by their IV Service. Two instances were reported by the IV Service of young people indicating that they wanted to end their relationship with their IV. In both cases, the relationship had been going on for over 5 years and both young people were approaching their 18th birthday and leaving care. When the IV service took their preferences seriously and supported an ending, both young people changed their mind. It was felt that both young people were testing the strength of their approaching 'independence' of the care system and adulthood. Both requested to continue the visits. While I acknowledge the scepticism that might arise from such overwhelmingly positive findings and interpretations, no negative effects were reported by any of the participants (n=118) about the relationships discussed within this study.

One explanation may be that services are providing good supervision to IVs and annual reviews and close liaison with foster carers and social workers facilitate an emphasis on the voice and wishes of the young person thereby mitigating against potential difficulties or harmful effects. Another explanation for the very positive findings might be linked to issues of confirmatory bias (see participant recruitment on page 39).

Key Findings

The following key findings will form the structure of the discussion section:

IVs support **learning and engagement** in the following ways:

- Encouragement and support for engagement with education
- Development of interests and skills outside of formal learning
- Developing life skills, independence and preparation for leaving care
- Attendance at PEP reviews and advocate for high expectations of young person and support for other professionals to understand young person's needs

IVs support **wellbeing** of young people in the following ways:

- Helping them have their voice heard and become more assertive
- Helping to facilitate social connections and decrease social isolation
- Helping young people to have a range of emotional and psychological needs met
- Develop and maintain positive outlook and approaches to solving problems

It is argued that these benefits are 'protective factors' which lead to increased resiliency for young people in care, leading to better outcomes and enhanced safeguarding for this vulnerable group.

5.1 IVs support for learning and engagement

The data presented in Chapter 4 indicates that Independent Visitors are contributing to the education of young people in a number of key ways including engagement with school, with formal and informal learning, broadening of horizons and developing aspirations as well as preparation for leaving care. In this section I will consider the reported findings in light of current issues related to the education of young people in care. I will examine the systems in place to monitor and support young people in school including PEP review and designated teachers in school. I will examine what role foster carers play, what the advantages and barriers to foster care support for young people in formal education are and why the IV contribution to learning might be particularly valuable in the residential care context.

Looked after children and education

The interaction of learning difficulties, emotional and behavioural needs is complex. To enable young people to gain the most from their school learning experiences then, it is important to establish a team around the child that is responsive to the changing needs of the child as they grow. A 'corporate parent' refers to the LA that has taken on the responsibility for the safeguarding and welfare of a child on behalf of the government. The term came in to use after the Children Act 1989, and was devised to join together all aspects of care provided by a parent when the LA takes on parental responsibility (Crowe, 2003).

Practitioners within the LA carry out the roles involved in parenting LAC on the LA's behalf (Bradbury, 2006; DfES, 2007). The importance of the role these significant adults play, as representatives of the LA acting as corporate parent, cannot be over-emphasised. Happer, McCreadie and Aldgate (2006) asked 32 care leavers about factors which facilitated their success. Responses indicated the most important factors were: having people who cared about them, experiencing stability, being given high expectations, receiving encouragement and support and being able to participate and achieve. Success here was partly defined by being engaged in work, education, training or other meaningful activities. Foster carers and social workers and class teachers were frequently reported as being the most helpful and significant adults.

Four important aspects to these relationships were identified;

• feelings of attachment between the child and the adults
• feelings of warmth, safety and being nurtured
• feelings of belonging and being included
• feelings of being trusted and trusting others

Clearly, there is a range of professionals involved in the care of a child who could be the most significant, helpful adult for the child and the findings reported here indicate that the Independent Visitor also has an important role to play particularly where placement instability, relationship breakdown, school transitions or changes of social workers impact

on a young person's ability to access these relationships at home or at school Galton et al., 2000).

Education as a protective factor

Educational achievement has been found to be a 'protective' factor in the lives of children in care which leads to better life outcomes for looked after children (Jackson & Sachdev, 2001, Jackson & Simon, 2006). In order to identify enabling factors in the lives of looked after students, identified as educationally 'high-achieving', Jackson and Martin (1998) interviewed 38 care leavers about the factors which enabled their success. Among the protective factors that were identified as most strongly associated with later educational success were: (i) stability and continuity; (ii) learning to read early and fluently; (iii) having a parent or carer who valued education and saw it as the route to a good life; (iv) having friends outside care who did well at school; (v) developing out-of-school interests and hobbies (which also helped to increase social skills and bring them into contact with a wider range of non-care people); (vi) meeting a significant adult who offered consistent support and encouragement and acted as a mentor and possibly role model; and (vii) attending school regularly. Most reported a special relationship with at least one person who made time to talk with and listen to them. The presence of a positive adult role model in the child's life setting as well as the amount of time spent with that person has been found in other studies to be important in fostering educational resilience (Maluccio *et al.*1996).

The findings reported in Chapter Four indicate that IVs not only provide this 'special relationship' (vi) but the relationship facilitates several other of the above protective factors too (i), (iii) (v). Indeed, several IVs commented on their support of academic high-achievement including support at GCSE, visits to colleges and universities and by modelling life-long engagement with formal themselves. A few IVs made reference to their involvement at PEP reviews being related to the levels of support they perceived as coming from the young person's foster carer which begs the question- what support can children in care expect from their foster carers?

Traditionally, foster carer involvement in their child's education has not been a priority

because providing stability and care for a child removed from their family of origin was deemed to be the foster carer's only role (Jackson, 1998; Griffiths, 2012). In tandem with the foster carer's work, the professional team working with the child, including SWs, was responsible for the health and care supervision of the child. Education responsibility was fully devolved to the school staff (Wilson & Evetts, 2006).

However, over time the role of foster caring changed towards a professionalised role of parenting whereby carers were expected to engage in 'responsive parenting', to support and advocate for their child in a more holistic and proactive way (Wilson & Evetts, 2006; Wilson, Petrie, & Sinclair, 2003). This holistic parenting included involvement in the child's education as part of the team implementing the child's care plan and PEP. The expectations placed on carers were defined by a more precise framework of legislation and guidance for the foster care role (Wilson & Evetts, 2006, DfES, 2007).

High expectations from foster carers have been linked with educational high-achievement of LAC (Jackson, Ajayi, & Quigley, 2003). Anecdotal evidence suggests that there is a large variation of support offered by foster carers for education in Local Authority X. Research indicates that tensions may arise between the expectations now placed on carers to become active participants in supporting their child's education, and even 'return to the classroom' to enhance their own skills, when carers themselves may not have experienced a happy and successful school life (Wigley, Preston-Shoot, McMurray, & Connolly, 2012) and may not prioritise education for the child as vigorously as the system would wish. The support of an IV may be especially beneficial for young people who do not have supportive foster carers or those who are in residential care.

PEP Reviews

The present study indicates that IVs are playing a significant role in supporting young people by attending PEP reviews. Five out of six IVs interviewed and 27% of survey respondents reported attending PEP/LAC review meetings. The IV Service at Authority X encourages it while stressing it is not a requirement or expectation of IVs to get involved. Many who do not get involved maintained that this was because the young person themselves did not want, or had not requested it. Some IVs referred to how their attendance or offer of attendance resulted in the young person actively seeking their

involvement thereafter. What is clear from the findings is that attendance at formal review presents unique opportunities to enable an alternative perspective on the young person to be provided, their strengths and difficulties which will be valuable to and valued by the young person and other professionals working with them. In my view, this is exactly the kind of insight that can help re-invigorate the team around the child, particularly where the child has maladaptive behaviours and is challenging to work with. Educational psychologists, who largely use a strengths-based approach and who regularly attend PEP reviews would be very well placed to tap into these fresh perspectives and insights and ensure they are used to good effect in the child's education plan.

Informal learning and recreation

All of the participants in this study referred to the recreational activities undertaking during visits. For some, like Nadeane who supports a traumatised young person who has chronic mental-health needs, visits represent a chance simply *to be* together;

> *Yeah, like last time we went to Costa and we had food and a drink, and we just sat looking at the window. And we just sat watching all the people walking past.*

For others, they represented purposeful, fun-filled experiences filled with learning and wonder.

> *We have been swimming, ice-skating, climbing, chocolate-making etc. She wants to work with food but also she loves being active so she really enjoys these activities. I think her obvious talents for skating and climbing gave her self-esteem a real boost- the happiest I've seen her was swinging from a rope 5 metres overhead!*

Many participants referred to the shared enjoyment or fun they have when out on visits. Children can learn and rehearse the emotional skills such as empathy through attuned interactions and what Golding (2007) calls 'relationship based play'. Golding suggests attachment relationships are strengthened through play-based attuned interactions where the main focus is enjoying being together. These interactions are even more effective it the adult defines boundaries and facilitates activities which enable the young person to feel engaged, nurtured and experience success (Golding,2007 p121).

Participation in recreational activity may serve to develop and strengthen the range of relationships the young person has access to in their social network (Mc Gee et al, 2000). It has also been linked to positive effects on educational attainment (Mahoney et al., 2005) and pathways to work opportunities (Gilligan 2008, 1999). Young people interviewed valued the opportunities for engaging in leisure pursuits with their IV from hill-walking to making chocolate and sea-angling to boxing clubs. IVs reported photography fieldtrips, horse-riding lessons and rock climbing as activities they introduced, facilitated and encouraged. Gilligan has written extensively on the potentially transformative power of engaging in recreational activities for young people in care (1999, 2008) and the opportunities they may present for mentoring or encouragement and support of the young person's talents, interests and leisure activities by a committed adult;

> *While the leisure time may be enjoyable and satisfying in itself it is also an additional medium through which people may be able to have access to supportive relationships.*

At least four of the eight young people interviewed for this study could be described, in my professional opinion, as very socially isolated including two who experience acute mental health difficulties. Recreational pursuits such as Ahmed's sailing lessons represents what Smith and Carlson (1997) describe as a chance to 'rejoin the mainstream'.

Achievement in fields of endeavour and attainment in activities which the young person and significant others value are key ways of building self-esteem. Self-esteem is important because it serves as a vital buffer against stress (Rutter, 1990). Morale as well as mental health may be enhanced by such activities. In their study of young people in residential care, Sinclair & Gibbs (1996) found that

> 'those who were involved in work or proud of something they did in their leisure time were happier'   p.10.

In the following section I will examine how IVs support promotes a sense of wellbeing and positive mental health for young people in care.

5.3 Independent Visitor Support for Wellbeing

Emotional Support

Independent Visitors offer consistent emotional support to their young people which, it is argued here, helps young people become more emotionally literate. *Emotional literacy* is defined as 'the ability to recognise, understand, handle and appropriately express emotions and recognise, understand and respond appropriately to the expressed emotions of others (Faupal, 2003). The term, based on the research of Salovey and Mayer (1990) and made popular by Goleman (1996) refers to a multi-dimensional set of skills and abilities, which because of the relationship between cognition and affect (Smith & Semin, 2004; Blakemore & Frith, 2005), can be learned, taught and to some degree, measured (Falpal, 2003). Emotional literacy skills are commonly accepted as the foundations of mental wellbeing and it is a concept that is used commonly in psychology and education today for example the SEAL (Social, Emotional Aspects of Learning) national curriculum programme (DCSF, 2005, DfE, 2010).

Emotional development is profoundly influenced by environmental and contextual factors and occurs in a social context and crucially, in a context of attachment relationships (Bolwby, 1969; Schofield and Beek, 2006). For looked after children who have experienced interrupted or unsatisfactory care, emotional development may have suffered and may need to be re-learned and reinforced at later points in life.

Attachment and emotional regulation

Emotional regulation skills normally develop in the context of a 'good enough' attachment relationship with the parent or carer during the child's early years leading to internal control and regulation by the individual. It is a process which is internalised through social interaction and modelling by the adult. Howe (2005) postulates that we continue, beyond infancy, to learn and practice the skills of emotional regulation within attachment relationships and these skills are crucial for the development of behaviours for learning and good mental health.

Difficulties with self-regulation can lead to serious difficulties as Brian (19) outlined;

When I came here first I was threatening people with knives, now I am just chilled out....

Yesterday I came down and music was playing quite loudly off, and I asked the staff member stop and turn it down. Obviously she would have to be a female, no offense to females obviously. And I was still in quite fragile-like, I could tip at any moment, I got into an argument that was it it ... just went completely mental. I can't remember anything that happened after that about fifteen minutes and bam! I just switched back on...I was like, "what has happened?" I just lost it.

IV responses indicate that many young people have difficulties with awareness of emotions and the effects they have on their functioning and ability to communicate effectively. The findings of this study indicate that IV's support allows opportunities for learning about emotions including anger, sadness, empathy and hope through first hand experiences during visits. Contextual learning is the key to development;

'opportunities to provide 'therapeutic experiences' through the sensitive management of those moments when a child is seeking reassurance, information, insight, or emotional comfort, occur frequently and naturally during every day encounters'

(Dent et al., 2006).

IVs model appropriate responses to difficult emotions and some engage in 'psycho-education' where they *actively* discuss the skills involved. I was struck by the skilled and sensitive way in which many IVs supported their young person to reflect on their emotions, to make links between their emotions and behaviours and to accept negative and destructive emotions as normal processes;

'we have worked on how she can express her anger constructively. Feeling angry is ok and normal'

(Survey Respondent)

Interviews revealed that some young people rely heavily on their IV for managing their negative emotions, particularly anger and frustration, like Sam who seeks his IV Rick out

in times of crisis and round the clock access for support with emotional regulation is encouraged by Rick. It is argued that IVs are serving an important mediating function in the lives of many young people which may prevent conflict with carers leading to placement instability.

Identity

The findings presented in Chapter Four indicate that IVs support the development of the young person's sense of identity whether that is relating positively to their care status, their sexuality or coming to terms with their own personality, strengths and difficulties. Through their use of strengths based approaches many IVs help the young person to reflect on the 'good' aspects of themselves, and offer regular opportunities to assume the identity of a good friend or assertive person which may be at odds with how they see themselves within their peer group;

> *I think the most important part of the role of an IV is to help your young person develop an idea of who they are, where they have come from and where they want to be. I feel as though I am able to help my young person explore her interests in a safe space without judgement. She often says to me she likes that she can do things with me that she can't do with her friends because there isn't the same peer pressure to be 'cool' with me.*
>
> *(Survey Respondent)*

The IV relationship described above offers the young person the freedom to experience identities that may not be socially acceptable to her peer group indicating that an IV relationship is of particular value to young people vulnerable to negative peer influence. The emphasis on the young person's choices and preferences may be helping to develop their view of themselves as active agents in their lives- with voices that are heard and are acted upon. This is especially important for children who are looked after who may have experience of being told what is going to happen to them and who in practice have very little control over their lives.

Many IVs referred to their role in helping the young person engage with thinking and talking about their life story, birth family and previous foster carers. Three IVs interviewed

mentioned facilitating reunions with parents or foster carers with the support and supervision of the IV service. Identity is always evolving, always in-process. It is something that is experienced, expressed, managed and continuously performed differently according to context and over time (Goffman, 1959; Butler, 2005). Identity is not something fixed, singular or easily known (Holland, 2008) and for this reason the IV role which is invariably a long-term commitment, is perfectly positioned to support with identity development and accompanying issues, crises or positive developments played out over time and across developmentally important transitions in the lives of children for example through adolescence, through transition to secondary school and transition to life post-care.

Self-esteem

IVs help to promote the self-esteem of young people in a number of ways including offering opportunities to experience success in a wide variety of extra-curricular activities. Their consistent approach and availability to young people helps to instil a sense of being valued. But, perhaps the most important factor for the development of self-esteem, is the voluntary aspect of the role.

Cameron and Maginn, (2008) argue that it is 'rejection' (or perceptions of) in general and 'parental rejection' in particular that are the most significant contributors to the emotional needs and barriers to learning experienced by many looked after young people. Parental Acceptance-Rejection Theory (PA-RT) emphasises the crucial role acceptance (or lack of) plays in children's healthy emotional development, and in particular self-esteem, emotional responsiveness and ability to maintain a positive outlook on life (Rohner et at., 2004). Experiencing feelings of acceptance is a crucial factor in the development of self-esteem;

> *Many children who come into foster care and adoption have a profound sense of worthlessness and low self-esteem, often and complex and deep routed in origin. Early experiences of care giving may have lacked warmth and acceptance. Multiple separations and losses may lead to feelings for the looked after child that they are unloveable or bad, worthy only of rejection and punishment. Punitive treatment or exclusions at school will likely reinforce these negative assumptions and beliefs.*
>
> Schofield & Beek (2006) p.47

The findings reported here indicate that IV relationships provide ample opportunities for the communication of acceptance to young people. The long-term commitment to the relationship made at the outset creates a unique context for the young person to experience feelings of security which will enable them to process and make sense of these feelings, some of which may feel uncomfortable or alien to them.

Development of an 'internal working model' (Bowlby, 1959) of themselves as worthy of care and interest is possible, through secure, attuned, attachment relationships over time. Many IVs referred to long periods of time required to build trust and achieve these secure attachments with young people:

> *He doesn't talk about his feelings very much, and after 4 years we're only just getting to the point where he tells me anything about his home or school life at all.*
>
> *IV (Survey)*

The young people interviewed in this study made reference to the judgement-free quality of the relationship whether it was in relation to the choices they made, their behaviour or their sexuality. Central to the concept of feeling valued, and commented upon by young people and visitors alike was the fact that IVs are volunteers and do not get paid to visit. I believe that this factor is of pivotal importance to understand why so many IV relationships are successful, long lasting and of such significance to young people in care who may have negative sense of self-worth and long experience of professionals and parents who are paid to care.

I argue that the IV relationships explored in this study, show evidence of highly attuned, sensitive caregiving. For young people who are traumatised or have experienced neglect or abuse, these types of interactions, when experienced consistently can take on therapeutic qualities. In the same way that an art therapist or school counsellor takes time to build rapport over time, emphasises the child's choice in attending sessions and keeps the time slot open even when the young person rejects it or is unable to attend the IV represents a caring and consistently available adult who is 'there just for them'. I read the IV interview transcripts with a sense of admiration for how many IVs had managed to provide the boundaries and feeling of containment for young people. Many showed

impressive understanding of their young person's mental health needs and how they might impact on their relationship. The exchange below relates to Ella who is highly vulnerable and has been sectioned on a couple of occasions and which I feel gives a good illustration of the reflective understanding her IV shows;

Interviewer: Has she ever asked you about yourself, your family?

Nadeane: No. Quite rare, like maybe once or twice in 4 years. Sometimes I'll do something and I'll say, "thanks then". And she goes, thank you.

Interviewer: Yeah, you feel like you're prompting her, okay.

Nadeane: Yeah, very ... Well, I think that when ... I think when you're traumatized you're in a bubble, you've asked ... I think traumatized people are very selfish because they just...

Interviewer: Yeah, you have to be just focused on yourself.

Nadeane: Completely, yeah. Selfish is probably the wrong word, but... it's self-preservation, isn't it really?

And I think that she just gets ... I think she gets an experience of attachment to be honest. I don't really feel that she's attached to many things. Not even herself, you know? And I think it gives her maybe a bit of grounding to the world through that attachment to someone.

IVs and the Voice of the Child

Recent government legislation for children and young people acknowledges the need to place the child's voice at the heart of any matters affecting them and reforms to the SEN Code of Practice call for child-centred practice in all aspects of education, health and social care provision (DfE, 2014; DoH, 2015). In recent years, educational psychology and social work research and practice has shown increasing awareness of the need for sustained relationships with young people in order to gain access to their voice and adequately meet their needs (Munro, 2011; Holland, 2006). There has been increased acknowledgement that young people's identities and feelings about their life situation, relationship with their birth families, aspirations and understanding of their history are constantly shifting over time and in different social settings requiring that social worker's relationships with young people need to be sustained on an on-going basis.

> *Brief interventions or sporadic visits are likely to produce a narrow understanding of young people's lives*

> (Holland, 2008)

The findings of the present study indicate that IVs are in a unique position to forge these on-going relationships with young people and through their attendance at official meetings and reviews, valuable insights can be shared with other professionals.

McLeod (2007) appeals to social work practitioners to pay closer attention to young people's narratives about their lives and to borrow from the fields of solution-focused, narrative and strengths-based approaches to achieve change;

> *By viewing narratives as unfixed and multi-faceted we can enable people to interrogate, evaluate, disrupt or even overturn their narratives in order to promote positive and creative change. By enabling young people to talk about their lives we can allow them to 'control, reframe and move on'.*   *p .13*

Positive Psychology and Wellbeing

> *Good, the more communicated, more abundant grows.*

> John Milton, *Paradise Lost, Book V*

Young people and IVs alike referred to a positive approach being promoted by the IVs which had the effect of encouraging young people to share positive reports, achievements or incidents of their lives with their IV. Research indicates that the act of seeking out others to share positive events is associated with increased positive effects above and beyond the impact of the positive event itself, a benefit termed as 'capitalisation' (Langston, 1994) and serves to further enhance these social bonds (Gable et al., 2004).

As my findings demonstrate, however, IVs use more than just positivity to encourage their young person, and some of their approaches have been identified as 'strengths-based'. Strengths-based approaches have been growing in popularity in a number of diverse

disciplines for example positive psychology and recovery approaches in mental health (Berg, 1994; Peterson and Seligman 2004; deShazer, 1994; 2004) and solution focused consultation approaches in education (Ajmal and Rees, 2001), community health (Foot and Hopkins, 2010) and social work (Green et al., 2004, Rapp et al., 2008).

> *Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing and being supported*

(Duncan and Miller, 2000).

A key feature of a strengths-based approach is the identification of solutions (solution focused) and minimising time spent analysing problems or obstacles to solutions. Problems may be re-framed in order to provide an alternative perspective, one which may lead to alternative solutions to difficult situations. Due to the focus on empowering and respectful practice and client driven agenda they have been identified as particularly child friendly approaches (Lethem, 1994; Fernandes, 2015). One of the aims of strengths-based practice is to enable people to look beyond their immediate and real problems and dare to conceive a future that inspires them, providing hope that things can improve. Strength-based approaches are shown to be effective in developing and maintaining hope in individuals, and consequently many studies cite evidence for enhanced well-being (Woods et al., 2011).

Narrative approaches have been used by practitioners to help elucidate strengths of individuals and communities. Practitioners using this approach assume that hidden inside any 'problem' narrative is a story of strength and resilience. This will often involve *re-framing* or re-conceptualisation of a story or situation to highlight any unique instances of strengths and support for the client to re-tell their difficult life stories in ways that that liberate or empower them (White & Epstom). The findings reported in Chapter Four illustrate many instances in which IVs are supporting young people to re-author their life stories in ways that are optimistic, helpful and resilience enhancing.

As this study has highlighted, positive re-framing and strengths-based approaches are not

just the preserve of care professionals, but can occur naturally in supportive relationships. The helpful approaches highlighted in Chapter 4 may be used unconsciously by the IVs or they may be as a result of their own professional experiences. Thirty-nine out of one hundred and three IVs (37%) who participated in this study reported that they worked (or had worked) in care or education professions which no doubt will influence how they interact and support their young person.

At Local Authority X, where this study was situated, many IVs have access to the Child Workforce Development Training programme which frequently runs courses, delivered by Educational Psychologists aimed at enhancing care giver's skills of communicating effectively with young people and promoting and facilitating change and enhancing well-being. It is possible that some IVs were gaining knowledge and skills through these training sessions which helped them to actively engage their young person using positive psychology to promote change. Opportunities for Educational Psychology to actively promote IVs engagement in training will be explored in Chapter 6.

In the following section I will consider my findings more broadly within the framework of risk and resilience, where I argue that IVs represent a significant 'protective' factor in the lives of many looked after children. I will consider the relationships in light of contemporary views of Attachment Theory and explore how the IV relationship can be understood in terms of the Secure Base and Social Pedagogic models of care giving.

5.4 Risk and Resilience

The outcomes following early adversity are quite diverse, with long-term effects depending on the nature of subsequent life experiences (Clarke and Clarke 2003, Clarke and Clarke 2000; Rutter, 1976). Both negative and positive outcomes for looked after children can best be understoo0d in the light of the developing study of resilience (Bronfenbrenner, 1979; Masten 2001. Gilligan (2008) describes resilience as

> 'the successful adaption to life tasks in the face of social disadvantage or highly adverse conditions' or positive adaptation in the presence of significant risk'.

Resilience as a psychological concept is well developed and used in relation to children in

need (Gilligan, 2008) and as a predictive factor for offending behaviour in youth justice through risk and protection model and in the field of education where it is termed academic resilience (Martin & Marsh, 2007). The study of resilience in development has overturned many negative assumptions and deficit focused models about children growing up under the threat of disadvantage and adversity. Early studies of resilience focused on personal traits for resilience, or hardiness, assuming that innate strengths, or character 'armour', made some children invulnerable to the damage adverse experiences leading to within child explanations for observable differences in outcomes for children exposed to risk. Where resilience was initially viewed as a 'trait', consensus has emerged that it is a process, heavily influenced by the complex interplay of multiple risk and protective processes over time, involving individual, family and larger socio-cultural influences.

Ordinary magic

Resilience is generally understood as a dynamic process, depending on the ongoing interactions between individual and context and adaptive functioning has been conceptualised as appropriate responses to developmental tasks encountered at different life stages (Masten, 1994; Masten & Coatsworth, 1998). It is now widely accepted that successful adaption under adverse circumstances does not require extraordinary characteristics or resources but results from "ordinary" normative functions such as cognitive reasoning, self-regulation and access to social networks (Masten, 2001). As has been pointed out by Uri Bronfenbrenner (1979) "It is the growing capacity to remold [sic] reality in accordance with human requirements and aspirations that from an ecological perspective, represents the highest expression of development (p.10) The threats come not from the adverse experiences *per se* but the threats to these protective systems and chances of positive outcomes depend on the extent to which the risk factors in their lives are balanced by protective factors both individual and environmental. If major threats to children are those adversities that undermine basic protective systems for development, it follows that efforts to promote competence and resilience in children at risk should focus on strategies that protect or restore the efficacy of these basic systems. The conclusion that resilience emerges from ordinary processes offers a far more optimistic outlook than the idea that rare and extraordinary processes are involved. The task before us now is to delineate how adaptive systems develop, how they operate under diverse conditions, how they work for or against success for a given child in his or her environmental and

developmental context, and how they can be protected, restored, facilitated, and nurtured in the lives of children (O' Dougherty Wright, Masten et. al *2013).*

Appropriate social support, or what Ungar (2004) calls 'vital kin and community connections' at different life stages and key transition points can reduce the risk of adjustment problems and 'allows children and adolescents to thrive'. In a review of multi-cultural qualitative studies on resilience, Walsh (2012) notes that many 'relational components', can be identified that build and sustain resilience and calls for practitioners to use a 'resilience-orientated systems' approach which 'searches out relational resources and positive bonds' in the kinship network including 'informal kin' and community resources; mentors, coaches, teachers- people who can play an active role in the life of a troubled or 'at-risk' child and who are invested in the young person's positive development. She recommends practitioners to encourage the following relational processes:

- Convey conviction in the child's worth and potential
- Draw out and affirm strengths, abilities
- Inspire hopes and dreams
- Encourage a child's best efforts
- Stand by a child through difficulties
- See mistakes for opportunities for learning and growth
- Celebrate success

Walsh also points to the importance of *modelling* resilience (individuals who survived well despite adversity) and. In the present study there is evidence that in the instances where the IVs themselves had overcome adversity, they shared their experiences in solidarity with their young person;

> *...in the beginning we really worked hard to build her kind of trust and really let her know that, you know, I've had shit parents, and I've had, you know, seen really dark stuff and look, I've turned out and it's okay and so I felt that she really felt that she could trust me and we kind of bonded a lot.*
>
> *(Nadeane IV)*

> *it just so amazing to see someone who's gone from pretty crap childhood to an amazing adult life....she shared with me some like stuff that she's had in her life that hasn't been good for her and it's made me open my eyes that like I can do what Alice is doing because she has crap background but she's still helped other people in the process*

And because I've had loads of injuries from the car crash, I keep saying [to him], come on I've got myself fit, you can do it.

(Rita IV)

Current resiliency theory and research avoids the reification of resilience as a personality trait and highlights its relational and interactive nature, emphasising the malleability of both person and context, and the dynamic nature of evolving processes.
Supportive and protective experiences occur and are effective well past early childhood. This means it is never too late for appropriate interventions (Schoon & Brynner, 2003).

Adaptability and flexibility are the hallmark characteristics of human development; change is the process by which we grow. Resiliency studies and their illumination of the centrality of relationship for life-long development has led to calls for the re-conceptualisation of attachment theory. Even proponents of the theory are wary that it represents the "trap" of linear and pre-determined view of post-infant development (Crittenden & Claussen, 2003) and have called for the expansion of the view of attachment to include 'extra-dyadic influences (from family, community and culture).

It is proposed that a Dynamic-Maturational Model (DMM) of attachment (Crittendon & Dallos, 2009) offers a more optimistic prognosis and can better account for 1) developmental processes 2) the wide range of variation seen in adult behaviour 3) human adaptation under a wide variety of social conditions than can more traditional models of attachment. DMM places relatively more emphasis on the effect of maturation in creating possibility for change in developmental pathways and less on the cumulative effects of early conditions in limiting individual potential

Attachment patterns are not fixed for life and children are able to respond positively to sensitive and responsive parenting, enabling them to form 'healing' attachments with committed caring adults.

(Maughan & Kim-Cohen, 2005)

I believe that the above offers a strong theoretical foundation for the value of attachment

relationships such as that of the IV for looked after children. In the following section I will consider the relationship in light of a model of attachment known as 'secure base' and how it promotes growth and resilience in key developmental areas.

5.5 Relationships as a Secure Base

Gilligan (1997) identified three fundamental building blocks of resilience

1. A secure base, whereby a child feels a sense of belonging and security
2. Good self esteem, that is, an internal sense of worth and competence
3. A sense of self-efficacy, that is, a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

Gilligan goes on to identify six domains that contribute to the three building blocks of resilience. These 6 domains can be used understand the areas of impact on a children's resilience:
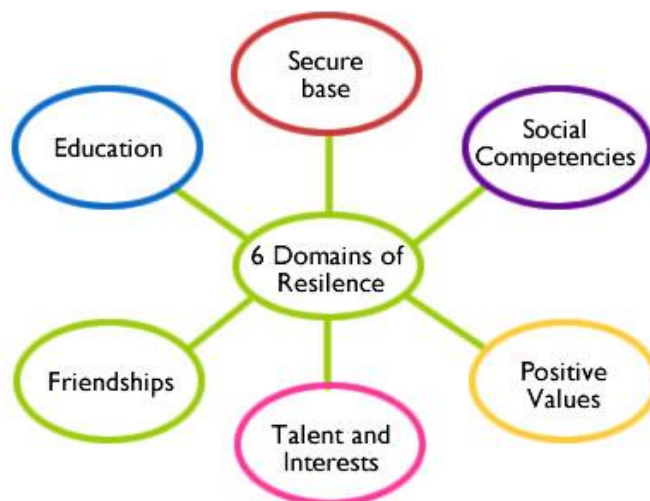
Diagram 1.
Domains of Resilience (Giligan, 1997)

Also, building on Bowlby's concept of a 'secure base', Schofield and Beek (2006) placed the secure base at the centre of their model of caregiving and used it to help foster carers and adoptive parent's meet the attachment needs of young people in their care. It has found application in many other contexts including social care and education. It has recently been adopted, by the Educational Psychology Service and Virtual School in Local

Authority X, as a helpful framework for supporting schools to meet the needs, not just of looked after children but *all* children with attachment difficulties.

The goal of the model is to support schools in providing sensitive care giving which has secure adult relationships at its heart and which promotes security and resilience in the child. The model brings together five dimensions of care giving. These five dimensions interact with each other to create a secure base for the child. The first four dimensions of care giving – *availability, sensitivity, acceptance and co-operation-* come from the work of one of the earliest attachment researchers, Mary Ainsworth (1971, 1978). She identified these as being associated with secure attachment styles. The fifth dimension, *belonging* or *family membership*, has been added to the model because of its significance to all children, but particularly for children separated from their families of origin.

Further research (Beek and Schofield, 2004, Schofield and Beek, 2009) extended the application of Ainsworth's dimensions from infancy through childhood to adolescence, suggesting that, although these dimensions may be expressed differently at different ages, they perform the same function for the child. For example, in both infancy and adolescence the availability of a caregiver is necessary to build trust. As well as extending the age range, the research suggested that there were some specific developmental benefits to each dimension of care giving:

Care giving dimension	Developmental benefit
Availability	Helping the child to trust
Sensitivity	Helping the child to manage feelings
Acceptance	Helping the child's self-esteem
Co-operation	Helping the child to feel effective
Family Membership	Helping the child to belong

Table 5. Dimensions of caregiving (Schofield & Beek, 2009)

The Secure Base Model is used as a positive, strengths-based approach to understanding and supporting family relationships and has many applications in child placement practice but it is also described by the authors as a 'systematic way of thinking about, describing and assessing key qualities of caregiving and key dimensions of child development'

(Schofield and Beek, 2014). To illustrate the importance of the interactions between each of the care giving dimensions and the developmental dimensions, they have been represented as a star-shaped model:

Diagram 2: The Secure Base Model (Schofield & Beek, 2014
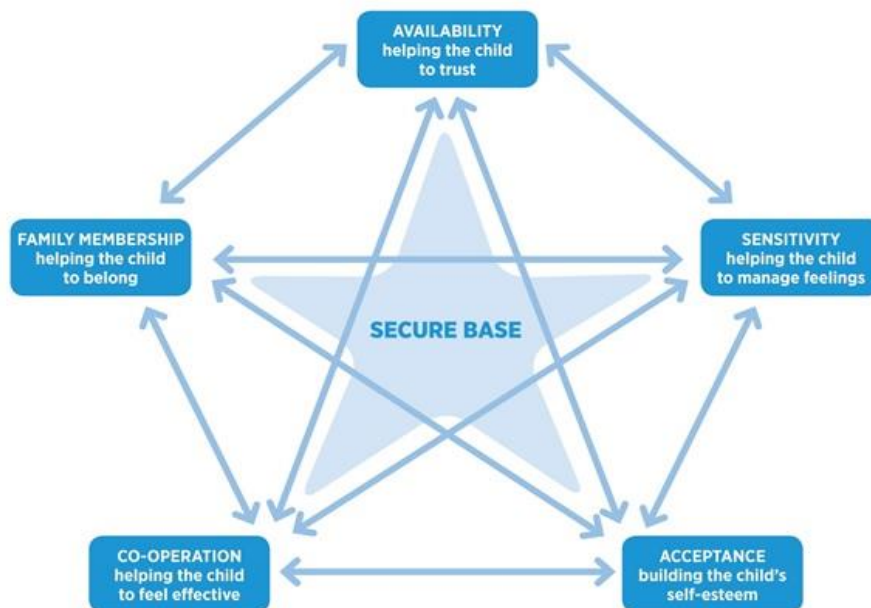
The findings of the present study suggest that for many young people, the IV relationship is contributing, in different ways, to these five key developmental needs. Clearly, it is a very different role than that provided by a foster carer who is providing both a physical secure base (home) and family membership, but the findings reported in Chapter Four indicate that IVs may play a role in developing other important aspects of identity and sense of belonging, for example three young people interviewed referred to their IV's role in helping them feel settled in new care environments leading to placement stability. It is the IV who enables the short journeys or excursions from the secure base, away from the primary attachment figures- thereby modelling early healthy attachment patterns which may have been disrupted for young people in care. For young people who had recently experienced a placement breakdown the IV themselves may have represented the familiar 'secure base' which supported them to develop a sense of security in their new setting.

All the young people in the present study have been able to form positive attachment relationships with their IVs and other adults including foster carers and residential staff.

This finding is highly relevant to recent government guidance on the role of foster carers and residential workers (DCSF, 2008d). It is of note that both of the young people living in residential homes in the present study report having stronger relationships with their IVs than with care staff at the home. This raises questions about the opportunities young people have to form secure attachment relationships with residential staff. It could reflect the need for training among residential workers, or may be related to placement stability in residential care settings (see, e.g., Petrie, Boddy, Cameron, Wigfall & Simon, 2006; Pellicano et al.) In recent times there has been increased recognition of the value of good personal relationships for children in care, particularly those in residential care.

> *We believe that the greatest gains in reforming our care system are to be made in identifiying and removing whatever barriers are obstructing the development of good personal relationships, and putting in place all possible means of supporting such relationships where they occur*

(House of Commons Committee Report: Looked after Children, 2009, p.27, para. 29)

The report referenced above noted the potential of 'social pedagogy' for improving the quality of care offered to young people in residential care, a model which was later endorsed in the joint NICE-SCIE (2010) REPORT. It is argued that the IV relationship has much in common with the social pedagogic model of care.

5.6 Independent Visitor as Social Pedagogue

Social pedagogy is an approach to working with people in the context of education and care which is well established in many European countries but which is not well understood in the UK. Social pedagogy can be described as:

> *'a broadly educational approach to social problems, education that takes place in everyday lives' and that it exists 'where education and care meet'*

(Cameron & Moss, 2011 p.8)

As a paid professional role, the social pedagogue is clearly different from a voluntary role such as a mentor or friend/advisor role such as that of the Independent Visitor, however

there are many ways in which they are similar. The pedagogue takes a holistic view of child development and uses a practical approach to supporting the young person, valuing shared everyday experiences as opportunities for learning. Above all else, social pedagogy emphasises the;

'centrality of relationship and, allied to this, the importance of listening and communicating'
(Petrie et al.2006).

Pedagogy is linked to historical notions of 'upbringing' which is qualitatively different and separate from parenting. The task of upbringing is seen as 'emerging from a sustained encounter between generations, specifically between a particular adult or teacher and a particular child or student as persons (Friesen and Saevi, 2010 p. 142).

Recently there have been calls for an end to the unhelpful 'conceptual and organisational split' which exists between care and education (Cameron et al., 2015). A narrow view of education, with its emphasis on academic attainment and league tables potentially limits opportunities for looked after children to learn about themselves, about others and about the world around them. It is argued that taking a broader view of education and being guided by social pedagogic approaches allows adults working with young people to undertake practical and relational learning or what Cameron refers to as 'doing and being together', which is essential for the development of social skills, self-esteem and resilience which, it could be argued, is also essential for engagement and success in education in its 'narrow' sense.

Social pedagogy has increasingly been seen as a valuable approach to residential care work and this may indicate systemic changes to understanding the value of relationships for children in care more generally. As a paid professional role, the social pedagogue is clearly different from a voluntary role such as that of the Independent Visitor, however there are many ways in which they are similar. The following features of a pedagogic role as outlined by Cameron & Moss (2011) hold true for the IV role:

- a focus on the child as a whole person, and support for the child's overall development

- practitioner sees herself as a person, in relationship with the child or young person
- children and staff do not exist in separate hierarchical domains
- pedagogues are encouraged to constantly reflect on their practice
- pedagogues attempt to share practically, in many aspects of the children's daily lives
- pedagogues take an interest in children's rights
- centrality of relationship and, allied to this, the importance of listening and communicating

(Petrie et al., 2006)

Independent Visiting is not guided by principles or frameworks such as those described here and nor, do I argue, should they be, but it is hoped that the present study provides a strengthened evidence base not only for the value of IVs but for social pedagogues and for what Cameron and Maginn (2008) refer to as an 'authentic warmth model of professional childcare'. The authors call for educational psychologists to promote the 'emotional warmth' dimension of professional childcare which emphasises:

- the psychological needs of children as opposed to management of problem behaviour
- support for adaptive emotional development
- utilisation of the child's (often hidden) signature or character strengths

The authors call for Educational Psychologists to keep the above to the forefront of their consultation work with children, schools and families. Another way Educational Psychologists might do this is to promote the role of IV for looked after children.

Affection and Friendship

In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Somebody's got to be crazy about that kid. That's number one. First, last and always.

Urie Bronfenbrenner (1993)

The title of the present study suggests that Independent Visiting may be conceptualised as a role, a relationship or friendship and the findings certainly confirm this. But at what point does the relationship develop into a friendship? Is this simply a matter of time, or down to careful and considered matching of children to adults? Having met the participants, I was struck by the compatibility of matches in terms of the young person's (often complex) needs and the character of the IV selected for the match by the Service Co-ordinator. In the review I referred to the importance of 'reciprocity or mutuality of affection as central in the concept of friendship (Dunn, 2004). All of the young people interviewed for this study spoke positively of their IV and some found it easier than others to refer to or acknowledge the affection. Indeed, difficulties for young people in expressing emotions and affection was a common theme and one of the obstacles to friendship identified in the thematic analysis but which was not reported in the findings due to the scope of the study.

However, for others the affection is clear:

There is only a few people in the world that I trust and Alice is one of the top people. She would never let me down. I just feel so safe when I'm with Alice

(Stacey, 13)

He knows he's got someone who spends time with him because I want to - he may have been only 7 when we started meeting up but he's got the significance of that from the start, and it means a lot to him to have an adult who is there just for him. He once gave me the SD card from his camera to print off the pictures, and it was the first time I'd seen his room - so I found out quite by accident that there were pictures of me all over it, including a framed one he has by his bedside.

IV (Survey)

Sometimes I wonder what life would be like if I didn't have Tony

(Brian, 19)

My findings indicate that for many IVs the emotional bond was also strong;

Her foster carer said that she sees me like an older sister so that's good because that's kind of what I want to be, I don't want to be just a volunteer that picks her up and just….I want to be more than that because that's what I committed to, I didn't commit to have a job... for me it's more than that.

Valeria (IV)

The feelings I feel for her is ….I haven't got one, but I would imagine if I had a step-daughter that's how I would feel for them…

Nadeane (IV)

The affection and admiration expressed by the IVs for their young people in this study was

striking:

He is probably one of the most polite, considerate guys I have ever met.

Rick (IV)

She is very strong and has spent a lot of time in hospital. I am envious of her strength. She is an inspiration.

IV (Survey)

He's brilliant! A very driven character, if he decides to do something he will do it!

Rita (IV)

She's absolutely brilliant. She's always had a real strength about her.

I think as she gets older we'll probably connect even more. It's a friend for life. Well, I feel like it is. I think she does too.

Alice (IV)

Younger children or those in secure long-term foster care placements generally held more straightforward perceptions of their IV as someone who takes them out, to do 'fun stuff' with but for older young people, especially those approaching end of care or who had experienced recent placement breakdowns, their IV had taken on much greater significance in their lives. These young people were more aware of the many different ways they were being supported and could clearly communicate how they appreciated their support during times of transition and as a resource to call upon in the future particularly with regards to advice for education and training.

 All of the young people interviewed could be described as socially isolated and vulnerable as a result of their learning, communication or mental health needs and for the four highly vulnerable and socially isolated young people, their IV clearly represented a central and highly valued figure in their lives. Furthermore, the data shows that young people are keen to build these kinds of relationships with adults, the relationships and friendships are dynamic and multi-dimensional and benefitting young people far beyond the remit of 'someone to take me out'.

IV as facilitator of adult relationships for young person

Many examples were noted throughout the interview and survey data of the IV as an important facilitator of sustaining positive relationships with other adults for the young person. The interface of IVs with foster carers, social workers and birth family was of particular interest to me. Brian (19) reported how his IV Tony had taken him to visit his ex-foster carers who lived in a neighbouring county, something he would not be able to do without supervision from his residential care home. Tony had enquired about the feasibility of this journey with Brian's social worker, care home supervisors and also the IV Co-ordinator. Sam (20) had requested that IV Rick accompanied him to meet his birth mother a considerable journey (5 hour round trip) from his supported lodgings. This was again only undertaken through careful consultation with social workers, IV service, carers etc. As mentioned earlier, the only time Sam doesn't need supervision by two care workers is when he is out with IV Rick. This is due to Sam's good rapport with Rick and proven track record for following instruction and staying safe. In addition, limited resources mean that two adults would not be deployed for a non-priority long distance journey. Sam could experience a short, pleasant and boundaried meeting with his birth mother in neutral territory with the support of a trusted, caring adult thanks to Rick. Clearly, this flexible approach is characteristic of a 'real-life' friendship rather than a professional role which is subject to the dictates of policy and protocol.

The findings reported in the previous chapter under the heading of 'engagement with education' and 'PEP Reviews' clearly outline how IVs can support the more challenging aspects of social care interventions in the lives of LAC- for example finding funding for educational provision, decision making regarding placement etc. IVs can advocate for better outcomes and can even be perceived as the IV 'fighting' their corner for and with them. However as one IV reported (Survey) IVs may choose to re-frame the social worker's role and actions for the young person so they may be seen in a more supportive light;

> *He doesn't have a very high opinion of his social worker, and so I often bridge that gap, helping him realise the challenges she faces and appreciate what she does for him.*

(IV Survey)

How the role of IV is perceived by foster carers was touched upon in the last chapter and it is clear that the IV relationship is valued by foster carers from Elizabeth and Daisy's foster carer noting how their IVs offered experiences outside her busy and sometimes chaotic home as well as a chance to have time away from their twin- something 'just for them', which is clearly something she values and perhaps regrets not being able to provide more of. A survey respondent mentioned how she can provide the types of physical experiences that her young person's foster carer cannot due to his physical disability.

This theme of IV as 'filling a gap' in the care experience was touched upon by Nadeane when she described how her sense of independence of the care system had been challenged on a number of occasions when she was invited to team meetings to give updates on how things were going for her young person and how her meetings with her were being viewed as another timetabled activity which her carers were relying upon, rather than a dynamic and flexible relationship independent of her care.

Chapter Six – Conclusion

6.1 Limitations of research and future research

Although many IVs spoke of the challenges of the role, it was much more difficult to get a sense of how the young person viewed the challenges or barriers to the relationship. Overall, I feel that the voices of two or three articulate young people dominate the findings for this data set and in retrospect I could have used a more varied approach to gathering the views of the young people who were not as articulate or found it harder to communicate what the relationship means to them during a brief interview. However, a more in-depth investigation would have been difficult given the scope of the present study.

Further research is needed into the nature of the systemic obstacles to wider access to this service. Previous estimates were that roughly 10% of the looked after population was being catered for by this service, and many IV Services are reportedly working towards targets of 10%. But as stated previously, recent statistics indicate that only 3.2% of all looked after children are matched with an IV

6.2 Professional Implications and Recommendations

The research exposes many systemic obstacles to the IV relationship for children in care and further research is needed in order to explore these more fully and to investigate the reasons for the under-utilisation and under-provision of the service nationally. The statutory right of children to be offered an IV is clear but the wording of the regulations 'if it is deemed in their best interest to have one' is vague and open to interpretation. The value of the current study and its unique contribution to Educational Psychology theory and practice is a deeper understanding of the value of such relationships for looked after children and recognition of what IVs can offer to the holistic care of this vulnerable group as well as to the professionals working with them.

Recommendations

- EPs have a clear role in supporting the team around the child to understand the psychological and learning benefits to young people of this role. It is recommended that EP Services, through their work with Virtual Schools and at a strategic level, acquaint themselves with the local picture vis à vis IV services. What % of young people are accessing the service, what are the selection criteria used and what the systemic barriers are to expansion of this valuable service? My findings indicate that many of the skills and approaches that many IVs are utilising in their support for young people have a psychological evidence base. IVs at Authority X make good use of the training offered by the Local Authority which is mainly delivered by Educational Psychologists and this is regarded as best practice. EPs should monitor if local IV services (particularly those that are outsourced to independent providers) are able to access good quality training.
- Social workers and IROs should take steps to ensure that IVs are aware of review meetings and, with the young person's permission; IVs are invited to these meetings where there perspective may be of value to the whole system working with the young person.
- Schools and designated teachers in particular, should take into consideration a child's relationship with their IV when co-ordinating review meetings and take into account the strengths of the young person in evidence outside of school when planning educational provision
- Local Authorities should take immediate steps to widen the scope of access to this service to all looked after children.

6.3 Dissemination of Findings

I intend to share my findings with a number of key groups:

1. Feedback to Local Authority Educational Psychology Service and Social Care Service my findings about the value to young people in care and care leavers of this relationship/service.
2. Feedback to the local IV Service that participated in my research through attendance at a support group meeting

3.   Feedback to National Independent Visitor Network annual conference 2017. I will address the identified dearth of 'soft' outcomes research into the value of relationship-based support systems for vulnerable young people by sharing the identified themes of my research and the unique Educational Psychology lens through which they were interpreted. I will share my interpretation of best practice for IVs and IV Service for the continued support for looked after children as well as high quality supervision and support for IVs themselves. I can post a short summary of this presentation on the online forum 'Huddle' for reading by the wider IV community.

4. I intend to submit a synopsis of this research project for publication in key Educational Psychology journals such as *Educational Psychology in Practice* (AEP) and *Educational and Child Psychology* (DECP/BPS) as well as the Department of Psychology and Human Development (IOE) departmental research bulletin. I hope to have it published in a social care publication too for example *Adoption and Fostering and Child* and *Family Social Work.*

Concluding remarks

It is intended that this study adds to the evidence base for the value of the IV role and for the transformative power of relationships for young people who have experienced adversity. It is clear that this is potentially a cost effective way to meet the needs of this vulnerable group for supporting their transition out of care and beyond as well as strengthening local communities' capacity to take care of their most needy.

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Appendices

Appendix A: Coding Density

Learning Benefits

Codes/Categories	Sub-Theme	Theme	Sources		References	
			LAC	IV	LAC	IV
Engagement with education	Engagement with education	1. Formal Learning	9	2	8	5
Engagement with PEP and school system	Contribution to PEP meetings	1. Formal Learning	3	2	3	2
General engagement	Engagement with education	2. Informal Learning	4	4	7	8
Skills and Experiences	Skills, interests and experiences	2. Informal Learning	5	6	8	10
Developing interests	Skills, interests and experiences	2. Informal Learning	4	3	4	4
Developing aspirations	Developing aspirations	2. Informal Learning	2	4	4	7
Life skills	Leaving Care and Life Skills	2. Informal Learning	2	6	2	8
Leaving Care	Leaving Care and Life Skills	2. Informal Learning	3	6	5	9

Psycho-Social Benefits

Code	Sub-Theme	Theme	Sources		References	
			LAC	IV	LAC	IV
Availability	Availability	1. Consistency	3	6	5	4
Continuity	Continuity	1. Consistency	2	7	3	2
Knowledge of young person	Knowledge of young person	1. Consistency	2	7	5	13
Feeling accepted	Self-esteem and identity	2. Emotional Support	2	4	3	7
Feeling valued	Self-esteem and identity	2. Emotional Support	2	3	5	4
Voluntary aspect of role	Self-esteem and identity	2. Emotional Support	2	3	2	3
Self-awareness	Emotional Literacy	2. Emotional Support	2	3	4	8
Self-regulation	Emotional Literacy	2. Emotional Support	3	4	4	15
Identity	Identity	2. Emotional Support	2	3	4	7

Voice	Voice	3. Child Centred Approach	4	7	12	26
Choice	Choice	3. Child Centred Approach	5	7	3	8
Positive approach	Strengths-based approach	4. Positive Psychology	3	4	5	10
Strengths-based approach	Strengths-based approach	4. Positive Psychology	2	4	15	9
Reframing	Reframing	4. Positive Psychology	1	2	2	11

Appendix B:

Initial Codes

Code	Sources	References
Learning	11	37
Engagement with school	14	39
Evidence of change	9	18
Leaving care	6	24
Life Skills	8	20
Acceptance	3	6
Boundaries and Containment	7	15
Communication Skills	7	9
Confidence	3	6
Confidentiality	3	4
Consistency	7	14
Crisis Point	6	14
Empathy	6	11
Evidence of change	9	18
Resilience	8	20
Identity		
Positive reframing	9	21
Strengths based approach	7	17
Knowledge of young person	4	15
Feeling valued	3	12
Health benefit	3	8
Placement breakdown	5	9
Relationship	1	5

Safeguarding	9	24
Therapeutic role	8	18
Trust	4	9
Trauma	6	18
Voice and Choice	9	35
Social Isolation	8	17
Reciprocity	3	6
Friend for Life and Endings	8	11
Vulnerable yp	8	26
Obstacles to friendship	8	28
Challenges to role	5	20
How IV is viewed by outside	6	12
IV and systems	7	26
Matching process	5	13
Getting involved	6	16
IV as agitator and advocate	5	11
IV and family	7	15
Motivation of IV	6	14
Length of relationship	4	6
IV service support	6	22
IV perception of role	5	36
LAC perception of role	12	73

Appendix C
Sample Survey (Complete)

#9

COMPLETE
Collector: Web Link 3 (Web Link)
Started: Wednesday, February 03, 2016 6:04:52 PM
Last Modified: Wednesday, February 03, 2016 6:28:07 PM
Time Spent: 00:23:14
IP Address: 81.99.233.11

PAGE 1

Q1: What is your age?	25 to 34
Q2: What is your occupation/former occupation?	
Social worker	
Q3: What is the highest level of education you have completed?	Post-graduate
Q4: What is your gender?	Female
Q5: Length of relationship with young person	
9 years	
Q6: Age of young person	
21	
Q7: Gender of young person	Male
Q8: Status of young person in care	Other (please specify) Supported lodgings with previous foster carer (was under guardianship order)
Q9: How did you hear about independent visiting?	local advertising

Q10: I have been able to support my young person with the following:

Communication / Social Interaction Skills speaking confidently, attention and listening	e.g.	Neutral
Comment:		Through the years the young person has mainly wanted to go out to eat, he has always ordered his own food and felt confident to initiate conversation. I hope that I have been a good role model in how to speak with others we encounter.

Engagement with formal education
Comment:

Strongly agree
We have always spoken about education since I met him in year 8 of senior school. He asked for my support with work for getting into university and was accepted onto a university course, however he decided not to go as he wants to move to Ireland soon. He has seen me go through university twice since we met and he would like to go at some point in the future- again I hope I have been a good role model for education, however have always supported him in the choices he has made.

By attending PEP or LAC reviews
Comment:

Neutral
Unfortunately I was only ever invited to one LAC review, even though he wanted me at others. It was a shame because I would have ensured that I was available to support him whenever the review was. As he is now 21 and also had guardianship this is no longer applicable.

Engagement with interests/skills outside of formal education
Comment:

Agree
He enjoys reading so I always try to get him a book he wants for Christmas or birthday and encourage him with this. He did want to be a game designer and I assisted him by proof reading a story he wrote for a game design. He also really loves going to festivals so for his birthday last summer I got him a festival survival kit- he really loved this as he had forgotten to pack half the stuff that he needed! I gave him a list of things I could think of before he went and we tried to work this out together- he seemed to appreciate this!!

Life skills including preparation for leaving care
Comment:

Neutral
He has been living with his foster carers that then gained a guardianship order for him since we met, most of his skills were taught in a family environment.

Having their voice heard
Comment:

Agree
I have supported him when he has asked me to if things have become difficult at home. When he was younger he asked me on a couple of occasions to sit with him and his foster carers to help and explain a situation from his point of view. This was really important as he found it hard to speak to them sometimes about difficult things I.e alcohol/drugs/girlfriends. It made it easier for him at at times if I was there because I could broach the subject with everyone there and then the conversation flowed from there.

Developing sense of identity
Comment:

Agree
He has always been clear about who he is and his identity as a confident younger person. I hope that I have helped him to think a bit more about his future and what sort of person he wants to grow into.

Developing aspirations Comment:	Neutral This is difficult to measure - I would like to think that I have been a good role model and tried to assist any way I can to help with his future.
Emotional literacy and emotional regulation e.g. empathy, managing feelings of anger or sadness Comment:	Agree I think supporting him in the ways above-helping him broach a conversation by sitting down with his carers has helped him feel more confident in discussing difficult topics.
Coping at times of stress or crisis Comment:	Neutral As above
Staying safe and making safe choices Comment:	Agree He has always been headstrong with regard to alcohol etc, but we have discussed lifestyle choices- it is ultimately his decision. When things were difficult at home we spoke with his carers together and this enabled him to think and plan his future a little more and understand consequences to his actions.

Q11: I value the following aspects of IV Service support:

Initial training	Strongly agree
Careful matching process	Strongly agree
Ongoing Support	Strongly agree

Q12: Do you feel you were adequately prepared for your role as an Independent Visitor?	yes, Please give main reasons for your answer Excellent training and support.

Q13: In your experience, what are the main challenges of the IV role?

Initially I wasn't invited to reviews that he wanted me to be at, which made me feel the iv role wasn't valued.- things may have changed since then but I do remember feeling disappointed about this at the time. I have had a brilliant experience with very little challenges.

Q14: How do you know your young person values your friendship?

Because he tells me! He would like to continue the friendship next year after funding runs out- which shows me that we are more than 'a match' and have an actual friendship/connection.

Q15: How do you feel about the future of your relationship with young person?

Brilliant! We will continue to be friends, in fact he calls me 'aunty', which describes our type of friendship well. If he does move out of the UK I will miss him but do believe we will make an effort to keep in touch.

Appendix D

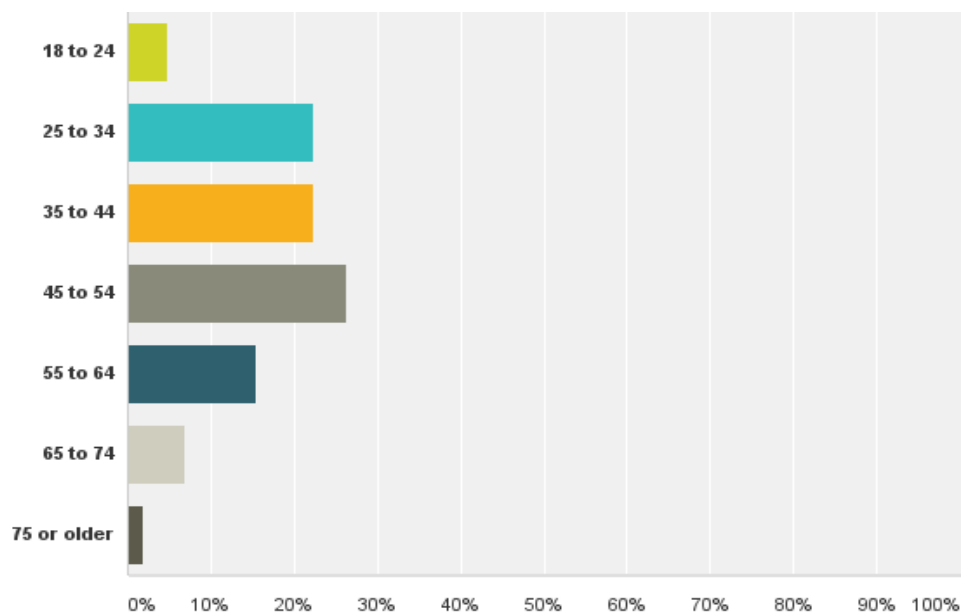## Independent Visitor Online Survey Summary Data

Date Created: Sunday, January 10, 2016
Complete Responses: 104

Q1: What is your age?

Answered: 103   Skipped: 1

Answer Choices	Responses	
18 to 24	4.85%	5
25 to 34	22.33%	23
35 to 44	22.33%	23
45 to 54	26.21%	27
55 to 64	15.53%	16
65 to 74	6.80%	7
75 or older	1.94%	2
Total		103

Q4: What is your occupation/former occupation?

1. Business Support Assistant
2. Accountant
3. Teacher
4. Administrator, parent, teacher, retired
5. Court Officer for Essex Police
6. Business Owner
7. Senior HR Manager
8. Police officer
9. Conference manager
10. Researcher
11. Learning support assistance
12. Primary school teacher
13. Lecturer
14. University lecturer/ teacher training
15. rehabilitation Specialist CYP 0-25 Visual impairment
16. Account Manager
17. Retired
18. Finance and monitoring officer
19. Pre-school Practitioner
20. youth worker/mentoring project coordinator
21. Local government - accountant
22. PA in a charity
23. Administrator
24. Project Manager NHS
25. Counsellor
26. Recruitment consultant
27. Editor
28. Policy, Strategy, Performance & Research officer (Local Gov)
29. Evaluation for a Children's Charity
30. Community Arts Project Manager
31. Assistant Manager
32. University lecturer/Nurse
33. Catering and hospitality industry
34. Teacher and Ofsted Inspector of nurseries and playgroups.
35. local government officer
36. retired - previously office/admin.
37. Youth worker
38. Young person's Advocate
39. Programme manager
40. PA
41. Admin Assistant
42. Retired teacher
43. Company director
44. supply teacher
45. Buyer
46. social work assistant (adults)
47. ICT Technician
48. Teacher, strategic support for children in care
49. Psychotherapist/Counsellor
50. teacher 9-12 year olds + teaching childcare 16-18 at sixth form.
51. Primary School Headteacher
52. Own dog grooming business
53. Airline Pilot
54. Energy Manager
55. City of York Council employee
56. Solicitor
57. Housing Manager

58. IT Project Manager and Homemaker
59. Accounts Clerk
60. Insurance Broker
61. Police officer (retired)
62. Student studying Early Childhood Studies at University of Chester - currently applying for MA Social Work
63. carer and university student
64. administrator with Age4 UK Befriending Service
65. Civil servant
66. Estate Agent
67. full-time mum
68. Nurse/counsellor
69. Trainee Solicitor
70. Project Manager
71. Counsellor
72. I work as a team leader in a residential care home
73. Social worker
74. Manager
75. HR Manager
76. Headteacher
77. Specialist community nurse
78. Pension Administrator
79. Engineer
80. Customer Service Agent-DWP
81. Social worker
82. Telecommunications
83. Teaching Assistant - special needs
84. Local government officer-Children's Services

85. Project worker
86. Commercial Training Manager
87. BME Sports and Wellbeing officer
88. Health Improvement Specialist, Leeds City Council
89. Business Manager
90. Charity worker
91. information worker, Alzheimers society have taught and been a librarian in the past
92. Manager
93. Inventor / Consultant
94. Head of learning and development, close brothers group
95. Social worker
96. Teacher, then Head of Widening Participation at both local universities.
97. I'm a stylist, dressing mostly men.
98. Teacher
99. Marketing Administrator
100. Semi Retired was Child Protection Officer – Exam Invigilating and offer Supportive Lodgings to care leavers
101. Charity Manager and Fundraising Consultant
102. retired
103. Deputy Headteacher
104. skipped

Q3: What is the highest level of education you have completed?

Answered: 102   Skipped: 2

Answer Choices	Responses	
O Levels/GCSE	13.73%	14
A Levels	9.80%	10
Graduate	41.18%	42
Post-graduate	28.43%	29
Other (please specify)	6.86%	7
Total		102
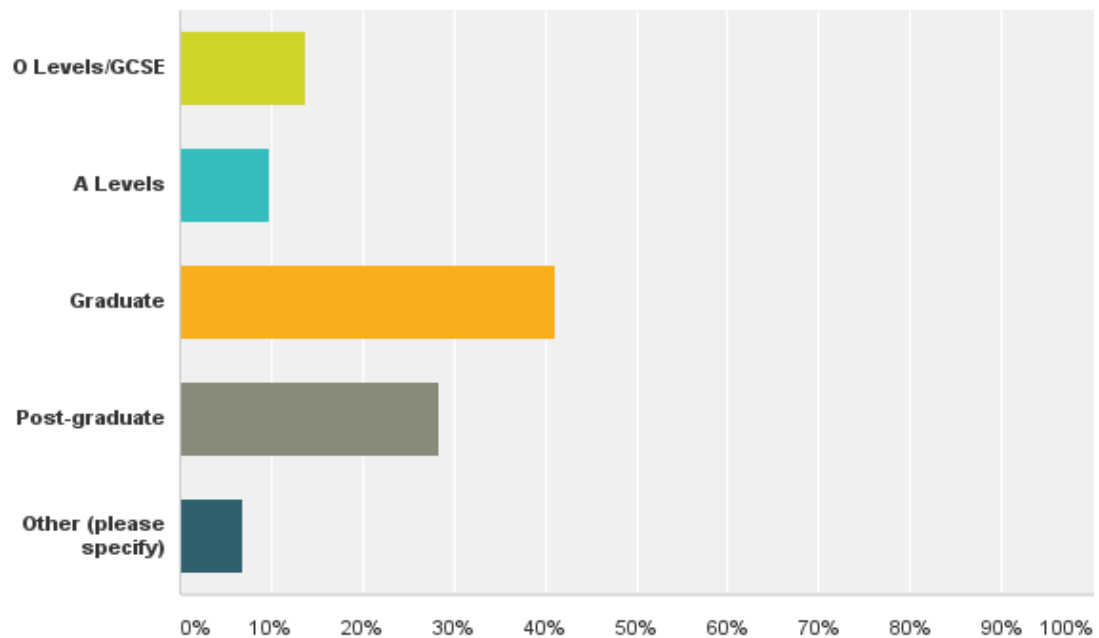
Q4: What is your gender?

Answered: 103   Skipped: 1

Answer Choices	Responses	
Female	**76.70%**	79
Male	**23.30%**	24
Other	**0.00%**	0
Total		**103**
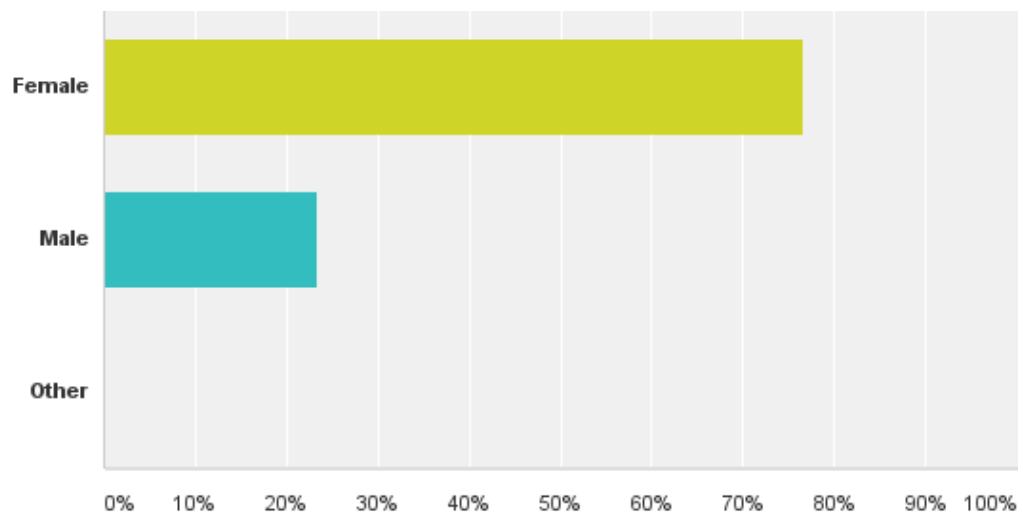
Q7: Gender of young person

Answered: 101   Skipped: 3
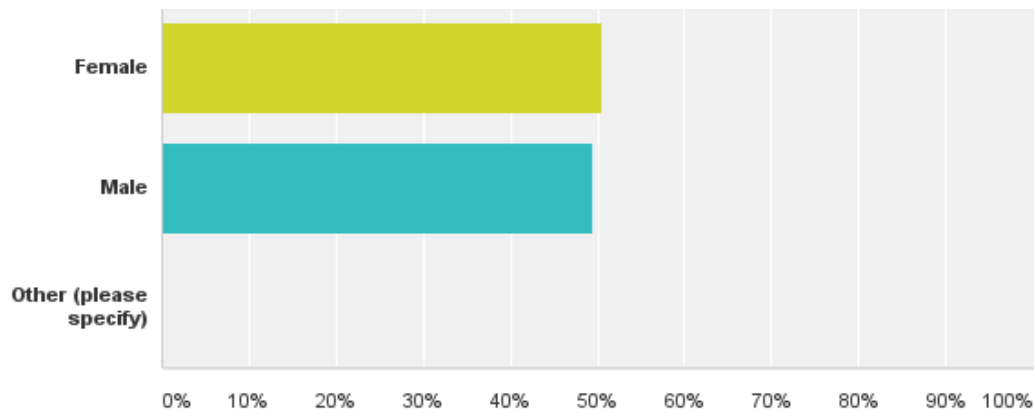
Q8: Status of young person in care

Answered: 100   Skipped: 4

Answer Choices	Responses	
Living with foster carer	67.00%	67
In residential care	13.00%	13
Guardianship order	8.00%	8
Assisted living	2.00%	2
Independent living	4.00%	4
Has now left care	1.00%	1
Other (please specify)	5.00%	5
Total		100
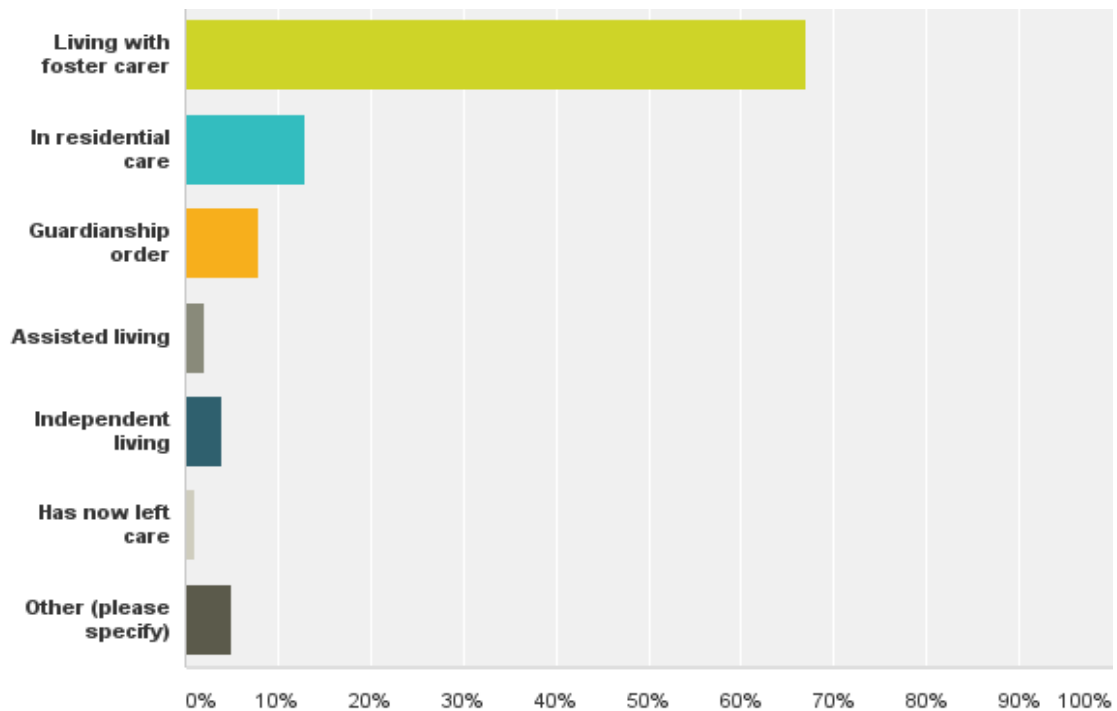
Q9: How did you hear about independent visiting?

Answered: 103   Skipped: 1

Answer Choices	Responses	
Word of mouth	16.50%	17
local advertising	31.07%	32
online search	24.27%	25
Other (please specify)	28.16%	29
Total		103

Q10: I have been able to support my young person with the following: Answered: 100   Skipped: 4

Chart showing categories: Communication / Social..., Engagement with formal..., By attending PEP or LAC..., Engagement with..., Life skills including..., Having their voice heard, Developing sense of..., Developing aspirations, Emotional literacy and..., Coping at times of str..., Staying safe and making s... (scale 0 to 10)

Chart showing categories: Word of mouth, local advertising, online search, Other (please specify) (scale 0% to 100%)
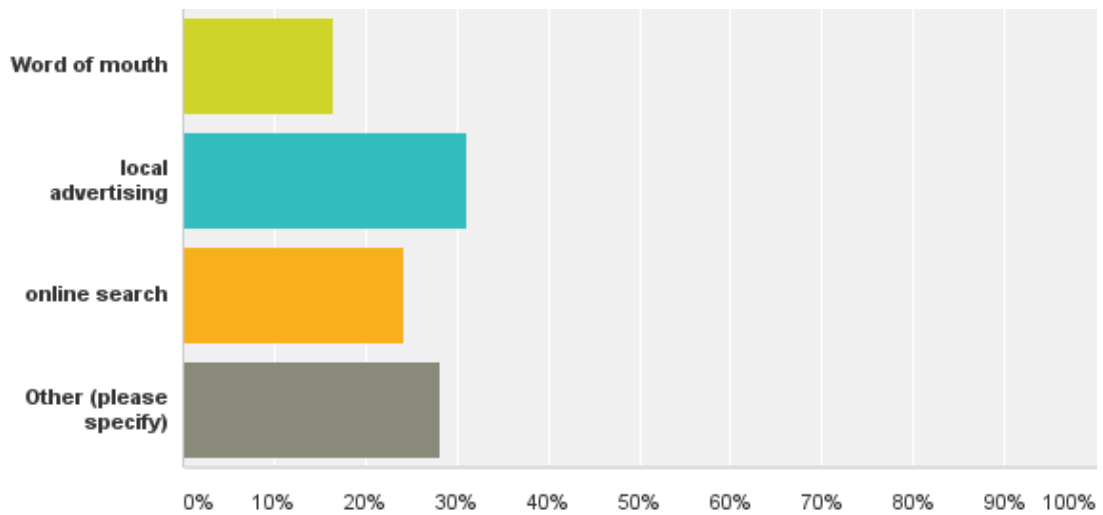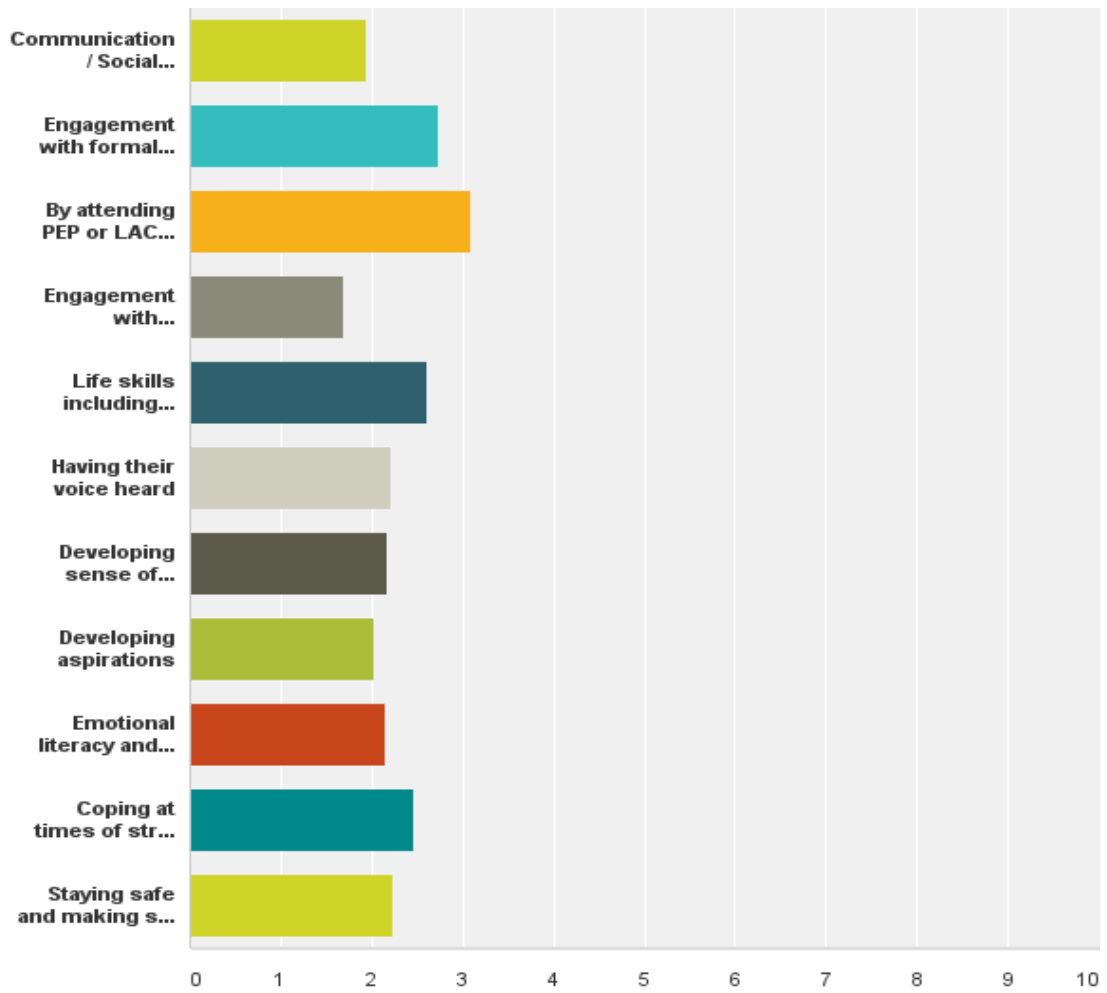
|	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total	Weighted Average
Communication / Social Interaction Skills e.g. speaking confidently, attention and listening	30.61% 30	45.92% 45	21.43% 21	2.04% 2	0.00% 0	98	1.95
Engagement with formal education	15.79% 15	21.05% 20	44.21% 42	12.63% 12	6.32% 6	95	2.73
By attending PEP or LAC reviews	15.38% 14	12.09% 11	38.46% 35	17.58% 16	16.48% 15	91	3.08
Engagement with interests/skills outside of formal education	47.92% 46	36.46% 35	13.54% 13	2.08% 2	0.00% 0	96	1.70
Life skills including preparation for leaving care	15.05% 14	24.73% 23	46.24% 43	10.75% 10	3.23% 3	93	2.62
Having their voice heard	26.09% 24	36.96% 34	30.43% 28	3.26% 3	3.26% 3	92	2.21
Developing sense of identity	27.96% 26	36.56% 34	29.03% 27	3.23% 3	3.23% 3	93	2.17
Developing aspirations	30.11% 28	41.94% 39	23.66% 22	3.23% 3	1.08% 1	93	2.03
Emotional literacy and emotional regulation e.g. empathy, managing feelings of anger or sadness	22.34% 21	42.55% 40	32.98% 31	2.13% 2	0.00% 0	94	2.15
Coping at times of stress or crisis	15.05% 14	34.41% 32	43.01% 40	4.30% 4	3.23% 3	93	2.46
Staying safe and making safe choices	19.57% 18	43.48% 40	31.52% 29	5.43% 5	0.00% 0	92	2.23

Q11: I value the following aspects of IV Service support:

Answered: 104   Skipped: 0

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Initial training	66.35% 69	27.88% 29	4.81% 5	0.00% 0	0.96% 1	104
Careful matching process	67.31% 70	25.00% 26	5.77% 6	1.92% 2	0.00% 0	104
Ongoing Support	68.93% 71	29.13% 30	0.97% 1	0.97% 1	0.00% 0	103

Initial training

Careful matching...

Ongoing Support

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Strongly agree ■ Agree ■ Neutral ■ Disagree ■ Strongly Disagree
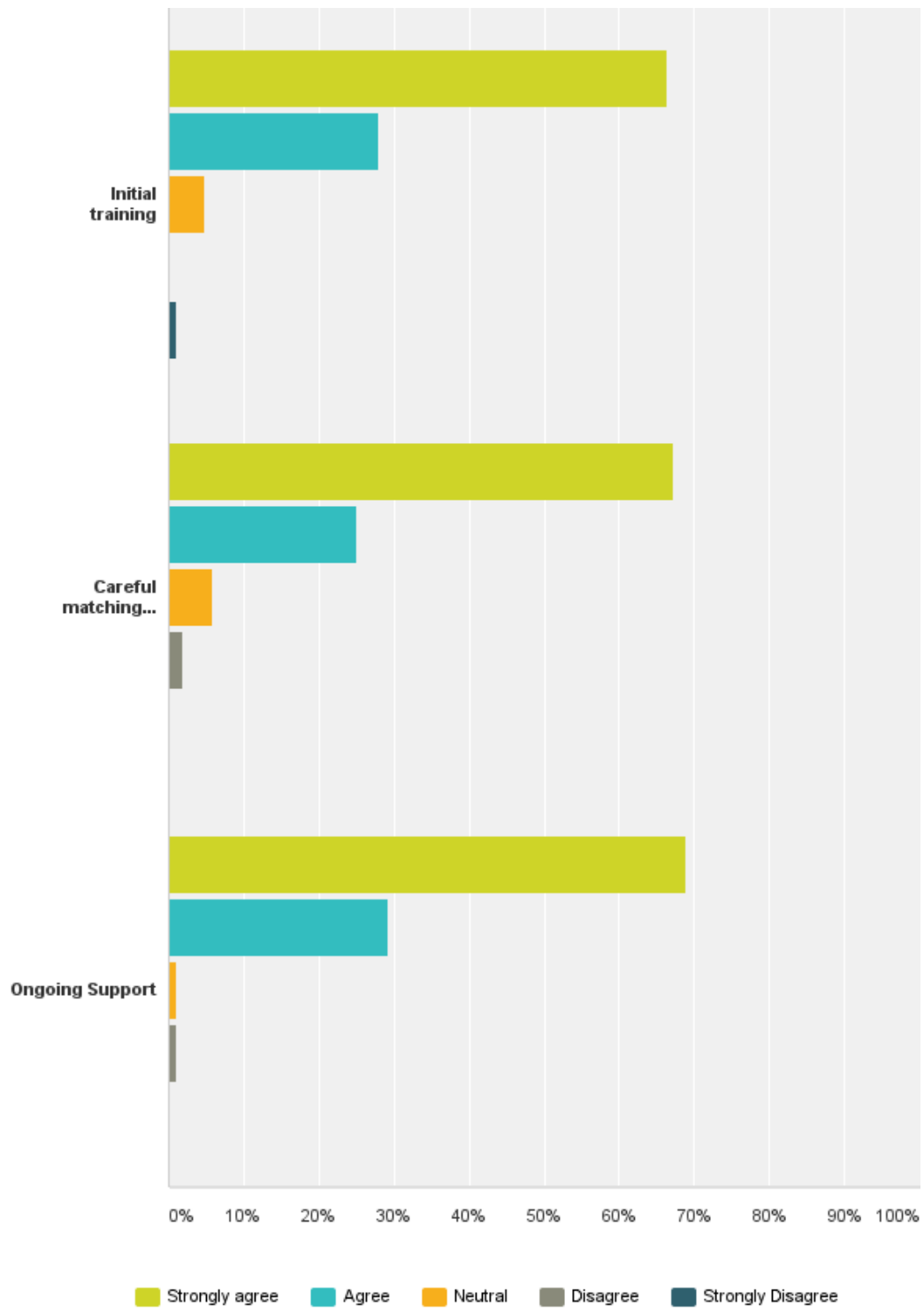
Q12: Do you feel you were adequately prepared for your role as an Independent Visitor?

Answered: 101   Skipped: 3
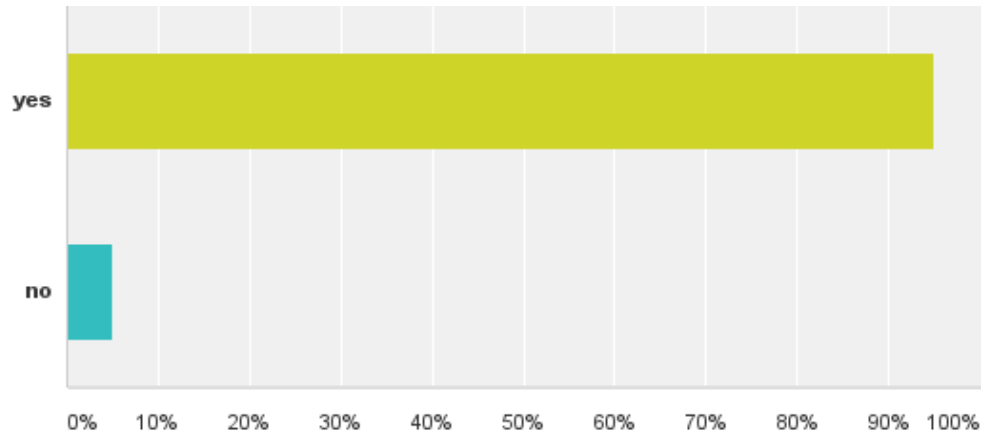
Answer Choices	Responses	
yes	95.05%	96
no	4.95%	5
Total		101

Appendix E- Information Sheet for Participants

My name is Dee Clancy and I am a trainee Educational Psychologist working at ------------------ Local Authority. I am a student at Institute of Education, UCL in London. I am researching the area of Independent Visitors for my Doctoral thesis. I am hoping to explore the potential benefits of having an IV for children in care.

Would you be willing to help me with my research?

I hope to interview young people and Independent Visitors to find out:

-How they got involved?
-What they perceive are the benefits of IV relationship
-What they say are the rewards and challenges of the role
-How the relationships develop over time

What would it involve?

I would like to meet with young people and their IV (separately) for approximately one hour at a location of their choice during the summer months to ask some questions and record their responses so that I can type them up later on. *It will hopefully feel like an informal chat!*

- Your responses are kept completely anonymous and your name is not used at any point.
- There is no obligation to be involved and you can withdraw your consent at any stage!

How will the data collected be used?

I hope to collect similar data from 6-8 experienced IVs and 6-8 IVS who have recently become involved with the service as well as their designated young people, so in total about 24 people.

I will look at the themes that emerge and in particular potential benefits of having an IV for looked after children and young people.

I will report my findings anonymously in a paper (35,000 words) for my tutors at UCL.

I may also report my finding to different groups:

- My fellow trainees/lecturers at UCL
- Various interested parties at Brighton and Hove Children's Services
- The national network of Independent Visitors

Please feel free to contact me anytime about this research:

Dee.clancy@--------------.gov.uk

Appendix F

Consent to Participate in Research

Name of Researcher: Dee Clancy
Educational Institution: Institute of Education (IOE) UCL
You are invited to voluntarily to take part in the research project described in the attached information sheet.
Please indicate your consent to participate by circling 'yes' or 'no' below.

☐ I agree to take part in this research on a voluntary basis

Yes   No

☐ I am aware participation is voluntary and is not a requirement of --- local authority

Yes   No

☐ I am aware of the purpose, principles and procedures of the study from the information sheet or
explanations given

Yes   No

☐ I give permission for my spoken words and anything I choose to show the researcher to be recorded. I will
know when this recording is happening and can stop it at any point.

Yes   No

☐ I am aware that any confidential information will be seen only by the researcher, Dee Clancy, and will not
be revealed to others.

Yes   No

☐ I am aware that I am free to withdraw from the study at any time without giving a reason

Yes   No

Name:..

Date:..

Appendix G

**Ethics Application Form:
Student Research**

All research activity conducted under the auspices of the Institute by staff, students or visitors, where the research involves human participants or the use of data collected from human participants are required to gain ethical approval before starting. *This includes preliminary and pilot studies.* Please answer all relevant questions responses in terms that can be understood by a lay person and note your form may be returned if incomplete.

For further support and guidance please see accompanying guidelines and the Ethics Review Procedures for Student Research http://www.ioe.ac.uk/studentethics/ or contact your supervisor or researchethics@ioe.ac.uk.

Before completing this form you will need to discuss your proposal fully with your Supervisor/s.
Please attach all supporting documents and letters.

For all Psychology students, this form should be completed with reference to the British Psychological Society (BPS) Code of Human Research Ethics and Code of Ethics and Conduct.

Section 1 Project details				
a.	Project title		How do Independent Visitors promote positive outcomes for Looked After Children	
b.	Student name and ID number (e.g. ABC12345678)		Dee Clancy	
c.	Supervisor/Personal Tutor		Claire Cameron/Vivian Hill	
d.	Department		Dept. of Psychology and Human Development	
e.	Course category (Tick one)	PhD/MPhil ☐	EdD ☐	
		MRes ☐	DEdPsy X ☐	
		MTeach ☐	MA/MSc ☐	
		ITE ☐		
		Diploma (state which) ☐		
		Other (state which) ☐		
f.	Course/module title		Doctorate in Professional Educational, Child and Adolescent Psychology	
g.	**If applicable,** state who the funder is and if funding has been confirmed.			

h.	Intended research start date	April 2015
i.	Intended research end date	May 2016
j.	Country fieldwork will be conducted in *If research to be conducted abroad please check www.fco.gov.uk and submit a completed travel risk assessment form (see guidelines). If the FCO advice is against travel this will be **required** before ethical approval can be granted: http://ioe-net.inst.ioe.ac.uk/about/profservices/international/Pages/default.aspx*	England

k.	Has this project been considered by another (external) Research Ethics Committee?

Yes ☐	External Committee Name:
No X *go to Section 2*	Date of Approval:

If yes:
- − Submit a copy of the approval letter with this application.
- − Proceed to Section 10 Attachments**.**

Note: Ensure that you check the guidelines carefully as research with some participants will require ethical approval from a different ethics committee such as the <u>National Research Ethics Service</u> (NRES) or <u>Social Care Research Ethics Committee</u> (SCREC). In addition, if your research is based in another institution then you may be required to apply to their research ethics committee.

Section 2 Project summary

Research methods (tick all that apply)

Please attach questionnaires, visual methods and schedules for interviews (even in draft form).

☐ Interviews
X
☐ Focus groups
☐ Questionnaires
X
☐ Action research
☐ Observation
☐ Literature review **X**

☐ Controlled trial/other intervention study
☐ Use of personal records **X**
☐ Systematic review ⇨ *if only method used go to Section 5.*
☐ Secondary data analysis ⇨ *if secondary analysis used go to Section 6.*
☐ Advisory/consultation/collaborative groups
☐ Other, give details:

Please provide an overview of your research. This should include some or all of the following: purpose of the research, aims, main research questions, research design, participants, sampling, your method of data collection (e.g., observations, interviews, questionnaires, etc.) and kind of questions that will be asked, reporting and dissemination (typically 300-500 words).

Purpose of the research
The main aim of this research is to investigate the nature of the Independent Visitor (IV)/ Looked After Child (LAC) relationship. This is a statutory service which has a low profile within children's services, with limited recognition and understanding amongst professionals, children and young people. I will report what young people and IVs have to say about the role, any potential benefits and how any such benefits may be of relevance to educational psychology with its emphasis on the social and emotional aspects of learning and importance of relationships and social capital for happiness, resilience, communication, identity and

expansion of horizons and positive academic outcomes. In this respect I will adopt a Social Pedagogical perspective of learning and link potential benefits to the LAC profile of needs as evidenced by research. I hope to explore other important relationships in the lives of LAC, for example social worker (SW) and foster carers (FC), and the ways they differ from the IV relationship-and why this is important. For example, whether and how does the 'independent' characteristic the role link it (or not) to the concept of 'corporate parenting' in England. I also hope to be able to shed light on the general experiences of young people looked after by the state, typical developmental trajectories, typical opportunities and risk factors associated with their status as well as issues regarding safeguarding and children's rights and the importance of everyday experiences and relationships in children's well being.

Primary Research Question

*What do Independent Visitors Contribute to Learning and Well Being of Looked After Children?**

* Examine potential influence of IV on LAC on a range of areas related to **formal and informal learning** such as
Social skills, identity, relationships and attachments, resilience, engagement with formal education, skills or training, teamwork, communication

Objectives of the research
OB 1. Interview IVS to find out their perception of role and their contribution to learning and well being of LAC
-New recruits to process
-Experienced IVs

OB 2. Interview LAC to find out their experiences of having an IV
-new recruits
-experienced users of service

OB 3. Online Survey of IVs (national data)

OB 4. Disseminate findings to relevant stakeholders
- Local Authority / IV service
-National Network of IV services
-Looked After Children
-Foster Carers
-Social Workers

OB 5. Review of literature
- Situate role of IV among similar informal models and roles including advocacy, social pedagogy model, mentoring and befriending models
- Look at IV role in context of history of corporate parenting in general
- Look at current and historical picture for educational outcomes and risk factors for LAC

Research Questions
1. **How do Independent Visitors contribute to learning and well being for LAC?**
1a. What do LAC have to say about their IV relationships and do they perceive their IV as having contributed to their learning and/or well being?
1b. What do IVs have to say about their LAC relationships and do they feel they have/ have potential to contribute learning/well being of LAC?

2. **How do IVs view their training for the role and what have been the benefits and challenges of being an IV.**
3.
4. **What motivates IV/LAC to participate in the scheme and what factors contribute to successful relationships?**

Data Collection

This will be a mixed methods research project collecting quantitative and qualitative information regarding the age and gender profile and views of participants.

I will gather data from three distinct groups:

A) new recruits to the process – and gather data at two separate points in time; at time of meeting and 6 months later (June and Dec 2015)
B) established IV/LAC relationships (paired for minimum of 1 year) (July-September)
C) larger group of IVs nationwide (questionnaires only) (August)

Quantitative data:
Age, gender profiles of IVs and LAC both locally and nationally. Information about education/skills background of IV as I may be able to make a connection between this and the qualitative data.
- Questionnaire to elicit key profile data of new recruits to process (both IV and LAC n=8). Will take the form of Likert scales, short responses, box ticking and space for more qualitative data too. Addresses RQ 1a and 1b.
- Online questionnaire distributed to National Network of IV services. IV services will promote the completion of online Survey Monkey type questionnaire in order to fulfil Research Question 1b, 2 and 3. Will take the form of Likert scales, short responses, box ticking and space for more qualitative data too.

Qualitative data:
- Online survey (see above) will have room for collection of some qualitative data regarding participant's views to address Research Question 1b, 2 and 3.
- Semi-structured interviews with 4 newly recruited IVs and the young person they are paired with (n = 8) on two separate occasions in order to address RQ 1-3
- Semi- structured interviews with 4 established and experienced IVs and the young person they are paired with (n = 8)in order to address RQ 1-3

Participants
- 4 pairs of new recruits and 4 pairs of established pairs completing unstructured interviews and questionnaires n=16
- Unknown numbers of and IVs completing online questionnaires
- LAC- vulnerable group of young people in care of the State.
- IVs diverse group of adults, male and female who are thoroughly vetted by IV services, character references, background checks etc. but who do not fit any particular 'profile' as such

Data Analysis
I hope to conduct thematic analysis on data derived from interviews and from qualitative data on surveys. I will analyse quantitative data like numbers of participants, Likert scale responses from online surveys of national network in order to be able to describe 'typical experiences' of IV/ LAC relationships as well as capturing the more unusual stories or atypical experiences of participants. I hope to explore the data and

relate it to educational and psychological theories of learning and psychosocial development and examine the data in relation to previous studies of the role and similar informal roles and models of befriending/advising.

Sampling

The new recruits sample **(Group A)** will be fairly randomly assigned in the sense that I will have access to a small group of participants (Brighton & Hove IV Service local recruitment drive March 2015) and ask for volunteers. The more established relationships **(Group B)** will be contacted by service who will ask for volunteers so they will be randomly selected from this group by virtue of volunteering.I hope to access IVs nationally **(Group C)** through the Independent Visitor Services Network who will either allow me to mail directly through their mailing list, or email on my behalf, a link to a web based survey. This will be a **voluntary** response. I would hope to get at least 40 responses.

Questionnaires/Interview Schedule

Please see attached

Reporting /Dissemination

I hope to report my findings at the TEP Conference 2016, to my Local Authority Children's Service and potentially to the National Network of Independent Visitor Services (Barnardos)

Section 3 Participants

Please answer the following questions giving full details where necessary. Text boxes will expand for your responses.

a.	Will your research involve human participants?	Yes ☐ X	No ☐ ⇨ *go to Section 4*

b.	Who are the participants (i.e. what sorts of people will be involved)? Tick all that apply.

☐ Early years/pre-school	☐ Unknown – specify below
☐ Ages 5-11 **X**	☐ Adults *please specify below* **X**
☐ Ages 12-16 **X**	☐ Other – specify below
☐ Young people aged 17-18 **X**	ORGANISATIONS

	NB: Ensure that you check the **guidelines** (Section 1) carefully as research with some participants will require ethical approval from a different ethics committee such as the National Research Ethics Service (NRES).

c.	If participants are under the responsibility of others (such as parents, teachers or medical staff) how do you intend to obtain permission to approach the participants to take part in the study?
	(Please attach approach letters or details of permission procedures – see Section 9 Attachments.)
	The Independent Visitor service will identify whoever has parental responsibility for the children identified as suitable for the study (Group A and Group C) and I will contact SW and FC to share information and seek permission to proceed. IV service will pass on an information sheet outlining the study to the young people who are being paired with IV and seeking their consent for me to contact them at a later date.

d.	How will participants be recruited (identified and approached)?

Group A- LAC:

The IV service will identify participants as they are about to be paired with IV after the training programme in March. They will pass on brief information sheet, for young person to take away. The young person fills in short form with contact details, agreement to participate and consent to be contacted at a later date by me. After I have got consent from FC or SW to contact YP I will contact the YP by email or telephone and remind them that they can withdraw consent for participation at any time. I will arrange a mutually convenient time to meet with YP and interview.

Group A-IVs

I will be introduced to group of IVs during initial training programme where I will have the opportunity to introduce myself and the aims of my research. I will explain that successful candidates will have the choice of volunteering to participate in my study and IVS will secure written permission once they have been paired with a young person. I will then approach the IV individually to elicit views using questionnaire. I will seek permission to contact again after an agreed time interval (5-6 months) to interview again, this time in more depth.

Group B- IVs

The IV service will identify a list of established IV/LAC pairs and email the IVS with an information blurb about my research (written by me but forwarded to a mail list) and asking for volunteers (by return of email) Once they have expressed interest I will contact via email with more detailed information sheet and seek permission to contact again via phone to arrange interview. I can get written consent to participate when we meet in person. IV to forward info sheet to their LAC and ask them if they are happy to be contacted by me. (see below)

Group B- LAC

The IV will seek consent from the LAC to be contacted by me via email/telephone. I will get written consent to participate before conducting the interview.

Group C- IVs

I will contact this group through email, using contacts provided by National Network of IV Services or forward through National Network contacts. The email will contain live link to online survey. It will be made clear that permission to participate and report findings is implicit in the return of the questionnaire.

e.	Describe the process you will use to inform participants about what you are doing • Speak in person at IV training day • Distribution of information sheets to all IV/LAC/and social workers • Email/phone call to IV • Post in online forum Huddle
f.	How will you obtain the consent of participants? Will this be written? How will it be made clear to participants that they may withdraw consent to participate at any time? *See the guidelines for information on opt-in and opt-out procedures. Please note that the method of consent should be appropriate to the research and fully explained.* I will ask participants to sign a specifically designed consent form and make it clear, verbally and in writing that they can withdraw consent at any time.
g.	**Studies involving questionnaires:** Will participants be given the option of omitting questions they do

	not wish to answer? Yes ☐ X No ☐
	If **NO** please explain why below and ensure that you cover any ethical issues arising from this in section 8.
h.	**Studies involving observation:** Confirm whether participants will be asked for their informed consent to be observed. Yes ☐ No ☐
	If **NO** read the guidelines (Ethical Issues section) and explain why below and ensure that you cover any ethical issues arising from this in section 8.
i.	Might participants experience anxiety, discomfort or embarrassment as a result of your study? Yes ☐ X No ☐
	If **yes** what steps will you take to explain and minimise this? I will interview the young people separately from the Independent Visitor to enable them to express themselves in confidence. If they reveal any cause for concern about the relationship I will talk to the child about what should happen next. It may be appropriate to discuss with the IV Service. In cases of child protection concern, I will let the child know I will contact the relevant social worker and I will discuss appropriate next steps with my supervisors. I will make it clear to all participants that their responses will be reported anonymously.
j.	Will your project involve deliberately misleading participants (deception) in any way? Yes ☐ No ☐ X
	If **YES** please provide further details below and ensure that you cover any ethical issues arising from this in section 8.
k.	Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)? Yes ☐ No ☐ X
	If **NO** please explain why below and ensure that you cover any ethical issues arising from this in section 8. No because I feel the emailed brief summary (see below) will be sufficient
l.	Will participants be given information about the findings of your study? (This could be a brief summary of your findings in general; it is not the same as an individual debriefing.) Yes ☐ X No ☐
m.	II will email them a brief synopsis (500 word) of my thesis

Section 4 Security-sensitive material
Only complete if applicable

Security sensitive research includes: commissioned by the military; commissioned under an EU security call; involves the acquisition of security clearances; concerns terrorist or extreme groups.

a.	Will your project consider or encounter security-sensitive material?	No ☐x
b.	Will you be visiting websites associated with extreme or terrorist organisations?	No ☐x
c.	Will you be storing or transmitting any materials that could be interpreted as promoting or endorsing terrorist acts?	No ☐x

** Give further details in **Section 8 Ethical Issues***

Section 5 Systematic review of research
 Only complete if applicable

a.	Will you be collecting any new data from participants?	Yes ☐ *	No ☐x
b.	Will you be analysing any secondary data?	Yes ☐ *	No ☐x

** Give further details in **Section 8 Ethical Issues***

*If your methods do not involve engagement with participants (e.g. systematic review, literature review) **and** if you have answered **No** to both questions, please go to **Section 10 Attachments.***

Section 6 Secondary data analysis Complete for all secondary analysis

Name of dataset/s	
Owner of dataset/s	
Are the data in the public domain?	Yes ☐ No ☐ *If no, do you have the owner's permission/license?* Yes ☐ No* ☐
Are the data anonymised?	Yes ☐ No ☐ *Do you plan to anonymise the data?* Yes ☐ No* ☐ *Do you plan to use individual level data?* Yes* ☐ No ☐ *Will you be linking data to individuals?* Yes* ☐ No ☐
Are the data sensitive (DPA 1998 definition)?	Yes* ☐ No ☐
Will you be conducting analysis within the remit it was originally collected for?	Yes ☐ No* ☐
If no, was consent gained from participants for subsequent/future analysis?	Yes ☐ No* ☐
If no, was data collected prior to ethics approval process?	Yes ☐ No* ☐

*Give further details in **Section 8 Ethical Issues***

*If secondary analysis is only method used **and** no answers with asterisks are ticked, go to **Section 9 Attachments.***

Section 7 Data Storage and Security
Please ensure that you include all hard and electronic data when completing this section.

a.	Confirm that all personal data will be stored and processed in compliance with the Data Protection Act 1998 (DPA 1998). *(See the Guidelines and the Institute's Data Protection & Records Management Policy for more detail.)*	Yes ☐X
b.	Will personal data be processed or be sent outside the European Economic Area?	Yes ☐ * No ☐ X

* If yes, please confirm that there are adequate levels of protections in compliance with the DPA 1998 and state what these arrangements are below.

I will store all data in encrypted private hard drive only. The data will only be stored at my home and will not be taken out in public. I will anonymize any data that is being sent electronically for eg to my supervisor or to transcription services. I will not be taking any files or hard data out of the IV service office.

c.	Who will have access to the data and personal information, including advisory/consultation groups and during transcription? I will store all personal contact details for LAC at my home in encrypted files.

During the research

d.	Where will the data be stored? at my home
e.	Will mobile devices such as USB storage and laptops be used? Yes ☐ X No ☐ ***If yes,** state what mobile devices: one USB and one privately stored hard drive ***If yes,** will they be encrypted?: yes

After the research

f.	Where will the data be stored? On USB and privately stored hard drive.
g.	How long will the data and records by kept for and in what format? Deleted after my Viva
h.	Will data be archived for use by other researchers? Yes ☐ No ☐ X ***If yes,** please provide details.

Section 8 Ethical issues

Are there particular features of the proposed work which may raise ethical concerns or add to the complexity of ethical decision making? If so, please outline how you will deal with these.

It is important that you demonstrate your awareness of potential risks or harm that may arise as a result of your research. You should then demonstrate that you have considered ways to minimise the likelihood and impact of each potential harm that you have identified. Please be as specific as possible in describing the ethical issues you will have to address. Please consider / address ALL issues that may apply.
Ethical concerns may include, but not be limited to, the following areas:

− Methods − Sampling − Recruitment	− International research − Risks to participants and/or researchers − Confidentiality/Anonymity

− Gatekeepers	− Disclosures/limits to confidentiality
− Informed consent	− Data storage and security both during and after the research (including transfer, sharing, encryption, protection)
− Potentially vulnerable participants	
− Safeguarding/child protection	− Reporting
− Sensitive topics	− Dissemination and use of findings

Sampling

I will advise IV services of the criteria for the study and ask them to select a group of typical IVs in terms of experience in the role, educational background, gender and ethnic background. It is possible that IV services will want to select the most successful IV pairings. To mitigate this I will ask the Service to provide a long list of potential interviewees from which I can select a group to interview. However, as participation will rely on volunteers, there is still a risk of bias towards more successful IV pairings who are more confident about study participation. These are quite common issues in interview based research and do not indicate an elevated risk of harm to participants.

Consent

All participants will be asked for their individual written consent, and will have an information sheet about the study. For independent visitors this is a straightforward procedure (ref example). However, seeking consent for permission to study the lives of children in care is a complex process. The initial starting point is the permission of the individual concerned, but the researcher will not have direct access to the young people. Instead two age dependent processes will be pursued. For children under the age of 12, the independent visitor service will be asked to provide the name and contact details of the relevant social worker. The researcher will contact the social worker to ask for permission to ask the child's consent. First contact with the child about the research will be via the Independent Visitor service who will seek consent from child to be contacted by me. Once this has happened, and the child and social worker agrees, the researcher will set up an interview in a place familiar to the child, and where familiar adults are nearby. The child will be given information about and asked for their consent for the interview to proceed before any further questioning.

For young people aged 12 and over, the independent visitor interviewed will be asked to approach the young person on behalf of the researcher, and ask them if they would consent to be contacted by the researcher by telephone or email. Once initial contact is agreed, the researcher will seek the consent of the relevant social worker or foster carer (depending on age of the young person) for the interview to take place. At the point of interview, young people will be asked for their written permission, again with an information sheet available.

My EP service and the IV service will also have copies of the information sheet in case of queries.

I will seek the informed written consent to undertake research within the Children's Service from the appropriate management structures and keep my own service (Supervising Fieldwork consultant, Principal EP etc.) informed about all aspects of my research throughout the process.
I will seek the informed written consent prior to gathering data from all participants and ensure they feel free to withdraw their consent at any time. I will identify and gain the consent from adults with parental responsibility for the new recruit LAC and will and keep all participants/ FC and SW well informed of the nature of the study and will share my findings with them.

Methods

I will be using questionnaires and recorded interviews which will be anonymised. There are no particular ethical complexities associated with the methods

Safeguarding/vulnerable participants-
As my participants are Looked After Children they are a particularly vulnerable group of young people

however the relationships and safeguarding procedures will have been put in place by IV service prior to my becoming involved so this would not be my responsibility. There is a chance that I could be party to a disclosure about safeguarding concerns from a child/IV and I am confident I have the training and skills to deal with this appropriately (I recently attended a Safeguarding training day with Children's Services in Brighton & Hove as part of my induction to Educational Psychology Service, and am up to date with all the correct procedures for making referrals to the Safeguarding team and with the University safeguarding procedures for research students.

If a child or young person disclosed to me any information about their foster placement or school placement or indeed their relationship with their independent visitor which was inappropriate or put them at risk I would explain to them that I will pass the information on to their social worker (if at home) and the designated safeguarding officer if school related. If the young person attempted to gain my confidence about a matter that was troubling them I would explain that they can tell me but that if I feel like they are at risk of harm in any way I will have to pass the information on to other relevant parties (social worker/safeguarding officer for example). I would communicate any concerns to my research supervisors and the Independent Visitor Service as well.

Data protection
Apart from keeping any data I hold safe on encrypted USB and privately stored hard drive at my home, I will not carry data to any other location for example to another privately held lap top or to my workplace. I will use pseudonyms to identify participants

Sensitive topics
There is the risk that children might disclose sensitive subjects while discussing their views on IV relationship and I would be prepared for this happening by explaining that any sensitive topic would only be reported with the participants permission (which they could retract at any point) and I would reassure them that I would be holding the information anonymously and safely.
It is important that IVs and LAC are not giving their views on the relationship in each others company.
Dissemination and use of findings
I will be gathering evidence on different IV services but this would be reported anonymously. I will offer to give feedback to the IV service locally.

Section 9 Further information
Outline any other information you feel relevant to this submission, using a separate sheet or attachments if necessary.

Section 10 Attachments Please attach the following items to this form, or explain if not attached			
a.	Information sheets and other materials to be used to inform potential participants about the research, including approach letters	Yes ☐	No x☐
b.	Consent form	Yes ☐	No x☐
	If applicable:		
c.	The proposal for the project	Yes ☐	No ☐
d.	Approval letter from external Research Ethics Committee	Yes ☐	No ☐

| e. | Full risk assessment | Yes ☐ | No ☐ |

Section 11 Declaration

		Yes
No		
I have read, understood and will abide by the following set of guidelines. ☐		☐
BPS X☐ BERA ☐ BSA ☐Other (please state) ☐		
I have discussed the ethical issues relating to my research with my supervisor. ☐		X☐
I have attended the appropriate ethics training provided by my course. ☐		X☐

I confirm that to the best of my knowledge:

The above information is correct and that this is a full description of the ethics issues that may arise in the course of this project.

Name	Dee Clancy
Date	16.02.15

Please submit your completed ethics forms to your supervisor.

Notes and references

Professional code of ethics
You should read and understand relevant ethics guidelines, for example:
British Psychological Society (2009) *Code of Ethics and Conduct*, and (2014) *Code of Human Research Ethics*
or
British Educational Research Association (2011) *Ethical Guidelines*
or
British Sociological Association (2002) *Statement of Ethical Practice*
Please see the respective websites for these or later versions; direct links to the latest versions are available on the Institute of Education http://www.ioe.ac.uk/ethics/.

Disclosure and Barring Service checks
If you are planning to carry out research in regulated Education environments such as Schools, or if your research will bring you into contact with children and young people (under the age of 18), you will need to have a Disclosure and Barring Service (DBS) CHECK, before you start. The DBS was previously known as the Criminal Records Bureau (CRB)). If you do not already hold a current DBS check, and have not registered with the DBS update service, you will need to obtain one through at IOE. Further information can be found at http://www.ioe.ac.uk/studentInformation/documents/DBS_Guidance_1415.pdf

Ensure that you apply for the DBS check in plenty of time as will take around 4 weeks, though can take longer depending on the circumstances.

Further references
The www.ethicsguidebook.ac.uk website is very useful for assisting you to think through the ethical issues arising from your project.

Robson, Colin (2011). *Real world research: a resource for social scientists and practitioner researchers* (3rd edition). Oxford: Blackwell.
This text has a helpful section on ethical considerations.

Alderson, P. and Morrow, V. (2011) *The Ethics of Research with Children and Young People: A Practical Handbook.* London: Sage.
This text has useful suggestions if you are conducting research with children and young people.

Wiles, R. (2013) What are Qualitative Research Ethics? Bloomsbury.
A useful and short text covering areas including informed consent, approaches to research ethics including examples of ethical dilemmas.

Departmental use	
If a project raises particularly challenging ethics issues, or a more detailed review would be appropriate, you **must** refer the application to the Research Ethics and Governance Coordinator (via researchethics@ioe.ac.uk) so that it can be submitted to the Research Ethics Committee for consideration. A Research Ethics Committee Chair, ethics department representative and the Research Ethics and Governance Coordinator can advise you, either to support your review process, or help decide whether an application should be referred to the REC. *Also see 'when to pass a student ethics review up to the Research Ethics Committee': http://www.ioe.ac.uk/about/policiesProcedures/42253.html*	
Student name	Dee Clancy
Student department	Department of Psychology and Human Development

Course	Doctorate in Educational, Child and Adolescent Psychology
Project title	Doctoral Thesis
Reviewer 1	
Supervisor/first reviewer name	Claire Cameron
Do you foresee any ethical difficulties with this research?	Obtaining children's consent when they are in care and under age 12 and that of gatekeepers will be time consuming but not ethically difficult
Supervisor/first reviewer signature	
Date	20.03.15
Reviewer 2	
Second reviewer name	Vivian Hill
Do you foresee any ethical difficulties with this research?	
Supervisor/second reviewer signature	
Date	
Decision on behalf of reviews	

Decision	Approved	✔ ☐
	Approved subject to the following additional measures	☐
	Not approved for the reasons given below	☐
	Referred to REC for review	☐

Points to be noted by other reviewers and in report to REC	
Comments from reviewers for the applicant	
Recording – supervisors/reviewers should submit all approved ethics forms to the relevant course administrator	
Recorded in the student information system	☐

If the proposal is not authorised the applicant should seek a meeting with their supervisor or ethics reviewer.

Appendix H

Interviewer Transcript - (Brian 19)

Interviewer: So yeah, tell me as little or as much as you'd like about yourself and how you find the IV relationship useful. So can you tell me a bit about how long you've known Tony?

Brian: I've known Tony for nearly I think a year and a half now. We started seeing each other like maybe January time or February time last year. We've developed a strong relationships since then and done a lot of stuff. Yeah, it's really nice having him around actually.

Interviewer: Yeah? okay that's really good. What kind of things have you done?

Brian: We've been out for coffees, gone for a couple of bike rides. Gotten lost a couple of times each other!

Interviewer: I know all about getting lost!

Brian: Celebrate my birthday. I've gone on to Lewes and he's met me down there. Yeah we've done so much stuff I can't even remember all of that.

Interviewer: Okay, and can you remember who suggested that you have an Independent Visitor?

Brian: I think it my social worker.

Interviewer: Uh uh.

Brian: I warmed to the idea, and yeah its all gone really well...

Interviewer: How did she explain this? How did she describe it?

Brian: She described it as having a kind of an outside friend and support person there to help me if I needed a help or just to be as a general friend and also useful contact for when I leave because I will hvae him and his family to help me when I leave.

Interviewer: Yeah definitely.

Brian: To help me when I leave.

Interviewer: Okay, yeah and that seem quite appealing to you, did it?.

Brian: Yeah, definitely.

Interviewer: Okay. And how long did you have to wait from when it was suggested to?

Brian: Well it went through a couple of reviews and then Georgina came and saw me. Then I had to wait about three or four months for them to find the perfect match and then obviously Tony came up and it all started up.

Interviewer: Yeah, yeah. Can you remember the first time you met him? How did that go?

Brian: First when I met him it was quite awkward obviously because we didn't know each other and we spoke about each other's past and backgrounds a little bit. But not too deep obviously because it's the first meeting. And I think we just stayed in and had a coffee and played UNO which is a very complex card game! Yeah, that was our first meeting. We did that for a couple of times and then started going out to Horsham

Interviewer: Yeah, and you've been to—Oh, you got to Horsham

Brian: We used to when I was living down in that area cos there are four or five homes.

Interviewer: Okay, yeah, yeah, yeah. Okay, and so can you tell me a little bit about like so it was awkward at the first meeting but how and why do you think that has changed, in what way?

Brian: Because we've just kind of connected and we've become really, really good friends. So when I get to know people, I can of speak more freely and be much more open.

Interviewer: And what do you think helped you to kind of connect [inaudible]? What were the things that you connected on and you thought, "Yeah, I like this guy. I can trust him." Or, whatever.

Brian: I think it was just his personality and like because he is really, really friendly and really helpful. And shared with me all the ways and do the different things and yeah.

Interviewer: What kind of things has he shown you?

Brian: Well he's shown me that it's just not always for me to get angry. He's just not done that moral support kind of thing.

Interviewer: Yeah, yeah.

Brian: And we've talked about each other's families and he's shown me that maybe we could always ...when I leave. I can come down to him or we can met up halfway. We can meet each other's family that kind of thing.

Interviewer: Yeah, yeah.

Brian: So he has shown me that there is a life outside of this bubble.

Interviewer: Yeah, yeah, after this. So what age are you now

Brian: I'm nineteen going on twenty in December.

Interviewer: Okay so you won't be leaving care kind of soon?

Brian: Well at the moment, I'm pushing to stay here till about twenty-one because social services are obviously a bit weird about it...

Interviewer: Yeah, yeah. That's cool that you have the option, isn't it? So what would you say it was, you said he was really, really friendly and really helpful. What was it about him and the way he approached his-- approached the role, like what?

Brian: He didn't even try to take a role, we just sat down, started talking, and then it became friendship and felt like I was sat down talking to my mates and became more and more strong

Interviewer: Yeah, that sounds good. And do you have other friends?

Brian: I have friends here and I have friends outside of college. Because recently I should have gotten invited to South Hampton tomorrow and I can't make it because obviously it's too far away. Its like two hours away from here.

Interviewer: yeah.

Brian: So I said I'll make it up to him by buying him coffee if I'm in Chichester at some point.

Interviewer: Yeah, yeah. Who was that?

Brian: When my mate called David, he's French.

Interviewer: Oh.

Brian: Really, really funny to go and really easy to get along with.

Interviewer: Oh yeah. David?

Brian: David.

Interviewer: Okay, and so the first time you just hang out and chilled out here. The first couple of times...

Brian: Not here but down in the home

Interviewer: So like kind of thing like in the house...

Brian: Yeah.

Interviewer: Okay, and did you feel like was it made clear to you that if you--- yeah, like that you had a choice about whether you wanted to continue with it or..

Brian: Yeah.

Interviewer: Yeah.

Brian: And I did made a decision to continue because I found him really friendly and really nice to get along with.

Interviewer: Okay, cool. And did you specifically ask for a man? Or was there a choice between a man or a woman? Would that made any difference to you?

Brian: I said choose a male or a female doesn't make a difference to me.

Interviewer: Yeah, okay. And do you think that-- so there are other young people, living in the house. Do they have independent visitors?

Brian: No. Some of them, I have suggested to some of them and that they could ask for one.

Interviewer: Yeah.

Brian: Because some of them don't see their family. One of my mates last summer. His parents stopped talking to him and then recently like two days ago his dad phoned up. And then suddenly mom was very happy with his dad. So one of my other mates hasn't got a family at all because his family won't speak to him. So Ive actually suggested why don't you get an IV-its actually really helopful..

Interviewer: Oh wow.

Brian: And they haven't really said yes or no.

Interviewer: They're thinking about it maybe but youve planted the seed...

Brian: Yeah. And then they all have got friends outside of here that they speak to so..

Interviewer: So you feel like they kind of got support in other ways?

Brian: Yeah.

Interviewer: And did you feel that maybe you didn't have that support? Or at that time anyway?

Brian: Well when I got, when I suggested I wasn't in college, I was still just going to a private school. It's kind of useful to have someone who isn't a staff member or boy that I live with 24/7.

Interviewer: Yeah.

Brian: Coming up to see me.

Interviewer: Yeah, yeah.

Brian: so yeah...

Interviewer: Okay. So do you think it would be useful to all young people and care to be offered this?

Brian: I think it would be, yeah. If they're really struggling with something. It's something that should be definitely be considered for them. Even if they're not, it's still something nice..

Interviewer: Yeah, yeah. Young people seem to be using it in lots of different ways so some people want to have really somebody to and open up to and then other people think, "No, I don't want to discuss my problems. This is my time to have fun and forget about those things." For some people it is a mixture of both.

Brian: Yeah, that's what I do.

Interviewer: Yeah, yeah. Okay, and do you feel like if you had more friends at school to college, whatever, or from your past still in contact with you that you would need Tony less?

Brian: Well, in the moment I'm been trying to get in contact with someone from my past who was really helpful but they haven't been answering me. But even if I did have them, I would still would talk to Tony.

Interviewer: Yeah, but maybe it's more important for people who have less kind of a social contacts outside, yeah, okay.

Brian: It was like a year ago I was only talking to my nan and granddad and obviously one of my foster carers. And but recently about maybe a month or two ago, I got into contact with one of my aunt and then I found her on my mobile and one of my cousins picked up. And we've got in a full length about- we talked about twenty minutes, after about two minutes she said that "Hang up and I'll phone you from my mobile because I've got a thousand free minutes. If you hang up, I'll phone you." She phoned me and we had an hour long conversation!

Interviewer: Your cousin? Cool. That's really good. You haven't spoken to her for a while, had you?

Brian: For about eight or nine years.

Interviewer: Wow!

Brian: So, actually he's about the same age as me, nearly 20 now.

Interviewer: Uh uh, where does she live?

Brian: Brighton. All of my family live in Brighon-were like the Brighton people!

Interviewer: Do you have access to other family members but...

Brian: Yeah.

Interviewer: Tony's somebody who's been here now. For how long did you say two years?

Brian: Nearly two years, I think, yeah.

Interviewer: And how have things changed in those two years?

Brian: Well, we've become much more closer than I have been with the boys here because obviously living with people 24/7 stuff like that.

Interviewer: Yeah, there can be conflict or whatever...

Brian: Yeah. He's someone to talk to and someone that you know is always there. He's always a phone call away. So I am very pleased to have him because he'll like sped four or five hours with me and hell make that hour and half long trip back. Sometimes I wonder what it would be like if I hadn't met Tony.

Interviewer: What do you think?

Brian: Would have been more boring.

Interviewer: More boring, yeah, because you'd have less chances and opportunities to go out and about. How else do you think it might be different?

Brian: It'd be a lot harder to talk because I wouldn't have someone I've already spoken to about my issues. . Obviously, having the confidence to open up to someone that I know really well because...

Interviewer: How do you think it would be to come-- for somebody like me to come here and interview you in this way, do you think you would've been able to do that if Tony hadn't been a factor in your life would you find this harder? What we're doing now.

Brian: I would have found it harder if it was just someone coming to interview me for some weird reason but because I know it is about IVs I am really open to talk about it.

Interviewer: Yeah, yeah. Well you seem like really calm and relaxed now but do you think you would have had those skills? I mean what I'm asking I suppose is do you think he's helped you with that? The skill of talking, speaking confidently, and things like that.

Brian: Yeah he's definitely helped me on my social skills in a lot of ways.

Interviewer: Okay.

Brian: And he's taught me that I shouldn't always kind of snap if I'm in a bad mood.

Interviewer: Yeah, yeah. How has he done that?

Brian: Well because when we first met each other. I might have been in a bad mood when I snapped he said that it's not really good idea to snap because it might make people dislike you know. I know there have been so mnay other ways, I cant remember all of them.

Interviewer: Yeah, so something about like managing your emotions? Like having...

Brian: Yeah.

Interviewer: ...because you thought you mentioned that in the beginning about like controlling your temper or whatever. Like is that something that you had a problem with before that you feel...

Brian: Definitely.

Interviewer: What kind of things would have happened before?

Brian: Before I came here to this place, like the whole community. I was in a foster care. Not Joe but a different foster carer who treated me like complete and utter crap. And it got to a point where I really want just to take a a knife to her but now if anyone treats me like that. I'm like...You know what? Sod you." Just walk away, don't talk to me....

Interviewer: Not taking it personally, yeah. And you think Tony has helped you have that perspective?

Brian: I think so, yeah, because he accepts me for who and what sexuality I am. And it's such really nice because I know I was in my old school. Everyone treated me weirdly because obviously I was different from them. Because I wasn't straight and I wasn't gay, I was Bi and I still am to this day

Interviewer: Yeah, yeah, yeah.

Brian: I haven't let anyone deter me from that

Interviewer: So sexuality's something that he's been able help you with.

Brian: Yeah, definitely.

Interviewer: To just feeling like it's not even an issue with him.
Brian: Yeah.

Interviewer: Yeah.

Brian: Because by that time he was like , "really? well you shouldn't be ashamed of that".

Interviewer: Yeah.

Brian: Because since I was seven I'd never told anyone I was Bi until I told one of my closest mates. And he went and told the carer I was living with. Even when I told him, "Don't, please. Because they were taking the mick out of me"

Interviewer: The foster carer? You thought they would take the mick out of you.

Brian: Yeah, because she wasn't nice to me at all.

Interviewer: She wasn't a nice person.

Brian: It has been pattern throughout my life; it has been one nice carer, one not nice carer. One nice carer, one not nice carer. Then I had Jill who is really nice since I was seven, I think about the age of fifteen. Just about turned sixteen, then obviously I had the carer who was nasty to me then I came here and everyone accepted me.

Interviewer: And how come it kept changing?

Brian: Because every person I live with, didn't really want me apart from one who I went to live with Cyprus for about a year or two. But I became unhappy and depressed so I came back here.

Interviewer: Do you say Cyprus- in Cyprus?

Brian: I lived in Cyprus for two years.

Interviewer: Oh wow!

Brian: No longer know how to speak Cypriot!

Interviewer: Was this with the foster carer?

Brian: Yes this was where the foster carer. It was meant to be a long time like a forever type of thing but obviously I became really depressed and yeah.

Interviewer: Okay, well this was surprising if you-- I'm sure Cyprus is a beautiful place but if you were like just uprooted there to a strange country.

Brian: Well no, I moved there with my brother and sister and we were all meant to be staying for a long time but they moved back and when they moved I became more and more and more depressed and unhappy. So they said, Look we know that you want to live here but we might as well send you back as you not really happy here. We can see it."

Interviewer: Yeah, and do you still have relationship with those people?

Brian: Those two, well one of them isn't speaking to me at the moment because he's very annoyed with me. For a reason I won't say because there was a police incident, and the other one, other sibling haven't spoken

to for a while because she has been moving around everywhere. But she's found someone she likes now and is trying to get in contact to me. So are my cousins but I haven't a number so I can't get in contact with them. Which is a shame, but Im trying to get that all sorted out

Interviewer: Yeah, so in a way you've had huge amounts of change, haven't you, in your life?

Brian: Yeah, definitely a lot of upheaval.

Interviewer: a lot of upheaval

Brian: Yeah.

Interviewer: So maybe the idea about having somebody who you know is going to be in Brighton, they're always going to be there and they're always going to be there for you. That's quite attractive no matter where you end up living or what.

Brian: Well I'm fightin more, when I turn 21 to move back to Lewes, because I know the area like the back of my hand.. And I used to have quite a lot of friends there.

Interviewer: And what would be the obstacles to that happening do you think?

Brian: Well I think that it would be better then syaying here, cos I don't know anyone around this area. Well I do know five people. Some live in Petworth while some, that way, that way, that way, that way, and that way.

Interviewer: Yeah it feels like it's just in the middle of everywhere!

Brian: Yeah.

Interviewer: Not in the middle of nowhere but the middle of everywhere, doesn't it?

Brian: Well that's Brinsberry which is just down the road by theChishester campus.

Interviewer: Yeah.

Brian: Its a long way from Chidchester, and yeah I am doing horticulture and thats someting I also talk to Tony quite a lot about.

Interviewer: Yeah?

Brian: Because I've even said to him that I'll do your garden for a discount if you want. You know when I leave.

Interviewer: that's cool. My gardener is a complete mess too! Would you like to do that for a job? is that something you like to do?

Brian: Yeah, because I got offered a job actually. I had a mock interview and it kind of went from a mock to a proper interview. Might be going to turn into a real interview say "Look, this meant to be a mock but I like you so much that I'm going to take this to a proper interview. Interview you properly and let us see how you do." Did all of that and he said, "Look, I know you're in college but I would love to give you a job when you stop, when you finish college and if I'm in the area. Just give me a buzz and I'll instantly come to you wherever you live and interview you again."

Interviewer: Yeah. Oh wow.

Brian: And then he sent me an email recently saying, "How about work experience for the moment, about two days a week?"

Interviewer: Yeah.

Brian: "And then, I can start paying you when you finish college."

Interviewer: That sounds amazing! And so you talked to Tony about horticulture. What kind of things would you discuss with him?

Brian: I'm interested about different plants, how to look after them. Ill say there's a thyme bush, or a ...[inadubile] bush out there which is about that big, but youre meant to keep all shrubs small for herbs.

Interviewer: Is that just for over the winter or just in general?

Brian: In general. But if you let it go a tier too big it becomes woody and it loses the taste

Interviewer: Yeah, that's what happened to my lavender now it just looks awful

Brian: (pointing out the window) There are two of my mates now that one is going to Reading and one was going to Guildford.

Interviewer: Okay, and do you all have something in common in terms of why you need to be here or I mean I know you're here because it's a care option. But in terms of supervision and things like that.

Brian: Yeah, we're all here for SHB. But not...

Interviewer: What does that stand for?

Brian: Sexual Harmful Behaviour.

Interviewer: Okay.

Brian: We all came here like two; three years ago and we've been given constant therapy for it.

Interviewer: Okay. What kind of therapy? Psychotherapy or...

Brian: Yeah, psychotherapy, normal therapy, and kind of how your mind works with it.

Interviewer: CPT type of?

Brian: Yeah.

Interviewer: Okay, and have you found that helpful?

Brian: I have actually. I've moved on a lot since I first came. When I first came here I was threatening people with knives...

Interviewer: Yeah.

Brian: Lots few days of when I first came, I wouldn't have been able to go to a place called [inaudible] because the amount of kids round there. But now I can go and I just avoid them because they actually just annoy me now. It's like, "Ah, go away!"

Interviewer: You know that's a normal reaction to find them quite irritating. Okay, so it seems like things are really looking up for you.

Brian: Definitely.

Interviewer: Yeah, things have-- you've grown up, things have changed, your outlook has changed, your ability to kind of understand yourself, and understand how to manage your emotions, things like that.

Brian: Well emotions aren't really good at the moment because I've been talking with my mom and dad.

Interviewer: Okay.

Brian: Because, yeah they've been really winding me up.

Interviewer: That could set you back a bit kind of...

Brian: The other night or two mornings ago, yesterday morning, I came down and music was playing quite loudly off, and I asked the staff member stop and turn it down. Obviously she would have to be a female, no offense to females obviously. And I was still in quite fragile-like, I could tip at any moment, I got into an argument that was it it just went completely mental. I can't remember anything that happened after that about fifteen minutes and bam! Just switched back on....I was like, "what has happened?" I just lost it. So I can be quite fragile but then I haven't got much sleep except last night for first time for ages. When I got up this morning... "Ah, that feels good."

Interviewer: Yeah, yeah, sleep is something difficult for you? Okay, and so you talked to Tony about your passion for horticulture and he kind of shares that as well a bit? Is he interested in plants and things like that?

Brian: He does like plants, yeah. Because sometimes I will just name different shrubs 'Ill say- thats Garia Elliptica or that is Sorbus Aucauparia

Interviewer: Yeah and he's impressed by that and he's interested in that?

Brian: Yeah, he'll say, what does that mean and Ill say thats a Roan tree or thats a silk tassel tree.

Interviewer: Cool, I'd love to know all about trees, that's something I'd really love to-- In terms of you know like academics and your learning, does he show an interest in what you're doing?

Brian: Yeah we always talk about it in college and how am I getting on in college. And it's mainly positive.

Interviewer: Yeah.

Brian: It's become even more possible since 2 boys have stopped being really annoying because I threatened them with going to the Director of the campus if they didn't stop annoying me.

Interviewer: Yeah, good for you, yeah.

Brian: And now we have become a lot closer ....Ill say "hello you alrigh?" We even talk about what kind of Vape he has before I would just be saying, " Oh, shut up, you're starting to annoy me."

Interviewer: Yeah, yeah. So it sounds a bit kind of like just natural maturity as well, you know.

Brian: Yeah there is a bit in immaturity because we'll have a joke and a bit of a laugh and it may become quite silly but at the end of the day we've been declared as the best working team in the college at the moment.

Interviewer: Wow!

Brian: Our motto is hash tag proper job!

Interviewer: Oh right, yeah, yeah, very good [laughs]. And would you share that kind of stuff with Tony?

Brian: Yeah.

Interviewer: What's his reaction when he hears good news like that?

Brian: He's like well Im really pleased its going well for you and I hope it continues going like that. So we're always positive. We always have a positive outlook in life. We always look on the bright side of life.

Interviewer: Okay. is he a naturally positive person?

Brian: I think he is actually, yeah.

Interviewer: Yeah? Why do you think he is?

Brian: I think because he is so laid back and he's never one to say, "Look, I'm quite annoyed." We're just either if he ever is annoyed I've actually never seen him annoyed yet. He'll just either suppress it really, really well or he just don't, just let's it go like dropping the pen So yeah, he's really, really were good. I suggest IVs for anyone who needs them.

Interviewer: Okay, that sounds really good. He mentioned attending a meeting at your school? Wasn't it at your college? Wasn't it a PEP review? Did he attend?

Brian: Oh, yeah, he would have attended a few PEPs. At my old school yeah. Not my old old one, the one I just stopped going to....
Interviewer: Okay.

Brian: Because the kids are like twelve upwards and they're just starting to...

Interviewer: Yeah.

Brian: I said God, why am I in this school, I'm 19...

Interviewer: Yeah, yeah, yeah.

Brian: So I'm out of school now doing independence and getting on with life like doing the shopping...

Interviewer: Yup, yup. Does he help you with them? Developing skills for leaving care and independence?

Brian: Yeah, we sometimes talk about budgeting, the price of things how much everything is at the moment.

Interviewer: Uh uh.

Brian: Yeah, like, I don't know if he knows but I smoke and I probably buying about 25g of baccy in a week, costs me eight pounds so I've been smoking for about eight or nine months now. So since September

Interviewer: Since you started college?

Brian: yeah, five months. And if you calculate how much I spend, I could probably get an Xbox one with that amount of money....It's a lot of money. Because sometimes I'll buy about two pouches a week or....

Interviewer: And has Tony have to think about that? The actual money that you have spent on it.

Brian: We don't really talk about smoking much because we are usually out for walks like the other day we went to Boxhill I nearly got blown over by the wind up there but that's life!

Interviewer: Would you roll up a cigarette when you're with Tony or?

Brian: Yeah, he doesn't mind if I smoke actually.

Interviewer: Yeah?

Brian: Because obviously Id be respectful. Go down wind from him so the smoke goes behind him...

Interviewer: But he's never like mentioned it being a--

Brian: No, he's never mentioned that as being a problem. I never really asked him if he smoked or not before.

Interviewer: Yeah, yeah.

Brian: Yeah, but I can't roll, so, I've got a rolling machine made by Rizla It's worked for me so far.

Interviewer: So you feel like he respects your decision?

Brian: I'm getting a shisha pipe at some point in there. Not a proper like full blown one just a little pen. Because I might help me stop smoking the proper stuff because at least at one, one little drag of that is a whole cigarette. Yeah. Don't know if you knew that?

Interviewer: No I didn't. Okay and so he has come to some meetings at your school before?

Brian: Yeah, we didn't have--we held them in the house attached to the school.

Interviewer: Oh yeah. Did you ask him to come or let him know that it's happening?

Brian: I'd let him know that it's happening and I'd say, " Look you can come to any of my reviews if you want or PEPs." And he said, "Okay." And he's always tried to come to every one since Ive known him.

Interviewer: Wow. How does that make you feel?

Brian: Is nice to just knows that there's someone there who wants to know what's going on for me and actually cares about what happens.

Interviewer: So, you mentioned about how impressed you were that he will come up for two or three or four hours and then the drive home and everything. Whys is that kind of important?

Brian: Because I'd rather have someone that will actually bother to make the journey than someone who'd say, "Look, can you come down to me? I don't really want to come up that far." Cos if someone did say that " I would say I don't want to continue this thing, can you find someone new?" But as he's actually willing to make the journey all the way up here, spend a couple of hours with me and go all the way back down, just to have a few hours with his family? Yeah. Shows that he's actually--what's the word? Dedicated. That's it, dedicated.

Interviewer: And he doesn't get paid to do that, does he? I mean...

Brian: No, he's just a volunteer!

Interviewer: Volunteer. Is that important that he's not paid to do that?

Brian: I think that's really good factor that. It actually shows that he is willing to actually help people and help people really move on with their lives.

Interviewer: Why do you think he does that?

Brian: Out of the goodness of his heart, true honestly. I don't think he does it because he want chance to try and earn his way up to being paid. I think he does it because he likes and knowing that people are happy and yeah...

Interviewer: Is that something that inspires you, maybe?

Brian: Definitely. Now I am, I was going to-- there's a place just down the road called Lockwood and there's a canal and they're renovating it and I was going to volunteer to be either the boat person or at the same time worker like Id drive the boat down and one of them would drive it back and get on with the work they are doing down there.

Interviewer: That was his idea, was it?

Brian: No it was my idea because I was kind of actually inspired by his work.

Interviewer: Oh, right, so that was volunteering.

Brian: Which meant that I actually felt like, "yeah, why not?" It's actually a good idea.

Interviewer: Yeah. And is that something you're going to do?

Brian: When I leave I may try and find out if I can still do it because they said, "Well it'll be lovely to have you on the team." because they interviewed me and everything and they really wanted me on the team. They said, "Well I don't know about that at the moment. It's just that I look forward to in the future. But when you do come I'll be happy to work for you and ...well, they are all actually volunteers...so work alongside.

Interviewer: Cool, okay. So it's inspired you to maybe give some of your time back in the future to somebody else or another needy cause

Brian: yeah

Interviewer: Yeah. because Tony talked about coming up one time and spending more than two or three hours. There have been times when he has done more than that

Brian: Yeah, he has on Christmas and on my birthday.

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Interviewer: Yeah. He came into Lewes found my parent's house. I did exactly what I have just done here but down at my foster parent's house and then he came and he spent like four or five hours with us down there. And then he went back to Brighton.

Interviewer: Wow and what did your foster parents think about?

Brian: They think he's really nice. They're glad that I picked someone good.

Interviewer: Yeah. Was there an element of choice?

Brian: Yeah, well they said, well if you don't like him we can always ask for someone else I was like... see what happens See how it goes.

Interviewer: Yeah, give it a few meetings.

Brian: Yeah, so I'd give about five meetings all and I've decided, by the third one I was saying I want him!

Interviewer: Yeah, yeah, yeah. No that's really good. I'm so happy that it's worked out for you. And he seems to be a really good person to know in terms of he's worked with people leaving care before and he has an idea about what happens next, does it?

Brian: Yeah he's really concerned about what happens to me as well. Because when social services were mucking me about he got extremely annoyed and wrote a letter saying how annoyed he was and the fact that they were mucking me around, stopping me from doing stuff and that I came to this house eight or nine months ago and within two weeks my social worker has told me that I was moving. But of course after two weeks, they said it was going to be two months, after two months they said sorry its going to be the end of November, then its going to be the end of January...and then we had a whole meeting in December about whether there was a place at ....? and they were going to take me in but the social services hadn't told them anything about my risk or why I am here ... when we told them that they just looked at each other, and said what the hell? why haven't we been told any of this?

Interviewer: And that was in front of you at a meeting?

Brian: Yeah, everything was said when I was outside waiting to come in, they said look give us a couple of minutes we need to ask whether they know anything about you, and then I cam in and mark said they didn't know anything about you, a week ago –they pulled out

Interviewer: Information sharing wasn't good and that's why Tony was annoyed.

Brian: Well they were going to push me on to 'Own life' without telling him anything about my risk why I'm here and then tell them after I've moved.

Interviewer: That would be devastating for you.

Brian: Which should then put me and 'own life' in a situation that anything could happen.

Interviewer: Yeah.

Brian: So, I'm not happy with social services.

Interviewer: Yeah, yeah, but Tony has his eye on all of that and he's...

Brian: Yeah, Tony's been-- Tony Mark, my advocate, Joe and the guy who was walking out there, they've been supporting me and helping me through it, so that's another use abou IV there to help you move on , if you need the help

Interviewer: Yeah and one last thing I remember that he talked about violin lessons. He was trying to get you violin. Did anything ever happen?

Brian: I got violin lessons at the moment they're not happening because my social services won't pay for them. And so we're trying to work out or if I need to do it myself but at the moement I don't have £200 in my bank account so I can't pay for them.

Interviewer: Is Tony involved in trying to get to the bottom of that question?

Brian: We speak about it alot and he has asked me before, have you got your violin lessons yet, i said no, No we don't know what's going on with them. And he said well I'll carry on chasing it up. So I think he's still fighting for them

Interviewer: Yup. Because he was very impressed when you took out your violin and played for him. Have you done that since or is that just once?

Brian: I done that a couple of times At the moment the violin's gathering dust and is not in tune and I can't-- I need the teacher to come in and tune it for me. Otherwise I would have brought it down and played right now but sadly it's...

Interviewer: Oh I really would have loved that.Yeah, oh well thank you very much for your time, Brian: . I'll just take ...

[END]

Appendix H

Interview Transcript- Valeria (IV)

Interviewer: Let's put it closer to you than to me because I'll probably be able to make out what I'm saying. Right, so and I'll scribble a few things as well but obviously I haven't ……just checking that it's still working, yeah. So your name is Valeria?

Valeria: Yes.

Interviewer: How old are you Valeria?

Valeria: I'm 29

Interviewer: Okay, and what is your occupation?

Valeria: So, I'm a Community Organizer for the Student Union. That's what it's called

Interviewer: yeah?

Valeria: So I talk to people and bring them together if they have like similar concern or similar ideas to make the area where they live better I just try to bring them together to build social cohesion and just make things better for where they live.

Interviewer: Fantastic, okay and your level of education?

Valeria: I just finish a Master in Community Psychology

Interviewer: Your length of relationship with your young person?

Valeria: 3 years on Thursday

Interviewer: What's her name?

Valeria: Daisy Merchant

Interviewer: Daisy, is that a boy or a girl?

Valeria: A girl, Daisy

Interviewer: How old is Daisy?

Valeria: 13

Interviewer: Okay, and how did you hear about the…..you've already told me this but you can just say it again. How did you hear about the Independent Visitor Service?

Valeria: So I wanted to volunteer with children because back home I have a lot of younger cousins but here because I'm living alone and I have like no children around me, and I just….one day I went and Google, I don't know what exactly I put but I put like volunteering with children Brighton or something like that and this IV's came up, it's one of the first thing to come up and then I applied and it took me like 6 month to like actually start but

Interviewer: Oh because it takes a long time to…I know that

Valeria: It takes a long time a lot of checks yeah

Interviewer: Okay and…. So you said that your reason for getting involved is because you enjoyed being with young people and you've got lot of experience, anything else?

Valeria: Yeah, well I always want, back home there is lot of like…there is no system like here where children are kind of….well there are systems but they don't work so there are a lot of children like living on the streets and I don't know what is the reason but I feel like, very strong about children being protected. Maybe because I was……I'm the oldest of like my family like my Mom side and I have a lot of like little cousins, that's maybe why I feel like strong about taking care of children so when I was here and I was like kind of stable with my job I said like now I can commit to something like this, so that's how I got to….

Interviewer: How many siblings do you have?

Valeria: Two

Interviewer: Oh, just 2 of you but you have loads of other

Valeria: Yeah, I have like a lot of cousins, small cousins

Interviewer: Very good. Where are you from Valeria?

Valeria: I'm from Venezuela

Interviewer: Oh, lovely, okay. Have I being to Venezuela? No, been to Chile.

Valeria: Oh Chile, okay but its close

[Laughter]

Interviewer: I'm confused; it's a long time ago.

Valeria: Where are you from?

Interviewer: Ireland

Valeria: Ireland, oh I see okay.

Interviewer: So I spent 6 weeks in Bolivia and Peru and a little bit in Chile but not much like just a couple of days. But that was a long time ago.

[Laughter]

Interviewer: Okay. So, that's great. So do you want to tell me a little about Daisy?

Valeria: Yeah, what do I……

Interviewer: I guess like, why she was taken into care, what her needs are and how do you feel like you are supporting her, what she need basically and…yeah

Valeria: Okay, well basically when we enroll they don't tell us exactly why they…..like they don't give us too much detail about what the reason why they went in care. But I do know that children had gone into care because their situation at home got bad enough for them to…..but I don't know because at the beginning, well they told me at the beginning like, you know, keep your visit short because it's the first time and just try…..if you don't see her comfortable just you know like, but I kind a thought that were I come from, I would be like restricting myself because when I saw her, I was like, well if I feel like hugging her or touching her that's part of my culture I don't see it like wired, like even to a stranger like for us it's like common like you say goodbye with a hug or something like that. So for me as long as she is feeling comfortable with it I'm not going to restrict myself, so my first visit lasted like 3 hours which they say was a bit unusual but we were out like playing football, we set up like a little team with other kids in the park and at the beginning she was a bit quiet, but she wasn't like resisting like to…..yeah, just to get involved so I said why

Interviewer: Yeah just getting us to

Valeria: Yeah, and then like over the years, she doesn't talk much, like she doesn't tell me much about how she's feeling or, sometimes I ask her….sometimes I know that she is having problem at school because the foster care tells me, but then when I ask her everything is fine so yeah, I don't always know if, even when I try to, yeah

Interviewer: Yeah, I mean that's her prerogative to keep it private if she wants to

Valeria: Yeah, and or maybe she just want to like, because when we go out we go out to a Cinema, we go to swimming pool so maybe she want to keep it as that, as something fun, yeah. But yeah, relationship is good and I can feel she trust me more now.

Interviewer: Why do you think that the trust has grown what kind of, what makes you think that or feel that? Is it just a feeling or…

Valeria: Well, because at the beginning, there were sometimes where she was testing me a lot, like to see if I would say no, if I know, like things like, once we were in a Cinema at the end, we have an allowance to spend and we went over that allowance already and she wanted some sweets and I said no, and she just sat down on the floor for half an hour

[Laughter]

Valeria: and I was like okay, we need to go, and then we got on the bus and I had to tell her like I'm upset because when I say no it's not because I don't want to give it to you it's because we have this certain amount of money and I've explain you thing many time so she try to test me sometimes, but now she doesn't do it anymore like

Interviewer: Then she was 9 then as well in the beginning, wasn't she?

Valeria: Yeah, she was younger as well, but now when I say this is what we have, like she doesn't try to, she knows that like that's it and I cant. Also things like; for example, at the beginning she wasn't like confident in like asking for the bus ticket, and I would tell her like I'll give you the money and you ask for it, so at the beginning I had to like be with her like to ask for the bus ticket and now I just give her the money and she just goes, and so I feel, yeah, I don't know

Interviewer: What do you mean about the bus ticket, I don't understand sorry

Valeria: Like, at the beginning she don't feel like confident enough to like go to the bus driver and say "can I have a single please?"

Interviewer: Okay, I see, okay

Valeria: So I had to be with her and sometimes I ask for her until I say this time or we can do it together and then the next time you do it but I'll be there and now we just don't have this conversation anymore because she just, she waits for me to give her the money but then she just goes and say, "can I have a single please' so I think, you know, like she trusted me, that it would work out like for her to be confident enough to

Interviewer: So that's kind of confidence, isn't it? So do you think that her confidence has changed and developed since the time that you first met her?

Valeria: A bit, like I can still see her very like guarded but for like big things and when I ask her like, what do you want to do? She tell me what she want to do, at the beginning I would be like saying do you want to go to a Cinema? Like I would give….will be giving the options while now I say what do you want to do and she say Cinema, swimming pool, like she feels confident to tell me the things she want to do. I may have to go to a Cinema for 4 visit in a row but that's what she want to do so, but at the beginning it was more like me trying to figure out what works, what doesn't work because she wouldn't tell me.

Interviewer: So what kind of things does she choose, the Cinema, the swimming pool, what other things?

 Valeria: Mainly Cinema and swimming pool for far, but I took her to London once I think she didn't like it much, well because its one hour on the Train and one hour to come back on the train, she got bored on that, she doesn't like be like travelling for long time if we are going to an amazing place she got bored on the bus so sometime I bring like my Ipad with me and we have a rule for that as well, like as soon as we get out of the bus there is no Ipad because it's about being together so we have been to 7 sisters, we have done some joint visit as well because she have a twin sister so we have done joint visit with other independent visitor and the sister we went to London together, they went together in a Museum, that was quite challenging but it went well, and what else we have? Oh went to make chocolate as well

Interviewer: Okay, where in Choccy?

Valeria: In Hove, no, there used to be like 'Chocoholic', it's closed just like a week after we went there which was a shame but we did some chocolate she enjoyed that.

Interviewer: Does she have structured time with her sister outside of that or would that be. Like is it part, do the foster carers get the two sisters together? Oh no, do they live together?

Valeria: They live together, yeah

Interviewer: alright, so they both have independent visitors

Valeria: Yeah

Interviewer: Okay I thought maybe they were in separate places

Valeria: oh no, no they are together. They got us like Nicky who is the independent visitor of Elizabeth she applied for the role like 9 months before me but she didn't get approved until they found an independent visitor for Daisy because they wouldn't want like one twin to have one and the other do not have it so

Interviewer: So she was waiting

Valeria: She was waiting for quite a long time to find a match

Interviewer: Okay and did they enjoy, did you think that they enjoyed going together with their

Valeria: They do because Daisy always ask me like "oh when are we going" yeah, to go out. But the thing is it's hard when they are together because they are a bit more naughty, not in a bad way, like when they were in the museum, they were running around and we got to go and because they are together they are like "no we are not gonna to go" and they are like stronger so that, when I say to Daisy we need to go she say okay, "we need to go" but when they are together they have power

[Laughter]

Valeria: Nicky and I were like, "OK we are in trouble now"

Interviewer: So they, would you say that they have a good relationship, the 2 sisters?

Valeria: Yeah and when I go out with Daisy, if we go to get like a, sometimes we get like a balloon or some chocolate would tell her like share with your sister or take some to your sister in order to, but they do have a good…..and every time that I ask her about how is Elizabeth are you getting on with her, she always say so she is so

Interviewer: Yeah, that's good. It must be good in their circumstances being away from their family that they still have each other. Okay, so I mean what would you describe her main areas of need in terms of like what would you like to see, if you were to describe her and if you could describe what the challenges are for her, what would you say they are?

Valeria: I think like being able to voice what she feels

Interviewer: Self-confidence

Valeria: yeah and what she thinks as well. Because, yeah I feel well from what I see there are a lot of things that are like, she…..I think she is a kind of person that like bottles….like keep it inside for too long and just doesn't let it out and that will burst at some point. Because there was a time that there was…I don't remember exactly what was the problem at school, but it was a big problem and when I try to like talk to her and say like…..and I told her that I knew and that she could, and that I was there to listen she would say like "no, please no, no, no"

Interviewer: yeah, she doesn't want to engage with you

Valeria: yeah, and I'm like I wanna help, I'm not going to judge you and at the end I just say like it's ok you don't have to tell me about it and then we went to do something else. But I feel she struggles a lot to like open, and it's understandable because who do you know, who can you trust if….

Interviewer: you haven't had a good experience with adults in your life. So you feel…you said already that you feel like she is trusting you more so she is getting that experience and developing trust with somebody, and which is clearly a benefit, and what other benefits you think the relationship is having for the young person? I know we can't be sure really but…

Valeria: I think maybe having fun with little things because when we go out, when we go to a swimming pool, we play and we don't need like money involve to have fun with each other. When we go to a Cinema it's different because we have to pay a ticket, but I try to take her to things that I know she wont do, like what I did as a kid in a way like going to 7 sisters and running around, Playing football, doing chocolate with your hands, you know, so I think from side she is learning that you can enjoy things like little things with no money, no money involved or just the fact that we are having fun doing that. When we did the chocolate we were playing with the chocolate so that was fun

Interviewer: To get pleasure in small things in life really

Valeria: Yeah, I think is what I try to tell her that

Interviewer: So how do you know that she values your friendship?

Valeria: Well, because every time that I pick her up she is happy to see me, and yeah so I think…and she, yeah she doesn't. Even there was one time I couldn't plan like a proper visit because I though, I seen her in April but then the Foster Carers went away for like 3 weeks so I had to see her at the end of the month, because otherwise I won't be seeing her for like 3 months or 2 months and so I took her just to a restaurant and then we were having like a meal but it was like a boring restaurant, so I was like, are you bored? And she is like "no, I'm not bored, are you bored of me"? So I said I'm not bored of you, it's just the usual thing that we do, so the fact that she was able to be honest with me and she felt that she could tell me the truth you know, like I'm not having that much fun I say it's ok, so I think she is learning to be a bit more…….that she can be open about saying how, not maybe how she feels like deeply but she can tell how I like it or don't like it or I didn't enjoyed it or I enjoyed it so I think yeah

Interviewer: Because that could be seen like a risky thing to do to admit to be honest, yeah

Valeria: She don't have to please me as well, like she doesn't have to say something to make me feel good

Interviewer: Do you feel like she has other friends or like she is well supported by her peers?

Valeria: I don't, I asked…..The thing is, I ask her things and then she tells me everything is fine but then when I talked to the Foster care then it's a complete different thing so I don't know. Because I know that before she went to, is it Secondary school where they go? She was in Elementary and then Secondary? So before, when she was in primary she had a friend that she was mentioning a lot and I think that was like a real, because "oh I did this with Shannon and I this and that" but now it's like because she has been in different classes it's like she doesn't have like one friend or a pair of friends that she comes to me and tell me about so I think she is struggling with making relationships there.

Interviewer: Okay, but she would never talk to you about that

Valeria: No, should wouldn't, yeah she wouldn't open up about that

Interviewer: Has her foster care ever said anything to you that makes you, gives you a clue or insight into how she values your relationship or ….

Valeria: Well, I get feedback recently from Georgina because she want to talk to her about like the yearly review that they do and she said that she enjoyed the visits and she has fun and like the foster carer said that she sees me like an older sister so that's good because that's kind of what I want to be, I don't want to be like just a volunteer that picks her up and just….I want to be more than that because that's what I commit to, I didn't commit like to have a job for me it's more than that

Interviewer: Yeah, relationship, yeah. That's what you were initially drawn to the role has an- family, type of yeah. So how do you see the future going? I suppose it's really hard to know, she is still so young and you're planning on being in Brighton?

Valeria: Well, I don't know if I'm planning for now I'm staying yeah. But I always said that whatever happens I want to keep my relationship with her even if I have to move to, I done know; hopefully not. So far it looks like I'm staying because I've been here 5 years and a half so I don't see why I would move, but I do……..I would like to have the relationship forever if I can.

Interviewer: There's no reason why you can't still always be in touch.

Valeria: Yeah, so I just hope to support her in , you know, every like.... stage

Interviewer: Did she ever show any interest in what you do for a living or?

Valeria: No, she doesn't ask me much question about what I do, but I do tell her, I do tell her what I do like if I'm writing my dissertation or, I tell her but she doesn't ask me many….

Interviewer: Have you inquire about her learning at school, what's happening for her at school?

Valeria: Yes sometime, well once I did and the reply was like "I hate school" but then she said, and I asked her from like all the subject you have, you hate them all but what's the one that you hate the less and she

said "science" so I said ok, and then I took her to a natural history a science museum and that's when we went to Landon just to show her like it doesn't have to be boring, it doesn't have to be like

Interviewer: and she enjoyed that

Valeria: Yeah, because it's a lot of games and stuff

Interviewer: Yeah, the interactive stuff

Valeria: But I think she struggles like keeping up with level of…..that she is at the moment and she gets frustrated like and the last thing I knew she was running away from the class because she….I feel she gets like yeah

Interviewer: From the school or just from the classroom?

Valeria: From the classroom because she gets frustrated because

Interviewer: Is she getting support at school?

Valeria: I think so, yeah by the foster carer, the foster carer is really good she is on top of everything and she is really open to talk with them in a very healthy way I would say, but I know she is not enjoying school that much

Interviewer: Okay so if you were to think about the challenges, if there have been any what would you say-

Valeria: well I'm a bit scare about the teenage years are coming up and I can see a bit of change in her like attitude, like once we went to a Cinema to see Madagascar 3 and we saw number 2 a year before and she was happy then she got bored like she is trying to understand herself in a way and sometimes she's like "grrrr" like when I ask her a question before she would be like, so I know she is entering the teenage years so I'm- if I need support I will ask for all the support that I can get because yeah

Interviewer: How do you think you would be able to be of help during that time?

Valeria: Talk to her and just be attentive to, if I see things, or well if the foster care tells me something that I think I need to intervene I would intervene. I think she will open up at some point with me, and maybe that would be a time that she will open up and talk to me more open about what's going on

Interviewer: In terms of challenges up to this point you haven't found her to be

Valeria: Well, the challenge was yeah, sometime - that time when she sat down in the Cinema for half an hour. When I like get up and I was like trying to talk to her and say explaining why we needed to go, in the end I had to buy the sweets

Interviewer: Oh really?

Valeria: Yeah, and then say that I was upset because I told her no and then It didn't happen again so I think she learned, anyway I'm going to but it now but I'm upset and this is not okay, and then she didn't do it

again, and no but she has been, I think that's the only bad thing that she has done, it wasn't even like a big..

Interviewer: No but she was testing the boundaries and she found the boundaries but then she wasn't able to kind of reach across that gap and say okay I was wrong so she just said Im going to see what happens here, and you did the right thing in the sense that you waited and waited and she still wasn't giving in so you showed her....

Valeria: I think after that I talked to her and I say I'm upset because when I say no it's no because I'm being mean or because I want to say no it's because we have this certain budget and we need to respect it. We went over already because when you go to a Cinema it's like 20 pounds for the ticket and then popcorn, and then this and then that so and I have like 30 pounds to spend so, but that's the only thing that. It's more challenging when we go out with her sister so she has been asking me like to do more joint visits but it's really challenging because they just, they have more power so like when we went to Funplex they were like in this big park that we couldn't enter because we are not small, they just wouldn't get out and there was no way of getting them out until we just like pretend that we left and then they came out but we stayed like for 20 minutes trying to get them to come down and so it's hard. I don't know maybe the challenge will become more and more....

Interviewer: I remember when I went to the meeting that you've had an easy one so far compare to some of the – especially the people who meet there own person when they are already teenagers and it can be challenging so

Valeria: that's why I said, when you apply you can say how old you want the child to be and I said between 7 and 10. Because I need to prepare for this

Interviewer- yeah give you a chance! Laughs

Valeria: before she goes to teenage years

Interviewer: Oh that's really interesting. Okay so in term of the training that you had can you remember what you thought of it at the time? Was it adequate or?

Valeria: Yeah it was good, and we got this really good like online training about how to identify if there was signs of abuse or a problem, it was like really intense. I can still like remember some of the things, safeguarding and also like confidentiality, if the person is at risk, how to handle the situation and we got a lot of support from the IV coordinators

Interviewer: Yes, how do you find this?

Valeria: Yeah, very good, very good they are very good. And also the meetings I find them really helpful although I haven't been able to attend for the last 2 but normally I attend all of them, the thing is I have been writing my dissertation for the past 5 months, it was crazy.

[Laughter]

Valeria: But normally I do, I try

Interviewer: Okay cool, and you can't really think of anything you'd like to see included in that really

Valeria: I think I would like to see more like- from what I've known and what I have heard children in care they feel their identity as children in care is something negative and I would like to see more like getting us together with children or the young people, I don't know just a way to reinforce you know, you are valuable as well and we – I don't know how to explain. To have more support of children in care for children in care like between them

Interviewer: Yeah, yeah I see peer support

Valeria: Peer support, like ok, yeah I'm in care but that doesn't mean that I'm less worthy and for them to share that experience, to break that stigma and to bring them like together by knowing each other and maybe they will be linked at the beginning because of that and maybe they can support each other

Interviewer: I know that there is something because when I attended one of the day's training I guy came who was formally a looked after child and he was part of some national, you know like the voice of looked after children I think it was call like a Cansel or, I can't remember the name but he made it sound like he got to meet other looked after children but when he was a teenager when he was older 16, 17 there was some sort of things happening then, but maybe it better start that earlier. I think they get to go visit the House of Parliament, like just some special opportunity for them like as a group so I can investigate what is in place for that or maybe within the schools. Because every school will have certain looked after children and there will be one designated teacher to monitor them and for supporting them at school, so I don't know if Daisy know that there is somebody at school who is meant to have a special interest in her welfare. She probably does know who it is because well the PEP review. Have you ever attended any of the meetings?

Valeria: No, I know there is one coming in October and I will try to attend that one because I don't know what they are about

Interviewer: So who has told you about it?

Valeria: Georgina, and when I have ask Daisy I say would you like me to go she have said yes, but she never invited me so I haven't asked and she had said yes so I'm gonna try to see if I can go to one and see what it is about

Interviewer: The LAC review is usually in the home and they have an independent review from somebody meant to be looking outside the system and checking that the foster placement is ok for the child and then it's more about their care at home and then the pep review will be about their progress academically so you will be welcomed to go to both of those the PEP review is normally at the school, and yeah okay, that sounds really good. I think that covers everything and I'll just switch this off now.

Further conversation, with Dictaphone running:

Valeria: Yeah behavior. There was a time that we were on the bus and I saw that she likes money like I don't know. Yeah, she likes having coins and...

Interviewer: Yeah.

Female Speaker 1: She gets excited about having money.

Interviewer: Yeah.

Female Speaker 1: And I saw...

Interviewer: Who doesn't?   [Laughter]

Female Speaker 1: Yeah but she gets like really, really excited because I saw a pound coin on the floor. We were on the bus going back to her house and then I said, "Oh there's a pound coin on the floor" and she was like... and then she went and got it and then when she got it, she asked me like, "Why didn't you get it for yourself" and I said, "Well because I love you, I care about you and I want you to have it" and then she was like puzzled like she didn't say anything so that was like, but then, we went out once with one of my friends and the sister of a friend that she's 16 and my friend is my age. We went to the Marina to play some games and a bowling, yeah and then we got some tickets from the machines like to get toys from that were displayed and then she's got like stickers of like One Direction and I've been telling her that I'm going to bring this people, one of the girls she loves One Direction as well and her favorite singers, her favorite singers that she has and then when she opened the stickers, she gave like one to the girl and I think it was something precious for her.

Interviewer: Yes.

Female Speaker 1: And I think the fact that she gave a sticker where it was because I did that with her so she noticed...

Interviewer: Yeah, maybe she saw that connection.

Female Speaker 1: Yeah, so she noticed, I don't know, that's something good to do.

Interviewer: Yeah.

Valeria: With people like sharing or maybe sometimes giving away even if you are left with nothing, you know.

Interviewer: Yeah.

Valeria: So, I think that's something that I saw that happened after I was like...ah!

Interviewer: Yeah and especially as she was puzzled that you had done this.

Valeria: Yeah, so I think that could be connected, I don't know but the fact that she is excited to share.

Interviewer: And it was recently after you...

Valeria: Yeah, like well two months later something like that, yeah.

Interviewer: Oh, that's really interesting.

Valeria: Yeah.

Interviewer: So, that's obviously an enjoyable aspect of it. If you feel like you're kind of...

Valeria: Yeah, I think that the fact that she asked me that question, I was like oh, this is a great opportunity to tell her that sometimes it's okay and it's actually healthy if you do something without expecting in return or sometimes give away something that it will be convenient for me to keep...

Interviewer: Yeah.

Valeria: It would make me more happy if you have it.

Interviewer: Yeah.

Valeria: So, that I think that was a good like example to show that it's not always you, you, you. It can be, others, others, others as well, yeah.

Interviewer: Okay, well yeah.

Valeria: Yeah, that was good.

Interviewer: It sounds like such a valuable thing that you're doing. I'm just so impressed when I went to a meeting and...

[End]