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Independent Visiting with children in care during the pandemic: disruptions and discoveries

An Independent Visitor (IV) is a volunteer whose role is to build a long term, supportive relationship with a child who is in care. Every child in England and Wales who is looked after has the right to be offered one (Children's Act, 1989). The IV role aims to provide consistent support, routine, and security for children who are likely to have experienced considerable instability (Estep and Kearsely, 2014). Regardless of their family circumstances, all children are currently experiencing unprecedented levels of uncertainty and disruption to their daily lives. For children in care, this is amplified: contact arrangements have been altered, timelines for court delayed, and families who were already struggling are now facing new and unexpected pressures. Therefore, during the current pandemic, the IV role seems even more important.

Eighteen months ago, we both trained as IVs and were matched with two young people, Alex and Charlie¹. This essay is based on our own experiences of maintaining contact with them during the pandemic, and on our conversations with other IVs. We discuss how adapting to our new circumstances has allowed us to reflect on the IV relationship, helping us to recognise rituals we were not aware we had developed with Alex and Charlie until we were no longer able to meet them face-to-face. We conclude with some brief comments on the response of IV services to the pandemic, and argue that more support for these providers would standardise IV provision and ensure all children who would benefit from an IV are able to access one.

Background

The IV role was introduced by the Children Act 1989 to help children who had minimal contact with their birth families to build supportive networks beyond the care system (Children's Act, 1989). Since then, the remit has developed and now every child in care is entitled to an IV if deemed 'in their best interests' (Department for Education, 2015). However, in reality, very few children receive support from an IV and levels of awareness of the role are low among children in care and among professionals (Ofsted, 2012). In 2019 only 3% (n= 2,653) of looked-after children in England were matched with an IV (Jordan and Walker, 2019). Although there is a statutory requirement for Local Authorities (LAs) to ensure that their children can access an IV, the provision of IV services varies considerably between LAs. Various commissioning models exist, with some LAs outsourcing the matching and support of IVs and young people to third-party organisations, and others managing this themselves (Gordon and Graham, 2016).

The role of the IV itself is not strictly defined. They support children in a variety of ways: providing advice, supporting them to participate in new activities, and encouraging them to exercise their rights and contribute to decisions made about them. In general, volunteers and children meet regularly (normally monthly) and have a budget to spend on activities for each visit. Those between 8 and 18 are eligible to take part in the scheme and IV service providers aim for matches to last at least two years, but ideally as long as possible. After a young person turns 18, the match is no longer formally supported but young people and their IVs can (and do) stay in touch.

Face-to-face Independent Visiting ceased in March 2020 due to COVID-19. In its place, IV service providers have attempted to maintain contact between IVs and young people through virtual visits, postal contact, and telephone calls. Reflecting on this transition, we make three observations about what the shift from in-person to virtual contact has shown us about the IV relationship.

¹ The children's names have been changed to protect their identities.

The ritual of the car journey

Visits usually begin and end with car journeys. Collecting the child and returning them home bookends each visit, and these 'pick-up' and 'drop-off' rides are an important part of the time we spend with Alex and Charlie. The "vital but neglected role" of the car as a space for social work practice has been noted in research (Ferguson, 2010: 122) and our experience is that they play a similar role in the practice of independent visiting. While the pick-up is usually spent catching up on news and talking excitedly about the planned activity, the children are more likely to bring up sensitive or difficult topics - the reasons they came into care, contact with their birth families or issues at school - during the ride home.

We were already aware of this pattern, and considered the way we engage with and help the children as being "opportunity led" (Ward, 2007: 122). Yet the significance of these journeys and the conversations they facilitate is thrown into sharp relief by the pandemic. The physical environment of the car journey contributes to why these conversations tend to happen on the journey home. The children sit in the back while we drive, which means they are unconstrained by the pressure of our full attention and relieved of the need to maintain eye contact. But more than this, children bring up such topics only when they feel at ease, and spending a few hours together seems an effective way of making them feel comfortable. It has proved difficult to create the conditions for these conversations through short phone conversations or video calls. The activity is clearly a central aspect of most visits, but the added benefits it can have in laying the foundations for these car conversations on the way home should not be underestimated. This means that even where a visit may not have felt as successful as we had hoped, the car journey is always there at the end of each visit, offering the kind of routine or ritual that Gilligan (2000) observes "can help children to begin to recover from the effects of stress in their lives" (Gilligan, 2000: 40).

Repetition, routine, ritual

In fact, this idea of rituals also applies to other aspects of the visits. It is more than just what the children say during journeys, the repeated pattern of meeting them and doing similar activities also seems important. Planned activities are a key part of the IV relationship. They provide a focus for the time we spend with Alex and Charlie and offer them some autonomy in deciding how we spend time together. And of course activities are useful both as opportunities to introduce the children to new things and as a way of building relationships. Doing something practical and fun tends to put children at ease, and, with younger children especially, it can be easier to interact and encourage them to talk while baking a cake or visiting a museum.

We knew that not being able to do activities together would mean the children would likely find it harder to interact virtually. We found that maintaining conversation with children under 13 can be difficult when talking on the phone. The transition has underlined the importance of the activity, not only in itself but also as a stimulus for conversation. Indeed, we have found that video calls where we encourage a 'show-and-tell' approach work better; asking Charlie to talk us through the video game they were playing made conversation flow much more easily in a recent video call.

There is an obvious point here that children often do not respond well to small talk. But beyond this, the routine of each visit and the fact each follows a relatively similar pattern also offers us insight into how the IV relationship is developing. Noticing, for instance, that Alex puts a seatbelt on immediately when picked up for a visit, but prefers to enter into prolonged negotiation about it before starting the journey home, made us reflect on whether that reluctance was an indication about not wanting the time together to end. By following a regular pattern of seeing Charlie and Alex in the car and doing an activity, we can also pick up on subtle cues about how they are doing. For example, noticing they seem

quieter than normal, or unusual body language, might lead to a conversation about something that is worrying them. In contrast, the snapshot of a phone or video call has limited space for this. This period of separation has made us question whether time spent just being in one another's physical presence is more important than we had accounted for. Instead, we have come to realise that being physically with Alex and Charlie offers insights into their wellbeing and our relationships with them that translate poorly to virtual contact.

When 'lockdown' restrictions began, we expected the main thing that we and the children would miss would be doing activities together. Yet other aspects of a physical visit have come to seem more important now than they did before the pandemic. Although the planned activity is what our time together centres around, we have realised that we have developed other valuable traditions and rituals with Alex and Charlie that we were not previously aware of. Invariably, one of Alex's favourite parts of visits is shuffling between radio stations and dancing in the car on the way home. Virtual contact offers a way of reducing disruption to relationships in terms of maintaining contact, but continuing the rituals and practices that exist within these relationships is much more difficult.

The role of carers

We already knew that Alex and Charlie's families played an important role in supporting the IV relationship. Visits tend to end with us chatting to their carer on the doorstep when we take them home, filling them in on the activities we have done. In normal circumstances, we also rely on the children's carers to arrange visits. During the pandemic, our reliance on their commitment to IV support has become more obvious. Without their efforts to help us stay in touch, contact would have been impossible. This will not be the case for older children and teenagers who can contact their IVs directly, but younger children experience the double disadvantage of relying on adults to arrange contact *and* having to forego activities with the IV in favour of talking.

Since the beginning of the pandemic, we have noticed a change in the dynamic between ourselves and the children's carers. Normally, we feel we are supporting not only Alex and Charlie but also their families by providing time out for everyone. Following the transition to virtual support, we now have less to offer carers – we cannot take the children out, nor can we keep them entertained for long via a video call. We have no funny stories to relay at the end of a call, as we might after a trip to the ice rink or the zoo. Instead, we have to ask more of them: time has to be carved out to talk, and their phones or laptops need to be handed over to the children. For those with many competing commitments at home during lockdown, this added pressure can be considerable.

The focus of IV services is rightly on the child: the 'independent' in Independent Visiting refers to a person who the child can rely on who is separate from the care system and the adults who work within it (Hurst and Peel, 2013). But reflecting on the impact of 'lockdown' restrictions on our relationships with Charlie and Alex has made us question whether we as IVs, and whether service providers, adequately recognise the commitment of carers. Exploring how support from carers facilitates more or less successful relationships between looked-after children and those in their support network is an important aspect of understanding the IV role.

The role of service providers

In addition to thinking about our own relationships with Alex and Charlie, we have also reflected with other IVs on the way services have adapted to the pandemic. At its best, the IV relationship is theorised to provide a counterbalance to the disruption that many children routinely experience during their time in care. In a time of extraordinary uncertainty, IV providers have worked hard to support their volunteers to maintain a sense of normalcy for children and young people. However, Independent

Visiting services vary considerably across England and Wales, and their response to COVID-19 is no exception.

Some service providers have been flexible and quick to adapt, but for others this is more challenging. Many services are constrained financially and under resourced in normal circumstances, which makes adapting to rapidly changing situations difficult. Some providers have encouraged (and financed) virtual visits where IVs and children bake together, watch films, or do arts and crafts via video calls. Other services have been limited to offering only postal contact and telephone calls for most of 'lockdown' because of delays in approving alternative modes of communication. This is a particular challenge ~~for where external agencies commissioned by LAs, who~~ must enter a lengthy process with LA safeguarding officers to review changes in how IVs and young people interact. Moreover, this points to a wider issue. Lack of support for IV services at a local level means that there is considerable variation not only in how services are delivered, but also in terms of which children are able to access IV support. For the scheme to succeed in providing consistency for disadvantaged children, more support for providers would surely help.

Conclusion

It is difficult to identify an area of life that has escaped the impact of Covid-19, and it is sure to continue changing the way we do things for years to come. For children in care, much of what is written about how we responded to this crisis will focus on how support services adapted. What parts of the system were nimble enough to move quickly to a new way of operating? And how did the system unintentionally make it harder? Asking these questions about how the system responded and how it will adapt over the coming months is important. However, we also need to remember that we can use times like these to learn more about the assumptions we make, what we as individuals do, and how we might learn to do them differently. We would not have written this essay if life had not been turned upside down, nor would we have had reason to step back and consider the practice of IV in much detail. In reflecting on our experience of the transition from visits to virtual contact we have discovered insights about our practice that were previously difficult to see. The hope is, of course, that we can use these to better understand our relationships with Alex and Charlie and how we can best support them as they become young adults.

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