Independent Visitors for children in public care: a mixed-methods case study of purpose, policy and practice in social care

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Abstract

This study explored the policy of providing Independent Visitors (IVs), volunteer befrienders, to children in care in England and Wales. It examined how this statutory requirement has been implemented over time, exploring its purpose and value within the contemporary children's social care (CSC) system. A mixed-methods case study approach, combining ‘Q’ methodology with semi-structured interviews, captured the perspectives of professionals (n=34), children and young people (n=20), and supporting adults (foster carers and IVs) (n=28). Drawing on Flyvbjerg's Applied Phronesis, the research foregrounds context-dependent knowledge to understand the purpose, value, and potential of IV support.

Findings suggest IV relationships are highly valued but conceptualised in different ways by stakeholders, with no archetypal model of support emerging. The policy's primary purpose today is providing trusting relationships with supportive adults outside the care system. However, the significance of these relationships varies substantially based on young people's broader support networks and previous care experiences. For some, IV represents an additional relationship within a strong support network; for others - particularly those who are socially isolated or have had negative care experiences - IVs can become a core source of support. This research challenges conventional approaches to policy evaluation in CSC by showing how the IV policy's development has been characterised by practitioner-led adaptation rather than deliberate design. The policy's flexibility and resistance to standardisation emerge not as weaknesses but as essential features that have allowed it to remain relevant despite significant system changes.

The findings contribute to our understanding of how policies that do not lend themselves well to outcomes-based evaluation can be understood and evaluated using phronetic approaches. It offers insights for practitioners, policymakers, and researchers about the role of non-professionals in supporting children in care and the importance of tailored, responsive approaches to meeting their needs.

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1. Introduction

Independent Visitors (IVs), who befriend and support children in care, have been part of Children's Social Care (CSC) for over six decades. Established through the Children and Young Persons Act 1969 and later strengthened by the Children Act 1989, the policy provides stable, supportive relationships with trusted adults independent of the care system (*Children and Young Persons Act* 1969; *Children Act* 1989). IVs are volunteers whose formal – albeit very broad - remit is to "visit, befriend and advise" children in care (*Children Act* 1989, sec.23ZB). Although commonly associated with the 1989 Act, which made IVs a statutory provision for those with little birth family contact, the policy was originally targeted at young offenders (*Children and Young Persons Act* 1969). The role of the IV has developed over time but the need for children in the care of the state to have trusted adults outside of that system has endured.

This ongoing need for IV support is closely linked to the importance of relationships for children and young people (CYP) in care. Promoting and maintaining supportive relationships has been described as a "golden thread" in social work (*Care Inquiry* 2013, p.2). But the (2022) care review put it more starkly, arguing relationships should be central to how we judge success of the care system:

> "Whilst the state can never provide love for a child, it should obsess over creating loving networks of people around them [...] Any young person leaving care without a group of loving adults around them is a signal that the care system has failed. It can be easy to consider relationships as a 'nice to have' or a marginal issue. [...] Yet imagine for yourself what it would be like to live in a world where you struggle to define yourself in relation to others and where your search for belonging and connection is unreciprocated." (MacAlister 2022, p.144)

The review identified promoting lifelong trusting relationships as one of five missions to transform CSC. This recommendation reflects decades of research highlighting the importance of relationships in the context of childhood adversity.

Relationships for children in care

Studies have shown safe, stable and nurturing relationships can buffer adverse early experiences (Hughes et al. 2019), build resilience (Stein 2008) and promote various aspects of wellbeing across the lifespan (Garner et al. 2021). In his work on love in the care system, Forrester (2024) quotes psychologist Urie Bronfenbrenner in summarising the key message from this extensive body of research: “every child needs someone who is irrationally crazy about them” (Brendtro 2006 quoted in Forrester 2024a). Forrester argues that “ensuring every child has at least one person - and ideally several - who are crazy about them should be at the heart of the children’s social care system” (Forrester 2024a, p.66).

And yet, aspects of the way CSC is structured make the system more adept at breaking relationships than making and maintaining them. Developing long-term supportive relationships can be particularly challenging for children in care, who have often experienced disruption to early relationships and who may struggle building trust with new adults. This, combined with the instability that characterises many journeys through care, can make it difficult to maintain relationships with family and friends. Thirty nine percent of children in care in England (Department for Education 2024a) and 25% in Wales (Welsh Government 2025) were placed outside their local authority (LA) last year, with some placed hundreds of miles from home (Become 2024). For those leaving care, the situation is particularly concerning: “far too many young people are leaving care at age 18 without anyone important to them in their lives.” (MacAlister 2022, p.130) The Children Leaving Care Act 2000 introduced the Personal Adviser (PA) role in England to support care leavers into adulthood, with PAs required to contact young people every three months (*Children (Leaving Care) Act* 2000). Yet nearly one in ten describe having support *only* from their PA (Briheim-Crookall et al. 2020) and care leavers’ support networks often lack sources of emotional and practical support (Melkman 2017a; Ofsted 2022).

Independent Visitors

Against this backdrop, the IV scheme represents a unique policy intervention with the potential to improve experiences and outcomes. Three characteristics distinguish the role from professional intervention. First, the policy aims to provide long-term support to children throughout their time in care, with volunteers committing for a minimum of two years. In legislation, IV relationships are formally supported until 18 but there is a trend towards supporting matches for longer in line with leaving care policies (Gordon and Graham 2016). Second, IV support is optional. Unlike many relationships with professionals, children can refuse IV support or end the match at any point. Finally, IVs are independent from the LA and will usually have little knowledge of a child's history or care plan.

All children in care are eligible to be considered for an IV if it is in their best interests, and responsibility for determining this rests with the LA. However, in practice, very few receive one - 3.3% of children in care in England (n=2650) and 1% in Wales were matched with an IV (n=79) in 2022. Demand outstrips supply, with 1,327 children on an IV waiting list in England and 49 in Wales in the same year (Walker and Jordan 2022b). Despite attempts to formalise offering IV support, for example in statutory reviews, the policy appears marginalised. Although gaps between intention and implementation are commonplace in public policy (Graham 2005), the gap here appears stark. This raises questions about the scheme's purpose, potential and contemporary relevance.

The policy's marginalisation sits in contrast to positive accounts of support in the limited literature on IV. Children report positive experiences, commonly describing IVs as 'someone to talk to' separate from other friends and family, who can offer a different perspective and whose advice and support are valued for being optional (Hurst and Peel 2013). While this suggests young people value relationships with IVs highly (Knight, 1998; Hardy 2007), most studies have been small-scale and focused on describing experiences rather than examining purpose or impact. Critical gaps exist in our understanding of the specific activities that constitute IV support, who is prioritised for this oversubscribed service, how IV relationships benefit young people and where the role fits within the care system.

As a result, we lack understanding of how the policy developed and what role it might play in supporting young people today. This is because there has been no robust evaluation of IV to date. Although IV has the *potential* to improve outcomes (Hardy 2007; Clancy 2016; Crowley and Lovell 2018b), attempts to evaluate this appear premature without understanding the contemporary relevance of the policy. What is more, the policy's purpose has changed over time, and it is not clear specifically what it aims to achieve in today's CSC system.

This study

This study is a collaboration between me (an Independent Visitor) and the National Independent Visitor Network (NIVN). It seeks to address some of these gaps by exploring the role, purpose and potential value of IV support today from the perspective of professionals, children and young people in care, and the adults who support them. In doing so, the research considers IV as both policy initiative and practice intervention. The study adopts a multiple methods case study design, using ‘Q’ methodology alongside semi-structured interviews. It focuses on the IV scheme in both England and Wales.

The study considers the scheme's relationship to broader care system reforms and debates but does not attempt to measure the effectiveness of IV. Instead, it seeks to establish a foundational understanding of the scheme's purpose and potential, which could inform future evaluation of IV and other CSC policies. The study uses a phronetic orientation drawing on Flyvbjerg's concept of social science as practical wisdom (Flyvbjerg 2001). Applied to a policy context, phronesis emphasises the need for detailed understanding of the purpose, origins and context of a given policy to determine how to evaluate it ‘wisely’. The study uses the IV policy to ask ‘small questions’ (Flyvbjerg 2001, p.134) that are important in themselves and that also relate to the bigger question of how we judge the value of interventions in CSC. Thus, this study serves as both an in-depth an analysis of the policy itself and as a case study for broader themes relating to policy development, implementation and evaluation.

This chapter has introduced the IV policy and the aims of this thesis. The next provides background to the study, including an overview of the child protection systems in England and Wales, and a brief synopsis of key literature on relationships for children in care. Chapter three is a historical policy review which traces the development of IV policy over time and chapter four is a review of the literature on IV. Chapter five outlines the methodology, explaining the phronetic approach and justifying the research design, whilst chapter six details the specific methods used. Chapter seven briefly describes characteristics of the sample. Chapters eight to ten present the findings, exploring (respectively) professional views on the policy, children's perspectives on IV, and supporting adults' views on how IV benefits young people. Chapter 11 reflects on the study's strengths and limitations. Chapter 12 synthesises the three findings chapters and Chapter 13 discusses their broader implications. Chapter 14 concludes by outlining the study's contribution to knowledge and implications for research and practice.

This research comes at a crucial juncture: building support networks for children in care is currently being prioritised in CSC reform with IV identified as an opportunity to develop “broader informal networks of support for those with care experience” (MacAlister 2022, p.151). For these latest efforts not to fail, we should try to better understand how the policy is supporting young people in care in its current iteration, how we have arrived where we are today, and in what way the policy should be developed in future. Understanding how policies like IV can contribute to building positive relationships for children in care and those leaving care is fundamental to reducing the barriers that care experienced people face. By examining one of the longest-standing relationship-based policies in CSC, this study offers insights for the future development of support for children in care.

2. Background: relationships for children in care

This chapter describes the child protection and care systems in England and Wales and summarises evidence on the outcomes, experiences and support networks of those with care experience. I argue that, despite the state's formal commitment to be an excellent 'corporate parent', the comparatively poor educational, health, and social outcomes of those in care suggest substantial work remains to be done to realise this goal. The IV policy represents one possible response, aiming to provide long-term relationships with supportive adults that transcend the boundaries of the care system.

Child and family social work in England and Wales

Relationship between state and family

The relationship between the state and the family in England and Wales involves a delicate balance between protecting vulnerable individuals and respecting private family life. The CSC system grapples with various tensions including care and control, protection and autonomy, and balancing children's rights and parental ones. In this section, I sketch the outlines of the CSC system - including its legal framework and ethical principles - and highlight some key debates within social care policy.

Legal framework

In England, the relationship between state and family is primarily governed by the Children Act 1989 (CA1989 hereafter), a fundamental – and particularly longstanding - piece of legislation that reformed child protection. The CA1989 consolidated a sprawling range of childcare policy (Harding 1991). Its emphasis on both protection and support forms the basis for children's social work as currently practiced. It also attempted to balance some of the competing tensions mentioned above. For example, balancing the paramountcy principle – that the child's welfare is paramount in any decisions made by the courts – with a focus working in partnership with families (Hughes and Rose 2010). The Act formalised the principle that children are best raised within their families, with state intervention occurring only to prevent 'significant harm'. This, and defining the concept of parental responsibility, created a clearer legal framework than had existed previously (Fortin 2009) .

The legislation now used in Wales is the Social Services and Wellbeing (Wales) Act 2014. Because Welsh IV legislation is a direct adaptation of the CA1989, which maintains the same legal provision (Social Services and Well-being (Wales) Act 2014) I refer primarily to the English legislation throughout this thesis. Childcare policy in both countries is also influenced by the United Nations Convention on the Rights of the Child (UNCRC) (UN General Assembly 1989). Taken together, this legislation establishes the state's authority to intervene in family life and the limits of that intervention.

Statutory duties and obligations

LAs have statutory duties to safeguard and promote the welfare of children in their area. Social workers play a crucial role in this as agents of the state who deliver support, assess risk and monitor concerns. This duality – commonly described as ‘care and control’ – means social work practice is imbued with tension (Forrester 2024a). These include managing resource constraints while meeting statutory obligations, addressing cultural differences in parenting, and maintaining professional judgment while following procedures. Some of these tensions arise because childcare policy and practice is inherently complex. Some because, as Fox-Harding (1997) explains, “childcare legislation in many respects leaves a wide are of discretion to the implementing authorities [and] how particular principles enshrined in law should be interpreted” (Fox Harding 1997, p.5). What happens in theory and what happens on the ground often differ significantly; social workers must navigate ethical dilemmas daily, making complex decisions about when and how to intervene.

Levels of intervention

How social workers engage with families is dictated, in part, by the legal status of a case. Involvement should ideally begin at the lowest level (where children are not at risk of significant harm) with optional support and escalating to mandated (statutory) involvement and monitoring where the risks increase. In the most serious cases, social work involvement can result in the LA applying to the family court for a care order which shares parental responsibility (PR) between the parent(s) and the LA. At this point children enter care and the LA acts as their ‘corporate parent’.

The care system

In this section I provide context about the care system and discuss the relevance of IV as a response to some of the system's challenges. What follows is a broad-brush picture that, for the sake of clarity, presents the care system as more homogenous than it is in practice. It is important to recognise that the characteristics and experiences of those in care (e.g. the age they enter care and for how long) vary considerably.

Care rates

There were 83,630 children in care in England (Department for Education 2024a) and 7198 children in care in Wales (Welsh Government 2025) as of the 31st March 2024. Care rates have been increasing in recent years: in England, the number of children in care increased by 21% in the last decade (Department for Education 2014). In Wales, the rate of increase has been substantially higher, with more than 1% of all children currently in care (Wood and Forrester 2023). If rates were as high in England, population estimates suggest there would be over 126,000 children in care (Office for National Statistics 2024).

Where these children live has changed over time. In 1966, there was an almost even split between foster (45%) and residential care (42%) (Cronin 2019). By the early 1980s, fostering had become the predominant form of care. This reflected broader changes in social work practice that had begun as research increasingly showed better outcomes for children in family-based placements compared to institutional care (Minty 1999). Today, roughly two thirds of children are in foster placements (69% in Wales, 67% in England), with the proportion in residential care between 10% (in Wales) and 12% (in England) (Department for Education 2024a; Welsh Government 2025).

Corporate parenting

Corporate parenting refers to the collective responsibility of LAs to provide for children who cannot live with their families the best possible care and protection, by acting as a 'good parent' would. Seven corporate parenting principles are set out in statutory guidance, ranging from supporting positive relationships to promoting high aspirations (Department for Education 2018). As a result, the state establishes various policies –

from statutory instruments like IV to ‘local offers’ such as specific financial support - to promote the health, education, and wellbeing of children in care.

And yet care experienced people face significant disadvantages. This is reflected in outcomes for children in care and in the experiences they report. Whether the cause of these disadvantages is attributable to children’s experiences before, during or after care is complex and multifaceted. Measuring outcomes for children who have experienced care proceedings is deeply challenging. Procedural outcomes (e.g. those relating to court decisions) are easier to track but often less meaningful than subsequent outcomes that stretch far into the future. Where the latter are concerned, children’s progress in areas such as education and health can be ambiguous, contradictory and fluctuating, and assessments capture only a snapshot amid complex and developmental processes (Dickens et al. 2019). Nonetheless, the fact remains that the state retains a fundamental responsibility for addressing poor outcomes through its corporate parenting role. In the rest of this chapter, I explore these outcomes and experiences further, arguing that a failure to promote positive support networks underpins many of these issues.

Outcomes for children in care

Outcomes for many of those who are care experienced are poor in comparison to the general population. More than half (52%) of children in care in England had a criminal conviction by age 24 compared to 13% of children who had not been in care (Office for National Statistics 2022). They also face poorer mental and physical health outcomes, including higher rates of neurodevelopmental conditions, hospitalisation, and risk of premature death (Fleming et al. 2021). Children in care experience higher rates of absenteeism, exclusions, special educational needs, and unemployment after leaving school (Fleming et al. 2021). The picture for those in residential care – who often have more complex needs, including Special and Educational Needs, and who tend to enter care later (Schoenwald, et al. 2022) – is particularly dire. Those in residential care at age 16 score over six grades lower at GCSE than those in kinship or foster care (Education Committee 2022). These poor outcomes affect children and their potential to flourish, with consequences that are lifelong.

Care leavers experience worse lifelong outcomes compared to their peers, creating significant societal costs across mental health, employment, education, policing, and justice (National Audit Office 2015). The Care Review (2022) found that the cost for each child who needs a social worker is up to £720,000 over their lifetime, with estimated adverse outcomes costs of £23 billion per year (MacAlister 2022). These figures, while referring to all children requiring CSC involvement, are likely heavily weighted towards those in care due to the expense of placements.

Experiences of children in care

For some, time in care can be positive and quality of life high (Selwyn and Briheim-Crookall 2022). But other accounts point to systemic problems including insufficient access to specialist support (Tarren-Sweeney 2010), stigma (Farmer et al. 2013), and not being included in decision-making (Diaz et al. 2018). The system's weaknesses are particularly apparent where it comes to the ability to nurture supportive relationships. Developing the type of relationships others benefit from can be challenging due to factors that might make it difficult to establish friendships, such as additional needs (Emond 2014) or disrupted education pathways (Luke and O'Higgins 2018). But several systemic features of the care system - namely issues with achieving permanence, workforce instability, and transitions out of care – also make maintaining these relationships challenging.

Permanence

Permanence - an emotional, physical, and legal sense of security, stability, and continuity (Biehal 2014) - is crucial for developing attachment, belonging, and a stable sense of identity that continues into adulthood (Moran et al. 2017). Entry into out-of-home care and placement changes disrupt permanence by changing children's environment, caregivers, and potentially their legal status and community ties (Ahrens et al. 2011). In 2023-24, 26% of children in care in Wales had two or more placements within a year and, of those, 9% had three or more (Welsh Government 2025). In England, 32% had two or more placements in the previous year and, of those, 11% had three or more (Department for Education 2024a). A longitudinal study of 16000 children in care in England found only 4.0% had a care history that could be described as "long-term stable care" . Of these, 1.6% had a first placement that lasted substantially longer than subsequent ones, making up, on average, 88% of their time in care (median = 8.5 years in care). The remaining 2.4% had a comparatively short first placement (median = 201 days) followed by a longer second one (median = 7.9 years). By contrast, 13.1% were in 'long-term complex care', with an average of 8.97 placements. It is important to note the majority (58.4%) spent a much shorter period in care (median = 116 days) (McGrath-Lone et al. 2022).

Yet permanence is not only about the number of homes a child has, but about the proximity of those homes to existing community ties. Whilst rates of placement stability have stayed relatively constant for several years, there are concerning trends regarding where children are placed. In England, one in five children in care are placed more than 20 miles from home, primarily due to a shortage of appropriate local placements (Become 2024). This is especially acute in the residential sector, where placements are concentrated in areas with cheaper housing and where children in private residential homes are 2.5 times more likely to be placed far from home compared to those in non-private settings (Bach-Mortensen et al. 2023). While there can be legitimate reasons for distant placements, such as protecting children from exploitation, it is generally acknowledged that out of area placements pose significant risks to the maintenance of positive relationships.

Social worker turnover

Turnover in social work is high (Curtis et al. 2010) and attributable to the high stress and low job satisfaction reported by practitioners (Ravalier 2019). In 2022-23, rates of agency workers in English LAs were at their highest since 2017 (17.8%) (Department for Education 2024b). Not surprisingly then, turnover is one of the most frequently cited negative aspects of social work involvement (Selwyn et al. 2017). An evaluation of Signs of Safety found 40% of families (n=145) had experienced at least one change of worker within six months (Baginsky 2023). Studies show that frequent changes in social worker can lead to a lack of stability and loss of trusting relationships for children in care (Strolin-Goltzman et al. 2010). These findings challenge the notion that social workers can be trusted adult figures for all children in care. Indeed, Frederick et al. (2023) caution against conflating the role of the social worker and that of 'a trusted adult' (Frederick et al. 2023a).

Transitions out of care

Care leavers face significant risks when transitioning out of care. This point – often referred to as the 'cliff edge' of care – leaves some to navigate adult life without a safety net that many other young people benefit from (Lupton 2022a). This abrupt shift can lead to increased risk of poor mental health (Dixon 2008) and social isolation, with one in five care leavers saying they feel lonely 'always or most of the time' (compared to one in ten young people in the general population) in a recent survey (Selwyn 2019). Wade and Dixon's (2006) study found that limited support networks could also increase the risk of housing instability and unemployment for care leavers (Wade and Dixon 2006).

Supportive relationships with trusted adults can serve as a crucial protective factor by providing emotional support and practical guidance (Clayden and Stein 2005; Ahmann 2017) during this period of vulnerability (Stein 2004; Munro et al. 2011). Bakketeig et al.'s (2020) work on what facilitates successful transitions out of care in England, Denmark and Norway found that friends who could be relied on played a particularly important role for care-experienced people, who may not be able to rely on family support (Bakketeig et al. 2020). Other studies have found that care leavers with good social support are better prepared for independent living (Häggman-Laitila et al. 2019) and underline the need for a balance between independence and maintaining connections with those who can offer concrete support (Stein 2012). Boddy et al. (2020) highlight that the intersection of informal and formal support networks at this stage is critical. Their work shows how care and welfare systems interact with young people's informal networks, either helping to scaffold them through transitions or making their situations more precarious (Boddy et al. 2020).

Relationships for children in care

Supportive relationships are especially important for those who have experienced Adverse Childhood Experiences (ACEs) (Felitti et al. 1998). An abundance of evidence indicates that a positive relationship with a consistent, caring adult is one of the most essential protective factors for healthy psychosocial development (Gilligan 2008; Masten 2014; Frederick et al. 2023a). Social support from a trusted adult has been cited as a mediator between early adversity and outcomes including wellbeing (Meltzer et al. 2018) and good physical and mental health (Jaffee et al. 2017; Hughes et al. 2019).

For those in care, histories of trauma may make establishing trusted relationships difficult, particularly in the context of repeated disruptions and placement moves that can erode trust in adults (Greeson et al. 2015). Young people may feel responsible for the separation from birth family and may face loyalty issues which negatively impact their ability to build new relationships with caregivers (Salahu-Din and Bollman 1994). Consequently, positive relationships for children in care may come from outside their birth or foster families (Britner et al. 2006; Greeson et al. 2010). These alternative relationships may develop through 'natural' mentoring relationships involving Non-Parental Adults (NPAs) (Sterrett et al. 2011) or through formal schemes.

This raises an important question: how well does the established literature on the benefits of a relationship with at least one trusted adult (traditionally conceived of as a primary caregiver) apply to these alternative relationships with NPAs? In the following section, I review research that explores how NPAs can support positive outcomes for young people, particularly those with care experience, and consider the mechanisms through which these relationships operate.

Relationships with Non-Parental Adults (NPAs)

A substantial literature suggests that supportive relationships with NPAs can mediate the effects of adverse childhood experiences (ACEs) on various outcomes across cultures (Chen et al. 2003; Novelle and Gonyea 2016). Supportive NPAs have also been associated with better mental (Mirković et al. 2024) and physical (Hagler and Poon 2023) health, reduced behaviour problems (Rishel et al. 2005) and better educational outcomes (Farruggia et al. 2013). There is also a growing literature on the role that natural mentors – adults already known to young people - might play for children in care specifically (Greeson 2009; Munson and McMillen 2009; Collins et al. 2010; Greeson et al. 2010; Munson et al. 2010).

A study drawing on data from 310 care experienced young people found that those with natural mentors showed improved health outcomes, reduced suicidal ideation, and fewer risk behaviours compared to those without (Ahrens et al. 2008). A (2018) meta-analysis also provides strong empirical evidence for the impact of natural mentoring on young people in care. While simply having a natural mentor showed positive effects (r = .106) across four domains (academic/vocational, social-emotional, health and psychosocial outcomes), the quality of the mentoring relationship had an even stronger impact (r = .208). Social-emotional development and academic/vocational functioning showed the strongest benefits from high-quality natural mentoring relationships Natural mentoring appeared equally beneficial across different risk groups, including those in foster care (Van Dam et al. 2018).

This quantitative evidence reinforces findings from qualitative studies about the value of natural mentoring. Young people and their NPAs report mutual benefits (Duke et al. 2017) and studies have found that natural mentorship is important for children in care transitioning to adulthood (Thompson et al. 2016). Some suggest these relationships are particularly important because those in care often face "social capital deficits" (Novelle and Gonyea 2016) and limited diversity in their support networks. Other studies have emphasised that the quality and dependability of relationships matters. Melkman (2017) found that perceptions of ‘network adequacy’ (receiving sufficient support from the network) contributed to overall well-being, not only the size of the network (Melkman 2017a). This suggests that both the quality and density of young people’s networks are important.

This literature on natural mentoring for those with care experience is not a perfect fit for this study. IV differs from natural mentoring in that young people are matched with strangers, and yet positive impacts appear strongest when relationships develop naturally rather than through formal programmes (Haddad et al. 2011; Thompson 2017). Research on natural mentoring is also dominated by studies from the US, where more children in care have natural mentors than in the UK (Greeson 2009). However, this literature remains useful because IV seeks to recreate the network of supportive adults that those with natural mentors benefit from. Because children in care are less likely to be able to maintain long-term relationships with formal mentors due to trauma and disrupted relationships (Blakeslee 2015; Frederick et al. 2023b), other types of interventions are sometimes required to facilitate these relationships – IV being one example.

Support networks

In this final section, I examine the availability and quality of supportive relationships for young people in care and leaving care, highlighting variations across different care settings and demographics and noting the particular challenges care leavers face.

Support networks during time in care

Most children in the UK report having a trusted adult to support them during their time *in care*, through caregivers, extended family and professionals (Blakeslee 2015). Findings from the (2022) BrightSpots survey showed 9 out of 10 respondents had an adult they could trust. However, there were variations across demographics and care settings. White and Mixed ethnicity young people (11-18 years) reported higher rates of trusted adult relationships (91-94%) compared to Asian and Black young people (82%). This may suggest that, as well as the issue of over representation of children from ethnic minority backgrounds in the care system (Bywaters et al. 2017), the disruption to family and community ties may disproportionately impact children from minority backgrounds.

In the same survey, children in residential care were less likely to have trusted adults: 14% of those in residential care did not have a trusted adult compared with 8% in foster care and 5% in kinship care. The study also found that the absence of such relationships doubled the odds of children reporting low well-being (Selwyn and Briheim-Crookall 2022). This variation in social support according to placement type is echoed in international literature. A US study of 454 teenagers, found those with CSC involvement named significantly fewer people in their network than a comparison group. However, those in stable placements (whether with birth, foster or kinship carers) had supportive relationships comparable to those without CSC involvement (Negriff et al. 2015). Thus, it may be stability, rather than placement type per se, that determines levels of social support.

Support networks for care leavers

A recent Ofsted report found that “many care leavers had no one they could talk to about how they were feeling or who would look out for them. A third [...] did not know where to get help and support” (Ofsted 2022). International studies have also found that care leavers often have smaller networks compared to their peers (Okland and Oterholm

2022; Okpych et al. 2023), with less stability and certainty in their supportive relationships (Sulimani-Aidan 2014; Boddy et al. 2020). In a study of 18 to 25 year old care leavers, Melkman (2017) found the size of care leaver's support networks was negatively impacted by childhood adversity. On average, participants reported having between 3.37 and 3.67 people they could rely on for various types of support and those who experienced more adverse events tended to have smaller support networks. The study also found that practical support and guidance were particularly important to those leaving care (Melkman 2017b). Repeated disruptions can also result in less effective support networks (Perry, 2006; Collins, 2001, 2004). Blakeslee (2015) argues: "the social support a foster youth receives may be related to the overall capacity of the network to provide support, the range of member social categories, the presence of specific roles, or the stability of members over time" (Blakeslee 2015, p.5). This echoes other scholarship which has argued that early trauma affects both actual availability of support and young people's ability to recognise and use that support (Hiles et al. 2013). As such, we need to consider not only the number of supportive adults young people have, but how they draw on this support, and how different members of social networks interact (Vaux 1988).

Studies have shown that when these relationships do endure, they can provide crucial support (Perry 2006; Duke et al. 2017). The policy of providing IVs is thought to be able to respond to many of the issues outlined in this chapter, broadly aiming to improve the outcomes and experiences of children in care through a positive long-term relationship with a supportive adult. IV is cited as having the potential to contribute to educational outcomes (Clancy 2016), wellbeing (Department for Education 2015a)), improve young involvement in decision making (Winn-Oakley and Masson 2000), as well as increase self-esteem (Hardy 2007). Yet we know relatively little about how NPAs support young people in care in a UK context, and how IVs - a relatively hidden population – might contribute to a broader network of support.

Chapter summary

This chapter has provided background to the study, including relevant literature on trusted relationships, NPAs and natural mentoring. The overarching argument is that while supportive relationships are crucial for children in care, the current care system often struggles to facilitate and maintain these relationships. I have positioned IVs as a policy response to these challenges and the next chapter discusses the development of the IV policy in detail.

3. Policy review: historical development of the IV policy

This chapter is a narrative review of the IV policy from its origins to its current iteration. Searches covered England and Wales from 1965 to 2022, using the following databases: UK Parliamentary Papers, Parliamentary Material, legislation.gov websites for England and Wales, British Newspaper Archive, UK Government Web Archive, House of Commons and House of Lords library archives and third sector archives (including the NSPCC). I conducted searches in three stages: 1) ‘narrow’ searches of formal policy documentation mentioning “Independent Visitor(s)” or “independent visiting” specifically 2) ‘snowball’ searches identified through reference tracking, and 3) revised searches informed by participant interviews using broader search terms “befriending”, “mentoring” and “trusted adult”. In the second and third stages I expanded the scope to include Hansard records, statutory guidance, media coverage and local authority reports. This reflected my interest in both the official record and what was happening in practice.

I categorised documents in NVivo and analysed them thematically and chronologically. While structured around three key legislative changes, the analysis evolved into a fluid historical narrative considering both formal and informal policy processes. In spirit, if not in scope, my approach is similar to that of Parton (1985) who examined how child abuse emerged as a social problem, tracing its evolution through different historical periods and analysing key turning points from the 1960s to the 1980s (Parton, 1985). It is also influenced by Crane’s (2018) work which charts the evolution of child protection policies and practices in England over a 40-year period. The review demonstrates how IV policy has been successively expanded to apply to an increasingly broad cohort of children, and how its remit has changed in line with a developing care system.

Origins in the Children and Young Persons Act 1969

The IV policy emerged in the Children and Young Persons Act 1969 (CYPA 1969 hereafter), which focused on reforming the treatment of young offenders (*Children and Young Persons Act* 1969). The Act aimed to reduce the criminalisation and institutionalisation of young people while increasing community-based support and care (Home Office 1968). This reflected a shifting attitude towards welfare approaches (Arthur 2010), building on the Ingleby Committee's (1960) recommendations to move away from criminal proceedings for young people where possible (Committee on Children and Young Persons 1960).

IV provision arose from concerns about increasing LA powers without adequate court oversight. The Act empowered LAs to decide the best 'treatment' for children who had committed criminal offences by introducing care orders for young offenders (Home . However, this transfer of power from the courts to LAs raised concerns, particularly regarding Approved Schools (residential institutions for young offenders). The Act replaced Approved Schools with Community Homes with Education (CHE). With their abolition a loophole emerged: although they were to be phased out Approved Schools would continue to exist in the interim. With the proposed changes, the LA would no longer require a specific court order to place a child in an old Approved School/new CHE and could change the placement type if required. During House of Lords (HL) scrutiny of the Bill, Earl Jellicoe voiced concerns that this could mean children having their 'treatment' changed – being placed in a more secure setting for example – at the LA's discretion. In the same debate, others worried that, combined with the introduction of Care Orders to replace Approved School and Fit Person Orders, this might result in children staying in care too long (Hansard HL Deb., 9 July 1969, cc.1-40). These specific worries reflected broader concerns about the transfer of powers from the courts to LAs.

The government – represented by Lord Stonham, Minister of State at the Home Office - initially resisted systemic changes, arguing that existing safeguards were sufficient. These included children's right to seek court review of care orders. However, Jellicoe and others argued these safeguards were complex and required young people to have contact with parents/guardians to act for them. They were particularly concerned about those who had been 'abandoned' by their family and older teenagers, who the Act could make subject to having their care order extended until 19 (ibid.).

During the next stage of deliberations, the government accepted the need for additional safeguards and Stonham proposed IV as an amendment. A safeguard was "desirable and feasible in some cases" because although those already proposed would work "for the great majority", there would be some cases where additional measures were needed (Hansard HL Deb., 18 July 1969, c.635). The IV policy was designed, therefore, with a specific aim in mind and for a small and vulnerable population: those who had limited contact with family *and* the wider community. It was remarkably narrow in scope, imposing a duty to provide 'visitors' to:

> "a person who is subject to a care order and has attained the age of five [and] is accommodated in a community home or other establishment which he has not been allowed to leave during the preceding three months for the purpose of ordinary attendance at an educational institution or at work." (*Children and Young Persons Act* 1969, sec.24)

The government emphasised this targeted approach, stating: "It is important that we should hit the right nail on the head with the right hammer, rather than using a mallet to hit a larger number of nails, less effectively in cases where safeguards are really needed, and unnecessarily in other cases." (Hansard HL Deb., 18 July 1969, c.635). The policy was envisaged as a limited and temporary solution while Approved Schools were phased out.

This amendment was intended to provide a safeguard against children's placements being changed without at least some oversight. But concerns remained about children without a parent/guardian able to apply to the court for review of the care order. As such, the IV was also given legal powers. This allowed them to apply to the court for discharge of the care order in limited circumstances (*Children and Young Persons Act* 1969, sec.24).

Yet even when the policy was first introduced there was some confusion about the role. During development, the IV's duties became "to visit, advise and befriend", terminology which originated from the Probation of Offenders Act (1907) and became foundational in social work and probation (*Probation of Offenders Act 1907*). Lord Stonham made clear the befriending aspect of the role was important and deliberate: "it may mean that children who have no parents, or who have ineffective parents, may gain a friend for life." (Hansard HL Deb., 18 July 1969, c.637). Despite the need for additional safeguarding measures being envisaged to be only temporary in some cases (for those in Approved Schools), the role was also conceptualised as having the potential to provide long-term, even life long, support for young people. However, Stonham emphasised this was a specific type of friend, one with "statutory rights of access to the court." (ibid., c.639) This suggest some of the role's complexity stems from it being multifaceted. For example, Stonham highlighted IVs could also substitute for "things which the child's absent or ineffective parents might otherwise have done—visiting him, discussing his case with the staff of the establishment and of the local authority, and generally giving what help [they] can." (ibid.) Thus, the IV role, with its roots firmly in youth justice, comprised three elements when first introduced:

1. A legal mechanism
2. A befriending role to support those without parental contact
3. A safeguard against the system

As we will see, understanding its origins explains some of IV's enduring characteristics in the current CSC system as well as some of the confusion that has arisen about the role's definition and purpose.

The CYPA 1969 was heavily influenced by the then Labour government's welfare-oriented approach but underwent implementation issues due to a change of government: Heath's Conservative Party defeated Wilson's Labour Party in the 1970 general election. As a result, many of its key provisions never came into force (Department of Education and Science 1976). It also followed the Seebohm Report (1968), the recommendations of which marked a major reorganisation of social services (Pilcher and Wagg 1996). Anecdotal evidence suggests IVs were in place, albeit in a very limited way, in the 1970s (Russell, personal communication, 2022). The policy survived the consolidation process of the Child Care Act 1980 and was retained in legislation, which also suggests IVs were being used before 1989. However, between 1969 and the Children Act (1989) the residential care landscape changed substantially, with many more children placed in foster care rather than residential homes. Between these two acts the IV policy was applied beyond Approved Schools/CHEs, to those in any form of residential care where children received their education (Department of Health 1991).

The Children Act 1989: a major reformulation

The Children Act 1989 (CA1989 hereafter) marked a significant expansion and reformulation of IV. This emerged from consultations highlighting the isolation of children in care, with parliamentary debates focusing on ensuring children had both advocacy and emotional support from someone outside the system. The Act introduced three major changes. First, IV was extended to any child in care without family contact, not only those in residential placements. This reflects the changing CSC landscape discussed above. At this point, the role was conceptualised as providing "valuable support to an isolated child without many outside friends and without birth family contact (Hansard HL Deb., 7 February 1989, c.1495). The second change was to repeal the legal dimension of the role, this having been superseded by the introduction of the Guardian ad litem (GAL), separate legal representation for children, and other legislative changes. Over time, the professionalisation of other roles (including advocates, personal advisors, and the introduction of the IRO) appears to have 'chipped away at' aspects of IV which were historically more formalised, with informal befriending element successively emphasised. Third, the Act made accepting IV support optional, stipulating that an IV must not be appointed without the child's informed consent (*Children Act* 1989).

These changes situated IV within a developing discourse on Children's Rights. There was some debate about whether the role should be made a formal part of review and complaints procedures (Hansard HL Deb., 7 February 1989, c.1483). An amendment was tabled to this effect but was rejected because it would risk "blurring the distinction between someone who, in effect, stands in an alternative trusting relationship for a family member who is absent, and the kind of representative relationship that a professional person would have". (SC Deb (B) 18 May 1989, p. 205). Despite this, subsequent guidance established that IVs could attend reviews and make written contributions "as a friend of the child (Department of Health 1990, p.4)."

At this point, IVs were expected to provide informal advocacy, carefully distinguishing between representing the child's views and offering their own opinions. IVs could use the representations procedure if they disagreed with the LA about the child's welfare or if requested by the child. The guidance indicated IVs should understand case details and work with relevant authorities, suggesting a closer relationship with social services than previously conceived. This is no longer the case, as services now work to maintain a high level of separation between social services involvement and the role of the IV (National Independent Visitor Network 2016). But this development shows that the evolution of IV and advocacy are interrelated. IVs were considered as potential advocates in debates leading up to the formal introduction of advocacy as a statutory requirement (*Adoption and Children Act* 2002), with the two roles being separated and clarified over time.

Why the CA1989 revitalised IV is not entirely clear from documents pre-dating the passing of the Act. Hardy and Peel (2013) note “one of the key operational principles underpinning the legislation was that ‘continuity of relationships is important and attachments should be respected, sustained and developed’” (Hurst and Peel 2013). This focus on the importance of supportive relationships likely influenced the decision to expand the policy. But in documents published after the Act it becomes clear that safeguarding was still a fundamental part of the IV role. Whereas originally IV was to safeguard against the increasing power of LAs, in the 1990s it is used to safeguard against abuse within the care system.

The development of the Act was concurrent with emerging revelations about the scale of abuse in children’s homes across the UK in the 1980s (Wolmar 2000). These worries, combined with most children now being in foster care, likely influenced the decision to extend IV. In a 1991 debate on investigations of abuse at St Charles treatment centre (a children’s home), policy makers discussed providing IVs specifically for safeguarding purposes (Hansard HC Deb., 24 June 1991, c.692). Shortly after, a review was commissioned following the ‘pindown’ inquiry into residential care practices in Staffordshire (Levy et al. 1991). The Utting report recommended the Department of Health (DoH) “consider whether there is scope for developing the role of the independent visitor in relation to children in residential care, and in particular to children with disabilities (Utting 1991, p.41). Although not taken up at this stage, IV services would later begin to focus on children with disabilities, in part because of the additional vulnerabilities they faced in residential settings (Loughran et al. 1992).

On the back of evidence that abuse in children’s homes had continued after the Act came into force, the government ordered a second Utting report in 1996 to assess if safeguards were protecting children effectively. The report argued implementation was ‘patchy’ where children’s rights were concerned, found safeguards were inadequately applied, identified serious gaps in child protection, and highlighted failures in complaints and advocacy procedures (Utting et al. 1997). It also declared that LAs “fall short in providing Independent Visitors as required by the children act." (ibid., p.101). Other sources support the notion that implementation was poor at the time, for example a select committee noted IVs were hardly used in the late 1990s (House of Commons Health Committee, 1997). Some policymakers appeared unaware of the policy, advocating for an almost identical service because children "clearly need befriending [...] by sympathetic outsiders who cannot only give them a day out but perhaps become a substitute for the parents whom they lack" (Hansard HL Deb., 19 February 1991, c. 1337).

The (1997) report suggested several reasons for this, including: perceived interference with LAs' statutory duties, low prioritisation compared to other legal obligations; worries about paedophiles infiltrating volunteer roles, and a lack of knowledge about how to deliver IV. The report concluded:

> "...the benefits for a child in residential or foster care of a stable and continuous relationship with an adult who is independent of the care organisation and the care staff seem to outweigh both theoretical and practical objections, especially for children who are disabled or placed far from their home authority." (Utting et al. 1997, p.112)

It recommended that "the scheme should be developed to the fullest extent possible" and that policymakers fund a study to test the feasibility of providing IVs to "all children looked after by Local authorities who might benefit from them" (Utting et al. 1997, p.107).

The Utting report was a decisive – perhaps the decisive - moment in the development of IV. Although the government did not fund the feasibility study Utting advocated for, they did commit to "take action to ensure all children statutorily entitled to independent visitors are provided with one [...as part of] the "Quality Protects" programme" (Department of Health 1998a). Introduced in 1998 by New Labour, Quality Protects (QP) was a major initiative to transform children's services. Associated now with the rise of New Public Management (NPM), QP introduced performance indicators and targets for LAs, provided significant additional funding, and helped establish more consistent national standards (Department of Health, 1998b). It also represented a shift toward outcomes-based service delivery and performance management in social work (Jordan 2001).

QP set eleven mandatory objectives for children's services and required LAs to report annually on these (Lhussier and Blakeborough 2001). QP objectives included "to ensure that young people leaving care, as they enter adulthood, are not isolated and participate socially and economically as citizens", "to ensure that children looked after gain the maximum life chances benefits from educational opportunities, health care and social care" and "to ensure that children with specific social needs arising out of disability or a health condition are living in families or other appropriate settings in the community where their assessed needs are adequately met and reviewed." (Department of Health, 1998b). These aligned well with IV and allowed for an injection of funding to develop services in the early 2000s (Bath and North East Somerset 2001; Kirklees Metropolitan Council 2003; Southend-on-Sea City Council 2003).

Disabled children were identified by LAs implementing QP as a group to be prioritised for IVs (Leicester City Council 2002). Loughran et al. (1992) described a third of disabled children at the time as isolated from their parents (Loughran et al. 1992). In their work on safeguarding in residential settings, Paul and Cawson (2002) explicitly linked IV with safeguarding for disabled children because "external links ensure the child's integration into the local community, serving as an additional safeguard when the child is isolated from his/her family." (Paul and Cawson 2002, p.277). For LAs prioritising IV for children with disabilities may also have been a pragmatic decision, because by establishing an IV service they were able to 'hit two birds with one stone' and demonstrate progress in relation to several QP objectives.

Shortly after the introduction of QP, Winn-Oakley and Masson (2000) reiterated the failure of LAs to meet their statutory obligations in relation to IV and questioned whether QP would make LAs comply (Winn-Oakley and Masson 2000). There was a growing recognition of implementation failure. In a select committee on the Adoption and Children Bill (2000), Julian Brazier MP described IVs as "a very under rated area" but said "most local authorities are doing nothing at all about it" (House of Commons Select Committee on the Adoption and Children Bill, 2001, sec.201). An IV also present highlighted that LAs were still wary of IVs: "A social worker really has to welcome in these outsiders, and they are not at the moment". (ibid.). One MP later noted:

> "The 1989 Act contains a provision for independent visitors. That is another example of how excellent intentions have not, with one or two exceptions, been fulfilled. It is tremendously important that young people in care have access to independent support." (Hansard HC Deb., 20 May 2002, c.53)

The Adoption and Children Act 2002 saw an increase in the ‘independent support’ referenced here, though not in relation to IV. The Act made advocacy a statutory requirement for children in care and created the role of the IRO. Dickens (2015) notes the IRO was introduced “in response to misgivings from the courts about the willingness and ability of local authorities to implement the plans that were agreed in care proceedings” (Dickens 2015, p43). This echoes the origins of IVs several decades prior, with the solution from the courts being to introduce a level of independent oversight into LA practice. The introduction of these two professional roles, amongst others, arguably eroded some of what IVs had previously been expected to do in a non-professional capacity.

Nonetheless, this phase involved IV’s most significant expansion – many schemes were set up or existing ones expanded during this period (Knight 1998). At this point, the development of IV was helped not only by the funding and oversight from QP, but also by a renewed interest and investment in mentoring schemes (House of Commons Health Committee, 1997). The National Mentoring Scheme and Connexions were an important part of New Labour's programme because they complemented their broader focus on tackling social exclusion and crime. In 2000, the Youth Justice Board launched its Mentoring Initiative for young people who had offended or were at risk of doing (James-Roberts et al. 2005). Some IV services today have their roots in programmes originally set up to provide mentoring in youth offending services (Jefferies, personal communication, 2021).

The Children and Young Persons Act 2008: universal eligibility

The Children and Young Persons Act 2008 (CPYA 2008 hereafter) marked another significant shift, extending eligibility to all children in care. Government consultations on the white paper “Care Matters: Time for Change” between 2004 and 2008 considered various reforms, including whether to merge IV and advocacy into a single provision – an unpopular suggestion that was rejected (Department for Education and Skills 2007). They had also consulted on extending the provision, and children’s views were given considerable weight in this process. In response to qualms about whether this risked “having too many people involved, causing fragmentation of functions and causing confusion for the children affected (House of Commons Children, Schools and Families Committee, 2008, p.15), the Minister of State for Children, Young People and Families said IVs were being extended not “because we decided that it would be a good idea but because young people themselves said that they welcomed it.” (ibid., p. 16).

These changes developed what had specific provision for children with little to no family contact to a universal entitlement for all children in care if in their best interests. Arnold (2012) argued that the ‘best interests’ criteria in fact marked a weakening of the IV policy. Arnold points to a lack of prescribed descriptions of which children should be offered an IV, arguing that offering only guidance to social workers about how to interpret the criteria leaves the matter to the “total discretion of the local authority” (Arnold 2012). It is not clear whether this is indeed the case. There is little data available on the number of children with an IV following the CYPA 2008 and how this might have changed over time.

It does appear that the additional demand the government anticipated was relatively minimal. Planning documents published between the passing of the Act and it coming into force estimated the cost of expanding the criteria to be £3 million a year, based on 1,500 more children being provided with an IV per year (and an average cost per year of £2,000 per matched child per year) (Department for Children, Schools and Families 2010). The actual cost of expansion is unknown, as no reliable figures are available on the number of children matched before 2016. Even if spent in full, this would represent only 0.1% of the total spend on services for children in care between 2010 and 2011 (Department for Education 2017).

Much of the debate around the CYPA 2008 focussed not on expanding the criteria, but on whether IV should be extended to care leavers. The government were not supportive of this; it was seen as intrusive, costly, impractical, and surplus to requirements given the availability of Personal Advisors (PAs) to those leaving care (Hansard HL Deb., 17 March 2008, cc.110-114). This debate continues today, with the NIVN lobbying for the inclusion of care leavers up to age 25 in IV policy (Walker and Jordan 2022b). A growing number of LAs – having identified the risks to care leavers outlined in the previous chapter – already support matches beyond 18. As of publication, the IV scheme remains formally available in legislation only to those in care.

The gradual extension of IV under the ‘best interests’ criteria means it is now conceptualised by some as a rights-based provision (Crowley and Lovell 2018b), and by others as an intervention which might produce better outcomes for looked-after children (Clancy 2016). In the early 2000s, interest in mentoring resulted in a developing discourse about linking IV with outcomes for the first time. In evidence to a select committee, contributors suggested IVs be recruited from large multinational companies to provide skill development and employment opportunities for young people (House of Commons - Children, Schools and Families 2008). Other potential outcomes cited in these debates included reducing criminality and improving mental health (Hansard HL Deb., 17 March 2008, cc.111). There is a sense of having come full circle in returning to arguments about ‘juvenile delinquency’ that were so prominent in the CYPA 1969 when IV was first introduced.

Chapter summary

While the concept of offering independent support to isolated children has remained constant, the IV policy's scope, aims, and implementation have been continuously shaped by evolving social work practices, growing understanding of children's rights and capabilities, and developing approaches to child protection. As such the role of IVs has undergone significant transformation.

The historical development of the IV policy reveals several enduring tensions and characteristics. Initially equipped with formal legal powers, IV has gradually shifted toward a primarily befriending role but one in which elements of the previous iterations of the policy are still visible. The nature of rights accessed through IV support has also transformed, moving from legal rights to voice rights in the 1980s, to now sometimes being described as a right in itself. Similarly, the concept of ‘independence’ within the IV context has changed. Early IVs, while independent from the care system, were more involved with cases, often advocating for children informally. The modern interpretation of independence typically means complete separation from the children’s services involvement, often without knowledge of the child's background and care plan. Finally, safeguarding aspects of the IV role have also changed significantly. Originally conceived as a safeguard against potential systemic abuse, many safeguarding functions have since been absorbed into other roles.

These various tensions reflect the incremental nature of IV policy development. What began as a specific response to a particular issue, has remained in place as the care system has evolved around it. The role has been continuously modified and reinterpreted to fit new contexts, creating a web of different approaches and priorities. Notably, there has never been a historical ‘heyday’ - the numbers of children having an IV have consistently remained low, initially by design, and the scheme appears to always have occupied a somewhat marginal position. I interrogate this further in the next chapter where I discuss the IV role today.

4. Literature review: the IV policy today

This chapter presents a narrative review of the literature on IV. I begin by outlining how services are delivered and providing some contextual information on who receives support. I then review the evidence on the impact of having an IV and discuss how this relates to the aims of this study. To review the literature, I searched social science databases (including Social Care Online, Social Services Abstracts, Applied Social Sciences Index and Abstracts (ASSIA), Scopus, and Web of Science Social Sciences Citation Index) and other databases (e.g. British Library EThOS, and third-sector research repositories). Search terms included combinations of "Independent Visit*," "Looked after children," "Children in care," "Foster care," "Residential care," "Mentoring," "Befriending," and "Trusted adults". The literature was analysed thematically and synthesised to identify patterns and gaps in evidence.

Eligibility

Across England and Wales, LAs have “a duty to appoint a person to be a child’s independent visitor where it appears to them to be in the child’s interest to do so” (Department for Education 2021, p.107). Though not mandated, in practice referrals for IV support are usually made by social workers and it is the child’s decision whether to accept. IROs are expected to ensure that IV appointment is considered as part of the care plan in statutory reviews (Department for children, schools and families 2010; Welsh Government 2016), though there is anecdotal evidence to suggest this does not happen regularly (Arnold 2012).

Lack of contact with family is singled out in the (2021) care planning guidance practice as a reason an IV should be considered. The statutory guidance also outlines a range of other factors LAs should take into consideration. These include: where children are placed far from home, where they are unable to go out independently, where children experience communication difficulties or difficulties building positive relationships, where they are at risk of criminal and/or sexual exploitation, where children in residential care would benefit from a “more individualised relationship” and where it would “make a positive contribution to promoting the child’s education and health” (Department for Education 2021b, p.107). These are applied where the birth family contact criteria is not relevant but where it appears, nonetheless, that it would be in the child's interest to have an IV.

Evidence suggests some of the factors outlined in statutory guidance are considered more regularly than others. Children with disabilities have historically made up a significant proportion of those with IVs (Knight 1998) and, in 2022, 16% (n=360) of those matched and 15% (n=) of those on waiting lists had a disability (Walker and Jordan 2022b). Those placed far from home also make up a large proportion of those with an IV in Wales (44%) and England (26%) (Walker and Jordan 2022b). There is some indicative evidence that children in residential care might be more likely to have an IV (Children's Rights Director for England 2014). However, there are no reliable national statistics collated on this. Other factors from the guidance are absent in the IV literature. For example, we know virtually nothing about how IVs might support children at risk of criminal and/or sexual exploitation.

The small proportion of children currently matched with an IV, despite these wide eligibility criteria, raises questions about who is considered eligible and who is prioritised for IV support in practice. Later in this chapter I discuss the contrast between these expansive eligibility criteria and the marginalised position of IV services today.

Usage

As noted earlier, only a small proportion of children in care had an IV in 2022 (the most recent year for which data are available): just over 3% in England and 1% in Wales (Walker and Jordan 2022a). In England, this rate has remained relatively constant since 2016, despite efforts to raise the profile of IV (National Independent Visitor Network 2020). A 2018 survey found that the number of children with an IV in Wales decreased by 11% between 2016 and 2018 (Crowley and Lovell 2018b). There is a legal provision in Northern Ireland, but the scheme appears very small and is not in scope for this study.

Despite the statutory requirement to provide an IV service, not all LAs do. In 2022, 18% of LAs in Wales (n=4) had no IV service. Provision across each country also varies significantly. Of LAs in England with at least five matches, the match rate ranged from 1%

to 17% in 2022[1] (Walker and Jordan 2022a). In Wales, three LAs accounted for nearly 70% of matches in 2018 (Crowley and Lovell 2018b).

LAs not providing a service are failing to comply with their duties, but there is no formal mechanism for monitoring this. Recently, Ofsted have made commitments to work in partnership with NIVN to ensure that the availability and quality of IV services is included in inspections (Walker and Jordan 2022b). The NIVN's own efforts in requesting Freedom of Information (FOI) data have resulted in some progress: in England the number of LAs not providing a service dropped from ten to two between 2019 and 2022 (Walker and Jordan 2022a). Last year, the Children's Commissioner for England warned that there were still some LAs with no service in place (Children's Commissioner 2024). But despite persistent efforts, progress has remained slow.

Are these low levels of provision a new development or have IVs always been little used? Historical IV provision is difficult to map due to limited data. Only Knight's (1998) study provides an indication of historic use, finding that in 1996 only 23 LAs provided IVs. While many more schemes are in operation today, Knight found that 4% of those eligible were matched with an IV (n=235) in 1996 (Knight 1998). Although many more children now have an IV, the match rate remains similar due to the increasing number of children in care.

Another study found that IVs were rarely being considered for those with no birth family contact in 2006 (Moyers et al. 2006). Government guidance does not indicate how many IV matches an LA should expect to provide. The broad eligibility criteria also make it challenging to assess what the 'right' proportion of children matched with an IV would be. Recently, however, the NIVN have adopted a target of a 10% match rate across LAs (Walker and Jordan 2022a).

Demographic characteristics

Of those with an IV in England in 2022, 12- to 14-year-olds accounted for the highest proportion of those matched (40%) followed by 8- to 11-year-olds (33%). In Wales, a larger proportion of those matched were teenagers aged 15 to 17 (61%). In both countries, 13% of young people matched with an IV are care leavers (Walker and Jordan

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[1] excluding one LA with a particularly small population of children in care.

2022b). However, demographic data is only available for children who are currently in care, so this section largely excludes care leavers.

Crowley and Lovell (2018) found that more girls (66%) were matched with IVs in Wales than boys, an issue attributable to difficulties recruiting male volunteers (Crowley and Lovell 2018b). Just over 70% of IVs are female (Walker and Jordan 2022b), which Gordon and Graham (2016) describe as being due to "befriending volunteer roles [being] perceived as more female oriented as opposed to 'mentoring' roles" (Gordon and Graham 2016, p.21). In 2022, 75% of children in care matched with IVs in England were White, 12% were of mixed, multiple or other ethnicities, 8% were Black and 4% were Asian. Figures for young people "broadly reflect the national composition of the looked-after population" (Walker and Jordan 2022b, p.20) but volunteers are predominantly White, with well-documented challenges in recruiting a diverse pool of volunteers in the wider sector (Donahue et al. 2020)

When Knight undertook her study, a high proportion (21%) of those matched with an IV were from ethnic minority backgrounds. The study claimed this was the result of a higher proportion of ethnic minority children being in care at the time, and the fact that unaccompanied asylum-seeking children (UASC) fitted neatly into the criteria for having an IV (Knight 1998). Today, UASC make up about 2.5% of the matched population in England and Wales (Walker and Jordan 2022b).

Match characteristics

A key issue in determining how IV support benefits young people is understanding how long matches last. There is little robust data on this and no nationally collated statistics on average match length. In the latest report by NIVN, only 27% of responses (from 39 out of 146 LAs) provided data on match duration in England and no data is available for Wales, due to low response rates. Of 975 young people matched at the time of the FOI request, 51% had been matched for under two years, 35% had been matched for between two and five years and 14% had been matched for over five years (Walker and Jordan 2022b, p.22). There may be a difference in match stability between internal IV services (run by LAs) and external services (contracted out to third sector organisations).

In 2019, 37% of matches of over 2 years were managed by external providers and 64% by internal providers (Jordan and Walker 2019).

No data is currently routinely collected about how long matches last when young people leave care, though a recent case study of 29 young adults (aged 18-32) conducted in one LA found that over half remained in contact with their IVs (Lupton 2022b). There is no reliable national data available on what proportion of matches continue post-18, or how long these relationships continue. This is a key gap in the evidence on IV.

Service delivery

IV services are responsible for recruiting, training and supervising volunteers, and for making and monitoring IV matches. This includes providing a small budget – between £15 and £40 per visit - to cover activities and travel.

Services are provided through three delivery models: internally through an in-house IV service, externally, or through a spot purchase agreement where the LA does not commission a service but 'buys in' IV matches as needed. External providers consist of charities, not-for-profit organisations and private companies of varying sizes who recruit, train and supervise IV volunteers. The two largest providers of IV services in England are NYAS and Action for Children. In England, the majority of LAs (66%) provide IVs through contracts with external organisations, with 25% operating an in-house service and the remainder using other ad-hoc commissioning arrangements (Walker and Jordan 2022b). In Wales no in-house providers currently operate and three charities provide services nationwide (Crowley and Lovell 2018b).

As well as low usage, the sector faces several operational challenges including long waiting lists. Reasons for this include funding cuts and difficulties recruiting volunteers, particularly in rural areas. There is evidence to suggest that IV services have suffered from long-standing underfunding (Knight 1998; Winn-Oakley and Masson 2000). Funding constraints appear particularly acute in certain regions. The North-East and North-West, which face both the greatest demand for children's services and the largest cuts in central government funding, have the lowest proportions of children matched with IVs in England at 1% and 2% respectively (National Independent Visitor Network 2022). However, this relationship is not universal - some regions that have faced similar cuts since 2010 buck this trend, with Yorkshire and the Humber maintaining a match rate above the national average (Action for Children et al. 2019; Jordan and Walker 2019).

Providers also describe systemic issues with commissioning that contribute to low match rates. Most service providers (63% n= 87/139) have caps on the number of children they are funded (internally or externally) to provide for. This means there is a finite number of children who will be matched during a given year. Another issue is the instability that comes with re-tendering processes for external providers. This results in organisations who are members of the NIVN collaborative network also being in competition with one another for contracts. Evidence suggests that tenders being recommissioned can result in instability for IV matches (Crowley and Lovell 2018b).

Funding and commissioning issues impact the ability of IV services to provide support to all children who have been referred. However, these factors do not account fully for the policy's current marginalisation. Knight's (1998) study found similar problems with funding in the early days of the policy's introduction (Knight 1998). The previous chapter also indicated that the invisibility of IV is not a new phenomenon brought about by unfavourable commissioning arrangements and funding cuts in recent years, but a longer standing issue. It seems more probable that IV services have always suffered from a low profile and been underfunded. This raises questions about what other factors might contribute to IVs peripheral position in policy and practice.

A marginalised policy

Several factors appear to contribute to the scheme's marginal position including confusion about eligibility due to the broad criteria, low awareness of the scheme, confusion about the role and the unusual nature of the service.

Broad eligibility criteria

In the previous chapter, I questioned whether expanding IV in 2008 had diluted the policy. In Corinthians 9:22, the Apostle Paul claimed "I have become all things to all people so that by all possible means I might save some" (1 Corinthians 9:22, NIV). This applies neatly to the expansion of IV. While the broader criteria provided flexibility to adapt IV for different groups, it arguably became less clear what convictions lay behind the policy and what its purpose was. Indeed, the role is considered an imprecise one in practice (Department of Health, Social Services and Public Safety 2007) and confusion about eligibility is common among professionals (Toner et al. 2010) and children (Ofsted 2012).

This is not surprising given that IV providers themselves interpret the eligibility criteria in different ways. Instead of repealing the birth family contact criteria, the 2008 Act subsumed it under the best interests criteria. The statutory guidance still refers to those without birth family contact as a group who should be considered for an IV (Department for Education 2021). This creates ambiguity, with some services restricting IV to only those without family contact. In 2019, only 68 out of 152 LAs explicitly referred to using the 'best interests' principle to determine eligibility (Jordan and Walker 2019). Twenty five used family contact as the only eligibility criteria (National Independent Visitor Network 2019a). More recently, the DfE published a blog to promote the role and claimed "any looked after child who has not had contact with their birth family for more than 12 months is entitled to have an Independent Visitor" (Yerou 2023). One potential consequence of this is that professionals might commonly associate IV as only for those without family contact – an increasingly small cohort of children (Iyer et al. 2020) - and therefore not consider it for others who are eligible and who could benefit.

There are other 'informal' eligibility criteria used by providers in practice but not specified in legislation and policy, include restricting IV provision based on time in care. Again, practice varies considerably, with some LAs requiring only that children are in care, some specifying a minimum period in care, and others setting out extensive criteria regarding children's current placement and care plan (including, for example, there are no plans for them to leave care, and that they are in a settled placement). In two cases, LAs responded that they extended IV provision to children who were involved with CSC but who were not in care (National Independent Visitor Network 2019a).

Taken together, this suggests that there is substantial variation in the way that LAs interpret IV policy and that this may create somewhat of a lottery regarding who gets support. Further research is needed to understand how children are prioritised to receive IV services and how the criteria for the policy are interpreted and used in practice.

Low awareness

A generous interpretation of the low number of young people receiving IV support would be that IVs *are* routinely considered for children in care but only a small number of children are deemed likely to benefit from them because the care system is meeting their needs through other relationships. In this hypothetical, the low use of IVs could be indicative of a well-functioning care system that is providing and maintaining supportive relationships for children without the need for introducing volunteer strangers. However, even if few children ultimately received an IV, a sign that the policy was active and working would be that children and professionals were widely aware of the role. This appears not to be the case. Evidence indicates few children are aware of the IV scheme and their right to be considered for one (Ofsted 2012; Crowley and Lovell 2018b) and evidence suggests levels of awareness are poor among social care professionals and foster carers (Hurst and Peel 2013). Although there are no surveys of awareness levels amongst professionals, those in the sector consistently report lack of social care staff knowledge of IV as a barrier to increasing IV uptake (Children's Commissioner for Wales 2014).

Role confusion

Confusion between IV and other roles within CSC (Children's Rights Director for England 2009; Gordon and Graham 2016) is also persistent challenge. Two roles are commonly conflated with IV: advocates, and independent Regulation 44 visitors who conduct monitoring visits to residential homes (*The Children's Homes (England) Regulations* 2015). This role was introduced after IV, and given a similar name. To add to this confusion, Independent *Custody* Visitors are volunteers who ensure that those detained in custody are treated fairly and have their rights respected (*Police Reform Act* 2002).

The confusion with advocacy is the most substantive of these. IV services often receive referrals where it transpires a professional advocate is needed instead and professionals often conflate the two (Crowley 2019). Clancy's (2016) study found IVs advocated for children in review meetings, especially when supporting children with learning difficulties. As well as this, 63% of IVs said they helped their young person with 'having their voice heard' in other ways (Clancy 2016). Statutory guidance is explicit that IVs should not "take on the role of a skilled advocate in complex situations" (Department for

Education 2021) but recognises they might help children access professional support. Confusion in practice is likely exacerbated by the fact that most external providers are contracted to provide both IV and advocacy. IV coordinators report IV is often seen as the ‘poor relation’, with the latter taking priority in terms of funding, monitoring and evaluation (Gordon and Graham 2016).

Unusual nature of the service

To my knowledge, no other countries have a provision similar to IV. Other schemes exist, some of which involve children in care alongside other vulnerable groups (the most well-known being Big Brothers Big Sisters in the US) and some of which target care experienced groups specifically (for example MCR Pathways in Scotland). But these are not statutory provisions and differ substantially from IV, tending to position themselves as shorter-term mentoring programmes. Whether IV is more usefully classified as mentoring or as befriending is somewhat unclear (Estep and Kearsely 2014). Mentoring usually involves short-term interventions focused on change (Busse et al. 2018). While IV services rarely set specific objectives, they do monitor relationships and progress. Befriending appears the more fitting label, with children commonly describing their IVs as friends (Winn-Oakley and Masson 2000). Yet 'friendships' between adults and unrelated children are not common in Western social structures. IV differs from traditional adult-to-adult befriending because the relationship must remain protected by the structure of the programme until children leave care.

This brief discussion highlights that the IV policy resists neat categorisation. It occupies a liminal space in many respects – sitting between informal and formal support systems and yet being prescribed in legislation. Weick (1995) argues that services that cannot be clearly defined and measured against existing or conventional frameworks often experience challenges in gaining legitimacy and resources (Weick 1995). The IV policy's resistance to neat categorisation may be one factor that contributes to its marginalisation.

The purpose

Discussion thus far raises important questions about the purpose of the IV policy and its place within CSC. There appears to be a disconnect between the way the role is conceptualised in policy documents, and the way it is delivered in practice. In this section, I outline some of the tensions, contradictions, and gaps in our understanding of IV.

The formal purpose of the IV role in its current formulation is detailed in the statutory guidance on care planning for England which states the IV is “to contribute to the welfare of the child” (Department for Education 2021, p.108) through fulfilling several key aims. These are to:

> “promote the child's developmental, social, emotional, educational, religious and cultural needs, encourage the child to exercise his/her rights and to participate in decisions which will affect him/her, support the care plan for the child and his/her carers and aim, as far as possible, to complement the activities of carers." (Department for Education 2021, p.109)

The guidance makes clear that the IV should be child focussed, and that the nature of the support offered will depend on the child. It envisages the IV providing advice on “straightforward” issues, such as where to find information. This care planning guidance is supplemented in by IV-specific (but non statutory) good practice guidance for England (Barnardos 2016) and Wales (Crowley and Lovell 2018a).

The purpose outlined in the guidance is broad, with IVs positioned as being able to promote a range of positive benefits for young people. But how they might do some of this is not clear, and there are tensions within some of these expectations. For example, it is not clear how many IVs would know what a care plan was or how to support it, given the IV is provided with a deliberately limited amount of information about the child’s history and care plan. What is more, some IV services counsel volunteers against in-depth involvement with carers, to maintain their independence. How IVs might support the care plan or “complement the activities of carers” is not clear given they may have little information to act on.

Similarly, the expectation that IVs might support young people in exercising their rights also depends on the IV having sufficient awareness of decision-making and participatory processes in CSC. As we saw in Chapter Three, previous iterations of the IV role involved closer relationships between the LA and the IV, but today the role is kept at a distance from professional involvement. Many IV providers operate a ‘need to know’ policy when it comes to sharing information with the IV to protect the child's privacy, but a small number invite the IV to the review as a matter of course. Evidence suggests it is relatively rare for IVs to be included in statutory reviews (Clancy 2016).

As such, the role is likely offering different support to different children. In practice, this need not be a problem, if children are aware of the different ways IVs can support them. But it makes judging the success of the policy based on the aims set out in the statutory guidance challenging because some IVs can support their young people more holistically than others. This points to a wider issue with IV – there is considerable variation between services in terms of the how frequently and for how long IVs meet with children, the budget they have available to spend and the training provided to volunteers.

Finally, despite positive findings about children's experiences of IV relationships (Hurst and Peel 2013), there is a lack of clarity in how the aims of the policy are communicated to those who receive IV support. For example, Ofsted (2012) found that most children with an IV said they had a choice about whether to have one (75%) but only one in five said they had chosen their IV themselves (most thought their social worker had chosen) (Ofsted 2012). This raises questions about how independent children perceive the service to be. Two other studies found a lack of clarity about the role among foster carers who described feeling suspicious of IVs (Winn-Oakley and Masson 2000)and worried that they were there to 'spy' on the carer (Knight 1998, p.43). These concerns were noted in previous statutory guidance which suggested the relationship between IVs and carers may need careful negotiation (Department of Health 1991). The suggestion that the IV might be there in a monitoring capacity was reinforced by some professionals working in residential care who described an element of the IV role being to "keep an eye on" practice in residential homes (Knight 1998, p.40).

Another area of confusion for foster carers arose in Knight's (1998) study where some carers described the IV as being there to support them by taking the children out (Knight 1998). With a few notable exceptions (Toner et al. 2010; Crowley and Lovell 2018b), the idea of IVs supporting the wider family by providing respite tends to be somewhat maligned because IV is first and foremost about supporting children. But it is reasonable to assume that the role has some impact on carers and has the potential to benefit both the child and their wider family. What is more, one recommendation of the (1997) Utting report was to consider using IVs to support single carers specifically (Utting et al. 1997), something several LAs who responded to the (2019) FOI request reported doing today (National Independent Visitor Network 2019a).

In summary, the purpose of the IV policy in the context of today's CSC system is not clear. Given the changing remit of the IV over time, this is not surprising. For example, the monitoring dimension that foster carers and residential staff reported has echoes of the IV role's initial safeguarding remit. There appear to be remnants of previous iterations of the policy that have sedimented in today's version, making it unclear what specific purpose the policy is designed to fulfil today.

Experiences of IV support

Most studies about the impact of IV have used qualitative methods to understand perceptions of the scheme from the perspective of young people, IVs and IV coordinators. In a review of key papers on IV, Hurst and Peel (2013) concluded that children's views on their relationships with IVs were overwhelmingly positive: "children tend to view their IVs as friends and sources of emotional support, encouragement and practical advice, offering a consistent adult presence in their life, clearly demonstrating their significance for separated children." (Hurst and Peel 2013, p.368)**.** IVs and IV coordinators describe IVs as an important source of stability and continuity (Toner et al. 2010; Jordan and Walker 2019). Challenges associated with having an IV commonly include the detrimental impact of relationships ending suddenly, as well as the time it takes to build trust between some young people and IVs (Hurst and Peel 2013).

Children often describe their IVs as offering "someone to talk to" who is separate to other friends, family and caregivers (Ridge and Millar 2000; Toner et al. 2010). A relationship with someone external and independent appears to offer a different perspective on problems (Toner et al. 2010). Young people describe it as a friendship and a relationship in which they are able to make choices and feel in control (Winn-Oakley and Masson 2000; Crowley and Lovell 2018b). Positive IV relationships are described as making young people feel like they matter and that someone is taking a particular interest in them (Hardy 2007) by supporting and encouraging them, and in some cases by 'sticking up for them'(Knight 1998) and helping them have their voices heard (Clancy 2016). Several studies also found that children described IVs as offering the opportunity to do ‘normal’ things and avoid the ‘officialdom’ of being in care (Winn-Oakley and Masson 2000).

Another factor which emerges from young people’s accounts is that the IV role is seen as substantially different from that of professionals. In their study about supporting young people with substance use issues, Boylan et al. (2006) found young people described their IVs as people they could talk about addiction issues because they were more available, easier to talk to and offered more of their time to the young people than social workers could (Boylan et al. 2006). Toner and colleagues (2010) found that young people reported responding more positively to advice if it came from their IV rather than their SW (Toner et al. 2010).

These are important aspects of the role – it is designed to offer an alternative informal, supportive relationship without some of the constraints that professionals face. The IV role “is and should be, substantially different in nature from that of the primary care-giver or key decision makers” (Estep and Kearsely 2014, p.20). But IVs have the ‘luxury’ of not being professionally responsible for young people and social workers caseloads mean they have little time to spend building relationships with children. Knight (1998) found that social workers reported feeling ‘jealousy’ over the time that IVs had to spend with children (Knight 1998)

Defining IVs in contrast to social workers and other professionals raises fundamental questions about the role of IVs in the care system. Would the IV role exist if social workers were able to spend more time building positive relationships with young people? Would it exist in an ideal care system? The Scottish care review (2020) suggested that there should, in future, be no need for advocates for children in care because the social care workforce “should become the primary trusted adults who children and young adults turn to for support, advice and care." (*Independent Care Review* 2020, p.114) IVs do not exist in Scotland, but a similar argument could theoretically be made about their use in England and Wales. Yet this belies the complexity of the social work role. Frederick (2023) highlights practical and theoretical difficulties associated with social workers being considered primary trusted adults to young people, and argues that professionals should be “connectors” between supportive adults and young people (Frederick et al. 2023a) but, as we saw in Chapter One, maintaining positive relationships with professionals is not straightforward for some children in care.

Outcomes of IV support

Studies also highlight a range of domains where young people, IVs, and professionals believe having an IV contributes to positive outcomes. Participants describe IVs helping young people to build confidence and self-esteem by trying new activities and developing independence (Winn-Oakley and Masson 2000), preparing to leave care by learning skills they need to live independently (Lupton 2022a), supporting young adults into education and training (Clancy 2016), promoting self-efficacy by empowering children to make choices (Hurst and Peel 2013), and reducing social isolation (Hardy 2007). This evidence is largely based on case studies of individual children and anecdotal reports from professionals describing perceived positive improvements in young people's wellbeing and behaviour that they attributed to the stability of their IV relationship. An exception is Clancy (2016) who surveyed IVs (n=104) and asked how they supported young people. IVs felt they contributed most to developing young people’s interests and skills outside of formal learning, and improving their communication skills. The areas they felt they had least influence over were supporting young people in reviews and supporting engagement with formal education (Clancy 2016).

Exploring the perceived impact of IV services gives insight into how IVs support young people. However, there are several methodological limitations of these studies. The studies mentioned above recruited participants through IV providers using convenience sampling. This could mean that participants were selected who were highly engaged with the service and/or who were likely to report positive feedback. Clancy (2016) highlights this potential for bias in her study where no young people reported any negative aspects of their IV relationship. This is a common feature of studies of IV involving young people. It may be that there are few negatives to having an IV, or that this group (who were recruited from the same LA and were described as ‘highly engaged’) had particularly positive experiences of the scheme. Another limitation is the relative over-representation of IV coordinators amongst the professionals interviewed in many of these studies. Other professionals, birth parents, foster carers and social workers, on the other hand, are underrepresented.

Studies of IV are predominantly qualitative. However, Hardy (2007) used mixed methods to explore what contribution IVs made to young people's health and social well-being. Interviews with young people 16+ (n=11), IVs (n=10), and social workers (n=5) explored the influence of the IV, and questionnaires were used to assess the young person's psychological, social and occupational functioning using the Global Assessment of Functioning (GAF) scale (DSM-IV-TR, 2000). There was a 'slight trend' for well-functioning young people to have a 'less significant' relationship (defined by the frequency of contact and intensity of the relationship) with their IV. The author, writing before the expansion of the IV criteria in 2008, interprets this as indicating a lack of need and concludes that IVs should be prioritised for children with little to no birth family contact (Hardy 2007).

However, these findings are limited by several shortcomings. First, the design is not appropriate for assessing the impact of IV support because it uses a measure taken at a single time point. Second, the sample sizes involved do not justify these claims. Third, the 'significance of the relationship' is based on a single researcher's assessment of interview data which reduces the reliability of the findings. Finally, young people were classified in terms of how 'well-functioning' they were based on the GAF scale (DSM-IV-TR, 2000) but were assessed by adults in the sample (including by the researcher after completing a single interview with them). Despite these issues, the authors highlight some key issues with evaluating IV. They note that determining the impact an IV had on the young person was complicated by other mediating factors such as involvement with other people and organisations and the young person maturing developmentally. The issue of attributing outcomes to IV relationships, amidst myriad other factors, is an important one and Hardy's study is mentioned here to outline some of the challenges. It raises questions about the types of outcomes IVs can reasonably be expected to contribute to when they see children only monthly.

Issues with evaluation

There have been few attempts to evaluate the IV scheme to date. There have been no before-after or comparative studies of the scheme and there is no established outcomes framework used to monitor quality or impact. Instead, IV services conduct their own monitoring and evaluation which varies by provider. In this section I outline what is currently known about the impact of the IV policy, and discuss the limitations of this evidence. I argue IV faces significant practical and conceptual challenges where it comes to demonstrating impact, and that attempts to evaluate IV in terms of outcomes have been premature.

There are emerging concerns from service providers about demonstrating impact both to generate funding and to justify extending the policy beyond its current modest reach (National Independent Visitor Network 2019b). The Welsh Government commissioned research on IV as part of their "Improving Outcomes for Children" programme, in which Crowley and Lovell (2018) found an appetite amongst LAs for detailed outcomes-based evaluation: "many local authorities expressed an interest in exploring how they might better capture the outcomes of IV services and link them with the well-being outcomes now so prominent in Welsh policy." (Crowley and Lovell 2018b, p.11). Anecdotally, some suggest issues with low uptake might relate to the lack of evidence of ‘hard’ outcomes. In 2000, Winn-Oakley and Masson argued against this, claiming the IV scheme could *only* be judged “by reference to children and young people's views and reported experiences” and not “by reference to wider expectations of the care system such as the qualifications or health status of young people leaving care” (Winn-Oakley and Masson 2000, p.67). And yet in the current CSC system, with its well documented funding issues and ever-growing pressure on the public purse, funder requirements to demonstrate value are understandable.

The question for IV is whether the IV scheme is one which is amenable to outcomes-based evaluation. There are some obvious methodological challenges. Difficulties applying traditional models of outcomes-based evaluation include: the long-term nature of the IV relationship, which may last over a decade, and a corresponding lack of longitudinal data about matches (Estep and Kearsely 2014) and the changing and imprecise nature of the goals within the relationship as young people mature (Hurst and Peel 2013). These go some way to explaining why so few attempts to evaluate IV have been undertaken. But the challenges are more fundamental than this. There are conceptual issues at stake too. Chief among these is the question of whether evaluation is necessary or desirable and, if it is, what shape it should take.

Studies that have attempted to evaluate the policy in terms of broader outcomes see IV as an intervention designed to bring about a particular change. But it is not clear what, if anything, needs to change for the young people who receive IV support. This is partly because the aims of the policy are so imprecise and wide ranging, which makes identifying outcomes that would apply across the board challenging. It also begs the question of whether having an IV is designed to change anything at all in and of itself. Perhaps the 'point' of having an IV is the opportunity for stability; an absence of change for children who have experienced so much of it already.

Indeed, there is nothing intrinsic to the IV policy which indicates it must contribute to positive outcomes to demonstrate value. In fact, some see IV as a rights-based policy (Crowley and Lovell 2018a; National Independent Visitor Network 2020). These two perspectives - rights-based and outcomes-based - are not incompatible but emphasise different facets of the role. Whether we see the policy as a rights-based entitlement to a relationship or a psychosocial intervention influences how we measure its success. Where the intervention perspective assesses difference made and effectiveness, a rights-based one might explore issues of fairness, equal access, and values underpinning the service.

But questioning why and how we should evaluate IV does not mean the policy is not amenable to any kind of evaluation. Evaluation is a process of judging the 'quality, importance, amount or value of something' (Cambridge Dictionary 2020). Forrester (2017) has argued that evaluation in CSC should not only focus on outcomes but should also include assessing due process and the quality of service children and families receive "because it is important in and of itself, not merely because it is a means to an end" (Forrester 2017, p.10). This emphasis on process and quality aligns well with IV's position as both a rights-based entitlement and a relationship-based service with the potential to improve outcomes and experiences.

Without understanding who receives support and why, and what are considered the markers of success for IV relationships, attempts to evaluate IV are likely to be ineffective at best, and harmful at worst. Poor evaluation can do more harm than good by creating 'perverse incentives' (Campbell 1979) and lead services to prioritise easily measurable 'quick fixes' over more sustained and meaningful intervention. Featherstone et al. (2014)

provide an example of this in CSC, describing how pressure to demonstrate quick outcomes led some family support services to focus on teaching specific parenting techniques that could be easily measured, rather than addressing deeper relational challenges or providing long-term emotional support to struggling families. (Featherstone et al. 2014). Where IV is concerned this could involve IVs focussing on looking for work with young people – a metric that lends itself to easy quantification – or to services prioritising matches with ‘easier’ children. Future attempts to evaluate and develop IV services must therefore begin by addressing basic questions about purpose and function within the contemporary care system, rather than attempting to measure outcomes that may or may not align with what the scheme is trying to achieve.

The research gap

A fundamental issue emerges from this review of the literature and the chapters that have preceded it. The IV policy has the potential to improve experiences and outcomes for children in care. Yet attempts to evaluate the scheme are premature when there is no clear consensus about its purpose. The marginalised position of IV services may partly stem from this lack of clarity about purpose; it is difficult to advocate for resources or demonstrate value when the fundamental aims of the scheme remain unclear.

Several factors contribute to this lack of clarity. First, a lack of robust and up-to-date evidence about IV, with the most recent studies now having been conducted over 20 years ago and several having been commissioned by IV services themselves (e.g. see Hardy 2007). Given the purpose of the role has shifted over time, this evolution has not been accompanied by clear articulation of what the scheme is trying to achieve in its current form. Second, the broad and sometimes contradictory aims detailed in statutory guidance create confusion about the scheme's core purpose. Is it primarily about providing friendship and emotional support? Promoting children's rights and participation? Supporting the care plan? Providing independent oversight? Without clarity on these fundamental questions, it becomes impossible to determine appropriate measures of success. Third, the role means different things to different stakeholders and confusion with other roles is common. Social workers, foster carers, IV coordinators, and young people themselves often have divergent understandings of what IV is for. This multiplicity of perspectives, while not necessarily problematic in practice, makes it difficult to establish consistent evaluation criteria.

This review of the literature suggests the following research questions:

1. What is the purpose of the Independent Visitor (IV) policy understood to be in today's children's social care system?
2. What is the value of the policy from the perspective of young people either currently or previously matched with an IV?
3. What is the value of the policy from the perspective of foster carers and IVs who support young people?

These questions aim to develop a deeper understanding of both the historical development and contemporary practice of IV, while examining the tensions between different approaches to evaluation. This is crucial for determining appropriate ways to assess and demonstrate the value and potential of IV services within the current CSC landscape.

5. Methodology

This chapter outlines the study's theoretical foundations, research design and rationale for my choice of methods. I outline the overall research strategy here, before explaining how I conducted the study in the next chapter.

Theoretical foundations

This study adopts a phronetic orientation underpinned by pragmatist interpretivism. It combines Flyvbjerg's (2001) idea of social science as practical wisdom, as outlined in *Making Social Science Matter* (MSSM), with a policy-focused approach (Flyvbjerg 2001).

Applied Phronesis

Phronesis, often translated as 'practical wisdom' oriented towards action, was one of the intellectual virtues discussed in Aristotle's *Nichomachean Ethics*. Aristotle distinguished it from *episteme* (generalised universal knowledge such as the laws that govern the physical world) and *techne* (the 'know how' associated with craft and production). Unlike *episteme* and *techne*, phronesis involves ethical considerations. It is what allows us to determine a wise course of action; "a reasoned capacity to act with regard to the things that are good or bad for man" (Aristotle, 1934, sec.6). Whittaker (2014) highlighted its inherently political quality: "[it] is social in nature – concerned with how prudent action taken for the ethical good is supportive of the *polis*, or community" (Whitaker 2014, p.182). Flyvbjerg builds on this, arguing that whereas the natural sciences excel in producing generalised (epistemic) knowledge*, only* the social sciences generate phronetic knowledge, without which a society cannot make wise decisions in practice.

Flyvbjerg considers generating epistemic knowledge in the social sciences a likely impossible task, because to produce explanatory theories, the social world must be divorced from context and reduced to rules. Whereas scientific experiments can take place in engineered closed systems, the social world is an open system and thus an objective social science is impossible to achieve (Flyvbjerg 2001). For Flyvbjerg, knowledge about the social world is always context-dependent. According to Aristotle, "[phronesis] is concerned with action and action is about particulars" (Aristotle, 1934, sec. 1141b.1) so phronesis can only ever be exercised in relation to specific circumstances.

Flyvbjerg sets a high bar for what constitutes theory, defining it as predictive, cumulative and relying on decontextualised features. Flyvbjerg's argument - like most renditions of the 'science wars' - is somewhat oversimplistic in that it idealises the natural sciences (Laitin 2003). But his main contention is that *phronetic* social science should focus instead on contributing to ongoing dialogue about how society should be organised:

> "The goal is to help restore social and political science to its classical position as a practical, intellectual activity aimed at clarifying the problems, risks, and possibilities we face as humans and societies and at contributing to social and political praxis" (Flyvbjerg 2006a, p.109)

Thus, phronesis is both an understanding of what is prudent, and an ability to *act* on that understanding to better the world in practical ways.

Phronesis in social work

Phronetic approaches seem particularly apt for social work, where topics of enquiry are always value-laden and where state power and individual liberty collide. Forrester captures the phronetic nature of day-to-day social work when he describes practitioners as "practical philosophers working through complicated ethical challenges [...] on a person-by-person basis" (Forrester 2024b, p.33). Chu and Tsui (2008) also argue that phronetic knowledge is useful for conceptualising the expertise social workers use in practice (Chu and Tsui 2008). Several others have written about the relevance of phronetic knowledge to social work but most have focussed on how practitioners use practical wisdom (Hudson 1997; Thomas 2017), rather than using Applied Phronesis.

Whitaker argues that new public management reforms led to a proliferation of instrumental knowledge "of the technical procedural kind" (Whitaker 2014, p.185), side-lining valuable practical knowledge. She echoes Flyvbjerg's argument according to which phronesis has the potential to restore the balance between value and instrumental rationality in public decision-making (Flyvbjerg 2001). Instrumentally-rational actions are undertaken to bring about a certain result – a means to an end – whereas value-rational actions are undertaken because of a belief in their intrinsic value. In social work, instrumental-rationalism finds expression in evidence-based practice (EBP) which focusses on determining ‘what works’, using a model adapted from medicine. Petersén and Olsson (2015) take up a related argument, suggesting phronesis offers a radical challenge to EBP and advocating a broader approach to evidence than currently exists but offering little detail about this (Petersén and Olsson 2015). Except for this theoretical work, empirical research using Applied Phronesis remains scarce in social work.

To find examples of Applied Phronesis ‘in action’ we need to look to adjacent fields. Shdaimah and colleagues (2011) conducted a participatory study with a US charity supporting low-income homeowners. They sought to explore the needs of the clients the charity supported. Through statistical analysis, literature review, and stakeholder interviews, they identified disadvantages of low-income home ownership that challenged both the 'home ownership dream' and the charity's assumptions about how to help clients (Shdaimah et al. 2011). Anderson’s (2019) single case study of a Canadian health authority used Applied Phronesis to explore ‘wise’ decision-making in implementing community care programmes. The study explored how different groups’ values influenced implementation, finding that values can drive behaviour despite leadership changes and resistance (Anderson 2019). Other work embodies phronetic principles without being explicitly described as such. Applied Phronesis shares common ground with approaches that challenge technical-rational models of professional knowledge including Schon’s work on Reflective Practice (Schön 2017) and Dunne’s on Professional Practice (Dunne 1993), as well as action and practice-based research approaches.

My approach: a phronetic orientation

Applied Phronesis is best understood as an orientation that shapes the investigator’s view of research and its role in society, with an emphasis on problem-focussed research oriented to change. Flyvbjerg’s approach is not prescriptive, and I use it as an overarching framework to integrate multiple theoretical and methodological approaches. In this section I outline key phronetic aspects that inform the study.

Tension points and power

Flyvbjerg is the first to articulate a phronetic approach to the social sciences that includes an analysis of power. He argues power defines what counts as rational and valid knowledge and is what is behind the dominance of instrumental rationality in modern society. His take is a distinctly Foucauldian one, seeing power as "productive and positive, not only as restrictive and negative" (Flyvbjerg 2001, p.131). Instead of seeking to eliminate power in line with a Habermasian ideal of power-free discourse, Flyvbjerg argues we should understand how it works in real situations. Thus, the launch pad for analysis in phronetic studies is always a 'tension point' – an inconsistency between what is said about a specific practice or problem in society, and what is done about it (Flyvbjerg 2001). Policy problems offer fertile ground for identifying tension points because they deal directly with issues of rationality, decision-making, and accountability (Schram and Caterino 2006; Flyvbjerg 2012).

The starting point for this study was identifying three tension points in relation to IV. First, the IV policy provides for a universal service which theoretically all children in care are eligible for, and yet only a very small proportion receive it. Second, despite existing in legislation for many years, the policy remains little-known and little used in practice. A third and final tension point exists in relation to evidence and practice. Reasons given colloquially for the policy's low profile and uptake include a lack of research evidence about the impact of IV services, but traditional instrumental models of evaluation are a poor fit for IV. The aim is for a phronetic approach to shed light on why these tension points have developed and what assumptions underpin them.

Four value rational questions

Some argue IV should not be judged on outcomes, but in value-rational terms. It is a policy that resists typical modes of instrumental evaluation; determining its value or 'what should be done' depends on understanding more than the direct measurable impact of IV on, say, health and wellbeing indicators. A phronetic approach provides four value rational questions to guide analysis: 1) where are we going with [this issue]? 2) who gains and who loses, and by which mechanisms of power? 3) is the direction we are going in desirable? and 4) what, if anything, should be done? These are value rational in that they focus attention on power relations, values, and practical action in specific contexts. In doing so, they explicitly engage with judgments and ethical considerations rather than trying to be value neutral.

The sequence of the questions is important because it moves from understanding the current situation (1), through analysis of power dynamics (2), to normative evaluation (3), and finally to practical and ethical action (4). As such, they connect analysis with action through rational deliberation about values. This progression from understanding to evaluation to action requires connecting factual analysis with value-based judgment. I have used these four value rational questions to frame the study and refine the research questions. In the next chapter I map the research questions onto Flyvbjerg's phronetic questions, and onto the methods chosen to answer them.

A pragmatic interpretivist stance

Flyvbjerg takes issue with two epistemological extremes: the dominance of positivist approaches (which assume objective, universal truths) and the dead-end of pure relativism (where all truths are equally valid). Instead, he advocates contextualism (Flyvbjerg 2001), which says that truth depends on context: "whatever regularities occur empirically will always be situational" (Clegg et al. 2014, p.281). This perspective sees knowledge as produced always with a view from somewhere (Flyvbjerg 2001). He is not alone in making this argument, they are central to several paradigms which embrace an anti-foundationalist position. Common features of these include the idea that meaning is constructed in relation to social, cultural, and historical contexts and knowledge claims are always situated within these.

However, Flyvbjerg does not fully address some of the ontological assumptions (about the nature of reality) and epistemological questions (about what we can know and how we can know it) that underpin his approach. In particular, his adoption of contextualism raises two questions. First, if truth is context-dependent, how can we legitimately apply insights from one situation to another? Second, why should we judge truth claims by their context rather than their practical consequences, if the goal of phronetic research is practical wisdom? To address these, this study combines a phronetic orientation with pragmatist interpretivism (Ansell 2015). This approach takes from interpretive research the view that social reality is multiple, subjective, and socially constructed and adds pragmatism's focus on practical relevance and real-world consequences. Goldkhul (2012) suggests clarifying whether: "interpretivism is seen as instrumental for a pragmatist study or pragmatism is seen as instrumental for an interpretive study"

(Goldkuhl 2012, p.143). I adopt the latter position: maintaining interpretivism's emphasis on understanding the meaning people ascribe to their circumstances, while incorporating pragmatism's focus on practical action as a modifying element.

Although Flyvbjerg does not explicitly ally himself with a pragmatist approach, Applied Phronesis is inherently pragmatic. Pragmatism posits that knowledge should be judged by its practical effects and real-world consequences, rejecting abstract truth claims disconnected from experience (Talisse and Aikin 2008). Flyvbjerg writes “phronetic research results are results only to the extent they have an impact on practice” (Flyvbjerg 2012, p.101). The notion of phronesis itself is also deeply pragmatic: “phronesis is prudent action in a world already constituted” (McCourt 2012, p.1) and involves taking the world as the policy-maker finds it. Central to pragmatism is the logic of abduction (Thomas 2010). Abductive reasoning allows for an iterative process of moving between theory and data and proposing ‘best explanations’. This stance views knowledge as fallible and continuously evolving and aligns neatly with Flyvbjerg’s vision of a phronetic social science that inputs into an ongoing dialogue about what should be done.

Critics argue pragmatism is somewhat atheoretical (Rescher 2016). Applied Phronesis is an ideal vehicle for integrating pragmatism and interpretivism because it outlines how we can address questions such as who determines what counts as useful knowledge. Objectivity in phronetic research is understood as exploring a variety of perspectives in the service of knowledge that can improve the world (Flyvbjerg 2001, p.139). Through this lens, valid knowledge is both interpretively sound – grounded in participants' lived experiences – and pragmatically useful, capable of informing practice improvements and policy decisions (Boswell and Corbett 2014). When it comes to applying this knowledge, while contextualism see truth as context-dependent, an interpretivist paradigm posits that while context shapes meaning, shared understanding across contexts is possible through careful interpretive work (Adcock 2009). This approach focuses on identifying underlying patterns and dynamics that can be translated across settings. As such, pragmatist interpretivism allows researchers to acknowledge the constructed nature of social reality while still pursuing knowledge that can guide action and change (Goldkuhl 2012).

Studying cases and emphasising little things

Drawing parallels between Aristotle’s case-based approach and Foucault’s focus on micro practices, Flyvbjerg argues in favour of studying concrete practices in their everyday context. Many examples of phronesis focus on ‘big’ questions relevant to the public interest but they do so by looking for ‘the big’ in ‘the small’, using case study designs (Flyvbjerg 2001). In this study, ‘small questions’ about IV are connected to broader issues including how the state makes decisions about, designs policies on behalf of, and rations resources for children in care.

Narratives are central to case study. Both Flyvbjerg (2006) and MacIntyre (1984) emphasise the importance of historical context before knowing what course of action to take (MacIntyre 1984; Flyvbjerg 2006b). As a result, “phronetic social science explores historic circumstances and current practices to find avenues to praxis” (Flyvbjerg 2001, p.140). This study applies this to IV through exploring how and why the policy has developed, and how this relates to both current practice and the future of IV.

A policy-focussed approach

Social policy and social work are both concerned with welfare provision. But where social policy deals with broader societal issues, social work research addresses more specific, practice-oriented concerns (Hammersley 2003). This study sits firmly within social work research but is influenced by theories and models from social policy literature. In this section I outline my approach to conceptualising what constitutes policy and what makes up policymaking and implementation processes.

Policies as ‘assemblages’

A minority of scholars consider policies as defined by their official documentary form - a version of legal positivism seldom used in social policy (John 2012). Much more common are approaches that see policies as constituted from a range of features including discourses (Bacchi 2009), micro-practices (Lipsky 1980) , or networks of policy actors (Daugbjerg et al. 2018; Rhodes 2018). This study adopts a 'policy assemblage' approach to understanding what constitutes policy (Savage 2020). A policy assemblage refers to the complex network of actors, ideas, practices, technologies, and institutions that form a particular policy (Ureta 2014). Understood this way, IV policy encompasses not only the formal requirements set out in legislation, but also statutory guidance, views of young people, volunteers, and professionals, and the everyday practices through which IV is delivered. This allows examination of how different stakeholders - including practitioners and young people themselves - interpret and experience the policy in practice. Seeing policies not as static documents but as dynamic combinations that change over time as they are re-interpreted by different policy actors is a key element of this study (Maroy and Pons 2021).

Policy development as narrative trajectory

This study examines IV policy's development informed by elements of Ball's policy trajectory approach which recognises that:

> "The product of compromises at various stages [...] there is ad hocery, negotiation and serendipity within the state and within the policy process ...policies shift and change their meaning in the arenas of politics; representations change, key interpreters change. The problems faced by the state change over time. Policies are represented differently by different actors and interests [...] At all stages we are presented with what Rizvi and Kemmis (1987) call 'interpretations of interpretations'." (Ball 1993, p.11)

The study adopts a largely descriptive trajectory approach (Maroy and Pons 2021), using a historical lens to understand the IV policy today. Understanding history and context in the service of solving current problems is highly compatible with phronetic social science. Flyvbjerg, quoting MacIntrye (1981), says that to understand where we are going and what should be done, we must first understand the stories that we are part of (Flyvbjerg 2001). This approach allows examination of how the IV policy has evolved through complex interactions between policy actors, changing priorities, and shifting contexts, potentially creating a foundation for addressing the tension points identified in current practice.

Policy implementation: a bottom-up approach

This broader understanding of policy is particularly relevant for social work, where formal policy directives often interact with professional discretion, local contexts, and practical constraints to produce what happens 'on the ground'. Traditional top-down, rational models of policy-making – now widely considered naïve and simplistic (Howlett et al. 2009) - assumed a clear distinction between policy formation and implementation, seeing those in frontline roles as compliantly delivering policy interventions as decreed from 'on high' (Hudson and Lowe 2009). More recently, a series of studies showed that outcomes of programmes were often quite unlike what policy makers imagined and this was connected to policy delivery (Graham 2005).

Drawing on Lipsky's (1980) concept of street-level bureaucracy, this study adopts a bottom-up perspective that sees policymaking as an ongoing process occurring at multiple levels, including at the point of service delivery. This approach recognises that policy is not only the product of policy makers, but the outcome of activities carried out by street-level bureaucrats as they develop coping strategies and adapt formal requirements to local contexts and resources (Lipsky 1980). Informal rules and procedures based on the discretion of front-line staff gradually come to shape what is delivered to the public. Bottom-up approaches are flexible and suited to contexts such as IV where problems are ill-defined and where policy developments are incremental and aimed at producing 'good enough' solutions over optimal ones (Howlett and Migone 2015).

Through combining policy trajectory with policy assemblage, we can understand the IV policy not as a static set of requirements but as an evolving array of practices, interpretations, and formal requirements that are constantly being negotiated and renegotiated by actors at various levels of the policy process.

Research design

This study is multiple methods case study which uses ‘Q’ methodology, alongside semi-structured qualitative interviews. It was funded as a collaborative PhD. In this section I outline the case study design, my position as a doctoral researcher with experience as an IV, and the collaboration with the NIVN.

Background to the study

A collaboration with practice

This study involved collaborating with the NIVN, which was hosted by Barnardo’s with joint funding from the Tudor Trust during the research. Launched in 2014, the NIVN is a hub that brings together services from across England and Wales to increase access to

IV through influencing and practice development. The aim of the collaboration was to address the dearth of evidence on IV, by producing practice-relevant findings that were also sufficiently academic for a doctoral thesis. The NIVN did not fund the project and the design, data collection and analysis were conducted independently. The NIVN were involved in supporting throughout by facilitating access to research participants and consultation with key stakeholders, providing networking opportunities and opportunities to disseminate findings. As well as this, I have supported the NIVN by providing advice on research and evaluation they have commissioned, with submitting evidence to the care review, and with generating promotional materials for a consultation events.

The position of the researcher

Although more common with qualitative approaches, any study should acknowledge and reflect on the role the investigator plays in the research. Demographically, I have a profile fairly typical of many IVs – middle class, white, and female. I have been matched with a young person for seven years and I am also a supported lodgings carer for teenagers (some of whom have had IV support). This study originated when I first started to volunteer as an IV and became curious about whether there was any evidence about the impact of the scheme.

From a professional perspective, I am also a social work researcher. Most my work before starting my PhD related to evaluations in children's social work and my initial PhD proposal took an evaluative perspective. I was interested in how we might explore outcomes associated with IV and was sceptical about this not having been undertaken before. My views on the 'evaluability' of IV – and how desirable it is to understand the policy in terms of measurable outcomes - have changed substantially as this study has progressed. Using a phronetic approach allowed me to move away from narrow questions of whether IV policy was effective, to approaching the topic from a broader phronetic perspective that asks where we are going with IV and what might be desirable (or not) about the current trajectory.

From a personal perspective, I was conscious of how my own views on IV might influence the study, and aware that several aspects of my IV experience are atypical. One consequence of this relates to the research questions: I chose not to focus in detail on the experiences of IVs themselves, focussing instead on how volunteers felt their support helped the young people they were matched with. A second consequence relates to my choice of methods: I used Q methodology ('Q' hereafter) which allowed me to complete my own Q sort and reflect on my perspective in relation to that of my participants. It also allowed me to present the data to the reader, increasing the transparency and credibility of the findings. I reflect on the influence my personal experience of IV has had further in Chapter 11.

Multiple methods: one mixed

Multi-method research usually involves combining any different methods while mixed methods refers to combining qualitative and quantitative methods (Hunter and Brewer 2015). This study sits between these two descriptions. Unlike typical mixed methods approaches that triangulate data from different methods, I used different methods to answer different research questions, with analysis and interpretation conducted and reported separately. While Q is accepted as a mixed method (Ramlo 2016), I consider it 'qualitative dominant'. Combining Q with other qualitative data is better described as multi-method rather than mixed method. Overall, this study is also qualitative in 'ethos' – that is, epistemologically and in terms of the principles that underpin data collection, analysis and interpretation. Throughout, the study takes a flexible, emic and reflexive approach that emphasises participant viewpoints and subjective meaning – all of which are clearly allied with a qualitative approach.

Case study

This study is a single-case study which takes the IV policy as its unit of analysis. The design is holistic in that it investigates the IV policy as a single global phenomenon whereas embedded approaches break a case down into sub-cases (DePoy and Gitlin 2016). I chose a holistic approach because they are useful for exploratory studies in nascent fields, and because I was interested in the characteristics of the policy, rather than of individual services or relationships. This is an idiographic approach concerned with exploring the meaning of subjective phenomena, in contrast to a nomothetic one concerned with generalisation or theory testing (Yin 2018).

Two features of the IV policy make it appropriate for case study research. First, it is a “specific, unique, bounded system” (Stake 2008, p.453) with clear parameters that differentiate it from other policies. Geographically, it only applies in three countries and its existence in documented legislation makes it simple to set temporal parameters around. These factors make IV a relatively simple, standalone and self-contained policy. It does not intersect with as wide a variety of other policies (or other areas of public services) as some other legislation for children in care. The second reason the IV policy was ripe for a case study design was its unusualness relative to other CSC policies. Flyvbjerg argues for using atypical cases - those that are unusual, special, or represent outliers from the norm - because “the typical or average case is often not the richest in information.” (Flyvbjerg 2006b, p.229) IV can be understood as atypical in terms of usage - it has theoretically universal eligibility criteria but is accessed by very few – and because of the contrast between its long history and current invisibility in practice. Thus, the IV policy might be an ‘information rich’ example of how policy development and implementation work in the sector.

Flyvbjerg highlights case studies as the design of choice for phronetic social scientists because they can *pr*ovide a nuanced and empirically rich account of specific phenomena:

> “Aristotle explicitly identifies knowledge of “particular circumstances’’ as a main ingredient of phronesis. (Thomas 2010, p.579)(Aristotle, 1934, sec. 1141b8–1141b27). Foucault similarly worked according to the dictum “never lose sight of reference to a concrete example.’’ (Foucault 1969: 7; quoted in Eribon 1991: 216). Phronetic research thus benefits from focusing on case studies, precedents, and exemplars.” (Flyvbjerg 2006c, p.379)

Case studies can reveal how individual cases act as microcosms that reflect broader patterns and systemic issues. In an article exploring the role of phronesis in interpreting case study findings, Thomas argues that the case study “offers understanding presented from another’s horizon of meaning but understood from one’s own.” (Thomas 2010, p.579) What is more, case studies excel at capturing real-world context and complexity. This is crucial for both policy studies and social work research, where problems are deeply embedded in complex systems and institutions, involving multiple stakeholders with conflicting perspectives. As such, the case study method provides a tool for contextualised problem definition (Pal 2005). This can be particularly useful for studies like this one, where the topic under investigation is not amenable to quantitative measures and where understandings of a policy's impact are irreducibly subjective.

However, the reliance of case studies on long form narrative can make it hard to understand what practical knowledge to take from them. Flyvbjerg argues that we should embrace this ability to deal with the "complexities and contradictions of real life" (Flyvbjerg 2006b, p.237) as a strength, but the critique is fair. It is one that is highly relevant to social work research, where we are looking for research to have real-world impact. I think of this as a challenge to the researcher, rather than an insurmountable limitation. Conducting a phronetic case study – with its emphasis on real world change and working with collaborators – equips researchers to rise to this challenge because it forces us to grapple with the ultimate question of 'what should be done' and how to present this in a way that is useful to others.

The other limitation of cases studies relates to their validity, something Flyvbjerg has written about extensively (Flyvbjerg 2006b). Case studies are sometimes critiqued for being biased towards verifying the researcher's preconceived notions (Merriam and Tisdell 2015). A strength of qualitative approaches is that they do not obscure this influence, and an interpretivist approach demands the researcher's role be put front and centre for the reader to judge. I reflect on this more fully in Chapter 11.

Choice of methods

I used 'Q' interviews with young people and supporting adults (IVs and foster carers) and semi-structured interviews with professionals. In this section I outline my rationale for using these methods. Full details of the research process are given in the next chapter.

Q methodology

Q is a "technique, method, and philosophical framework" (Ramlo 2016, p.35) used to explore subjective viewpoints. Developed by physicist and psychologist William Stephenson (1953), it blends statistical and qualitative analysis to identify shared perspectives and how they are structured. In a Q study, participants arrange statements about a topic into a grid with a forced distribution, explaining their reasoning aloud in an interview. These Q sorts are subjected to factor analysis to identify clusters of sorts that correlate with one another, and that likely represent common viewpoints. Participants are ‘grouped’ on factors according to these "attitudinal clusters" (Shemmings 2006, p.162), which are then interpreted using qualitative interview data. Combining quantitative and qualitative techniques facilitates robust analysis of subjective perspectives. In this study, the aim of the Q interviews was to explore participants’ subjective views on what the IV policy offers and how different groups perceive its value.

Key principles

Ramlo described Q as “most frequently a mixture of aspects from postpositivist view of research and the constructivist view” (Ramlo 2016, p.37). However, Stephenson himself resisted attempts to fit Q into existing paradigms (Stephenson 1961). Several contemporary scholars have followed him in seeing Q as “a complete and distinctive approach with its own principles for analysing human behaviour.” (McKeown and Thomas 2013, p.11) I discuss the most notable of these philosophical underpinnings in this section.

Subjectivity

Subjectivity is “a person's communication of [their] point of view” (Watts and Stenner 2012, p.12). Q assumes people have access to their own subjectivity and can meaningfully express it. But subjectivity is *operant,* conceptualised as “pure behaviour” (Brown 1980, p.46), and participants express their subjectivity through action. Watts and Stenner (2012) highlight two additional characteristics of subjectivity in Q. First, it is everyday understanding we are concerned with, viewpoints “produced and emitted spontaneously, without the need for special training” (Watts and Stenner 2012, p.25). Second, subjectivity is contextual “made meaningful, by the nature of [the] relationship with, and impact upon, the immediate environment” (ibid.). In a Q sort, views are made meaningful and study-able by way of the participant’s impact upon the environment, through sorting the statements. This is compatible with a phronetic approach in that it foregrounds practical everyday understanding of the world in context.

Holism

Stephenson developed Q in response to a two-fold critique of R methodology. First, he questioned what R claimed to measure. In R, traits are measured within a sample and standardised for population-level comparisons. Where traits correlate, R assumes these relationships represent underlying explanatory factors. Stephenson argued that this merely revealed correlations between similarly developed tests, without necessarily measuring meaningful underlying dimensions (Stainton Rodgers 1995, p. 178). Second, he criticised R's "methodological dissection" (Stephenson 1936b, p. 202) of participants. Because scores must be 'detached' from individuals and standardised for comparison, the attributes of specific individuals become irrelevant; only their relative position is important. Stephenson concluded R was of limited use for exploring subjective viewpoints because it reduces people to isolated variables. Whereas R correlates and factors traits/variables (by-item), Q correlates and factors the participants themselves (by-person) (Brown, 1980; McKeown & Thomas, 2013; Stephenson, 1953; Watts & Stenner, 2012). As Shemmings (2006) puts in neatly, in traditional correlational studies "tests are applied to a sample of people but Q applies people to a sample of statements" (Shemmings 2006, p.149) This allows Q to capture subjective viewpoints holistically, addressing Stephenson's critiques of R.

Qualiquantology

Q has been described as a 'hybrid' which deviates from traditional mixed methods (Ramlo and Newman 2011). Stenner claims:

> "Q operates with an ontology in which the ultimate realities are neither subjects nor objects, but actual occasions of experience… This is no ordinary "mixing" of methods and it is precisely not a matter of an objective "natural world" being contrasted with a socially constructed and subjective "human world": it is a *qualiquantology*." (Stenner, 2011, p. 201, italics in original)

It is true that in Q the qualitative and quantitative aspects are more than 'mixed', they are completely interdependent. They rely on one another for any sense making to be possible. Brown (1996) noted that Q is "often associated with quantitative analysis due to its involvement with factor analysis" (Brown 1996, p.561) But the philosophy of Q, its analytical aims, and the insights it generates are strongly aligned with qualitative traditions.

In the same paper, Brown went on to highlight the inherently qualitative 'core' of Q when he described its emic nature:

> "It is life as lived from the standpoint of the person living it that is typically passed over by quantitative procedures, and it is subjectivity in this sense that Q methodology is designed to examine and that frequently engages the attention of the qualitative researcher interested in more than just life measured by the pound". (ibid)

The interest understanding subjectivity holistically, rather than as a set of standardised variables, is reflected in Q's approach to analysis. Analytical choices are based on a desire for theoretical, rather than statistical, significance (Ramlo 2015) and meaning is ascribed to data after participants have engaged with the Q set. This differs from R, where the meaning attributed to each variable is determined in advance by the investigator (Rhoads 2014). I see Q as a "qualitative-dominant mixed method" (Ramlo 2016, p.37) in which the quantitative elements are put to work in service of the qualitative.

Why use Q?

Q is particularly useful for studying topics which are "socially contested, argued about, and debated [and are] matters of taste, values and belief" (Stainton Rogers 1995, p.180). Because of this, it has been used extensively in policy studies (Nederhand and Molenveld 2020). There has also been some interest in Q in social work stretching back decades, though . Most of this work has focussed on professional decision making (Beck et al. 1956; Daniel 1999; Daniel 2000) and how social workers use their knowledge in practice (Hothersall 2017; Wilkins 2017). Another body of work has developed that uses Q to explore attachment relationships (Shemmings 2006; Ellingsen et al. 2011). More recently, scholars have begun to use Q with young people (Ellingsen et al. 2014; Stabler et al. 2020), including in evaluations of interventions in CSC (Bennett et. 2024). In the rest of this section, I describe my rationale for using Q and discuss some limitations of the method.

Appropriate for 'messy' data

That Q has been used, albeit somewhat sporadically, in social work research is not surprising given social work deals with issues that do not lend themselves easily to quantification, often because of multi-layered complexity that arises in practice

(Ellingsen et al. 2010). Q can bring clarity and structure to these complex, multi-faceted discourses. This can be useful for studies that risk producing particularly ‘messy’ data with more traditional qualitative methods. This thesis, with its focus on individual IV relationships and how they support a range of young people over potentially many years, is an example of such a study. Factors affecting how young people are supported by IVs are multiple and multifaceted and are likely to be determined by individual circumstances. This makes Q a particularly apt choice and offers the potential to strengthen conceptual understandings of what the purpose of IV is. Given that phronetic studies often involve tension points, a phronetically-informed Q study offers a way of systematically identifying areas of consensus and disagreement, furthering conceptual clarification and developing theories for why these patterns might exist.

Suitable for using with young people in care

Q is particularly valuable for exploring under-reported perspectives, such as those of young people involved in IV relationships, and when working with marginalised groups (Combes et al. 2004; Brown 2006). There are several reasons for this. One is that in a range of perspectives can be heard without too much reliance on verbal expression. Ellingsen (2014) notes Q is especially suitable for those who have difficulties expressing themselves verbally because the sorting activity can be made accessible and can reduce pressure on participants (Ellingsen et al. 2014). A second – and related reason - is that all ‘voices’ are treated equally in Q analysis. Brown (2006) notes that methods which privilege verbal acuity, such as traditional interview methods, tend to focus analysis on the voices of those best able to express themselves. Data from participants who speak at length and in detail are likely to receive greater analytical attention than those who do not. In Q, each participant's sort is given equal weight in the analysis (Brown 2006). This ensures all perspectives are considered equally and is especially valuable in studies like this one because children's voices are not overshadowed by adult viewpoints. Q also allows children to be presented with the same interview stimuli as adults, and have their views analysed in the same way – a potentially democratising feature that demonstrates children are taken as seriously as adults.

A dialogical approach

The success of phronetic research depends on how effectively it deals with issues that are important in the real world (Flyvbjerg 2001, p.129). As well as allowing diverse voices to come to the fore, I wanted to use a method that, in line with Flyvbjerg's methodological guidance, facilitated "dialogue with a polyphony of voices" where "no one voice, including that of the researcher, claims final authority" (Flyvbjerg 2001, p.139) but inputting into ongoing debate. As a collaborative PhD, this study offered the potential to work with people to whom the research matters directly by bringing different perspectives into dialogue with one another and with the broader literature on IV.

While Flyvbjerg describes phronetic studies as ‘dialogical’ in reference to engaging with collaborators and the media, I think it is a particularly good methodological fit for Q. Participants sort statements derived from the concourse (the overall field of shared knowledge about the research topic). The process of taking part in a Q sort thus brings each participant into dialogical interaction with the broader literature and debate on IV policy as they interact with the Q set. This is a potentially unique strength of Q method. No other qualitative method I have come across that is undertaken with research participants one-to-one brings participants into dialogue with the broader discourse around the topic of interest in such an explicit and systematic way.

Suitable for sensitive topics

Ellingsen and colleagues (2010) also suggest that the fact that participants do not have to disclose their thoughts verbally makes Q suitable for exploring potentially sensitive topics (Ellingsen et al. 2010). Several studies have used Q with care leavers (Tilley 2015) and with young people with experience of social work involvement. These have explored how young people think about the concept of ‘family’ (Ellingsen et al. 2011), what they think about their social workers (Stabler et al. 2020) and to explore support needs related to highly sensitive topics including sexual abuse (Steenbakkers et al. 2018). The sorting of the cards can create a distancing effect from difficult topics (Wint 2013) and can provide a sense of control by making young people active constructors of their Q sort. By providing both an innovative stimulus and a methodical task, Q “can give structure to complex and hard to reach constructs that a participant may not previously have considered in any detail.” (Tilley 2015) I felt confident that presenting young people with a range of statements about how an IV might help, would produce richer, detailed and context-specific data than only asking open questions using a traditional semi-structured interview.

Rigour and transparency

Some claim that Q can minimise – or even eliminate (Tilley 2015) - researcher bias because it uses statistical analysis to identify points of view (Mckenzie et al. 2011). Although Q's structured data collection process can reduce researcher influence, the investigator still holds significant power. Analysis and interpretation involve choosing a solution that provides the best explanation of the data and that holds theoretical significance, much of which is subjective. Several caution against what they see as a naïve empiricism among Q proponents who claim objectivity for the method (Eden et al. 2005). In line with this, this study responds to calls for a more reflexive and interpretative approach to Q (Robbins and Krueger 2000) by carefully considering and making transparent the subjective judgments and reasoning involved in analysis.

In my view, Q's real strength lies in its rigorous approach to analysis and presentation of findings. It requires researchers to 'show their working' by presenting factor arrays and statistical data for scrutiny, so that "literally*, what you can get away with saying* – is very thoroughly constrained by the structure of the factor array." (Watts and Stenner 2012, p.160, italics in original) In this respect, Q differs from many other qualitative methods, which present only researcher-selected quotes, and where it is not always clear how much of the data has been used in analysis. The greater transparency and rigour afforded by Q are particularly valuable when the researcher has personal experience with the topic under investigation, as is the case in this study. Using Q allowed me to specify my own viewpoint by completing and reflection on my own Q sort.

A focus on specific knowledge

Q and Applied Phronesis share a fundamental critique of using R and inferential statistics to understand subjective aspects of the social world. What unites them specifically is their relative disinterest in "knowledge of a general kind" (Stephenson 1936, p.201). Whilst Stephenson felt R was appropriate for "a general psychology interested primarily in the derivation of laws from statistical aggregates." (Watts and Stenner 2012, p.25) he was concerned with the study of specifics in context. Both approaches prioritise understanding specific situations from the (emic) perspective of those involved: most Q-studies explore or discover ideas from *specific* groups in *specific* situations. This results in prioritising understanding how individuals interpret and make sense of their situations, particularly when these experiences cannot be easily quantified or standardised as in this study where individual experiences of IV relationships are expected to be highly variable.

Fit with broader philosophical foundations

Q "with its emphasis on understanding agents' subjectivities, falls squarely under the interpretivist epistemological rubric" (Grix 2010, p.460). We are not claiming one essential reality lies behind the sorts, nor making claims about the prevalence of these perspectives. Only that certain patterns emerge within a given sample, and these patterns can "be shown to have structure and form" (Brown (1986: 58). The factors are seen as "an interpretation of the relationship between reality and a given subjective viewpoint" (*Q Methodology Workshop* 2014). But the experience-based and practical nature of Q also has strong echoes of pragmatist and phronetic principles. Stenner argues that Q's ontology sees reality as "actual occasions of experience"(Stenner, 2011, p. 201). This perspective lends itself to a pragmatic approach, which sees reality as what is experienced and what works within human experience. But perhaps the key feature of Q in pragmatic terms is its use of abductive reasoning. In Q, abductory inference is central to the research process, making Q methodology particularly suited for exploratory and theory-generating pragmatic research.

Limitations of Q

Limitations of Q fall into two categories: those specific to this method and limitations shared with other approaches. I focus primarily on Q-specific limitations. The most obvious of these is that Q does not deal in detail with participant's own discourse. While participant quotes are incorporated into factor interpretation, the factor arrays form the bedrock of the analysis, with quotes serving as secondary data to interpret and explain factor arrays. As such, little attention is paid to participants' lexical choices. Critiques of Q sometimes imply participants' own choice of words are closer to their 'true' perspective. For example, Billard (1999) critiques Q for potentially limiting self-expression by constraining participants to pre-defined statements (Billard 1999). I think it is more reasonable to see all interviews as co-constructions in a given moment, rather seeing some as more proximate to a participant’s ‘real’ perspective. I have discussed various benefits of Q’s lack of emphasis on discourse above and I think, for this study, the advantages of it outweigh the disadvantages.

The biggest issue with using Q is translating findings into accessible, easily understood and actionable messages. Sempija (2011) highlights that Q can “capture unexpected, complex and/or unusual views which do not necessarily assist the formulation of simple solutions” (Sempija 2011, p.180). Part of this is an issue of presentation; factor interpretations are long, and Q terminology is not widely used. But Q results can also be misconstrued. Kitzinger (1999) notes that her own Q study was frequently “(mis)represented as indicating (for example) that there are “five types of lesbians.” (Kitzinger 1999, p.274). For the uninitiated, it is easy to interpret factors as ‘categories’ that exist in the world, rather than as patterned ways of constructing meaning. Presenting Q findings such that they can be interpreted accurately and acted on appropriately are both challenges for the researcher. This, arguably, makes it even more important to use Q with a phronetic approach that foregrounds practical action and collaboration with practice.

Fundamentally Q is designed for complex and socially contested topics that do not lend themselves to inferential analysis, and this results in nuanced and sometimes surprising results. The limited research on IV has largely used traditional qualitative methods to explore participant views. Some of these perspectives, especially those of children, have been presented relatively homogenously. I wanted to use an ‘alternative’ method. Q’s data reduction approach helps to detect patterns and connections that might otherwise be passed over by nonstatistical methods of data analysis. This combined with its methodological rigour and suitability for exploring under researched topics can result in findings that surprise the investigator and reveal perspectives that might previously have been under-recognised.

Semi-structured interviews

Alongside Q, I conducted semi-structured interviews with IV coordinators and service managers, IROs, and social workers. The aim of these interviews was to explore the development of the IV policy over time, to understand how IV relates to the broader CSC system, and what the purpose of the IV policy is today. This required a method that could: i) generate in-depth data on the insider perspectives and interpretations of policy actors, ii) prompt longitudinal reflection and iii) be used flexibly enough to account for the different experiences and professional roles of participants.

A strength of semi-structured interviews is their flexibility (Guest et al. 2012). Interview schedules can be tailored based on the participant's experience and responses. This was important because I expected IV coordinators to have more in-depth knowledge about the IV policy than social workers and IROs might. Semi-structured interviews also allow for the adaptation of questions based on the interviewee's role and involvement at different stages of IV policy development. This was key because there were gaps in my understanding of the development of the IV policy due to the limited literature on the topic, and I wanted to capture a coherent narrative about the policy's development. Their flexibility also allows the researcher to explore unexpected but relevant topics that arise. A semi-structured approach had the flexibility to embrace this element of uncertainty.

Semi-structured interviews offer a way of generating rich and detailed insights into participant's perspectives and experiences (Brinkmann and Kvale 2014). They can also prompt longitudinal reflection, as well as exploring contemporary phenomena. I was looking to explore professionals' accounts of how they reacted to and influenced policy developments at a local level, including how they interpreted formal policy directives and legislative processes day-to-day. For policies developed over extended periods, semi-structured interviews can capture changes in thinking, approach, and priorities over time (Yanow 2000). This offers a way of understanding the sequence of informal events and practical decisions that led to specific policy results (Weible and Sabatier 2018).

Reflexive Thematic Analysis

Thematic analysis (TA) captures patterns in qualitative data and structures it into meaningful themes (Campbell et al. 2021). It seeks to "provide a rich and detailed, yet complex, account of the data" (Braun and Clarke 2006, p.78). There are at least three broad approaches to thematic analysis, of which Reflexive Thematic Analysis (TA) is one (see Braun et al. 2022). I have chosen Reflexive TA for three reasons. First, because it offers a way of embracing and making explicit the researcher's role in the analysis. Second, because of the way it conceptualises what constitutes a 'good' theme. Finally, because of the way it uses theory to make sense of data.

An artfully interpretative approach

Braun and Clarke (2019) describe Reflexive TA as "artfully interpretative" (Braun and Clarke 2019, p.591) because it is an approach that balances systematic inquiry and creative engagement with data and theory. The method aligns with an interpretivist stance, emphasising that meaning is not 'fixed' within data waiting to be found, but actively generated through the researcher's engagement with the material. The 'artful' nature of this lies in its explicit recognition of the researcher's creativity and subjectivity in the analysis. As the authors explain, in reflexive TA:

> "[themes] are actively created by the researcher at the intersection of data, analytic process and subjectivity [...] Themes are creative and interpretive stories about the data, produced at the intersection of the researcher's theoretical assumptions, their analytic resources and skill, and the data themselves." (Braun and Clarke 2019, p.594)

This perspective is highly compatible with Brown's critiques of traditional methods which fail to acknowledge the influence of the investigator (Brown 1996). By contrast, Reflexive TA positions the researcher as an integral part of the meaning-making process. This emphasises the researcher's analytical skills and insights in developing a rich, interpretative story about the data. This aligns well with my position as a researcher with experience as an IV, I wanted to use methods that made my position explicit in the analysis and presentation of findings.

What constitutes a 'good' theme

The notion that in using Reflexive TA we are telling one of many possible stories is also captured in the method's approach to generating themes. Braun and Clarke (2019) term a well-developed theme a 'storybook' theme. One of the defining characteristics of a storybook theme is that it should capture a patterning of shared implicit meaning and go beyond simply describing what participants said (Braun and Clarke 2019, p.593). Themes should also tell a “compelling, coherent and useful story in relation to the research question” (Braun and Clarke 2021b, p.209). This reflects my research aims in that I wanted to put together a narrative about the policy’s purpose, value and development while acknowledging that this is one possible interpretation among many, and that another researcher approaching the data from a different standpoint would generate a different narrative.

One of the criticisms of TA is the potential for flexibility to result in an ‘anything goes’ approach (Antaki et al. 2003). But Braun and Clarke are specific about what constitutes a good theme, and how we can judge the quality of Reflexive TA. A feature of storybook themes is that they can stand alone and are meaningful without additional context. By contrast, ‘domain summaries’ are underdeveloped analytically and merely categorise data into ‘buckets’ (Braun and Clarke 2019). In outlining this, Braun and Clarke provide useful guidance for how to conduct credible and rigorous analysis. Key to this is the systematic approach they outline to data analysis and, specifically, a recursive approach that involves the researcher moving back and forth repeatedly and over time between the data and their developing interpretations of it (Braun and Clarke 2022). This mirrors the process involved in Q analysis, making the two highly compatible. Both approaches also emphasise the iterative nature of analysis, allowing for creative generation of explanatory themes and gradual refining of researcher interpretations.

Flexible relationship to theory

Finally, Reflexive TA can be used in way that integrates existing theory flexibly. Braun and Clarke say that the researcher should approach the data inductively initially to ground the analysis in the data, but that latter stages of interpretation involve engaging with existing theory and literature to deepen the initial analysis. They describe this as aiming to hold existing theory ‘lightly’ so that it can offer up new ways of thinking about and interpreting the data (Braun and Clarke 2019). This combination of inductive and deductive approaches allows us to integrate prior knowledge and theoretical understandings with new insights from the data, which is particularly relevant given the evolving nature of the IV policy. I adopted this in my analysis by using a recursive and abductive approach to Reflexive TA (Byrne 2022). This avoids the fallacy that the researcher coding data inductively is approaching it with a mind free of pre-existing expectation. An abductive approach involves moving back and forth between data, theory, and interpretations, and can facilitate a rich and detailed account of the dataset.

Validity and reliability

For the traditional qualitative elements of this study, I adopted Lincoln and Guba (1985)'s framework. Their concepts – credibility, transferability, etc - are useful for traditional approaches (Lincoln and Guba 1985), but Q and phronetic case studies have distinct features that require additional consideration.

Q method

Evidence for the reliability of Q sorts is robust, with test-retest studies demonstrating correlation coefficients of 0.80 or higher (Valenta and Wigger 1997b). But this focusses on individual views over time, whereas Q is interested in shared views. Reliability is understood more helpfully in Q as the emergence of similar factors or reliable schematics when similarly structured but different Q sorts are administered to different people (Thomas and Baas 1992). This approach focuses on the stability of opinion clusters rather than individual consistency. While individual views may shift, the broader patterns of shared viewpoints typically show consistency over time.

Where it comes to questions of external validity in Q, it is worth remembering that despite the use of statistical procedures there is no claim to representativeness. Q assumes that if you find patterns of subjectivity in a sample, it is reasonable to assume they will also be found elsewhere, but says nothing about the prevalence of those viewpoints (Watts and Stenner 2012). As such, Q is a theory generating, not a theory-testing approach. The factors generated represent themes and constructs that can be used to develop theory using abductive reasoning, moving from observations to the plausible explanations (Ellingsen et al. 2010). On the more complex question of internal validity, as Q "lays no claim to be measuring anything and [...] it makes no sense to ask if you are measuring what you intend to be measuring if measuring is not your intention" (Stenner and Stainton Rogers 2004, p.100). Instead, each participant's Q-sort considered a valid expression of their perspective (Ramlo 2015). On the broader question of whether Q does what it claims, Watts and Stenner found that participants produced highly correlated Q-sorts when given an imposed (researcher primed) perspective but showed diverse sorting patterns when expressing their own views. This indicates the method captures genuine perspectives rather than random or arbitrary sorting patterns (Watts and Stenner 2012).

Phronetic approaches

How does Applied Phronesis approach questions of validity? Flyvbjerg argues that, in a practical sense, validity procedures for phronetic social science are no different than for other qualitative social science disciplines. Applied phronesis is based on interpretive foundations and interpretations must be built upon clearly justified validity claims and meet rigorous standards (Flyvbjerg 2001). But some argue these standards are difficult to establish because of Applied Phronesis' emphasis on narrative and case studies (Polkinghorne 2007; Thomas 2010). Part of my rationale for using Q alongside traditional qualitative methods is that it makes clear the researcher's position and presents readers with the data used to draw interpretations.

Some of the most prominent critiques of case study research relate to their generalisability. Critics question how findings can reliably offer insights beyond the particular context of that case (King et al. 1994). One response to this is that a case study has no intention of doing so. As Stake (1995) says "the real business of case study is particularisation, not generalisation" (Stake 1995, p.7). But the idea that any researcher is interested only in generating findings about a single context or setting appears naïve, particularly in applied fields.

Another response to the question of how case studies can offer broader insights is: it depends on the type of insights we are referring to. Unlike statistical generalisability, which makes inferences about a population based on a representative sample, analytic generalisability focuses on principles and mechanisms that can be transferred across settings. While case studies may not be well-suited to the former, they are to the latter (Pal 2005). Flyvbjerg argues, convincingly in my view, that statistical generalisation is only one of the ways useful knowledge can be accumulated (Flyvbjerg 2006b). Combining a case study design with pragmatist interpretivism enables theoretical insights to be transferred across contexts while acknowledging knowledge as situated. This approach evaluates knowledge claims based on both contextual validity and practical utility. It respects the uniqueness of each case while identifying transferable patterns and principles, offering way to develop knowledge that is both locally grounded and practically valuable beyond the specific case studied.

Chapter summary

This study adopts a pragmatist interpretivist position combined with elements of Flyvbjerg's Applied Phronesis framework to explore the IV policy. This philosophical foundation emphasises understanding subjective meanings while maintaining a focus on practical outcomes and real-world change. The research uses a policy assemblage approach that views policies as complex networks of actors, ideas, practices, and institutions. It explores what the development of IV policy over time means for its current implementation. In this chapter I have outlined the methods I have used, and my rationale for choosing them, as well as reflecting on issues of validity and reliability in qualitative research. I have also reflected on my own position as an IV and what this meant for the design of the study. In the next chapter I explain how I conducted the study.

6. Methods

The study involved semi-structured interviews with professionals (n=34) and Q interviews with young people (n=20) and supporting adults (n=28). This chapter describes how I conducted the study.

Ethics

The study received approval from the Research Ethics Committee at Cardiff University (Appendix 1), and Barnardo's (Appendix 2). In this section I discuss some key ethical considerations.

Informed consent

All participants provided informed consent. Participants were given accessible information about the purpose and implications of the study and informed of their right to withdraw. Parents/carers – and social workers where required - gave written consent for under 16s to participate, and under 16s themselves provided verbal and written assent. Child-friendly information sheets were reviewed by young people for accessibility before being used.

Consent should not be thought of as a one-off activity, but as an ongoing process. In keeping with this, I went through consent procedures verbally initially and then in writing at the end of the interview, once participants knew what they had shared. Where minors are concerned, the power dynamic between adult researchers and child participants may stop young people expressing a desire to stop participating (Phelan and Kinsella 2013). With this in mind, I monitored for signs of distress, discomfort or reluctance to engage throughout the interviews.

Minimising harm and maximising benefit

Interview questions did not specifically cover sensitive topics, but I expected them to come up because social work research often involves emotive topics which can be distressing for participants. The study was carefully designed to allow young people control over when, where and how to participate, including the option to have a trusted adult present. A reason for using Q interviews was their 'hands-on' nature; the sorting activity would be novel, enjoyable (Mckenzie et al. 2011) and easier to engage with than a traditional talk-based interview, particularly for younger children (Hughes 2016). All participants were provided with a £20 thank you voucher and offered a summary of the study's findings.

Confidentiality and anonymity

Protecting confidentiality and anonymity was complicated by the small population of young people receiving IV support, and the even smaller community of IV sector professionals. I was careful to avoid the risk of jigsaw identification by removing geographical identifiers and specific identifying information, including presenting only aggregated demographic data.

Chronology

Data collection was staged. Interviews with professionals were conducted first (between April and November 2021) to inform the Q study and facilitate participant recruitment. Q study piloting took place between November 2021 and January 2022, and Q interviews between April and September 2022.

Consultation

Phronetic studies engage in dialogue with people to whom the research 'matters' and who can change practice (Flyvbjerg 2001). External interest allows others to test and evaluate findings, surmounting the problem of 'so what' results (Bailey 1992). Flyvbjerg describes engagement with invested groups as an end-stage activity (Flyvbjerg 2012), but my collaboration with the NIVN facilitated dialogue throughout. I took a consultative approach (Cornwall 2008), working with the NIVN to develop meaningful and practice-relevant research questions without delegating decision-making. Recognising that ultimate responsibility for the study rested with me allowed both parties to respect the different expertise and priorities of practitioners and researchers.

Prior to designing the study, I consulted with stakeholders (n=10) (including academics (2), policy makers (1), care experienced young people (2), IV coordinators (3), and IVs (2)) to understand the current IV service delivery context. I aimed to identify policy and practice concerns to inform the study. The most significant change that arose from consultation was rejecting a predominantly evaluative approach. Consultation challenged my assumption that IV was underused because its effectiveness and outcomes were unclear. This tension between the instrumental-rationalist approach I had assumed was at play, and the views of those using and delivering the service, resulted in a shift away from outcomes and towards understanding the value of IV more holistically.

I also consulted with young people, supported by the NIVN, on data collection as part of piloting the Q study (described in more detail below). Ongoing engagement with the network included refining research questions, providing regular updates, presenting annually at the NIVN conference, and sharing emerging findings with leadership. The project concluded with stakeholder involvement in dissemination strategies.

Sampling

The study used purposive sampling. The inclusion criteria were: participants had enough knowledge about IV to express a view on its purpose and value, children were at least eight years old and had been matched for a minimum of six months (either currently or in the past). The same match criteria applied to volunteers. The sampling strategy deliberately sought diverse perspectives across geographic areas, IV services, and match durations. I included professionals from both internal and external IV services, as well as targeting those with varying match rates. I also specifically sought out professionals with longstanding IV involvement to understand the scheme's historical development.

Recruitment

The NIVN circulated information about the study to IV services and other organisations including children in care councils, and IV coordinators distributed information to potential participants. Participants were invited to contact me, or to provide contact information and consent for me to contact them. I contacted the participant (or their parent/carer) to send an information sheet, explain the study and answer any questions. If they agreed, an interview was scheduled at a time and location of their choice.

Research has highlighted the risk of gatekeeping practices limiting the range of views captured about IV (Hurst and Peel 2013). IV coordinators short on time and resources, and passionate about portraying IV and their service positively, might understandably promote research to those with positive experiences who are most likely to participate. To reduce the impact of gatekeeping, I attended activity days involving young people to publicise the research. I also supplemented recruitment through social media and my own contacts, largely to increase the diversity of the sample. Although most young people were recruited through IV services, at least 25% became involved through other channels.

Semi-structured interviews

Data collection

The aim of the semi-structured interviews was to understand professional views on the IV policy. Interviews explored how and why the IV policy originated, how it changed over time, what the scheme aims to achieve today and for whom. I used a semi-structured interview schedule (appendix 3) for guidance. This flexible method allowed questions about the development of the scheme to transition neatly into discussion of IV today, depending on how longstanding their involvement with IV had been and what seemed meaningful to them. I disclosed that I was an IV only where it felt appropriate to do so – which was most often in interviews with other IVs. IVCOs who took part usually knew my background but with other professionals I tended not to self-disclose to avoid the risk of participants feeling they could not criticise the IV policy/scheme.

I began interviews with an open question about the interviewee's professional experience, starting with when they first became aware of IV. I kept interjections minimal to encourage participants to talk at length. Later stages involved follow-up questions, filling gaps, and asking narrower policy development questions. In line with Applied Phronesis' focus on practice, I asked professionals to draw on specific examples of IV support helping young people.

Interviews were conducted online and recorded using Microsoft Teams and transcribed using the MS Teams generated transcript as a basis, which I edited for accuracy and anonymity. Interviews ranged from 19 minutes to one hour and 46 minutes, the average interview lasting 55 minutes. Transcripts were imported into NVivo with a researcher memo detailing reflections and emerging areas of interest.

Analysis

The transcripts were analysed using the six-phase process Braun and Clarke (2006, 2019) set out for reflexive TA – data familiarisation, generating initial codes, generating themes, reviewing themes, defining/naming themes and writing up (Braun and Clarke 2006; Braun and Clarke 2019). First, I familiarised myself with the data by reading and checking the transcripts and memos, whilst listening to the original audio recordings. In the second phase, I coded descriptively. The aim was to produce primarily descriptive codes that were closely tied to the interview data. In stage three, these codes were reorganised and refined with the research questions in mind, to begin to build themes that conveyed a pattern of shared meaning, organised around a central concept (Ho and Limpaecher 2024).

I repeated stages three to five over many months as my immersion in and understanding of the data developed. Although these phases are sometimes presented as linear 'steps', Braun and Clarke note that analysis should be iterative, with the researcher moving back and forth recursively as new interpretations arise (Braun and Clarke 2021a). As I progressed, the process became more theoretically driven, using the initial codes and relevant literature together with existing theories to explain patterns in the data. The fifth and sixth stages, reviewing and finalising the themes, involved ensuring that each one provided a unique and internally consistent account (Patton 1990) and that, taken together, the themes told a coherent story about the data.

In reflexive TA, coding is seen as a process that inescapably bears the mark of the researcher (Braun et al. 2022). In keeping with this, I wrote research memos during coding, noting themes to revisit and capturing emerging ideas about how data related to research questions or literature. I noted when I felt particularly engaged with a participant's ideas, and where I felt resistance to reflect on my own position. For example, I did not think that the label of 'friendship' was a particularly useful one, from a personal point of view, because it appeared to oversimplify a complex relationship. I realised through keeping these reflexive memos during data collection and analysis that the issue was not that participants had different views from me – I wanted them to have differing views to inform rich and insightful analysis – but where these views painted a picture of IV that was very simple and easy to understand, I experienced resistance. Identifying this made me aware of the ideas I was pushing back against and made it easier to integrate these into analysis. As a result, several ideas that I do not subscribe to in my own IV relationship are reflected in the chapter on professional views (including a theme on friendship).

Q method

I conducted two separate Q studies: one with young people and another with supporting adults. The specific question posed to participants was: "how does having an IV help you/your young person?" The aim was to understand participants' views on what they value about IV support.

Identifying a concourse

The first stage in a Q study is identifying the 'concourse' - the field of shared knowledge that exists about the topic. The aim is to capture the broad range of opinions people might realistically hold and summarise them into statements. I began by generating a list of topics and sub-topics that the statements should cover using current statutory guidance (see table 1 for list of topic areas). I then generated an initial 'long list' of statements using policy documents, notes from consultation, interview transcripts, existing literature, and media reports. I included a diverse range of sources to avoid favouring particular viewpoints.

Table 1: Topic areas for concourse development

Topic	Sub-topic
Visiting	New experiences Stability Consistency
Befriending	Role-modelling Relationship-building
Advising	Signposting Someone to talk to
Assisting	Practical support
Advocating	Speaking up for Attending reviews

	Promoting rights
Making a difference	Outcomes associated with having an IV Mentoring
Safeguarding	Monitoring wellbeing An “extra pair of eyes”
Miscellaneous	Position in CSC Supporting in place of family contact Broadening horizons

Appendix 4 shows how I generated statements and translated them into usable Q statements, ensuring statements were easy to understand and each captured a single idea. This generated a concourse of 223 statements. This concourse must be narrowed down to a smaller number for participants to sort (the Q set).

Developing the Q set

While R seeks representative participant samples, Q requires items that are representative of the population of opinion (the concourse). A representative and unbiased Q set allows participants to express their perspective fully and each item should make a unique contribution, with no conceptual gaps or overlaps (Watts and Stenner 2012). I reviewed the concourse independently, and then with my supervisor, and reduced it to 60 statements used for piloting.

The wording of statements and number used must be tailored according to age and ability (Ellingsen et al. 2014). Initially, I considered compiling two Q sets, with adults sorting a larger number of more complex statements and children completing a shorter and simpler sort. I decided against this. First, using different Q sets would reduce comparability between adult and CYP views. Second, some participants matched with IVs would be adults, so it was not clear how they should be grouped. This could have resulted in three Q sets – one for supporting adults, one for CYP over 16 and one for under 16s – which would require significantly more work. Finally, it did not feel in keeping with the aims of the study to ask young people to complete a ‘dumbed down’ version of the Q set. I wanted to put their views on a par with adults. There was a risk that separate Q sets could lead to tokenism, with more attention paid to complex adult perspectives and children’s views sidelined. I chose to use the same Q set with all participants but to conduct analysis separately. This is discussed in more detail further in this chapter.

Piloting

I piloted with children and young people (n=4) aged 7 to 16, and with supporting adults (n=3) and professionals (n=2) to ensure the statements were accessible and representative. I used an existing Q set from Sickler's (2006) study conducted with children aged 8-12 to practice facilitating in a child-friendly way (Sickler et al. 2006). I then used my own 60-statement Q set with young people who had IVs/mentors to gather feedback on the statements. This allowed me to compare a finalised Q set with my own and identify where statements could be improved. During interviews, I noted statements participants struggled with and asked them to comment on any challenges, recording the finished sorts to ensure the Q set was not skewed positively or negatively.

Feedback indicated there were too many statements for both adults and children, and that younger children also found the 28 statements in Sickler's study too numerous. At this stage, the question posed was 'what is the value of having an IV?' but participants found this vague. I changed it to 'how does having an IV help?' and changed the scale to reflect importance rather than agreement. This made it easier to refine and narrow down statements, resulting in a final set of 23 (Appendix 5). Finally, I made wording changes (see Appendix 6) and introduced a 'mini-Q sort' icebreaker for children and young people. This nine-statement Q sort showed how the sorting process worked using a simple question: 'how you would decide where to go if you won a dream holiday?' (Appendix 16)

Specifying the respondents for the study (the P set)

Sampling participants (the P set) is guided by the concept of finite diversity, according to which people's perspectives naturally fall into a limited number of ordered patterns rather than resulting in endless variation (Stainton Rogers 1995). Consequently, Q studies typically do not require large P sets. Dieteren's (2023) review found that although the range was wide (between 3 and 302), most studies (64.4%) included 20 to 50 participants (Dieteren et al. 2023). The point at which the participant sample reaches saturation is the point where additional sorts do not result in any new factors. In this study, this resulted in P sets of 20 young people and 28 supporting adults.

I technically conducted two separate Q studies because, although I used the same statements for both groups, I analysed the data for children and adults independently.

Because previous research has been dominated by adult accounts, I wanted to identify any differences in how different groups thought about IV support. I was also concerned that mixing the groups might ‘dilute’ young people’s voices. Although Q requires statistical consideration of every sort equally, it is up to the researcher to incorporate qualitative data into the interpretation. I was concerned that young people’s views could be overshadowed in this phase if mixed with adults.

The P set must be theoretically relevant to the topic, with participants chosen for their potential to contribute distinct perspectives (Brown 1993). Selection is purposive and strategic, based on inclusion criteria related to perspective rather than representativeness. Demographics inform sampling where characteristics may influence viewpoints. I thought age, gender, ethnicity, placement type, match duration, and whether young people were matched by external or internal services (who often have greater resources available) could result in different perspectives and sought to include a range of views in respect of these.

My original plan was to recruit triads of carers, IVs and young people. However, recruiting foster carers to take part was more challenging than recruiting other groups. Instead, I chose to combine foster carers and IVs into one group of ‘supporting adults’. Because the study was concerned with how IV support fits within the broader CSC system, the two participant groups could offer contrasting and complementary insights into IV support. IVs themselves could articulate their approach to supporting the young person and foster carers could observe the wider impacts of these relationships.

Administering the Q sort

Most participants (88%, n=42 out of 48) chose to take part online, which involved using MS Teams to audio record the interview and using an interactive digital whiteboard for the Q grid Those who chose to take part in person completed the sort using a hard copy of the Q grid and were recorded with a password-protected recorder. A completed example of each type of Q grid is in Appendix 8. Interviews ranged from 17 minutes to one hour and 35 minutes, the average being 47 minutes. The interview schedule (appendices 9 and 10) covered background questions, the Q sort, and follow up questions. Background questions involved demographics and contextual information to inform the Q sort.

Participants sorted 23 statements. I gave participants flexibility to complete the sort how they wanted, but suggested sorting statements into three piles initially (‘more important’, ‘neutral’, ‘less important’) in line with Watts and Stenner’s guidance (Watts and Stenner 2012). Questions posed during the sort were flexible and open-ended so as to be responsive to the participant’s sort. The extent to which I used these varied, depending on how talkative participants were, whereas questions at the beginning and end were used more systematically. After they had finished sorting, reviewed and confirmed they were happy with the final grid, I asked participants to explain their reasons for sorting particular statements. I focussed on those at the extreme ends of the Q grid and those of theoretical interest because they differed from other sorts. Finally, I took photos/screenshots of each sort, transcribed the interview and uploaded both to NVivo.

Factor analysis

Q analysis is always undertaken in two stages. First, by-person factor analysis determines how data can be grouped in a statistically sound way (based on the extent to which sorts inter-correlate), and then interpretative analysis is used to understand what these ‘clusters’ of shared meaning tell us. I used PQ method for factor analysis. I inputted the data for children and adults separately, assigning participants anonymous Q sort IDs and participant codes including basic demographics. I analysed CYP and supporting adults’ data independently, as explained above, so all the steps outlined below were undertaken separately for each group.

Choosing a method of factor analysis

The starting point of Q analysis is a correlation matrix showing the extent to which each individual Q sort correlates with every other (see Appendices 13 and 14). This correlation matrix is then factor analysed, which simplifies the data into a smaller number of dimensions. I used Principal Components Analysis (PCA). Centroid Factor Analysis (CFA) was the original method Stephenson preferred because it offered multiple possible solutions, with no single one more technically correct (Watts and Stenner 2012). This flexibility was seen as beneficial because its allowed researchers to follow theoretically-informed ‘hunches’ (McKeown and Thomas 2013). By contrast, PCA provides a single mathematically optimal solution (Watts and Stenner 2012). This has been criticised for presenting a more simplified, cleaner picture than CFA (Brown 1980). But although PCA produces a single 'optimal' solution for each number of factors, it does not determine which factor structure is most meaningful or useful. The researcher must still use the abductive reasoning and interpretative processes central to Q to choose between multiple possible solutions. Moreover, in practice, studies suggest little practical difference between PCA and CFA results (Burt, 1972). Despite historical preference for CFA, PCA is much more commonly used today because it increases replicability and comparability (Zabala and Pascual 2016), hence my decision to use it here.

Deciding how many factors to extract and rotate

The unrotated factor loadings (see Appendices 13 and 14) show the factor loading of each Q sort on every factor identified by PCA. A factor loading is a correlation coefficient which shows the extent to which each Q sort is typical of the overall factor (Valenta and Wigger 1997a). These factors are too numerous to allow for meaningful interpretation so a smaller number must be extracted for further examination. There are theoretical and statistical criteria for judging whether a factor should be extracted. I used the Kaiser-Guttman criterion (Guttman 1954; Kaiser 1960), one of the most common and widely accepted ways of assessing the explanatory power of factors (McKeown and Thomas 2013). It involves extracting factors which have an eigenvalue (EV) greater than one. Eigenvalues indicate the total amount of variance explained by the factor. This cut-off point is used because an extracted factor with an EV less than one explains less variance than a single Q sort (Watts and Stenner 2012).

Factors can also be extracted based on theoretical criteria. Researchers can approach their data with "theoretical expectancies in mind" (Stephenson 1953, p.44) provided this is justified transparently and led by the data. I took an inductive approach; I did not set out with a preconceived idea of how the data might be structured. But I did have pre-defined analytical aims: I was interested in a solution that allowed as many participants as possible to load onto a factor and be included in the analysis, so I erred on the side of inclusion in the early stages. Because of the history of IVs being offered to children in residential care, I also ideally wanted to extract factors that allowed those in residential placements to load. I extracted seven factors that met the Kaiser-Guttman criterion initially, and then explored three, four and five factor solutions for both Q studies, examining them for theoretical significance and meaning once the factors were rotated.

Rotation alters the position of the factors relative to the Q sorts to give a clearer picture. The Q sorts themselves do not change, nor do the relationships that hold between them, but our position (and view) relative to them changes. I used Varimax rotation, the ‘house standard’, as it best suited my exploratory aims (Brown 1993) and is particularly appropriate for studies seeking to understand majority viewpoints, as it positions the factors to account for maximum study variance (Watts and Stenner 2012). Varimax rotation maximizes high and low factor loadings while minimizing mid-value loadings so that (where possible) each Q sort loads onto only *one* of the factors. This approach was suitable for my inductive approach, and reduced researcher subjectivity in factor rotation. Judgmental rotation (manually adjusting factors) can be valuable when specific sorts hold special theoretical interest, but this study had no obvious candidates for manual rotation.

Choosing a solution

The process for finalising a factor solution was identical across studies. After extracting factors and calculating the level of significance, I explored a range of solutions (detailed below). Once I had decided on one, I flagged sorts which loaded onto each factor significantly (at >.54) in the rotated factor matrix. PQ method then used this information to produce factor arrays - a single Q sort configured to represent the viewpoint of a particular factor based on Z scores which allow for comparison between factors. But determining which factor solution to use requires researcher judgement. I used the criteria below to determine which solution was most meaningful and appropriate for the study’s aims:

1. The solution should account for as much variance as possible - 35% to 40% as a minimum (Kline 2014).
2. Factor arrays should not correlate highly with one another: significant correlations suggest they represent variations of the same viewpoint rather than distinct perspectives

3. All factors should have distinguishing statements: this shows there are defining structural differences between them
4. Each factor should have at least two significantly loading Q sorts (Brown 1980) but three is safer (Watts and Stenner 2012): the level of significance in this study was calculated as 0.54 following Brown (1980).
5. All factors should pass Humphrey's Rule, where the cross product of the two highest loadings exceeds twice the standard error (Brown 1980): this ensures factor loadings are high enough

Supporting adults

Following PCA, I extracted and rotated the seven factors that had an EV over 1. This confers with Brown who suggests starting with seven as a 'magic number' (Brown 1980). I then evaluated a range of solutions by rotating different numbers of factors, starting with all seven down to three. I tabulated these for comparison, to examine which solutions were acceptable based on the five criteria set out above. Solutions of more than four factors were rejected because they tended to not have sufficient factor loadings and/or the factor arrays were too highly correlated. Two viable solutions emerged: a four-factor solution and a three-factor solution (summarised in table 2).

Table 2: Comparison of two potential solutions for supporting adults Q study

Solution	**Variance explained**	**Factors w/ (no. of loading sorts)**	**Number of confounded sorts**	**Sorts w/ no factors loading**	**Correlation range**
Four-factor	64%	F1(7) F2(7) F3(5) F4(3) Total = 22	1	5	(0.20-0.53)
Three-factor	56%	F1(8) F2(7) F3(7) Total = 22	0	6	(0.47-0.49)

I examined both solutions qualitatively by producing factor arrays to allow for visual inspection and judge how much real-world sense the solutions made. I chose the four-factor solution because it explained more of the variance and the factors are better differentiated (although the upper range of the correlations is higher, the average correlation is lower than the three-factor solution, which was reinforced by qualitative examination of the factor arrays). I was also interested in understanding factor four in more detail, because it went against some of my expectations about the importance of IVs in building trusting relationships (statement 1 was positioned much lower than other factor arrays).

Children and young people

I followed the same process, beginning with extracting the seven factors that had EVs over 1 and working down to two. Three, four and five factor solutions met the criteria above (see table 3). I selected a three-factor solution because it maximised viewpoints whilst still presenting factors that had at least four sorts loading. I rejected a four-factor solution because it resulted in two participants who were in residential settings not loading onto any factor. Although the solution explains less of the variance than others, this fits with the aims of the study and explained more of the variance than a two-factor solution. This selection process balanced statistical criteria with practical interpretability, prioritising solutions that maximised explained variance while maintaining distinct, well-supported factors.

Table 3: comparison of three potential solutions for CYP Q study

Solution	Variance explained	Factors w/ (no. of loading sorts)	Number of confounded sorts	Sorts w/ no factors loading	Correlation range
Five factor	68%	F1(4) F2(3) F3(3) F4(2) F5 (3) Total = 15	1	4	(0.01-0.33)
Four factor	62%	F1(5) F2(4) F3(3) F4(2) Total=14	1	5	(0.06-0.23)
Three factor	52%	F1(6) F2(6) F3(4) Total = 16	0	4	(0.13-0.26)

Factor interpretation

Holism, an emic perspective, abduction and a systematic approach should underpin this phase of analysis (Watts and Stenner 2012). The output is a factor interpretation which transforms the statistical output of the factor analysis into a narrative description of each viewpoint, based on an amalgamation of participant perspectives. These factor interpretations should account for the entire factor array and convey a holistic viewpoint.

I used Watts and Stenner's abductive 'crib sheet' approach which involves moving back and forth between individual Q items and the factor array to ensure we consider each item's meaning individually and in light of the whole factor array. First, I translated the factor arrays into a crib sheet which identified items ranked most/least important and those ranked higher/lower than other factor arrays (see Appendix 11). I examined each item in turn, generating hypotheses about why it might be placed where it was from the participants' perspectives. I then 'zoomed out' to consider how the item related to others. I revised my hypotheses in light of information from the whole sort. In the second phase, I considered items not flagged in the crib sheet. At this point I incorporated demographic data; I delayed this to allow myself to develop interpretations before being influenced by demographics. In the final stage, I incorporated qualitative data by listening to the interviews and coding each time a participant who loaded onto the factor spoke about a statement. I repeated this for every item, revising my hypotheses considering additional information, until I arrived at what I thought was the best explanation for the viewpoint.

Finally, I considered participants who did not load onto any single factor by reviewing their transcripts and Q sorts. I also kept a reflection log to track my developing interpretations. This was used to inform the researcher commentaries that I wrote to supplement factor interpretations.

Chapter summary

This chapter has detailed the ethical consideration and consultation processes that informed the study, as well as outlining the methods used. Below I summarise how each of these methods addresses questions about the purpose and value of IV.

1) **What is the purpose of the IV policy understood to be in today's CSC system?**

   This question was investigated through semi-structured interviews with professionals, analysed using Reflexive Thematic Analysis. This flexible approach captured how the IV policy is understood within the broader CSC system, how it has developed over time, who is prioritised for IV support and how.

2) **What is the value of the policy from the perspective of young people currently/previously matched with an IV?**

I used Q method interviews to explore young people's subjective viewpoints on how having an IV helps them. Using Q allowed for rigorous analysis, combined with a child-friendly ‘hands on’ data collection technique and ensured all perspectives were given equal weight in the analysis.

3) **What is the value of the policy from the perspective of foster carers and IVs who support young people?**

   A second Q study with supporting adults revealed their perspectives on the value of IV support. Using the same Q set as with young people allowed for comparison between stakeholder groups. It also allowed me to complete my own Q sort and to reflect on my position as an IV and a researcher (this is covered in more detail later.)

These methods are highly compatible with a phronetic approach. While interviews with professionals explored context by offering a broader policy and system perspective, the Q studies explored the subjective viewpoints of those with direct experience of IV. Together, these support a comprehensive understanding of IV policy by incorporating multiple perspectives and maintaining an orientation toward practical action.

7. The sample

This thesis presents findings based on Q analysis and thematic analysis. Children and young people, IVs and foster carers (n=48) took part in Q interviews. Professionals (n=34) completed semi-structured interviews. Table 1 shows which participants completed each type of interview. This section provides an overview of participant characteristics. I then present demographics by factor in the chapters on Q.

Table 4: Type of interview by participant group

Interviews	Participants	Number
Q interviews	Non-professionals	48
	Children and young people	20
	Supporting adults	28
	Foster/residential carers	9
	Independent visitors	19
Semi-structured interviews	Professionals	34
	IROs	6
	IV Coordinators	23
	Social workers	5
Total		82

Participant characteristics

Children and young people

Table 5 shows the demographic characteristics of CYP who took part. Participants (n=20) ranged in age from 9 to 28. The median age was 14.

Table 5: Demographic characteristics of children and young people

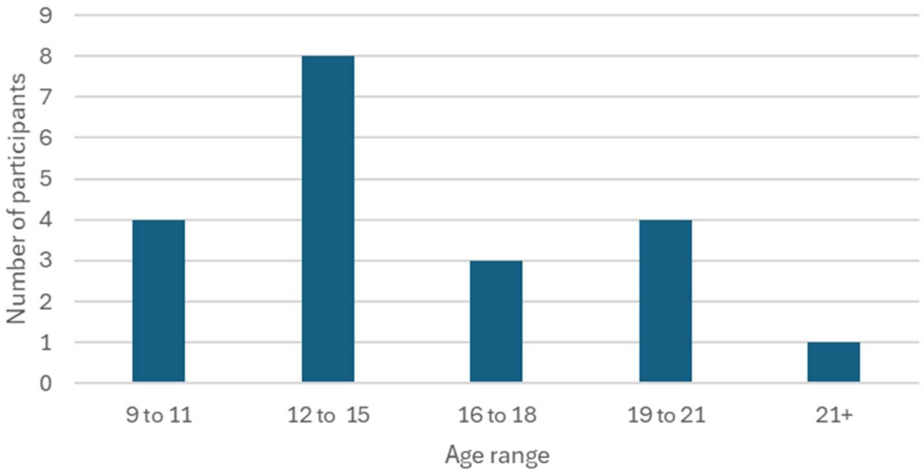
Pseudonym	Gender	Ethnicity	Age	Care arrangement	LA ID	Internal or External
Jacob	Male	White British	11	Foster care	LA 6	External
Simon	Male	White British	14	Foster care	LA 6	External
Whitney	Female	White British	13	Residential care	LA 6	External
Chelsea	Female	White British	16	Residential care	LA 6	External
Kerry	Female	White British	20	Care leaver	LA 8	External
Mia	Female	Black British	28	Care leaver	LA 9	External
Tom	Male	White British	19	Care leaver	LA 1	External

Melody	Female	White British	9	Foster care	LA 1	External
Cara	Female	White British	10	Foster care	LA 4	External
Lewis	Male	White British	14	Foster care	LA 4	External
Alexander	Male	White British	15	Foster care	LA 1	External
Matthew	Male	White British	17	Foster care	LA 4	External
Marlow	Male	Mixed Caribbean British	12	Foster care	LA 7	Internal
Harper	Female	White British	13	Foster care	LA 7	Internal
Eddie	Male	White British	12	Foster care	LA 7	Internal
Nadia	Female	Black British	17	Foster care	LA 5	Internal
Alexia	Female	Mixed Caribbean British	19	Foster care	LA 5	Internal
Natasha	Female	White British	20	Care leaver	LA 5	Internal
Jayden	Male	White British	10	Foster care	LA 12	External
Oliver	Male	White British	12	Foster care	LA 12	External

Note. Internal or External refers to the type of service provider young people were matched through.

Figure 1 shows the distribution of the sample by age range. Half the sample (n=10) was female. Most participants were in still in care, in either foster (70%; n=14) or residential (10%; n=2) placements. Care leavers made up 20% (n=4) of the sample and all four were in foster placements when matched. Two sibling groups comprising five individuals took part. Participants described their ethnicity as: White British (80%; n=16), Black British (10%; n=2), or Mixed Caribbean British (10%; n=2). At the time they were matched with their IV, participants were in care in 8 LAs across England. Six (30%) were in south-east England, seven (35%) in north-east England, six (30%) were in south-west England, and one (5%) in north-west England. Most participants (70%; n=14) had been matched by externally commissioned services, six (30%) by internal services.

Figure 1: Distribution of CYP participants by age range (n=20)



Supporting adults

Table 6 shows the demographic characteristics of supporting adults (n=28). Participants comprised foster and residential carers (n=9, 32%), and IVs (n=19, 68%). Participants were 68% female (n=19). Carers were 77% female (n=7) and IVs were 63% female (n=12). Participants described their ethnicity as: White British (89%; n=25), Black British (7%; n=2), or White Irish (4%; n=1). At the time of the match, participants were supporting children across 10 LAs in England and Wales. Just over half the IVCOs interviewed (n=13; 57%) either currently or previously worked for an external provider, nine (39%) for an internal provider, and one declined to disclose her employer (5%).

Table 6: Demographic characteristics of supporting adults

Pseudonym	**Gender**	**Ethnicity**	**Role**	**LA ID**	**Provider**
Brenda	Female	Black British	Foster carer	LA 5	Internal
Diane	Female	White British	Foster carer	LA 3	External
Dora	Female	White British	Foster carer	LA 6	Internal
Leah	Female	White British	Foster carer	LA 7	Internal
Maureen	Female	White British	Foster carer	LA 1	External
Mike	Male	White British	Foster carer	LA 1	External
Pat	Male	White British	Foster carer	LA 4	External
Sandra	Female	White British	Foster carer	LA 7	External
Anthony	Male	White British	Independent Visitor	LA 5	Internal
Barry	Male	White British	Independent Visitor	LA 3	External
Dale	Male	White British	Independent Visitor	LA 4	External
Dan	Male	White British	Independent Visitor	LA 7	Internal
Darren	Male	White British	Independent Visitor	LA 7	Internal
Erin	Female	White British	Independent Visitor	LA 1	External
Grace	Female	White British	Independent Visitor	LA 7	Internal
James	Male	White British	Independent Visitor	LA 4	External
Jay	Male	White British	Independent Visitor	LA 7	Internal
Jemima	Female	White British	Independent Visitor	LA 5	Internal
Jemma	Female	White British	Independent Visitor	LA 2	External
Louisa	Female	White British	Independent Visitor	LA 8	External
Lucrezia	Female	White British	Independent Visitor	LA 8	External
Mel	Female	White Irish	Independent Visitor	LA 5	Internal
Michelle	Female	Black British	Independent Visitor	LA 9	External
Shelly	Female	White British	Independent Visitor	LA 1	External
Tara	Female	White British	Independent Visitor	LA 5	Internal
Tilly	Female	White British	Independent Visitor	LA 10	External
Victoria	Female	White British	Independent Visitor	LA 5	Internal
Layla	Female	White British	Residential Care Worker	LA 1	External

Note. Internal or External refers to the type of service provider young people were matched through.

Additionally, two young people and one IV intended to complete Q sorts but did not so are not included. Reasons included technical problems, learning difficulties, and difficulties of recall. I reflect on this further in the strengths and limitations section.

Professionals

Table 7 shows demographic characteristics of the professionals (n=34) who took part. Participants were IVCOS (n=23, 68%), IROs (n=6, 18%) and social workers (n=5, 15%).

Participants were 77% female (n=26). Participants described their ethnicity as: White British (85%; n=29), Mixed White and Black Caribbean (6%; n=2), African American (3%, n=1) and White European (3%; n=1). At the time of the IV match, participants were supporting children in the care of 10 LAs across England and Wales.

Table 7: Demographic characteristics of professionals

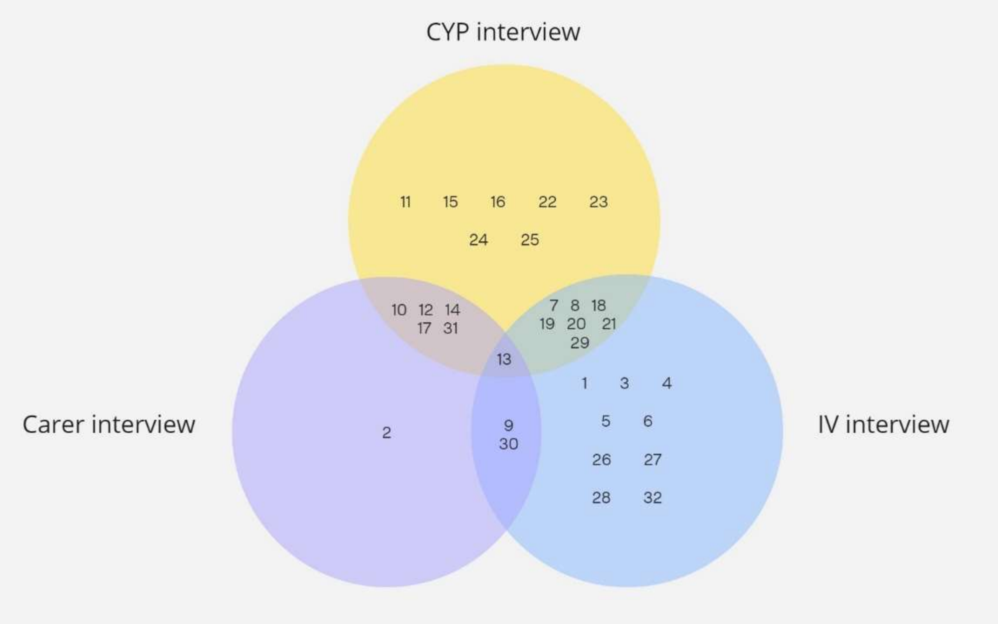
Pseudonym	Gender	Ethnicity	Role	LA ID	Internal/External
Amelia	Female	White British	IRO	LA 1	External
Camilla	Female	White British	IRO	LA 24	Internal
Fiona	Female	White British	IRO	LA 14	Internal
Zoe	Female	White British	IRO	LA 14	Internal
Oscar	Male	White British	IRO	LA 23	Internal
Trish	Female	African American	IRO	Undisclosed	Unknown
Felix	Male	Mixed Asian	IVCO	LA 20	External
Marcus	Male	White & Black Caribbean	IVCO	LA 15	External
Abigail	Female	White British	IVCO	LA 2	External
Amy	Female	White British	IVCO	LA 12	External
Eve	Female	White British	IVCO	LA 21	External
Imogen	Female	White British	IVCO	LA 4	External
Lydia	Female	White British	IVCO	LA 18	External
Nina	Female	White British	IVCO	LA 17	External
Tabby	Female	White British	IVCO	LA 19	External
Ben	Male	White British	IVCO	LA 6	External
Angie	Female	White & Black Caribbean	IVCO	LA 11	Internal
Bethany	Female	White British	IVCO	LA 16	Internal
Pam	Female	White British	IVCO	LA 14	Internal
Rosalind	Female	White British	IVCO	LA 13	Internal
Zara	Female	White British	IVCO	LA 14	Internal
Rupert	Male	White British	IVCO	LA 7	Internal
Julia	Female	White European	IVCO	LA 5	Internal
Annabelle	Female	White British	IVCO	LA 4	External
Rita	Female	White British	IVCO	LA 22	External
Freddie	Male	White British	IVCO	LA 4	External
Karen	Female	White British	IVCO	LA 5	Internal
Mandy	Female	White British	IVCO	LA 11	Internal
Harriet	Female	White British	IVCO	Undisclosed	Unknown
Constance	Female	White British	SW	NA	NA
Josephine	Female	White British	SW	NA	NA
Lucia	Female	White British	SW	NA	NA
Alan	Male	White British	SW	NA	NA
Steve	Male	White British	SW	NA	NA

Note. IRO = Independent Reviewing Officer; IVCO = Independent Visitor Coordinator; SW = Social Worker;

Match characteristics

The demographics above relate to participants interviewed in this study. In this section, I present demographics by match, because the number of matches discussed in the study differs from the number of participants. Participants were considered part of a ‘dyad’ or ‘triad’ involving them, a foster carer, and their IV. Where more than one member of a triad took part, they were discussing the same IV match. This means that the number of matches discussed is lower than the total number of participants: the 48 Q participants discussed 32 matches. Of these, 63% (n=20) involved young person interviews, 59% (n=19) involved IV interviews and 28% (n=9) involved interviews with the foster/ residential carer. Just under half of matches discussed (n=15, 47%) involved interviews with more than one participant. Figure 2 shows the matches discussed by data source. Where carers of siblings participated, they completed the Q sort in relation to one young person.

Figure 2: Venn diagram showing data sources used for each match



Note: numbers refer to match IDs (see table 8)

Interviews need to be interpreted considering information about the match (e.g. the age of the child they are matched with and the duration of the match). Presenting this data by participant would result in matches where more than one person was interviewed being counted multiple times, so this section presents match characteristics (summarised at the end in Table 4).

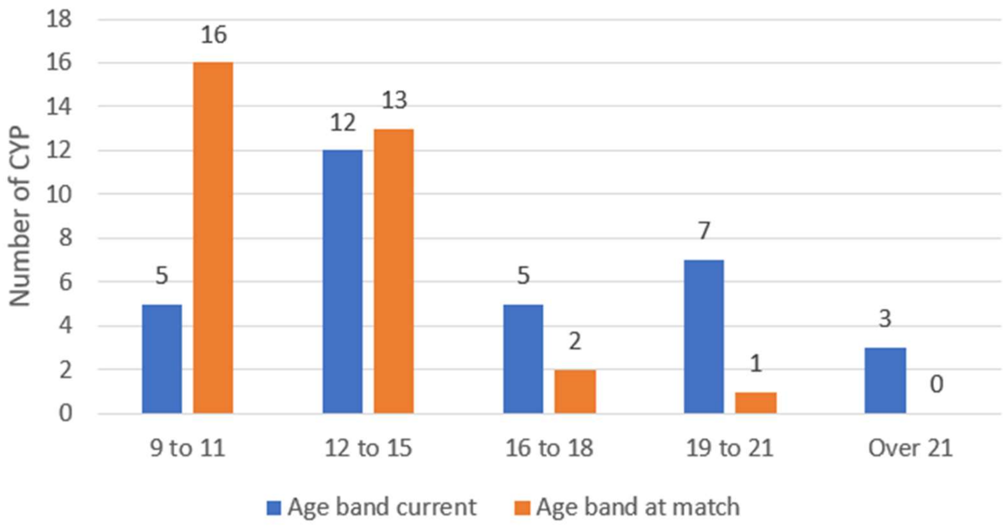
Match duration

Of the 32 matches discussed, 94% of IVs and CYP (n=30) were still in regular contact with one another – whether formally via an organised scheme (n=24) or informally (n=6) after the match had ended (when the young person aged out of the scheme). Two matches (6%) had ended early and unexpectedly. In one case because the young person decided they no longer wanted to continue and in the other because the service ended the match. Formal match duration (from the start of the match until it was formally ended) ranged from six months to 11 years, with a median of 2.75 years. Informal match duration ranged from six months to 19 years, with a median of 3 years.

Age

A breakdown of children and young people's ages at the time of the match and at the time of the interview(s) is included in figure 3.

Figure 3: Distribution of CYP by age at match and age at the time of interview (n=32)



CYP were aged between 9 and 28, the median age across all matches was 15. Most involved children under 18 (n=20, 63%). Young people's ages when matched ranged from 8 to 20[2], the median was 11.5.

Living arrangements

At the time of interview just over half of the young people were in foster care (n=17, 53%), 19% (n=6) were living independently having left care, 9% (n=3) were in supported living arrangements, 9% in residential (n=3) and one was in kinship care (3%). Arrangements for

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[2] It is unusual for young people to be matched over the age of 18 but happens where a young person has had an IV and the relationship ends and they asked to be rematched, or where young people have additional needs.

two young people were unknown because their matches had ended and they did not take part themselves.

Other relevant characteristics

CYP having additional needs and/or disabilities were raised by interviewees in a high proportion of matches: 38% (n=12). This should be interpreted with caution as interviewees were not asked about additional needs systematically, it was noted only when participants raised it. We also know that IVs were historically matched with children in residential placements. Children in this sample with experience of residential placements were overrepresented (24% compared with 9% of all children in care) but this is not surprising since IVs were historically targeted at those in residential care.

Supporting organisations

These matches were supported by external services in most cases (72%, n=23) with seven different external providers represented. Internal services accounted for 32% of matches (n=10) with two internal services represented. Matches discussed in this study are from a range of providers and involve children cared for by a range of LAs, not only those whose match rates might be considered 'good'.[3]

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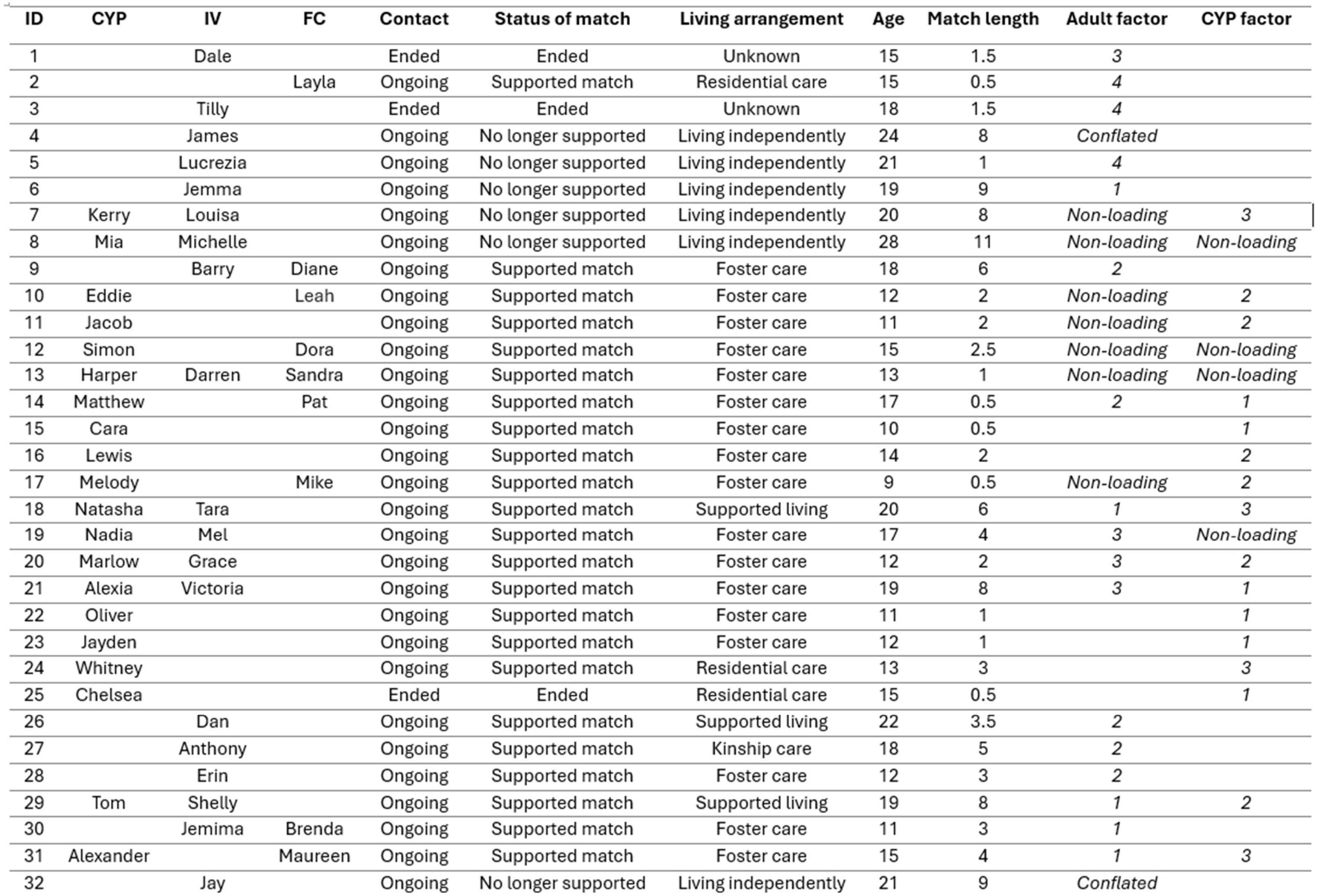
[3] Using match rate data provided by the NIVN and collected as part of an FOI request made in 2022 (when these data were collected), I classified LAs as high, medium, and low use based on the proportion of children matched with an IV out of the total population of looked-after children[3]. Match rates ranged from 20% to 0%. Of the 10 LAs represented, three were 'high use' LAs (match rates higher than 7%), six were 'medium use' LAs (match rates between 4-6%) and three were 'low use' LAs (match rates 3% and below). This is an imperfect metric to use to judge LA performance because many of the children making up the total looked-after population would not be eligible for an IV on the basis of age or because they are in care for a short period of time. However, the metric is used by the NIVN to judge LA performance in respect of IV provision so I have used it here to provide a broad indication of the type of LAs included in the study (i.e. these are not all matches from high use LAs).

Table 8: match characteristics



ID	CYP	IV	FC	Contact	Status of match	Living arrangement	Age	Match length	Adult factor	CYP factor
1		Dale		Ended	Ended	Unknown	15	1.5	*3*	
2			Layla	Ongoing	Supported match	Residential care	15	0.5	*4*	
3		Tilly		Ended	Ended	Unknown	18	1.5	*4*	
4		James		Ongoing	No longer supported	Living independently	24	8	*Conflated*	
5		Lucrezia		Ongoing	No longer supported	Living independently	21	1	*4*	
6		Jemma		Ongoing	No longer supported	Living independently	19	9	*1*	
7	Kerry	Louisa		Ongoing	No longer supported	Living independently	20	8	*Non-loading*	*3*
8	Mia	Michelle		Ongoing	No longer supported	Living independently	28	11	*Non-loading*	*Non-loading*
9		Barry	Diane	Ongoing	Supported match	Foster care	18	6	*2*	
10	Eddie		Leah	Ongoing	Supported match	Foster care	12	2	*Non-loading*	*2*
11	Jacob			Ongoing	Supported match	Foster care	11	2	*Non-loading*	*2*
12	Simon		Dora	Ongoing	Supported match	Foster care	15	2.5	*Non-loading*	*Non-loading*
13	Harper	Darren	Sandra	Ongoing	Supported match	Foster care	13	1	*Non-loading*	*Non-loading*
14	Matthew		Pat	Ongoing	Supported match	Foster care	17	0.5	*2*	*1*
15	Cara			Ongoing	Supported match	Foster care	10	0.5		*1*
16	Lewis			Ongoing	Supported match	Foster care	14	2		*2*
17	Melody		Mike	Ongoing	Supported match	Foster care	9	0.5	*Non-loading*	*2*
18	Natasha	Tara		Ongoing	Supported match	Supported living	20	6	*1*	*3*
19	Nadia	Mel		Ongoing	Supported match	Foster care	17	4	*3*	*Non-loading*
20	Marlow	Grace		Ongoing	Supported match	Foster care	12	2	*3*	*2*
21	Alexia	Victoria		Ongoing	Supported match	Foster care	19	8	*3*	*1*
22	Oliver			Ongoing	Supported match	Foster care	11	1		*1*
23	Jayden			Ongoing	Supported match	Foster care	12	1		*1*
24	Whitney			Ongoing	Supported match	Residential care	13	3		*3*
25	Chelsea			Ended	Ended	Residential care	15	0.5		*1*
26		Dan		Ongoing	Supported match	Supported living	22	3.5	*2*	
27		Anthony		Ongoing	Supported match	Kinship care	18	5	*2*	
28		Erin		Ongoing	Supported match	Foster care	12	3	*2*	
29	Tom	Shelly		Ongoing	Supported match	Supported living	19	8	*1*	*2*
30		Jemima	Brenda	Ongoing	Supported match	Foster care	11	3	*1*	
31	Alexander		Maureen	Ongoing	Supported match	Foster care	15	4	*1*	*3*
32		Jay		Ongoing	No longer supported	Living independently	21	9	*Conflated*	

8. Findings: purpose of the IV policy

Introduction

This chapter presents findings from interviews with IROs (n=6), Independent Visiting Coordinators (IVCOs) (n=22) and SWs (5). The aim was to explore the purpose of the IV policy from the perspective of professionals. Reflexive thematic analysis generated four themes: 1) ‘Defining a *single* purpose for IV is difficult’ 2) ‘IV is primarily about providing trusting relationships’, 3) ‘The system is failing that’s why we need this’ and 4) ‘IVs are used when life is not complete’. A map of themes, sub-themes and codes can be found in Appendix 12.

Defining a *single* purpose for IV is difficult

Professionals described the purpose of IV in varied ways and often listed many areas in which IVs *could* support young people. Participants, especially those involved in delivering services, identified four reasons why understanding IV in terms of a single overarching purpose was difficult.

Because IV has had different remits over time

Interviews with longstanding IVCOs and professionals suggested that IV provision on the ground has undergone various informal developments too, from safeguarding and monitoring to a focus on rights and advocacy.

Safeguarding and monitoring

Chapter three highlighted that IVs were introduced with a safeguarding and monitoring remit, and interviews with professionals supported this: “Originally that's what it was all about that's why we had IVs, because there were concerns about children who were living often out of county and extremely vulnerable, with no one to talk to” (Pam, IVCO). Another participant explained this was because, in the late 1960s and 70s, children were often placed far from home in institutions and “these were often quite remote locations, public transport was difficult and contact with parents and family, even in the best of circumstances, was not at all easy.” (Steve, SW) Another highlighted that this vulnerability for those in residential settings “had surfaced with various inquiries into abuse in children’s homes. So IV was a check and balance.” (Josephine, SW).

Before 1989, IV existed only on a very small scale, with church groups and volunteer organisations providing “social visitors” to residential homes (Steve, SW; Constance, SW). These were “in sort of classic 1950s, 1960s fashion upstanding members of the community: teachers, doctors, church goers” (Constance, SW). In some cases, visitors attended the institution itself, and the monitoring/safeguarding aspect of the role was at the forefront. This appears to have lasted many years. One social worker who had introduced IVs into a residential home in the early 2000s explained she saw the IV role as supplementing other types of inspection:

> “Most of the children never saw their parents, they very rarely saw their social workers because they came from all over, because they were very much placements of last resort I'd say. I thought if one had Independent Visitors that would be one way of sort of monitoring what goes on. We had Ofsted and other things, but they don't do checks that often.” (Lucia, SW)

She described IVs being treated with suspicion by staff but felt visitors played a role in raising concerns. “They [the IVs] were forthright about what they saw you know if there were seeing children being restrained or badly treated in any way, I mean they would be they wouldn't be backward in coming forward” (Lucia, SW).

This safeguarding dimension was described by some current IVCOs as still being a crucial – if underappreciated - aspect of IV (Karen, IVCO; Pam, IVCO). Annabelle suggested IVs could act as a ‘deterrent’: “we know people are less likely to abuse if they know that young person has a safe person to speak to because abusers seek out vulnerable young people. So, it’s a deterrent [and] it gives the child someone to disclose things to” (Annabelle, IVCO). IV coordinators also described attempting to influence LAs to take the role more seriously by emphasising the safeguarding dimension of having an IV: “what we do sell when we're writing tenders is the massive safeguarding aspect of the role” (Annabelle, IVCO). Pam echoed this, saying that the role was considered ‘fluffy’ by LAs:

> “it's got [a] very serious side as well because it's about safeguarding children ultimately that that's where it all came from [...] it's a backstop you know, in case, things are not right, where they're living [it’s] somebody they can talk to if they're not safe. I do think it's still seen as being a bit fluffy, I want to try and enforce a

> serious side of it because by doing that it's much harder for LAs to get out of their duty to provide them." (Pam, IVCO)

The safeguarding dimension of the role might be one that IV coordinators use to frame the IV service in a way that encourages LAs to provide IVs to young people.

Rights and advocacy

Another aspect of IV which has been prioritised at various points is the role they play in supporting children's rights. The social worker quoted above said she expected the IV to "sort of explore how the child is doing, you know what things they're missing if there was anything they could do about trying to connect with their parents, if that was possible, to make a relationship and be a voice for them." (Lucia, SW). Today the IV role is not to provide formal advocacy but "advocacy with a little 'a'" (Pam, IVCO) by connecting young people with services and professionals.

An obvious way IVs might contribute is by attending reviews. There were mixed views on this. If anyone from the IV service attended it was usually the coordinator, but this was "very rare, most of the time even I'm not invited" (Tabby, IVCO). "It's very rare but they can be part of reviews, it always feels slightly strange though, given that they're independent." (Imogen, IVCO) Many felt it should be the child's choice who came to their review, but some described not promoting the opportunity for IVs to attend "because we want the IV to be independent of all that bureaucracy, so it's in our literature but we don't actively promote it" (Felix, IVCO). Some IROs echoed these views. One felt the IV relationship should remain free from LA scrutiny "it's their own private relationship, we don't want to tarnish it with the policy and procedures of the local authority and rules and regulations." (Fiona, IRO) Another said although it might be helpful for IVs to give feedback "a lot of what we talk about is sensitive, so I'd be worried about sharing information the IV wasn't privy to" (Zoe, IRO). Most IROs reported not having had an IV attend a review.

Others were more positive, saying some young people had asked for their IV to come to reviews or speak on their behalf (Amelia, IRO) and this could be an opportunity for the young person to feel valued: "it's quite special to see the young person react to hearing someone just wax lyrical about how great they are and what a fabulous time they have together" (Oscar, IRO). Despite this, it appears this aspect of IV support has been de-emphasised to accentuate the independent and non-professional character of the role.

Because the purpose has been interpreted flexibly

Some changes relating to the purpose of IV have been led by practice. Several IVCOs explained that by the time the CA1989 extended IV eligibility, they had already been interpreting the criteria more broadly for some time. The legislative change helped lobby senior leaders for funding, but did not reflect how they were running their service:

> "A lot of that we were doing anyway, we were already offering it widely, not just to those in residential because we recognised kids in foster placements could benefit too. But it did give us opportunity to say to managers, you need to give us more money, this is our remit now" (Mandy, IVCO)

Others echoed this, saying that (where services existed) practice was ahead of legislation: "for us it just firmed up what we were already doing" (Rita, IVCO).

Some practitioners described the flexibility to do this as a benefit of the unusual and somewhat marginalised position of IV:

> "[The criteria] was very much little or negative or no family contact, but we've been fortunate because we've always been out on a limb. We've almost made our own rules up in respect of what's best for the child, so long as we could meet the criteria of the funding, if we could match more young people, that's what we intended to do." (Rosalind, IVCO)

Another said about the 2008 extension to all children in care: "It was already in place that any child who wanted one could have one as long as it was felt they'd benefit, I've even had people who have lived at home with parents on care orders who've had IVs." (Ben, IVCO) IVCOs reported services interpreting the eligibility criteria very flexibly. In the same way that LAs used their discretion to allocate QP funds to provide IVs, individual services have developed IV in the way they saw fit.

Because the purpose changes as children mature

As well as the purpose of IV policy having developed over the years, individual IV relationships also change considerably over time. Some participants argued that defining the purpose of IV was challenging because the aims do not remain static. Marcus explained how children engaged with their IVs at different stages:

> "We have people from all walks of life and professions that can be of use to children at different times. We have lots around GCSE age who have used their IVs for extra tuition or to go to an extracurricular event to go and see a Shakespeare play that they're studying. And I've seen smaller children just use their IV purely to go and do one activity they absolutely love." (Marcus, IVCO)

It seems obvious that IV support would change as children mature and as they build trust with their IV. But as Imogen explained, understanding the outcomes of IV is a challenge because of its long-term nature:

> "Selecting five outcomes and saying whether you've hit them, that's not necessarily IV for me. There might be outcomes that come [about] through that relationship. But that does change over time [...] with some of our longer-term friendships, the child was a seven-year-old when they met so obviously they were going swimming and things like that. Maybe now, they've been matched 10 years and becoming a care leaver and the IV can support them with applying for jobs or supporting them with life decisions and things like that." (Imogen, IVCO)

A strength of IV is that it can offer flexible support tailored to a young person as they develop and move through the care system. But this makes the intended purpose of IV support dynamic and often in flux.

Because the purpose is specific to each child

Some argued the purpose IV was specific to each individual because children are referred to have an IV for many different reasons, so "the purpose of the IV changes with each child" (Marcus, IVCO). Stella explained that young people in a range of situations might need an IV:

> "You can be looking at providing stability and continuity for a child who's having lots of moves, you could have someone who's really settled in a placement but who has nobody outside of that. It could be any reason why this is needed. It could be they're settled and have contact, but there's no aspirations." (Rosalind, IVCO)

Zoe, an IRO, echoed this:

> "the aim depends upon the young person. So it is designed to do different things for different young people [...]for some they've got a very narrow body of people around them [...] and it's about having somebody outside of that. For others [who] may be really busy, it's just an additional thing. It may not necessarily be so central to their life." (Zoe, IRO).

Her quote highlights that not only the purpose of IV support, but the meaning young people attach to it are likely to vary considerably across the matched population.

Those who delivered the scheme found it difficult to narrow down to a single aim. A typical response was this one, which encompassed eight different dimensions of support (consistency, unpaid support, independent support, help through transitions, informal advocacy, advice and signposting, problem solving and fun):

> “it's to give them a consistent adult separate from the paid people in their lives. It's consistency through change and transitions. We've had experience where that person's been the one who's known them the longest, and can speak up for them. And in transition IVs are useful in supporting them through decision making, problem solving, signposting for additional support. And the biggest thing is fun.” (Zara, IVCO)

Purpose refers to why something is done and provides a basis for judging success and failure. But the notion of purpose was often conflated with all the ways an IV could potentially help, including (most commonly) developing confidence and self-esteem, broadening horizons, being someone to talk to, helping with education/employment, and developing hobbies and interests. Participants were clear an IV relationship could help with any number of these, or none, and still be considered successful: “It’s not about what boxes it ticks, like ‘oh well you didn’t get x qualifications so that’s not worked – it’s softer than that” (Felix, IVCO). What seemed to matter most was that aims were defined by young people, rather than services: “it’s not like ‘’we're going to get you a job or we're going to do this in six months’, it's up to that young person what they want” (Ben, IVCO).

IV is primarily about providing trusting relationships

The idea that there is no overarching purpose for IV was not a universal view. Many described the purpose as providing young people with the opportunity to build trusting relationships. One IVCO described how significant these could be:

> “We had several saying “my independent visitor’s like a mum” and I’m thinking “but they are not!” but in their experience, that is the best experience of consistent care they’ve had. That reliable person doing what they say they’re going to. So I think in terms of relationship building, *learning* to build relationships, the independent visitor is huge. (Mandy, IVCO)

This quote echoes 1960s ideas of IVs acting as substitutes for parents, but this was not the norm. In most cases IV was seen as additional to primary caregiving relationships.

Some highlighted the relationship itself as the 'purpose' of providing IV support. One said: “IV is about befriending. The goal, if there is a goal, is just the relationship in itself” (Rosalind, IVCO). Underpinning this perspective was a sense that more positive connections for children in care was a benefit in itself. But there was disagreement – reflected in the sub-themes below - about whether the relationship was an end in itself, or a means of achieving other benefits.

IV as friendship with purpose

IVCOs often described IV as “all about a relationship and a friendship” (Imogen, IVCO). Understanding IV as friendship conveys it being valued for its own sake. But Zara explained that needing a healthy friendship was informed by young people's wider experiences:

> “The aim is to give children an adult friend. For the majority, their families adore them and want the best for them. But [...] sometimes their IV is the only person that is not toxic. That's what we're trying to achieve, so they can understand what it is to have a friend.” (Zara, IVCO)

This positions IV as friendship with purpose, rather than existing merely for its own sake. It is needed because of the lack of supportive relationships many young people in care have.

Conceptualising the role as a friendship was common, but not universal – IROs tended not to described IVs as friends, and one explicitly said “it's not a friendship, but it's guidance, isn't it, there's more a mentoring aspect to what they do." (Amelia, IRO). Connecting IV with mentoring implies it is more purpose-driven than 'friendship' would usually suggest. Indeed, the idea of IVs being friends was sometimes used to convey other important procedural aspects of the IV relationship, namely that it was voluntary and independent from the rest of the care system.

IV as a relationship of choice

In distinguishing the IV from professionals, Zara highlights that describing IV as friendship depends, in part, on the IV being a volunteer:

> "It's to have a friend they can trust. Someone that isn't paid to be there. I have a lot of young people I used to support. I still message them, meet up with them. But I do it as a professional. We're not friends. I was paid to be in their life. And if I left the council, I wouldn't be in touch. And actually, their IV is, for a lot of them, the only person not paid to be there." (Zara, IVCO)

Several emphasised the voluntary nature of the relationship. Marcus described "the penny drop moment" where an 18-year-old asylum seeker realised his IV was a volunteer. The young person had asked to repay some of the money the IV had spent on their visits:

> "And she said, 'You know, this isn't my money - we don't get paid'. And he just burst out crying. He was like, 'You mean you're choosing to spend your day with me?' And then she started crying. He hadn't realised these last two years that this was somebody there because they wanted to be. Why would he? No one's ever come and seen him just because they wanted to." (Marcus, IVCO)

As well as highlighting what the unpaid nature of IV means to young people, Marcus's example shows that conveying that IVs are volunteers can be challenging because many children in care are so accustomed to professional involvement.

Part of the value of IV appeared to be receiving support unlike social work support. Rita highlighted the one-to-one nature of IV and its informality as key differentiators between IVs and professionals: "the beauty of an independent visitor is you've got one young person and you don't use any of jargon that makes them feel they're being social worked" (Rita, IVCO). The notion that IVs are not 'tainted' by being part of social services was voiced by others. IVs "offer a relationship outside of all that bureaucratic machinery." (Camilla, IRO). Another IRO emphasised the importance of the separation between the IV and CSC, describing IVs as: "totally independent, not really a part of the care plan that they have to comply with. [...] The independent visitor tries not to get involved in that." (Trish, IRO). These two elements – the voluntary and independent nature of IV – may work in tandem to create a unique form of support.

IV as a means to positive ends

Some participants described the trusting relationship forged through having an IV as a way of young people achieving other 'ends', as Fiona highlights:

> "Most of our children have got attachment issues, anyone would if you separate them from their parent. So it's another opportunity for a positive relationship. And for raising self esteem because IVs make our young people feel good about

> themselves. It's quite complicated. It's not someone who just takes you out. It's deeper than that. It's an emotional connection. And the more connections we have, the better we feel about ourselves. And also the better the outcomes for our relationships in adulthood." (Fiona, IRO)

Her quote shows that seeing IV as an end in itself or as a means to other ends were not mutually exclusive. IV relationships were considered valuable in and of themselves *and* because professionals believed that they had the potential to improve future outcomes in the future. This is a key difference between the IV role and a natural friendship, which usually exists for its own sake.

The potential benefits of building a trusted relationship included developing social skills, building confidence and self-esteem, providing healthy relational "blueprints" (Rupert, IVCO) that young people could take into other relationships, and developing an extended support network. These ends are wide ranging, but a relational health framework provides an umbrella under which to consolidate them. Relational health refers to" our capacity to develop and maintain safe, stable, and nurturing relationships with others" (Garner et al. 2021, p.16) and is an important predictor of physical, emotional, and psychological health across the life span.

"The system is failing that's partly why this is needed"

This theme describes the instability that characterises many young people's journeys through care, and the role that IVs appeared to play in 'plugging gaps' in service provision.

Stability is lacking for children in care

There was a consensus that the IV policy was "ironically needed now more than ever" (Pam, IVCO) due to high levels of social worker turnover and instability within CSC: "I've got someone who has been in placement eight months and he's on his seventh social worker, the amount of change and agency social worker is unbelievable, but at least the IV is that consistent person." (Ben). Tabby highlighted that instability and "churn" were also characteristic of "placements, of teachers, of schools of everything" (Tabby, IVCO). Although not designed for this purpose originally, a key aspect of the role today is to provide stability. This appears to have developed in line with a changing CSC system where professionals do not stay in roles as long as they used to, as Rosalind explained:

> “When I first started this job, you'd have your social worker (*laughs*) a bit like a dog really - they were for life, they saw you through the care system and out the other end. That is no longer, or very rarely the case so this is something we can do to offer stability.” (Amelia, IVCO)

Several participants said it still was common for young people to leave care “and still not have anyone around them who has been in their life for any significant period of time.” (Ben, IVCO). *IVs sometimes provide the only continuous relationship the young person has during their time in care. One IV service manager explained that this informed her approach to delivering the service:*

> “My aim was to try and give them one person for 10, 12 years. That’s where I see the value, that they have someone who remembers what they were like when they were five or remembers their teddy when they were seven. They don’t have that when they're in care.” (Annabelle, IVCO)

Another participant felt the IV scheme plays a pivotal role by providing the opportunity for young people “to build a relationship with a positive adult that extends beyond the life of a placement, or the life of a social worker, and it's absolutely uniquely placed to do that.” (Angie, IVCO) In a system where *so* many relationships are contingent on geography, legal arrangements and resources, IV is one that comes with fewer conditions than others.

IV plugs gaps in the system

Interviews highlighted informal aspects of IV support not recognised in policy and legislation. Some of these related to plugging gaps in support normally provided by statutory services but that, faced with increasing pressures, professional could not provide. Others referred to plugging gaps that the CSC system struggles to meet because it is a system, not a person.

In placement changes

IVs played a role in supporting young people by helping them negotiate periods of change, such as moving placements or leaving care. Although no one described this as increasing placement stability, they saw the IV as an important support when placements changed: “especially for some who move around a lot, the IV is their trusted person” (Imogen, IVCO). Imogen explained how daunting these periods could be:

> “They might be in a room with a bunch of professionals that don't know, they haven't known their social worker for more than six months, they have a new

> place where they're living, they don't know those people either. The IV can be their champion and support them through that” (Imogen, IVCO).

Another coordinator described a boy who had moved at least four times and who was not engaging with any professionals “but he will still go out with his IV. That’s the one constant he’s had.” (Nina, IVCO). However, there was a tension between this aspect of IV support – the ability to be a consistent presence through placement changes – and some informal eligibility criteria that IV coordinators described using.

In practice, the eligibility criteria were commonly interpreted as being in stable long-term care because children “have to be settled enough to be able to accept a new person, not have everything in flux.” (Eve, IVCO). For Bethany, this was a reason to take a preventative approach instead: “Most young people don't want to be matched when they're in the middle of a breakdown of placement. The best way to help them is getting them identified earlier, so that when they do fall into crisis, they've got an IV who can support them” (Bethany, IVCO). Another said: “while it would be wonderful to match them, I wouldn't want to introduce someone that disappears. You lose enough when you're in care. I don’t want to add an IV to the list of people that left them” (Zara, IVCO).

One of the most cited benefits of having an IV is that it can provide a stable and consistent relationship for “those who really need the stability” (Abigail, IVCO). There appears to be a catch-22: having an IV can provide stability, but children need to experience a period of stability before being offered one. Although this does not undermine the idea that a fundamental purpose of IV is to provide stability, it raises questions about whether services are targeting those most in need of support.

In leaving care support

IV support can be particularly important for those leaving care: “That’s where it can come into its own, the IV can really be an anchor for them” (Bethany, IVCO). Many services who supported matches beyond 18 prioritised matching young people who would soon leave care because of their vulnerability at this transition point: “once they hit 17, we panic. We try and get them matched before their 18th because that group are much more vulnerable, if anyone needs a long-term stable relationship, they do.” (Rosalind, IVCO) But prioritising older teenagers was subject to debate. In some services where matches ended between

18 and 19, coordinators were less keen to match older teenagers: “certainly as they get older I’m thinking by the time we’ve got you matched is it going to end?” (Ben, IVCO). Another highlighted other problems with matching older young people:

> “We don’t have time to match them, we can’t find anybody who wants to take them. The matches are short lived, and they haven’t developed a relationship. And they come to independence, and they haven’t invested in their IV. So why would they maintain a relationship when they leave care? I’ve found the older they are, the less engaged they become.” (Bethany, IVCO)

Bethany’s comments echoed other coordinators who felt more successful matches tended to involve younger children.

Many commented on the drastic reduction in support at this stage: “at 18 it stops, the architecture falls away” (Imogen, IVCO). Nina felt IVs could act as a stabilising force during this period: “[often] that person's been the person who's known them the longest and in moving towards independence IVs are useful in visiting prospective places and supporting them through decision making.” (Nina, IVCO). Another participant echoed this, suggesting that IVs could offer practical support. Harriet framed this as the IV meeting needs that other professionals could not because of rigid role descriptions and rules:

> “If there was an IV this person would have someone to help them do their furniture, someone that could say ‘let's get a takeaway’. I can't say that - my manager won't pay for it, but that's what you’d do as an aunty, uncle or best friend of the family. Moving them to uni was always a bummer because [managers] would say ‘not in our remit’. You’d be thinking ‘what can I do to get them there?’ and you would break rules that’s the right thing to do” (Harriet, IVCO)

The one-to-one nature of the role and the flexibility it affords, means that IVs are not constrained by the same budgetary and professional restrictions that social care staff face.

In extended family networks

Harriet was not alone in comparing the IV role to “an aunty or an uncle or best friend of the family”. Others described it as plugging gaps in young people’s support networks:

> “almost creating a family friend relationship for a young person, giving them the beginnings of a network that they might not otherwise have that they can depend on” (Freddie, IVCO).

> “like your favourite auntie that comes, someone that isn't responsible for your care, but that you can form a really good relationship with and do fun things with. Someone that if things are going wrong, you can have a chat with them. If there's something that's gone really well, it's the person that you want to tell.” (Tabby, IVCO)

Another IVCO explained “There's that old saying it takes a village to raise a child and for me the IV is part of that village” (Camilla, IRO). The aunty/uncle comparison is one that comes up frequently in the literature (Hurst and Peel 2013). The comparison conveys the sense that, ideally, the IV role should not be a primary relationship, but a valuable addition to an existing network.

In a crisis

The notion that the IV might function as a safety net was also discussed. Some IVCOs described situations where the IV was “the one they called when things went wrong” (Abigail, IVCO). In one example, a young person who had moved out of area to live with her partner called her IV for support in a crisis:

> “Everything went wrong. There was some domestic violence. She reached out to me ‘I'm stuck, I need to get out – it’s night time. What do I do?’ So I was like ‘call the police’ make sure they come to you, so we know where you are’. I’m two and a half hours away, so I went down the next day and did the police interview with her and then got her back in touch with leaving care services” (Abigail, IVCO)

Abigail’s quote highlights IV’s flexibility to respond more quickly than a system can. It may be easier for a young person to contact someone they have a relationship with than negotiate the CSC system, especially where they are not accessing formal support. In this case, the IV and the young person were only in sporadic contact but the IV service had decided to keep the match open, even though the young person had move out of area and was not in contact with any formal services. This is a level of discretion and flexibility not necessarily available in more rigid bureaucratic systems.

In service provision

Some IVCOs expressed concerns that IVs sometimes undertook tasks that were beyond the bounds of their typical role: “IVs are being lent on to do things [like] moving young people because services are so stretched, taking them to hospital, health appointments. So things that really a PA or social worker should be involved in." (Imogen, IVCO). This was something that Imogen's service pushed back on in most cases, because they felt this was an example of "mission creep" and risked "blurring the boundaries between different roles".

But there were different views on this. Another IVCO felt that being able to fill gaps in CSC provision helped demonstrate the value of the scheme:

> "We're not supposed to be there as a crutch for social workers but we sort of are, because that system is failing, that's partly why this is needed. A young person had to go into hospital and it was the holidays. He knew no one. So they said, would the volunteer, go and see him? I think for them, it was reassuring knowing that some of those gaps were filled by us". (Lydia, IVCO)

An IRO gave an example where she had agreed for the volunteer to support a young person with accessing sexual health support:

> "I've got a teenager that has gone with her IV to the sexual health clinic, has talked about her relationship, and has specifically asked for that not to be shared with her social worker. Which is normal, they don't want to talk about everything with their social worker. So the IV has said "I am working with her in this area, but I'm not going to be sharing any details". And that's enough to put the social worker's mind at rest that someone is doing that, obviously I'm not saying that's all we would do" (Amelia, IRO)

The example suggests it might sometimes be deemed acceptable for the IV to undertake tasks normally delivered by professionals, particularly where a young person requests it. A second example Amelia gave fleshed this out further:

> "I've had an IV where we've been doing life story work and a young girl has chosen her IV to go through family photographs, because I think they feel they haven't got that label of being a social worker. I think young people feel like everything a social worker does is because it's their job whereas the IV's choosing to spend their time with them." (Amelia, IRO)

These examples suggest that being able to offer flexible, informal support in exceptional circumstances might be one way that the IV policy has adapted to respond to the needs of the care system. This theme highlights the purpose of IV is inextricably linked to the needs of children in care and the gaps left by current service provision.

IVs are used when “life is not complete”

Interviews suggested that, for young people to be referred for IV support, there was usually something missing in their lives:

> “A need has to be identified. That’s the statutory wording, “where it is identified”. There's a need identified somewhere that this child's life isn't complete. The foster families there, the schools there, but they’re just sitting in their room every weekend. When workers see that we're often the first port of call” (Marcus, IVCO)

Marcus conceptualised the IV as filling a gap in the young person’s life. Bethany also felt that children were commonly referred when all was not well:

> “There's some brilliant [foster carers] out there. But if they’re that fabulous, they don't generally come through to us because they don't need an IV, I find the ones that come through to us [are] when there's problems or problem carers. It's very rare they come through to me when everything’s going brilliantly.” (Bethany, IVCO)

Bethany subscribed to a needs-based approach, viewing the IV service as called upon when there are ‘problems’ to be solved, particularly where placements were concerned.

However, not all those who deliver services agreed that identifying a need was a prerequisite to providing IV support. Some who subscribe to a ‘rights-based’ approach (who were generally in well-resourced internal IV services with no cap on matches) argued that all young people were eligible. But these participants were in the minority and pragmatic constraints usually dictate that professionals must prioritise referrals. Exploring patterns of referral in interviews supported the idea that IVs were used when something relational was missing from a young person’s life. Two groups were identified as common recipients of support: those who were socially isolated and those lacking positive individualised relationships.

Young people who are socially isolated

Social isolation was usually discussed in relation to having a limited network of peers and friends. “There's always some for who an IV seems like a particularly good thing because they don’t have a huge amount of social interaction” (Rupert, IVCO). Social isolation could be the result of frequent placement moves or “sometimes because they’ve been moved outside of the borough, they’re feeling more isolated” (Felix, IVCO).

Several IVCOs also described a large proportion of referrals for children with additional needs that affected their ability to socialise with peers: “I would say the majority are children with disabilities, mainly learning disabilities, global developmental delay [...] they can be quite isolated, they often don’t have that friendship network that other children have.” (Nina, IVCO)

Because social isolation and lack of family contact, UASC made up a significant number of referrals. In one, rates of referral for UASC had previously reached 50% of total referrals (Julia, IVCO). Professionals described adapting services to meet this need: one ran a specific UASC contract and in another all UASC were automatically referred. Two coordinators described UASC as a group who needed prioritising: “They have no one, you know, they don't even have the support of a foster family so it tends to be urgent with them.” (Rita, IVCO) Another echoed this sense of urgency: “They need the service quick: if you don't get them before 18, they miss out. Often I find after about a year they peter out. But that doesn't mean it's not been really helpful. They do things for the first time that most kids would have done and start to feel more settled.” (Lydia, IVCO) Half the IROs described routinely offering IVs to "children with no one in this country rarely bar mandated, professional adults." (Oscar, IRO) One originally had concerns about offering an IV because of language barriers but had found “you don't necessarily need to have many words, to be able to benefit from spending time with somebody” (Zoe, IRO)

Young people lacking individualised relationships

Several IVCOs said that lack of birth family contact was still a common reason for referrals, because it meant children sometimes lacked individualised relationships with adults. This was a reason given for continuing to prioritise children in residential settings (Mandy, IVCO) and those who were part of large sibling groups (Lydia, IVCO). Most IVCOs felt use of the ‘no birth family contact’ criteria was appropriate when used alongside other criteria, but that it should not be the only referral criteria. Most of the IROs interviewed, on the other hand, still used lack of contact with birth family as the criteria for offering an IV. Some maintained this was the only criteria they used: "my understanding of the IV role is very much where our young people don't have regular family contact, or they don't have that support network within their family." (Amelia, IRO)

Professionals also reported using IVs in creative ways, for example to support existing relationships to continue with funding and dedicated time. One notable example came from Harriet who had used IV support to supplement contact between siblings that the SW felt was inadequate but which, at the time, the LA did not have the means to increase.

> “We had brothers – one boy in foster care and one in residential – and they got to see each other once a fortnight. We thought that’s not right. The boy residential had an IV, and the boy in foster care said ‘well why can't I have one?’ so we matched them with a couple and they would take them out together and they stayed in their lives, well, forever really”. (Harriet, IVCO)

Another example of using IV to formalise existing relationships was given by Rupert who described a support worker who “worked very closely with [a young person] and after they stopped working together, he became his independent visitor as a connected person” (Rupert, IVCO). This mirrored what some schemes were doing in collaborating with Lifelong Links to maintain children’s relationships with significant adults throughout their care journeys (Rupert, IVCO). This theme supports the idea that IVs are most commonly used to meet gaps in relational support.

Chapter summary

Chapter three documented the development of IV policy over time. The unique contribution this chapter makes is to show how IV has evolved into a relationship-focused role today, in part through professionals adapting it flexibly to meet gaps in CSC provision. Previous literature has presented competing narratives about the purpose of the policy. This chapter shows that professionals now primarily understand IV as providing stable, trusting relationships with non-professionals, though ambiguity remains about whether this is an end in itself or a means to other outcomes. Absenting a single overarching policy objective designed to target a particular problem, there are several common use-cases for IV that fit with a broadly relationship-building purpose. In line with previous literature highlighting the importance of IVs as a source of stability (Knight 1998; Winn-Oakley and Masson 2000), these findings provide specific examples of how IVs support young people between placements, when leaving care, and during crises. IVs are primarily allocated based on perceived gaps in young people's relational networks.

The findings also shed light on several disconnects between formal policy/legislation and how IV is delivered. First, the chapter has shown how professionals determine who receives support in practice, identifying informal criteria not previously documented including that IVs are often offered ‘where life is not complete’. Second, it highlighted a catch-22 where young people who might benefit from IV (those experiencing high levels of instability) may be deemed ineligible - a paradox not previously identified in the literature. Third, the chapter has shown how the vagueness of the policy has allowed professionals to use IV creatively and flexibly to support young people. Finally, while previous literature has discussed various aspects of IV support, these findings suggest that in the modern CSC system IV serves to fill gaps in the CSC system. This provides a more comprehensive understanding of the policy's evolution and current conceptualisation than previously available.

The findings emphasise the complex and multifaceted nature of IV support. Taken together, these contributions collectively provide a more nuanced, practice-based understanding of IV policy, addressing significant gaps in the existing literature about purpose, eligibility, and practical implementation. The next chapter explores whether the relationship building purpose articulated in interviews with professionals reflects the way that IV support is experienced by young people, and the supporting adults in their lives.

9. Findings: children and young people’s views

This chapter presents findings from ‘Q’ interviews with children and young people (CYP) (n=20). The interviews explored the question ‘how does having an IV help you?’ to understand young people’s subjective viewpoints on the IV policy. This addresses research question two: ‘what is the value of the policy from the perspective of young people currently/previously matched with an IV?’ I present the statistical output of the factor analysis and an overview of the three-factor solution, followed by factor interpretations and some researcher commentary.

Factor analysis: statistical output

Table 9 in Appendix 13 shows the correlations between individual ‘Q’ sorts: positive numbers indicate similarity between participants and negative numbers indicate dissimilarity. The correlation matrix forms the basis of the factor analysis. Table 10 – in Appendix 13 - shows the results of the initial factor analysis (PCA) before rotation. Eight unrotated factors were identified (the maximum number PQ Method will extract), but these need to be rotated in order to make sense of the data. Table 10 shows the eigenvalue (EV) (as a reminder from Chapter Six, a higher EV indicates a stronger factor that explains more of the variability in sorts) and the percentage of the variance explained for each factor. The unrotated factors account for 83% of the variance.

I chose a three-factor solution. Table 11 shows the factors after Varimax rotation – which alters the position of the factors relative to the Q sorts to give a more meaningful picture of the data. ‘Defining sorts’ (those that load significantly onto a single factor) are marked ‘*’. Six participants loaded onto factor one, six onto factor two, and four onto factor three. Four did not load significantly onto any factors and there were no confounded sorts. The three-factor solution explains 52% of the variance, above the accepted 35-40% widely used as a benchmark amongst Q methodologists (Kline 2014).

Table 11: Rotated factor matrix for CYP Q sort

Q ID	Participant Code	Factor 1	Factor 2	Factor 3
1	C01MD19	0.2134	-0.6406*	0.4760
2	C02MB14	-0.1329	0.7815*	0.0920
3	C03FB10	0.5901*	0.0626	0.0694

4	C04MB15	0.6403*	0.3001	0.3614
5	C05FLV20	0.0093	0.2003	0.7964*
6	C07MD15	0.0012	-0.1587	0.7743*
7	C08FD9	0.2408	0.8286*	0.0035
8	C09FC19	0.7360*	0.0733	-0.2289
9	C10FC20	-0.3143	0.4800	0.6299*
10	C11FL28	0.2765	0.4241	0.3578
11	C12FC17	0.4678	0.1526	0.2000
12	C15ME11	0.7139*	0.1210	0.3295
13	C16FC12	0.5779*	0.0362	-0.0533
14	C16MZ12	0.0197	0.6262*	0.3288
15	C18MX11	0.2080	0.5383*	0.0048
16	C19MX14	0.4537	0.2245	0.2421
17	C20MZ12	0.4445	0.6127*	0.2363
18	C21FA13	0.2447	0.4568	-0.0882
19	C22FX16	0.5372*	0.0151	0.0525
20	C23FX13	0.2570	-0.0185	0.5725*
	% expl. Var.	18	18	16

Table 12 shows the correlation between factor scores. All the inter-factor correlations are non-significant. The correlations are all below 0.27 which is low (Schober et al. 2018), and indicates the factors are well differentiated from one another.

Table 12: Correlation between factor scores

	Factor 1	**Factor 2**	**Factor 3**
Factor 1	1.00		
Factor 2	0.27	1.00	
Factor 3	0.13	0.17	1.00

Table 13 – in Appendix 13 - shows the composite reliability for each factor, a measure of the internal reliability of the structure of each factor. All factors have composite reliability scores greater than 0.9 which is considered particularly robust (Watts and Stenner 2012).

Finally, table 14 sets out the 'factor array' which shows a normalised score for each statement (the scoring used by participants to indicate importance, ranging from -3 to 3) in relation to each rotated factor. Each factor array gives an overall picture of how a Q sort loading perfectly (at 1.00) onto each factor would have rated each statement.

Table 14: overall factor array

Item	**Statement**	**Factor 1**	**Factor 2**	**Factor 3**

1	Showing me how to build a trusting relationship	-1	2	3
2	Giving me a genuine friend	-1	2	1
3	**Doing some of the things a parent might**	-3	-2	-2
4	Giving me someone to talk to	1	-1	3
5	**Being a consistent person in my life**	0	1	0
6	**Calming things down if it's difficult at home**	0	0	-1
7	Helping me think more positively about myself	-1	1	0
8	Developing my sense of who I am	-2	-1	1
9	**Helping me think differently about things**	-1	-1	0
10	Helping me find new hobbies, skills, and interest	2	3	-2
11	**Supporting with practical things**	-2	-3	-3
12	Helping me overcome challenges and/or achieve goals	1	-1	-1
13	Building my independence	1	-2	2
14	Letting me enjoy myself and have fun	3	3	0
15	Encouraging me to make my own decisions	0	-2	1
16	Helping me try new and different things	2	2	-3
17	Being someone to go to for independent advice	-3	0	0
18	Watching out for anything worrying	0	1	-1
19	Supporting the adults who look after me	-2	1	-2
20	Being someone outside of the care system to rely on	1	0	2
21	Giving me a positive role model	2	0	2
22	Being around long term	0	0	1
23	Not being paid to spend time with me which means a lot	3	-3	-1

Note. Higher positive values indicate statements that participants ranked as most important, while negative values indicate statements ranked as least important.

Table 14 also gives an initial indication of where the key areas of consensus and disagreement between factors are. It shows consensus statements (in bold) - which are statements that do not distinguish between any pair of factors. There were five consensus statements. Only one factor gave any of these statements a positive score (factor two felt consistency was slightly more important than the other factors). The majority placed these consensus statements on the ‘less important’ or ‘neutral’ part of the Q grid. This indicates that there was greater consensus around the less important ways that IV help, than what they *do* help with.

Demographic data

Participant characteristics were presented in full in the previous chapter. This section briefly presents comparisons between factors. Table 15 shows which participants loaded onto which factor. When looking at median age, those loading onto factor two were the youngest (12) and those loading onto factor three were the oldest (17.5). All factors have participants of both genders loading onto them but factor two is predominantly male, and factor three predominantly female.

Table 15: Participant demographics by factor

Pseudonym	Gender	Ethnicity	Age	Care arrangement	IV Support	Factor
Chelsea	Female	White British	16	Residential care	Formal	1
Cara	Female	White British	10	Foster care	Formal	1
Matthew	Male	White British	17	Foster care	Formal	1
Alexia	Female	Mixed Caribbean British	19	Foster care	Formal	1
Jayden	Male	White British	10	Foster care	Formal	1
Oliver	Male	White British	12	Foster care	Formal	1
Jacob	Male	White British	11	Foster care	Formal	2
Tom	Male	White British	19	Care leaver	Formal	2
Melody	Female	White British	9	Foster care	Formal	2
Lewis	Male	White British	14	Foster care	Formal	2
Marlow	Male	Mixed Caribbean British	12	Foster care	Formal	2
Eddie	Male	White British	12	Foster care	Formal	2
Whitney	Female	White British	13	Residential care	Formal	3
Kerry	Female	White British	20	Care leaver	Informal	3
Alexander	Male	White British	15	Foster care	Formal	3
Natasha	Female	White British	20	Care leaver	Formal	3
Simon	Male	White British	14	Foster care	Formal	NL
Mia	Female	Black British	28	Care leaver	Informal	NL
Harper	Female	White British	13	Foster care	Formal	NL
Nadia	Female	Black British	17	Foster care	Formal	NL

Note: NL: Non-loading, Non-loading indicates participants whose Q-sorts did not significantly load onto any of the three identified factors. IV support refers to whether the match was still formally supported by an IV service.

Table 16 presents match characteristics by factor. Those loading onto factor one had been matched for the shortest time (median = 0.75 years), and those associated with factor three were the longest standing (median = 5 years). The median age at match was similar across factors and ranged between 10 and 12. Almost all matches (95%, n=19) were informally ongoing in that the IV and the young person were in regular contact. Of these, 90% (n=17) were still formally supported by the IV service.

Table 16: Median match length and age at match by factor

Factor	Median match length (years)	Median age at match (years)
1	0.75	11
2	2	10
3	5	10.5
Non-loading	2.5	12
Overall	2	11

Note. Match length is reported in years for formal matches. Non-loading refers to participants whose Q-sorts did not significantly load onto any of the three identified factors.

Factor interpretation

The sections that follow present an interpretative analysis of each factor, written in the first person from the perspective of a young person taking part in the study. The factor interpretation is an amalgamation of views from participants who loaded on the factor. A crib sheet highlighting key information for each factor is included in Appendix 11.

1) 'The voluntary visitor: a guide not a guardian'

Demographics

Factor one has an eigenvalue of 5.33 and explains 18% of the study variance. Six participants were significantly associated with this factor. Three were female and three male, their ages ranged from 10 to 19 (median age: 14). The age at the time they were matched with their IV ranged from 9 to 17 (median 'age at match': 11). Five described their ethnicity as White British, and one as Mixed Caribbean British. Two of the young people (Cara and Chelsea) had had a previous IV before their current match. Five participants were in foster care and one was in residential care. There are two sibling groups represented in this factor (Jayden and Oliver, and Cara and Matthew).

Five were matched with female IVs, one with a male. All the young people associated with this factor were still in touch with their IV and their matches were still formally supported by the LA. Two young people had been matched within the last six months, three between six months and a year ago, and one over 8 years ago (median match length: 0.75).

Factor interpretation

It's hard to describe the relationship with my IV but I can tell you what it is *not* like. My IV is definitely not like a parent: they don't do the things a parent would (-3). The way things are between us is also different to how it would be with parents: *"we're more like equals."*

(Matthew, 17) because *"[with] a parent, the parent gets to choose what you do but with this, we both choose".* (Oliver, 12)" Although we are more like equals, we are also not exactly genuine friends (-1) and that's *"because of the age difference*" (Alexia, 19) between us. *"They are not a friend, well they are an amazing "friend" (*laughs and does air quotes*). They're like an "adult friend" but it's different because they are not the same age [as me]"* (Cara, 10). I'd say *"it's more formal than it would be with a real friend."* (Matthew, 17).

Similarly, I don't feel my IV helps me by showing me how to build a trusting relationship (-1). That might be because *"I haven't known them that long given we only meet every now and then so we are still building up trust"* (Matthew, 17) or because *"I don't see them often enough so I can't do that"* (Chelsea, 16). But building a trusting relationship isn't something I really need help with, because "*I have that already [with my carers]"* (Cara, 10) and *"I already have a group of friends who I really trust"* (Oliver, 12). Similarly, I don't think of my IV as someone to go to for independent advice (17, -3). I'd go to other people for advice or if I had a problem, *"I'd go to someone here [at home] about that*" (Chelsea, 16). Generally, I feel supported: *"I have lots of people who are there for me"* (Cara, 10).

Although, I think of them as someone to talk to about things (+1), I don't tend to get into serious topics with my IV: *"we don't tend to go deep"* (Alexia, 19). That's how I prefer it because *"It's fun to have someone to just talk lightly to, nothing serious"* (Matthew, 17). And sometimes it's good to spend time together and to not *have* to talk about anything: *"[IV is] there for the people who don't speak much [...] just being there just helps. [..]. Even though sometimes I'm not chatting, it's good to have someone who is just there."* (Alexia, 19)

The best way to describe my IV might be a positive role model (+2) and *"someone who takes me out*" (Chelsea, 16) to have fun and enjoy myself (+3). This is one of the most important parts of it and is why I wanted an IV. We do activities I enjoy and going out with them helps me try new and different things (+2) and find new hobbies, skills and interests that I enjoy (+2).

It's very important my IV isn't paid (+3), and that is quite unique given *"pretty much everyone else is"* (Chelsea, 16). Them being a volunteer means that *"they like listening to* *children who want to talk to people"* (Jayden, 11) and *"they are there because they want to do it"* (Matthew, 17). It's reassuring and *"makes me feel relieved"* (Cara, 10) that they aren't doing it for the money or because they have to.

Having an IV isn't about them changing things about me, like how positively I think about myself (-1) my opinions on things (-1) and especially not my sense of who I am (-2). Feeling accepted by my IV is important: *"I think a good thing is they help me where I struggle but they accept me for who I am, they don't try to change me. Just seeing her helps. She's not wanting me to do anything*". (Alexia, 19) They don't tell me what to do, but if there are goals I want to achieve or challenges I want to overcome (+1), like being anxious in busy places (Alexia, 19) or struggling to be motivated to get out the house (Matthew, 17), then my IV can help.

They don't have much impact on life at home. I feel strongly that they are there to help me, not the adults who look after me (-3). If things are difficult at home, problems tend to get resolved there. My IV doesn't usually get involved in calming things down (0) but if problems do come up, then having them to go out with can give me an escape from everything: *"it's just a different environment. It's just a different place to be to get away from here because quite frankly sometimes I don't care where I go as long as I get away from here."* (Chelsea, 17)

My IV is also someone to talk to when I can't talk to other people: *"sometimes I don't want to speak to my carer because she has her own things to worry about"* (Alexia, 19) I appreciate that my IV is separate from other parts of my life, and having someone outside of the care system to rely on (+1) is quite important. But I feel ambivalent about *relying* on my IV because *"I don't need more people to rely on"* where serious stuff is concerned, just someone to have a relaxed time with (Matthew, 17).

2) 'Mind the gap: adventures beyond home'

Demographics

Factor two has an eigenvalue of 2.65 and explains 18% of the study variance. Six participants were significantly associated with this factor, but one (Tom) loaded negatively. This means Tom's perspective was more or less the opposite of the factor viewpoint, and makes factor two a 'bipolar' factor (Flurey et al. 2014). In this first section, I summarise the factor interpretation based on the participants who loaded positively. I then highlight a specific areas of disagreement to elucidate how Tom's sort helps us understand this factor.

Positive loading participants

One was female and four male, their ages ranged from nine to 14 (median age: 12). The age at match ranged from nine to 12 (median 'age at match': 10). Five described their ethnicity as White British, and one as Mixed Caribbean British. All five participants were in foster care. Two participants had siblings in the study who loaded onto other factors. All the positive loading participants were in placements where there were between three and five young people at home.

All were currently in touch with their IV and their matches were still formally supported. One participant had been matched within the last six months, the other four for between 18 months and two years (median match length: two years). Four of the IVs matched with these young people were female, and one was non-binary. Two matched IVs and three foster carers participated in the study.

Negative loading participant

Tom was 19 years old and was living in shared accommodation, having previously been in two foster placements. He had been matched with a female IV, Shelly, since he was 11. Tom was currently in touch with Shelly and his parents but was not with his previous foster carers. In general, Tom felt distrustful of the social work system and reported a poor experience of being in care.

Factor interpretation

The most important thing my IV helps me with is enjoying myself and having fun (+3). They help me find new hobbies, skills, and interests (+3) - like running (Jacob, 11) and cooking (Marlowe, 12). It's not the activities themselves that are important, it's trying new things in general (+2) and having someone *"to take me to new places"* (Melody, 9) that matters. *"Having different experiences*" (Jacob, 11) is important to me for two reasons. First, because I like variety, keeping busy and for *"things to be out of the ordinary"* (Eddie, 12). Second, because it gives me *"someone to do stuff with that I wouldn't get to do at home"* (Eddie, 12), without having to compromise with my siblings or carers (Jacob, 11). This was the reason I wanted an IV, *"to get out of the house for a bit because usually, we don't go out that often."* (Lewis, *14).* Having my IV to go out with gets me up and doing *"better stuff than laying in bed! I didn't go out a lot with my last carers, they were really busy."* (Marlowe, 12)

Having said that, I'm not trying to overcome any challenges or achieve any goals (-1) with my IV. That is the opposite of fun for me. "*What I want is to do what we both want and enjoy it together. I just want to go out. Have fun. And that's it. Not be thinking about achieving goals." (Lewis, 14)* I don't think my IV is helping me make decisions either, I can already do that (Marlowe, Jacob). And for me it's not about helping me build my independence (-2). As I see it, "*to build up your independence [you] need to be on your own. But IV is about spending time with someone." (Lewis, 14).* I didn't have any issues with being own my own, "*I was actually independent already and I think my IV was trying to build me to be more social I think"* (Jacob, 11). It's about learning to depend on someone, not about becoming more independent.

I have a good relationship with my IV and "*obviously*" (Lewis, Marlowe) they are a genuine friend to me (+2). It's different to with my social worker who is *"more like a ….care cop., he's really nice. And he cares. But he's got to do serious stuff, serious decisions about me. With [my IV] it's less serious, she's more like a friend". (Artur)* They show me how to build a trusting relationship (+2). That was another reason I wanted an IV: *"so I could trust somebody,* [and have] *someone make a relationship with me and never give up on me"* (Melody, 9). But that trust did take time to develop. At the beginning "*what I used to do would be wait inside not thinking they would be coming. But now I know they're going to be there so I can wait outside." (Lewis, 14).* After "*two or three times, then I felt I could really trust them"* (Eddie, 12).

Another thing my IV helps me with is thinking more positively about myself (+1). *I* felt *"quite positive about myself already" (*Marlowe*, 12)* but lately some things have knocked me, and my IV *"builds me up" (*Jacob*, 11).* At first *" I was not that confident being out with my IV, but now I would say it has helped me build up that courage for meeting new people." (*Lewis*, 14)* Overall, my IV is a positive influence but not someone I think of as a positive role model (0). We are quite different (Lewis, 14), and a role model would be "*someone I want to copy in my life"* (Marlowe, 12).

Having someone to talk to about things (-1) isn't that important because "*I already have people who I can talk to (Melody, 9)"*. What's different with my IV is "*I can talk about the things I want to talk about. But not the things I don't wanna talk about, it's my choice" (Lewis, 14)* I might occasionally ask them for independent advice (0), like "*If I'm feeling stressed about something, I can tell them about it, and they can recommend something to help me*" (Eddie, 12) but our time together is more about doing things than talking. And there are other people I can get advice from if I need it.

They don't help with practical things (-3) and that isn't important because I have other people to do that (Melody, 9). When I'm out with them they do some stuff that a parent might do (-2), but just the basics like getting me lunch (Jacob, 11), or making sure I'm being safe (Lewis, 14). Having said that, I do think that my IV watches out for anything worrying (+1). They do that on visits to make sure I stay safe (Lewis, 14), but they also "*check if I am okay and if I was sad, they would notice and ask me if I'm alright."* (Melody, 9)

My IV being a consistent person in my life (+1) is important because my family and I have had a lot of changes recently, like moving placements, having health problems, and going through bereavement. My IV coming to see me regularly means "*I can rely on [them]"* (Marlowe, 12). Going off to have fun with my IV "*takes my mind off everything"* (Melody, 9) that has been going on and gives the adults who look after me time to themselves (+1). " *It can give them time to do things they need to do without me"* (Eddie, 12) which is good: *"I think [they] should have some time off"* (Jacob, 11).

I'm not sure whether it's important my IV is someone outside the care system to rely on (0). On the one hand, sometimes I think "*most people I talk to are probably in the care system so I want someone who isn't*" (Jacob, 11). On the other, "*it's just nice to have someone different I think and to have a friend around but that could be in the care system. I don't think that matters (Eddie, 12)". S*imilarly, my IV not being paid doesn't matter at all to me (-3): *"I think it's about the quality of the time together, not about whether they get money, that doesn't mean much to me"* (Lewis, 14).

How does Tom's Q sort help us understand factor two?

I discuss two key areas of disagreement between Tom and factor two because when participants show divergent loading patterns, Q treats them as valuable data points that can deepen our overall understanding of the factors. Unlike thematic analysis, which synthesises data into broader themes and 'smooths over' individual differences, Q preserves these distinctions and allows contradictory viewpoints to emerge.

IVs and the care system

While participants who loaded positively on factor two were ambivalent about seeing their IV as someone outside the care system (0), this distinction was crucial to Tom (+3) who differentiated strongly between those inside and outside "the system." Tom valued his IV precisely because she operated differently to professionals:

> *"I could definitely rely on her. I do, if I need help. I don't really use people in the system. Because I feel like they're useless cabbages.* (Interviewer: What's different about relying on Shelly to rely on people within our system?) *Shelly, actually cares. (laughs) She doesn't say 'my time's running out, I've got other people to see'."* (Tom, 19)

Similarly, it was highly important to Tom that his IV was not paid (+3) because it indicated how much his IV cared about him and differentiated his IV from professionals: *"the people who get paid are the ones in the system."*

The significance of fun

While fun remained highly important for positive-loading participants, it had become less significant for Tom over time (-1). Like the positively loading participants, Tom had experienced struggles, including placement breakdowns and struggling to fit in with peers. He described time with his IV as an escape from these difficulties:

> *"it helped me forget the terrible shit that was happening, having that release, having fun and [having] banter with someone, and feeling safe. That did help... (my*

> *IV) was a very good distraction. It didn't matter how much of a crap day I was having, I would literally wait on the steps for her because I'd just be really excited to go - it didn't matter what [the activity] was."*

This echoes comments made by others about the potential for time with an IV to relieve stress and provide escape. Tom's Q sort emphasises fun and enjoyment are key for those associated with factor two. It also suggests that fun might not always be 'just' fun but might fulfil other important functions.

3) 'The trusted confidante: comfort and connection'

Demographics

Factor 3 has an eigenvalue of 2.41 and explains 16% of the study variance. Four participants load onto this factor. Three participants were female, and one was male, their ages ranged from 13-20 (median age: 17.5). The age at the time they were matched with their IV ranged from 10 to 14 (median 'age at match': 10.5). All four described their ethnicity as White British. Two participants were care leavers, one was in foster care, and the other in residential care.

Three of the IVs matched with these young people were female, and one was male. All the young people positively associated with this factor were currently in touch with their IV. Three of the four matches were still formally supported by the LA. The young people loading onto this factor had been matched with their IVs for longer than those associated with the two other factors: the median match length was five years (range 3-10 years). Within this group of young people, two matched IVs took part in the study and one foster carer.

Factor interpretation

My IV and I have known each other a long time and have *"a really strong bond"* (Kerry, 20; Natasha, 20). My IV *"trusts me a lot and I trust them"* (Alexander, 15). They are showing me how to build a trusting relationship (+3) and that's a big deal for me because *"I don't trust people generally"* (Natasha, 20). Being able to trust them helps my mental health because *"I have such bad anxiety and depression. I sometimes freak out so I can't leave the house. But with the bond I have with [my IV], I know that I can trust them, so they're helping me with my social anxiety."* (Natasha, 20).

It has also helped in my relationships with others. I've had a difficult time making friends (Alexander, 15) and struggle seeing my family because of what's happened in the past (Kerry, 20 and Natasha, 20) so my IV plays a special role in my life. They make me feel like all the stuff I've been through *"it's not me, it's not my fault"* (Natasha, 20). They've been a genuine friend to me (+1) when I really needed one. A few years ago, *"I was really lonely [...] and when my IV came in, when I met them, they were my only friend for a long time [...] having them around was vital"* (Alexander, 15). I recently decided that I needed to *"cut out a lot of people from my past"* and my IV is the only one I have kept in my life because *"they are the only one who has been with me through everything"* (Natasha, 20).

One of the most important things about our relationship is that it gives me someone to talk to (+3) and *"I can talk to them about absolutely anything"* (Alexander, 15). We have *"normal conversations"* (Natasha, 20) about everyday stuff, but I can also confide in them like *"when I stopped self-harming, I told them that I was gonna try and they were so supportive."* (Natasha, 20). Having *"someone to talk to outside of the house, who I know I can talk to and trust without everything I've said being shared"* (Whitney, 13) matters a lot. My IV being outside of the care system also means they bring a different perspective: *"if I don't want to talk to someone [at home], it's someone...I don't want to say "normal" person, but someone who can just give me straight advice"* (Whitney, 13). This can help me think differently about things occasionally (0). I don't necessarily think about them as someone to go to for independent advice (0), but I can talk to them about what's going on in my life and they will give me their honest opinion.

My IV helps in ways that are different to what a parent would do (-2). Other people like my carers/support workers help with practical things (-3). But my IV does do things that show me they care, like *"checking in on me when I'm ill"* (Natasha, 20). They are also someone outside of the care system to rely on (+2). I've been able to lean on them in the past when I have needed help like when *"I had to go hospital. And when they told me I could leave it was 2am and I had no one to come get me, so I waited at the doors of A&E and at 7am I was calling everyone like "are you able to come get me?" and [my IV] was the one to come [...] And she was like "next time you call me at 2am!"*(Kerry, 20) Although it's important they are outside of the care system, I don’t have a strong opinion on whether they get paid, as long as they are seeing me *“because they want to do it.” (Natasha, 20; Kerry, 20).*

Our relationship is more about talking and spending time together than “*doing lots of random activities*” (Natasha, 20), so trying new and different things (-3) or finding new hobbies, skills and interests (-2) are not a big part of it. We have tried new things together but *“we tended to focus on stuff I was already into. And that's how I liked it, staying in my comfort zone but just being taken to the edge of it”* (Kerry, 20). I prefer “*having our routines together”* (Kerry, 20) like going to our favourite place for food. That doesn’t mean having fun (0) is not important, “*but it's not the only thing or the main thing”* (Natasha, 20) that I get from spending time with my IV. Sometimes going out with them does feel like an “*escape*” (Whitney, 13). When I feel really stressed, it helps to get out for a bit (Alexander, 15) but I wouldn’t say it calmed things down much at home (-1). Similarly, I don’t think it’s their responsibility to watch out for anything worrying (-1). When things were difficult at home in the past, they didn’t know at the time because I didn’t want to talk about it, “*I just wanted to forget about it”* whilst we were out (Natasha, 20).

I don’t think they’ve helped me overcome challenges or achieve specific goals (-1), I wouldn’t put it like that. But when I think back over the time I’ve known my IV, I can pinpoint things they’ve helped me with, like developing my sense of who I am (+1*): “they have helped me get out of my shell. I used to be really closed off. Since being with [my IV] I've become more open, more... feeling comfortable in myself. It's a friendship I can be myself in”* (Kerry, 20). I also feel I can identify with my IV. Because we are similar in some ways, (like being a parent or being LGBT+) they are a positive role model for me (+2) and “*if I say I want to change [my gender identity] or be called [a different name] instead or something. It's someone who understands and can give me advice”* (Whitney, 13). Another thing they’ve helped with is building my independence (+2) and helping me make my own decisions (+1). I find the relationship empowering: I get to make choices about what we do and I do things independently when we are out (Alexander, 15). I’m so used to “people telling me ‘*no, you can't do that. You can't go to that college. You need to do that, you need to do this.’ But [my IV] encouraged me to make my own choices*” (Natasha, 20).

Non-loading participants

It is expected that not all participants will load onto a single factor, and Q considers these 'non-loading' participants a key part of the analysis. In this section I briefly consider why some participants were not associated with the three factors identified.

Demographics

Four young people did not load significantly onto any factor. Three were female and one male, their ages ranged from 13 to 28 (median age: 15.5). The age at the time they were matched with their IV ranged from 9 to 13 (median 'age at match': 12). All four were currently in touch with their IV but one match was no longer formally supported. One had been matched within the last year, two between three and four years ago, and one over 19 years ago. This last young person had had a previous IV for a short period before their current match began. Three participants were in foster care, and one was a care leaver.

Their factor loadings are shown below in table 17 with the highest factor loading for each participant highlighted to show which factor they had most in common with.

Table 17: Factor Loadings for Non-Loading Participants

Pseudonym	Age	Factor 1	Factor 2	Factor 3
Harper	13	0.24	0.47	-0.08
Mia	28	0.27	0.42	0.36
Nadia	17	0.47	0.15	0.20
Simon	14	0.45	0.25	0.24

Interpretation of non-loading Q sorts

There are no obvious demographic characteristics that explain why these participants are not associated with a factor: they vary in terms of age, ethnicity and match length. However, two patterns emerge.

First, it was notable that all participants, whilst not loading significantly, do load at over 0.4 (a moderate correlation) onto a factor. There is no participant whose perspective represents an extreme outlier with little in common with any factor. This indicates a level consensus amongst participants about the way that having an IV supports them.

The second pattern relates to atypical IV relationships. Harper was the only female matched with a male IV (most providers do not match men with girls). Mia and her IV were the longest match in the sample by a long way, and Mia was the oldest participant.

Participants with atypical matches appeared less likely to load onto the factors identified (this was also the case for my Q sort, as I discuss in the next chapter).

Although it is hard to say whether gender is relevant to Harper not loading onto any factor, it is reasonable to assume Mia's age and match duration are relevant. Mia's sort is more evenly distributed across the factors than the other non-loading participants. She shared with factor three a very close bond with her IV that filled a gap in support: "*she has literally watched me grow up, she was there at every landmark of my life. I haven't got that because I don't have family. So I think [my IV] really stepped into that space. (Mia, 28)*. Mia also shared with factor three experience of relying on her IV in a crisis:

> "I went to uni, which was very difficult for me. I was surrounded by kids whose parents would pop down and help them food shopping, help them move in and I didn't have that. One time, my loan hadn't come in and I'd tried to get discretionary funds but it was taking too long. I was in such a panic. I called [my IV] and she was like 'calm down, what do you need?' And she lent me the money. Having that support was amazing, just knowing she was in my corner made a huge difference." (Mia)

Other non-loading participants (Simon and Nadia) also described relying on their IV for support they were not getting elsewhere – in their case practical support and developing independence away from primary carers.

But Mia was more closely aligned with other factors in relation to other dimensions of IV support. For example, with factor one where it came to IVs being paid (Mia +1), because she felt it was important they were volunteers:

> "she didn't need to be there at my doorstep, taking me out. But she was and that speaks volumes. They're choosing to be there, she chose to walk with me, she chose to stay even after she left the IV scheme and they weren't giving her the funds to take me out, she still stayed. And growing up not having a lot of people around, for someone to step in and really stick around was amazing" (Mia)

Mia's sort suggests that a longstanding IV relationship might go through many iterations that make it difficult to specify exactly how IV helps in the long term, particularly where relationships transition from an IV match into a natural friendship. Indeed, Mia commented on struggling to prioritise the statements because *"everything feels important"*. Implications of using Q with a varied sample of participants, including care leavers and older recipients of IV support, are discussed further in the strengths and limitations chapter.

Summary and reflections

Factor summaries

There were three factors generated in this analysis, and they represent three distinct viewpoints on how young people think having an IV in their life helps them, as well as what types of support are perceived as most important. The three factors generated can be summarised as follows:

1. **‘The Voluntary Visitor: a Guide not a Guardian’**: “my IV is someone who I have fun with, who is a role model to me, and who helps me achieve things that are important to me. They are an additional person for me to rely on. It’s important they are separate to the care system and not paid to spend time with me, because that shows they are spending time with me because they want to”. The factor name highlights the unpaid/voluntary nature of the role, the fact they are a visitor, not a genuine friend, and the idea these IVs guide the young person by being a role model and helping them achieve their own goals, rather than as a parent/guardian or professional might.
2. **‘Mind the gap: adventures beyond home’**: “my IV is a genuine friend who I can try new things with and do fun activities I don’t get chance to do at home. They help me by building up my confidence, and they also help my carers. I don’t think it matters at all whether they are paid or are a volunteer, as long as they are doing it for the right reasons.” The factor name emphasises the core element of support: having fun new experiences. It also touches on the notion of being away from home, to incorporate the idea of escaping difficulties and/or boredom. ‘Mind the gap’ refers to IV support meeting unmet needs (for young people and their carers), and the greater focus for factor two on safeguarding young people.
3. **‘The trusted confidante: comfort and connection’**: “my IV is my confidante, we are very close and I can talk to them about anything. They help me build a trusting relationship and give me someone outside of the care system to rely on. They act as a role model because we have a lot in common. They help me build my

independence and develop myself in different ways." This factor conveys the centrality for factor three of building a trusting relationships in which they can be vulnerable and confide in their IV about difficult topics. 'Comfort and connection' captures the emotional significance of these relationships, as well as their emphasis on reassurance, dependability, routine and a shared identity.

Key areas of consensus and disagreement

Table 18 shows the statements sorted from greatest to least consensus, based the variance across the normalised factor z scores.

Table 18: Factor Q-sort values for statements sorted by consensus vs. disagreement

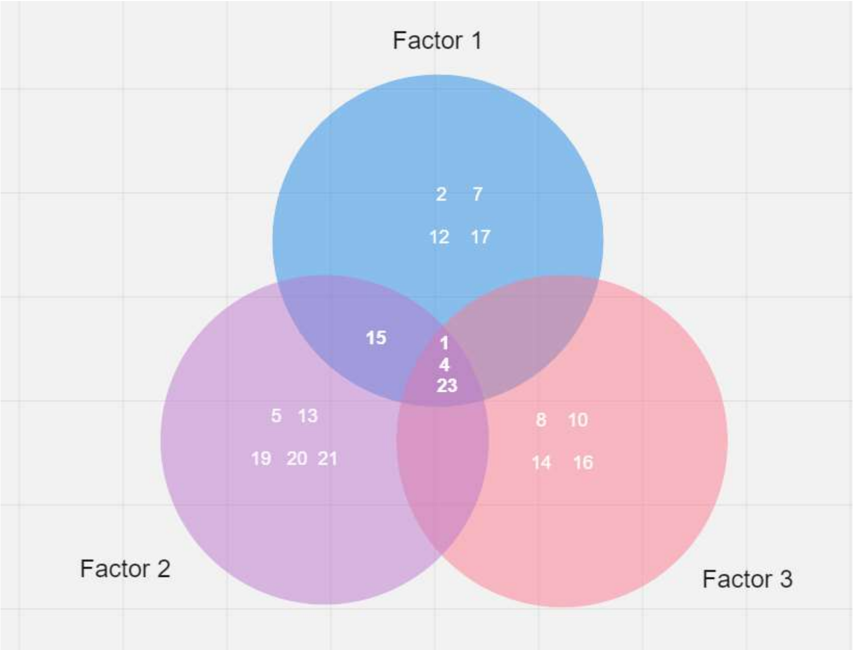
No.	Statement	Factor 1	Factor 2	Factor 3
3	Having an IV helps me by doing some of the things a parent might	-3	-2	-2
6	Having an IV helps me by calming things down if it's difficult	0	0	-1
9	Having an IV helps me think differently about things	-1	-1	0
11	Having an IV helps me with practical things	-2	-3	-3
5	Having an IV gives me a consistent person in my life	0	1	0
18	Having an IV helps me by watching out for anything worrying	0	1	-1
22	Having an IV helps me by being around long term	0	0	1
7	Having an IV helps me think more positively about myself	-1	1	0
21	Having an IV gives me a positive role model	2	0	2
14	Having an IV helps me enjoy myself and have fun	3	3	0
12	Having an IV helps me overcome challenges or achieve goals	1	-1	-1
20	Having an IV gives me someone outside of the care system to talk to	1	0	2
2	Having an IV gives me a genuine friend	-1	2	1
17	Having an IV gives me someone to go to for independent advice	-3	0	0
8	Having an IV helps me develop my sense of who I am	-2	-1	1
15	Having an IV helps me make my own decisions	0	-2	1
13	Having an IV helps me build my independence	1	-2	2
4	Having an IV gives me someone to talk to about things	1	-1	3
19	Having an IV helps me by supporting the adults who look after me	-2	1	-2
1	Having an IV shows me how to build a trusting relationship	-1	2	3
10	Having an IV helps me find new hobbies, skills, and interests	2	3	-2

23	Having an is IV who is not paid to spend time with me means a lot	3	-3	-1
16	Having an IV helps me try new and different things	2	2	-3

There was strong consensus about ways that IVs did not help – they were not seen as sources of practical support, and they helped in ways that differed from a parent. Relatedly, young people saw few connections between having an IV and life at home. However, several described time with an IV as an ‘escape’. The phrasing of statement six could explain this disconnect: participants felt time spent with their IV could relieve stress arising from difficulties at home, but did not ‘calm things down’ or improve the situation overall. There was also consensus on, but little attention paid to, statements about consistency and longevity. Reasons for this lack of emphasis could include not all participants being in long-term matches (median match length was two years, and some had been matched only six months) and/or most relationships being ongoing. Mia’s sort suggested the significance of an IV showing up consistently over many years might take on greater importance retrospectively.

Figure 5 shows which distinguishing statements are unique to each factor and which are shared. These distinguishing statements help us understand the key issues underpinning different conceptions of IV.

Figure 5: distinguishing statements by factor



There was greater consensus around the less important ways IVs help. When it came to more important aspects of IV support, participants were divided on the importance of: trying new and different things, who the IV is there to support, and building trusting relationships. Other areas of divergence included the position of IVs in CSC and the role of fun in IV relationships.

The way young people saw IV support seemed related to what other social support they had available, and whether the IV was thought to be 'filling a gap' in this support. Those who were socially isolated often saw their IV as a genuine friend, those who felt under stimulated at home saw their IV as someone to have new experiences with. Perceptions of IV support appeared inextricably linked to the wider context of these young people's lives. This idea is explored further in the researcher commentaries below, and in the discussion chapters.

Researcher commentaries

In this final section, I provide some commentary on the three factors and the non-loading participants. These move beyond reporting results to offering higher-level contextualised interpretations, suggesting possible explanations for the patterns observed, and connecting the findings to broader considerations about IV.

Factor one

Those loading onto factor one saw the relationship-building aspects of IV as less important than other aspects, particularly compared to other factors. Young people did not generally consider IVs genuine friends or think they were showing them how to build trusting relationships. Given these young people had been matched for the shortest time on average, factor one may be typical of recently matched young people. But this is challenged by one participant having been matched for over eight years. An alternative explanation could be that these young people were already well-supported by friends, carers, and professionals, with the IV playing a peripheral role. Those loading onto this factor spoke at length about people they could rely on and adults they trusted. The IV offers an additional, not essential, relationship, in contrast with those loading onto factor three, for whom the IV was a core part of a relatively small support network.

Indeed, these young people were less likely to see the IV as a source of help and influence overall. They rated their IV's role in giving advice, helping them make decisions, and influencing their self-esteem lower than other factors, often saying they did not need help with these things. They seemed to reject the assumption the IV was there to improve anything. Instead, they considered achieving goals and overcoming challenges they themselves had set – such as working on fears and phobias – important. They also considered their IV a role model. The decision to see someone as a role model or work on a goal with them could be thought of as more self-directed than the other statements listed above.

If this is the case, what unique contribution is their IV making? Perhaps none: the IV is part of an already supportive network and acts as a positive role model, but without 'making up for' a lack of support in any one area. Compared to other factors these participants felt the voluntary nature of IV was highly important, in direct opposition to factor two. They also felt having someone outside of the care system was important. The presence of a supportive adult who is not paid to see them and who is separate to any professional intervention – and therefore not trying to change anything about them - might be the difference having an IV is making in their lives.

Factor two

Like factor one, participants loading positively onto factor two emphasised the importance of activities and new experiences with their IV. However, interviews suggested the role that these played for each factor was different. First, working on goals or overcoming challenges, important to factor one, was seen as an anathema by factor two. Second, time with the IV was often described positively in contrast to time at home by factor two. Tom's description of time with his IV as an escape was echoed by Marlowe and Lewis describing home life as under stimulating, and by participants loading onto factor three. Several described wanting to do new things with an IV because they were/had recently been in placements where this was not an option. Conceptualising the IV as 'filling a gap' for these participants contrasts with the interpretation of factor one, where the IV was not seen as making up for anything lacking.

Most of these participants had experienced recent instability. Five of the six described: recent placement moves, including placements that had been unsatisfactory, or significant life changes including bereavement, health problems and struggles with sexuality and gender identity. Some mentioned struggles with self-confidence having experience appearance-related issues, including weight problems. Against this backdrop, the IV provided consistency by being an adult outside the family they could rely on and someone who could help build up lost confidence.

A final defining feature was that these participants they did not see themselves as the only recipient of IV support. They differed considerably from other factors in thinking of their IV as someone to support the adults around them as well, which might reflect the recent difficulties these families had experienced. This 'family help' dimension is related to a final point: this group were least concerned with distinctions between those inside or outside of the care system, attributing virtually no importance to the IV being a volunteer.

Factor three

Compared to other factors, these young people described the closest emotional bonds with their IVs. For factor three, the relationship in and of itself was 'the point'. Building a trusting relationship, experiencing genuine friendship, and having someone outside of the care system to rely on and talk to were highly important.

Age-related differences might explain why those loading onto factor three felt their IV was helping develop their independence, explore their identity, and make their own decisions. Like factor one, they considered their IV a role model. But for those on this factor, a sense of shared of identity and common ground was what made their IV a role model. Being older, these participants were at a developmental stage where these issues become salient. Yet, surprisingly, given we might expect older participants to have a more developed concept of the difference between paid and unpaid work, factor three did not use money to differentiate between those in and out of the care system. Their IV being separate and independent was important, but they were ambivalent about whether IVs were paid, describing motivation as trumping money.

Finally, and perhaps most importantly, there was a strong sense these young people were socially isolated and their IV was a key part of a limited support network. Most described struggling with peer and/or family relationships, which contrasts with the good support networks factor one described and the positive relationships factor two had at home. Half also described having additional needs – a higher proportion than other factors. It may be that for young people who struggle to establish positive connections with others and who feel they do not 'fit in', having an IV is particularly important.

Non-loading participants

Participants who did not load onto any factor nonetheless shared some features with other participants' accounts of IV support. Qualitative interview data suggested that IVs might fill gaps in support for young people – particularly in extended family networks and in crisis. This was an element of IV support identified by professionals in the previous chapter.

For young people, the flexible and seemingly uncomplicated nature of the support an IV provides seems key. Both Kerry – whose IV collected her from A&E - and Mia – who borrowed money in a financial emergency - were care leavers who would have been eligible for LA support. However, being able to (literally) call upon an individual, rather than engage with a system, was what allowed them to negotiate the crisis they found themselves in. This suggests that IV support might sometimes play a role in plugging gaps in support for young people.

Chapter summary

This chapter provided a detailed account of young people's perspectives on how having an IV helps them. As the first study to use Q to explore IV, the original contribution this chapter makes is to empirically identify three differentiated viewpoints on the value of IV support. This challenges previous homogeneous portrayals of IV relationships and children's views of them. The analysis also demonstrates IV relationships operate in diverse ways based on young people's individual contexts and needs, potentially filling gaps in support and service provision. The findings presented here also challenge some assumptions underpinning IV policy, including the universal importance of IVs being unpaid volunteers, the significance of IVs being "outside the system," and the notion that IVs should solely benefit the matched child. The next chapter presents the findings of the Q study conducted with supporting adults.

10. Findings: supporting adults' views

This chapter presents findings from 'Q' interviews with IVs (n=19) and foster carers (n=9), henceforth 'supporting adults'. Interviews explored the question 'how does having an IV help your child or young person?' to understand supporting adults' subjective views on IV. This addresses research question three: 'what is the value of the policy from the perspective of foster carers and IVs who support young people?' I present the statistical output of the factor analysis and an overview of the four-factor solution, followed by factor interpretations and researcher commentaries.

Factor analysis: statistical output

Table 19 – in Appendix 14 - shows the correlations between the Q sorts and forms the basis for subsequent analysis: positive numbers indicate similarity between participants and negative numbers indicate dissimilarity. Table 20 – in Appendix 14 - shows the results of the initial factor analysis before rotation. Eight unrotated factors were identified; this table shows the eigenvalue (EV) and the percentage of the variance explained by each factor.

The eight unrotated factors accounted for 85% of the variance. The table also shows the extent to which each Q sort loads onto each unrotated factor (the closer to 1, the more representative the Q sort is of that factor). Table 21 below shows the four factors after Varimax rotation with 'defining sorts' (those that load significantly onto a single factor) marked by 'X', and conflated sorts (those that load significantly onto more than one factor) marked by 'C'. Six participants loaded onto factor one, six onto factor two, five onto factor three, and three onto factor four. Two were confounded and six did not load onto any factor. The solution explains 64% of the variance in the data. As per the previous chapter, this is acceptable as it as above 35-40% widely used as a benchmark (Kline 2014).

Table 21: Rotated factor matrix

QS ID	Participant Code	Factor 1	Factor 2	Factor 3	Factor 4
1	FC02FWE	0.1880	0.8291X	0.2332	0.0168
2	RC03FDE	0.4690	0.1772	0.2588	0.5909X

3	FC04FDE	0.9036X	0.1059	0.1907	0.1010
4	FC05MDE	0.4765	0.2675	0.4824	0.3092
5	FC01MBE	0.0098	0.6827X	0.1917	0.4500
6	FC07FXI	0.1568	0.1181	0.3267	0.3329
7	FC08FZI	0.3565	0.4617	0.2866	0.1259
8	FC09FXI	-0.1310	0.2535	0.6650X	0.1440
9	IV18MZI	0.0465	0.5713X	0.0483	0.4772
10	IV01MBE	0.6370C	0.6289C	0.2716	-0.1212
11	IV02FLE	0.0064	0.0120	-0.1514	0.7798X
12	IV03MCDE	0.1025	-0.1769	0.6089X	-0.0707
13	IV04FLvE	0.4783	0.4790	0.0465	-0.2327
14	IV05MWE	0.1021	0.8659X	-0.0345	0.2299
15	IV06FDE	0.2529	0.7203X	0.0355	-0.0432
16	IV07FDE	0.7608X	0.2883	-0.1494	0.0294
17	IV09FHE	0.7468X	0.4307	-0.0328	0.1779
18	IV10FCI	0.6791X	-0.0357	0.0876	0.1063
19	IV11FCI	0.4349	0.2141	0.6624X	0.1965
20	IV12MZI	0.6148C	0.1827	0.5510C	-0.2093
21	IV13FCI	0.6851X	0.2175	0.0461	0.1711
22	IV15FCI	0.3473	0.3910	0.5768X	0.0260
23	IV08FLvE	0.4939	-0.1991	0.3574	0.5509X
24	IV14FLE	0.2153	0.4106	0.5153	-0.3492
25	IV16FZI	-0.3791	-0.0379	0.6366X	0.0532
26	IV17MZI	0.4615	0.4016	0.5324	-0.0150
27	IV18MCI	0.3175	0.8373X	0.1146	-0.1379
28	FC06FCI	0.7170X	0.3597	0.1649	0.0424
% of Explained Variance		22	20	13	9

Table 22 shows the correlation between factor scores. The four factor arrays are not significantly correlated with one another (using the cutoff point for statistical significance calculated for this study as 0.54). The highest correlation is between factors one and two, but it does not reach statistical significance. When examined qualitatively, there are clear differences between the two perspectives that are of theoretical importance (they disagree on some particularly important issues) and the two share no distinguishing statements. This means we can be reasonably confident that each factor represents a distinct viewpoint. What is more, choosing a three-factor solution to reduce the correlation between factors one and two would have resulted in higher correlations across the board.

Table 22: correlation between factor scores

	Factor 1	Factor 2	Factor 3	Factor 4
Factor 1	1.0000			
Factor 2	0.5263	1.0000		
Factor 3	0.2697	0.3480	1.0000	
Factor 4	0.3438	0.2093	0.2200	1.0000

Table 23 (in Appendix 14) shows the composite reliability for each factor. All have composite reliability scores greater than 0.9 which is considered robust (Watts and Stenner 2012).

Finally, table 24 sets out the ‘factor array’ which shows a normalised score for each statement (ranging from -3 to 3) in relation to each rotated factor. This gives an overall picture of how a Q sort loading perfectly onto each factor would have arranged the statements.

Table 24: overall factor array

No.	Statement	Factor 1	Factor 2	Factor 3	Factor 4
1	showing them how to build a trusting relationship	1	2	2	-3
2	giving them a genuine friend	1	2	-1	2
3	doing some of the things a parent might	-2	0	-2	0
4	giving them someone to talk to	2	1	2	3
5	being a consistent person in their life	2	3	2	-1
6	by calming things down if it's difficult at home	0	-3	-3	-2
7	helping them think more positively about themselves	0	1	-1	0
8	developing their sense of who they are	0	1	-3	1
9	**helping them think differently about things**	-1	-1	-1	0
10	helping them find new hobbies, skills, and interests	-2	-1	1	-2
11	helping with practical things	-3	-2	-2	0
12	helping them overcome challenges and/or achieve goals	-2	0	-1	-2
13	building their independence	-1	0	1	0
14	letting them enjoy themselves and have fun	1	3	3	2
15	**encouraging them to make their own decisions**	-1	-1	0	0
16	helping them try new and different things	-1	-2	3	-1
17	being someone to go to for independent advice	0	-1	1	-1
18	watching out for anything worrying	0	-2	0	1
19	supporting the adults who look after them	-3	0	0	1
20	being someone outside of the care system to rely on	3	0	1	3

21	giving them a positive role model	1	1	0	2
22	being around long term	3	2	0	-1
23	not being paid to spend time with them means a lot to them	2	-3	-2	1

Table 24 also identifies two consensus statements (in bold) which do not distinguish between any pair of factors. When compared with the analysis involving young people, there were fewer consensus statements in the adult analysis, suggesting more varied opinions. The factor interpretations that follow focus on key differences between factors, but it is useful to hold in mind that none of the supporting adults felt strongly about whether IV relationships helped young people think differently or encouraged them to make their own decisions.

Demographic data

This section briefly presents demographic comparisons between the factors. A more detailed demographic description per factor is included at the start of each factor interpretation. Table 25 shows which participants loaded onto each factor. There are no discernible patterns in terms of participant roles - a mixture of foster carers and IVs load onto all four factors – or in terms of which LA the IV belonged to. Factor two has a higher proportion of male participants than other factors. Drawing any conclusions about ethnicity-related patterns is impossible, given the predominantly White British nature of the sample.

Table 25: Participant demographics by factor

Pseudonym	Gender	Ethnicity	Role	LA	Status of support	Factor
Brenda	Female	Black British	Foster carer	LA 5	Formal	1
Maureen	Female	White British	Foster carer	LA 1	Formal	1
Jemima	Female	White British	Independent Visitor	LA 5	Formal	1
Jemma	Female	White British	Independent Visitor	LA 2	Informal	1
Shelly	Female	White British	Independent Visitor	LA 1	Formal	1
Tara	Female	White British	Independent Visitor	LA 5	Formal	1

Diane	Female	White British	Foster carer	LA 3	Formal	2
Pat	Male	White British	Foster carer	LA 4	Formal	2
Anthony	Male	White British	Independent Visitor	LA 5	Formal	2
Barry	Male	White British	Independent Visitor	LA 3	Formal	2
Dan	Male	White British	Independent Visitor	LA 7	Formal	2
Erin	Female	White British	Independent Visitor	LA 1	Formal	2
Sandra	Female	White British	Foster carer	LA 7	Formal	3
Dale	Male	White British	Independent Visitor	LA 4	Ended	3
Grace	Female	White British	Independent Visitor	LA 7	Formal	3
Mel	Female	White Irish	Independent Visitor	LA 5	Formal	3
Victoria	Female	White British	Independent Visitor	LA 5	Formal	3
Lucrezia	Female	White British	Independent Visitor	LA 8	Informal	4
Tilly	Female	White British	Independent Visitor	LA 10	Ended	4
Layla	Female	White British	Residential Care Worker	LA 1	Formal	4
James	Male	White British	Independent Visitor	LA 4	Informal	Conflated
Jay	Male	White British	Independent Visitor	LA 7	Formal	Conflated
Dora	Female	White British	Foster carer	LA 6	Formal	Non-loading
Leah	Female	White British	Foster carer	LA 7	Formal	Non-loading
Mike	Male	White British	Foster carer	LA 1	Ended	Non-loading
Darren	Male	White British	Independent Visitor	LA 7	Formal	Non-loading
Louisa	Female	White British	Independent Visitor	LA 8	Informal	Non-loading
Michelle	Female	Black British	Independent Visitor	LA 9	Informal	Non-loading

Factor interpretation

In this section, I present an interpretative analysis of each factor drawing on qualitative analysis of interviews. What follows is an amalgamation of views from participants who loaded on the factor. These relate to the factor arrays so it may be useful to refer to Table 25. A crib sheet for each factor is included in Appendix 11. The factor interpretations are written from the first-person perspective of an IV, because IVs outnumber foster carers three to one in the sample[4].

1) The anchor: long-term support beyond the system

Demographics

Factor one has an eigenvalue of 10.56 and explains 22% of the study variance. Six participants were significantly associated with this factor: two foster carers and four IVs, all of whom were female. Five identified as White British, and one as Black British. Participants came from three LAs. One IV was currently also an IVCO. One foster carer and one IV were linked with the same child so the information below refers to five young people. All the young people and IVs were still in contact, and most matches were still formally supported (n=4). The match that was no longer formally supported had been matched officially for 9 years. The average match length was just over 4 years (range: 3 - 9 years).

Of the young people linked to (matched with/cared for by) these adults, three took part in the study. Three were male and two were female. The young people were aged between 11 and 20, with the median age being 17. The age at match ranged from 8 to 15 (median: 10). Two were care leavers, and three were in foster care. All had had at least two placements whilst in foster care, two had had three and one had had four. Four of the five were described as having additional needs.

Factor interpretation

Having an IV helps my young person most by giving them someone outside the care system to rely on (+3) because they've had *"a lot of people let them down"* (Tara) and *"have been really failed by the system"* (Shelly). They have experienced a lot of instability:

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[4] I have noted where quotes are from foster carers rather than IVs.

placement changes, separation from siblings, fluctuating contact with birth family, *"and you just almost feel like that's just normal for them"* (Tara). *"The one constant has been having an IV"* (Brenda, FC).

Having an IV is not about trying to achieve goals (-2), "*it's not about any specific changes in my mind, it's about the relationship"* (Maureen, FC). Because they have had a poor experience of care, "*as soon as they get a sense that the system is in charge and things are too procedural, they just shut down" (*Jemma*).* I can give my young person a more flexible and informal kind of support than professionals can: *"They know they can contact me and chat about things or just be reassured about things because I'm not a professional, who are very busy people." (*Tara) It's important I'm not paid to spend time with them (+2) because it shows *"I've done it because I wanted to, I don't do it for the money."* (Shelly) It's important they know that you're *"spending time with them because you like them, you enjoy their company"* (Tara).

Our relationship being long term is also very important (+3): *"They say I'm the only person that has stood by them. With professionals, things inevitably come to an end, professionals naturally leave their life. And they can't understand that. But this relationship is different."* (Shelly) Being in it for the long haul means I can be a consistent person (+2) *"who doesn't change when everything else does"* (Laura). For me, consistency is also about how you act, being "*someone who is predictable and who doesn't change how they are each time you see them."* (Tara) With that longevity and consistency comes trust. Sometimes they've told me about things that were making them unhappy or unsafe (Tara): *"if we hadn't known each other for as long as we have, I wouldn't have that trust with them that meant they called me when things went wrong.*" (Jemma). Although watching out for anything worrying isn't a prominent part of the IV role (0), my young person has been able to rely on me when they've had struggles. Where there have been safeguarding issues, I've been able to let the right people know and get them help (Jemma). A lot of the time though, they've only spoken about difficulties after things have been resolved (Tara).

I don't know if our visits help calm things down at home (0), but it gives them someone to talk to (+2) and *"the chance to just get away from the situation for a bit"* (Jemima). Talking helps with *"putting things in perspective*" (Tara) when there are disagreements with family because part of my role is to be a role model (+1) and show them how to relate to others in healthy and positive ways. Time with an IV can be "*a chance to get away to just go and do something fun*" (Brenda, FC). *"Where it's been bad the day before, it's provided a bit of an escape for [everyone] to be honest*" (Brenda, FC) but this is incidental. I'm clear that my role is to support the young person, not to help the adults around them (-3).

I don't help by doing things a parent might (-2). In fact, it can be a relief for them to not be "*thinking about where their loyalties lie*" (Brenda, FC) with an IV. *"That's one of the reasons why it was working, because they were really struggling to compute that we [foster carers] would do some of the things a parent would."* (Brenda, FC) It's also not for me to help with practical things (-3. Similarly, I don't think our time together is particularly developing their independence (-1) "*there are other people who can help more with that"* (Maureen, FC). Although our relationship is not primarily about helping them try new things (-1) or develop new hobbies and interests (-2), them having fun and enjoying themselves is important (1). Especially for the stress-relieving function it can have. But having fun isn't unique to our relationship, *"they have fun elsewhere too"* (Maureen, FC) and do a lot of activities.

My young person has struggled making friends (Maureen, FC; Brenda, FC), but I think they see me as a genuine friend (+1). It gives them chance to learn *how* to build a trusting relationship (+1). This is partly about helping them feel more positive about themselves (0): there's *"a lot of boosting of self-esteem and making them feel worthwhile, being pleased to see them and to be with them"* (Tara). This is easy in some ways because I think I see the best of them: *"I get these little windows onto how they often are at home, and I now realise that I see them probably at their best. I never see the hard work [kid] that* [the foster carers] *mention.*" (Jemima)

2) The team player: supporting from the sidelines

Demographics

Factor 2 has an eigenvalue of 2.66 and explains 20% of the study variance. Six participants were associated with this factor: two foster carers (one female, one male) and four IVs (three male, one female). All described their ethnicity as White British. Participants came from five LAs. One IV was a children's advocate, and one was a retired social worker. One foster carer and one IV were linked with the same child so, again, the information below relates to five young people. All the matches were still formally supported. One young person had previously been matched with another IV. The average match length was 3.9 years (range: 2 - 6 years).

All the young people linked to these participants were male and one took part in the study. They were aged between 12 and 22 (median: 18). The age at match ranged from 9 to 19[5] (median:12). Three were currently in foster care, one in kinship care and one in an independent living placement. The number of placements young people had had ranged between one and four. Two were described as having additional needs.

Factor interpretation

The most fundamental thing I offer my young person is consistency (+3),*"without that it undermines the whole process"* (Barry) so "*I'm very conscious of not letting them down because they've been so let down in the past."* (Erin). A big part of being consistent is about being committed to be around long term (+2) and *"if you can't keep that commitment, you shouldn't go into it"* (Pat, FC).

Having an IV gives my young person an additional person to build a trusting relationship with (+2). It is a genuine friendship (+2) in some ways, "*we have a close bond. I am very fond of them"* (Dan) but it is complicated because "*I'm never going to be a friend on their level at their age because I'm responsible for them when we're together."* (Erin). I'm more like *"a family friend or a mentor"* (Erin) or *"a favourite uncle that takes an interest in them*

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[5] Usually matches are not made after 18 but this young person had additional needs and was previously matched with an IV. When it ended, the scheme agreed to rematch him.

and takes them out” (Anthony), recreating that *“extended family network”* (Diane, FC) they don’t have.

Being someone to rely on outside of the care system isn’t that relevant (0) because *“at the moment, they are well looked after and can rely on their foster carers*.” (Erin) But *“one of the benefits is knowing someone’s there for you”* (Anthony) They are currently well supported (Dan) and seem happy where they live. It’s rare that there are issues at home (Pat, FC) so I don’t play a role in calming things down (-3). I definitely don’t think I’m there to watch out for anything worrying (-2). *“I’m not monitoring, more creating an environment where if there is something, he can talk to me because he trusts me”* (Dan). Besides, *“the carers are really on it so they're kept safe by the foster carer”* (Barry).

I support my young person’s carers to a small degree (0) and they support me too (Anthony): “*I get on very well with them. I occasionally go in for a cup of tea, because then I get more of a picture of where they [the young person] are at.*” (Erin) The foster carer has occasionally asked me for specific support (Barry) like talking to my young person about a particular issue. In some cases, I’ve been glad to help. But I have to be careful about “*keeping some distance, not trying to sort out family problems or get too involved”* (Anthony) so other times I’ve signposted them to other places (Barry). In a loose sense, this means I do some things a parent might (0) but it’s usually *“the fun side of parenting*” (Pat, FC) like *“my dad took me to the football, I take them*” (Anthony).

I am helping them overcome challenges, like fears and phobias (Erin), and achieve goals but this isn’t a big part of our relationship (0). *“We’re always working on different little things”* (Dan) even if they don’t realise it. For example, my young person is “lacking in confidence quite a bit” (Pat, FC) so I think of myself like *“a supporter on the sidelines”* (Anthony). Part of my role is to help them feel more positive about themselves (+1) and *“I've seen them grow in confidence*” (Dan). This might develop their sense of who they are (+1) by fostering a more positive sense of self but *“I only see them once a month so it’s not gonna change their life”* (Barry). When it comes to being a volunteer, *“I don’t think it makes a jot of difference”* (Barry) to them whether I am paid or not (-3). I’m not even sure they’ve thought about it (Anthony). “*They don’t really care if I'm paid or not, as long as I'm there. It doesn’t matter to them, so it doesn’t matter to me”* (Dan)

Although I am someone to talk to (+1), I'm careful to not put pressure on them: *"I never lead with questions. I just say they can talk to me if they want, and try to create trust so they feel they can"* (Dan) My young person doesn't tend to ask for advice (-1), which might be to do with age (Erin) or ability (Paul, Christine FC) but if they do I take a similar approach by *"being impartial and not trying to kind of take over and tell them what to do [...] just be a sounding board."* (Dan) It's a balancing act: *"We have a very good and relaxed relationship [and] I wouldn't want to jeopardise [...] that so sometimes you're walking a tight line.* "(Erin) I try to make time together as relaxed as possible because them having fun is really important (+3) (Phil, Rebecca): *"I think an important aspect of IV is that you're willing to look an idiot for their enjoyment"* (Dan).

3) The memory maker: broadening horizons

Demographics

Factor three has an eigenvalue of 2.53 and explains 13% of the study variance. Five participants (one foster carer and four IVs) loaded onto this factor. Four described their ethnicity as White British, one as White Irish. One participant was male. Participants came from three LAs. One IV was a social worker. Three of the four IVs were still formally matched with their young person. Ongoing matches ranged from six months to eight years (average: 3 years). One matched had ended after 18 months.

Of the five young people linked to these adults, four took part in the study. Two were male and young people were aged between 12 and 19 (median: 15). The age at match ranged from 11 to 14 (median: 12). All these young people were in foster care during the period they were matched. On average, the children whose IVs loaded onto this factor had had fewer placements than other factors (average = 1.4), three of the five were in the placement they went to when they first entered care. One young person was described as having additional needs.

Factor interpretation

The key thing having an IV is helps my young person with is having fun and enjoying themselves (+3) through trying new and different things (+3). It is about *"broadening their horizons"* (Dale) and having experiences that "*other young people might take for granted but they lack access to"* (Mel). My young person has been able to experience things *"they* *wouldn't otherwise have had the opportunity to"* (Mel): visiting different cities (Mel), going to shows and concerts (Victoria) and trying adventure sports (Grace, Dale, Sandra FC). These *"can be really big moments: your first gig, your first time at the theatre"* (Mel). Access to opportunities is the unique thing I can offer: it's not in a social worker's "*remit*" (Dale) and *"no social worker is going to be willing or able to take a whole day out of their own time to spend the day in another city with them"* (Mel). Similarly, not all foster carers can provide access to varied activities (Sandra, FC) so an IV can offer *"one-to-one time and encouragement that hopefully gives them happy memories to look back on"* (Victoria).

Trying new things has helped them find new hobbies, skills and interests (+1) which builds independence (+1): *"it encouraged them to go to new places in a way that they hadn't before"* (Mel) and *"have the confidence to be out and about with someone outside of [the] family and try new things"* (Sandra, FC). I've helped them face their fears when we've done new things, like activities involving heights (Dale, Joyce) or things they were worried about *"being bad at"* (Grace). I don't know that this translates to feeling more positive about themselves (-1). I'm not sure how much they need that or whether I influence that, but I try to build them up and *"be someone that laughs at their jokes [...] make sure they know that I am meeting them because I want to, because I like them"* (Grace).

"Doing activities together is a way into building trust" (Dale) and fundamentally I'm there to help them build a trusting relationship (+2). This is important because my young person *has "a history of abuse and a lot of mistrust around adults so it's so important to have someone trustworthy"* around (Mel). I provide *another* consistent person in their life, but they have been with their foster carers for quite a while so the long-term nature (0) of the relationship is less important. I don't think my role is to be their genuine friend (-1) because *"friendship is an equal thing and this can't be equal" (*Dale), partly because of the age difference. *"For older kids if they're 16 plus it can progress into something approaching a genuine friendship. I think it's not until they've left care that that's possible. But that doesn't mean it's not genuine, the relationship itself is still genuine"* (Dale).

Having an IV gives them someone to talk to (+2) and someone to go to for independent advice (+1): *"often when we're in the car they'll bring something up they are curious about"* (Dale). I think being *"separate to everything else that is going on"* (Victoria) makes it easier to talk about difficult things because "*only seeing them once a month [...] I'm just gonna go away for a bit, I'm not gonna see them again tomorrow after talking about something difficult or embarrassing*" (Dale). I don't get involved in what is going on at home so I don't think I help by calming things down if things are difficult (-3) other *than "supporting them if something was stressing them out"* (Victoria). My role is *"not to be a mediator. I think it's best to keep the relationship with the foster carer at arms-length"* (Mel).

I don't think they see me as a role model (0) – perhaps because "*we're quite different"* (Victoria), whether that be through ethnicity or gender or our interests. Similarly, I don't think I help them develop a sense of who they are (-3). It *"has never really come up"* (Grace) and it's not something that feels relevant, perhaps given their age (Dale). Something else that feels a bit theoretical is the extent to which I am someone outside care they rely on (+1). I am to some extent, but because they are still either quite young and/or living with their foster carers, I don't get involved in practical stuff (-2). I also don't know how independent they consider me. *"They often call me their keyworker"* (Victoria) and "*they've had such significant experience of professionals. I don't think they perceive me as particularly different to professionals they interact with"* (Mel). Relatedly, I don't think me being a volunteer makes much difference to them (-2): *"I don't think young people care whether you're getting paid. It's a nice idea, but I actually don't think they're that bothered. They know but it doesn't make much difference to them"* (Sandra, FC).

4) The model friend: freedom within safe bounds

Demographics

Factor four had an eigenvalue of 2.17 and explained 9% of the study variance. Three participants were associated with this factor. All were female and White British. One was a residential care worker and the others were IVs. Participants came from three LAs. Matches between the two IVs and their young people were no longer formally supported. The first match had lasted 18 months and ended because the relationship broke down. The second was no longer formally supported because the young person had turned 18. This one had lasted a year formally, but the two had now known each other for four years and continued to be in sporadic contact. Then third match involved a young person matched with a male IV for 6 months. This match was ongoing and supported by the LA.

None of the young people linked with these adults took part in the study. Two were female and one was non-binary. Two were described as having additional needs. They were matched between the ages of 14 and 17 (median: 15), and were aged 15 to 21 (median age: 18) at the time of the interview. One was in residential care, and two were care leavers previously in foster care.

Factor interpretation

I am primarily someone outside of the care system for my young person to rely on (+3) and talk to (+3). Most of the adults they encounter are people who work in *“either the care system or another type of system, like school”* (Tilly) and *“it’s so important to have someone outside of all that”* (Layla, FC). I’m different in that I don’t know about everything that is going on with them, so “*it gives them a person to share the things they want to share with”* (Layla, RC) and “*someone to tell things”* (Lucrezia). Most of the time we talk about everyday thing but occasionally “*deeper stuff*” (Tilly) like problems with parents or other serious issues. I am an additional person to talk to, but they don't tell me things they wouldn't tell others (Layla, Tilly).

I don’t think they regularly come to me for independent advice (-1) and I don’t know how independent my advice would be. I might “*put different perspectives out there to their carers”* (Lucrezia) and help them think differently about some things (0). But when it came to important things like being safe or making good choices, my advice would be the same as they’d get from their carer or social worker. I’m *“never going to say anything different to that, never giving advice in contradiction to that”* (Tilly). So how independent would it feel to them?

This is related to why I don’t feel that having an IV helps my young person by showing them how to build a trusting relationship (-3). First, they already had *“very supportive”* (Lucrezia) people who they trusted before we met (Lucrezia, Layla) so I don’t think that was something they particularly needed my help with. *“They have got good relationships, they’ve got people who have their back”* (Layla, RC) at home so they don’t need a consistent adult (-1). Second, part of my role is to watch out for anything worrying (+1) *“to* *help keep them safe”* (Lucrezia). I have had to pass on various things that have worried me to my IV coordinator, which can be making building trust with my young person difficult (Tilly).

Although I see a safeguarding dimension to my role, I don’t think of it as a professional one and I don’t think my young person does either. They know I’m not seeing them in an *“official capacity”* (Lucrezia). It means something to them that I am choosing to do this, but I don’t feel that the voluntary nature of IV has as much relevance for my young person as it might for others (+1). It’s important to me that I am doing this as a volunteer, but I doubt it’s really “*on their radar”* (Tilly).

What I do help with is giving them *“an adult that they can really see as a friend”* (Layla, RC) (+2). And that’s something they really need. My young person either doesn’t have friends (Layla, RC) or the friendships they have are unsafe and “*are not healthy or positive influences”* (Tilly) so they need someone who can model healthy behaviours. Having an IV gives my YP a role model (+2), which might be one reason why they were offered an IV, and I see part of my role as helping them develop who they are (+1) and their sense of identity.

I support them as a friend would, not in the way a parent would (-3). But I do think having an IV involved helps the family, as well as the young person themselves. Not by calming things down at home per se (-2), “*I’m not sure I have that much impact on that”* (Tilly). But having me to go out with supports the carers indirectly (+1) because they get time to themselves *“where they are not worried because the young person is safe with me”* (Tilly). Not only that, it means that the young person gets time away - “*like any other teenager would”* (Layla, RC) - from the people they see all the time. Again, this can reassure carers because “*although we are, of course, there for them, we don’t want to be the only ones they have*” (Layla, RC). This is important because, for various reasons, my young person doesn’t have the same freedom as others their age normally would to go out independently and socialise. Spending time with me builds their independence a bit (0) in that it gets them out and about doing their own thing and gives them something new they can tell people at home about (Layla, RC). Ideally, I would be in their life long-term, but I don’t think that an IV relationship *must* be long term to be beneficial (-1).

I’m not there to help them achieve goals or overcome challenges (-2): “*I'm not a coach or a mentor. I [am] just meant to do fun stuff with them*” (Tilly). Having fun is a big part of the relationship (+2) – it’s *“what a lot of the other more serious stuff is built on, otherwise why would they do it?”* (Lucrezia) We don't tend to try new or different things (-1) or explore new hobbies and interests (-2) because my young person either doesn’t usually express a preference about what we do (Lucrezia) or is only motivated to do things they already know they enjoy (Layla, RC; Tilly). I try to gently expand their horizons, even if that means doing the same familiar activity in different places (Layla, RC).

Non-loading participants

Demographics

Six participants did not load onto any factor and two were conflated: three foster carers and five IVs. They came from six different LAs. One was Black British and seven were White British. Four were female. Of their six matched young people, two were male. They had been matched between 9 and 12 and were now aged between 9 and 28 (average:17.5). They had been matched for 3 and a half years on average. Half of these matches were no longer formally supported but all were still in regular contact.

Interpretation of non-loading Q sorts

Their factor loadings are shown below in table 26 with the highest factor loading for each participant highlighted and conflated sorts asterisked.

Table 26: factor loadings for non-loading participants

Pseudonym	Role	Factor 1	Factor 2	Factor 3	Factor 4
Mike	FC	0.48	0.27	*0.48*	0.31
Dora	FC	0.16	0.12	0.32	*0.33*
Leah	FC	0.36	*0.46*	0.29	0.13
James	IV	*0.64**	*0.63**	0.27	-0.12
Louisa	IV	0.48	0.48	0.05	-0.23
Jay	IV	*0.62**	0.18	*0.55**	-0.21
Michelle	IV	0.22	0.41	*0.52*	-0.35
Darren	IV	0.46	0.40	*0.53*	-0.02

Two patterns emerge from these eight Q sorts. First, long term matches seem to be overrepresented. Of the five longest matches in the sample, four did not load significantly onto a single factor. All five were no longer formally supported matches (the young people had ‘aged out’ of the scheme).

Second, there were parallels between the adults and young people who did not load onto a single factor. In three triads, two participants were non–loading: Simon and Dora, Harper and Darren, and Mia and Michelle. This might suggest that something consistent about the perspective of the young person and their supporting adult set them apart from the rest of the P set. As discussed in the previous chapter, Harper and Mia’s matches had characteristics relating to age/match duration and gender, that made them unusual. The third ‘non-loading pair’ are Simon and Dora. It is not clear if anything differentiates them demographically from the rest of the P set. Dora’s non-loading is better understood in terms of her unusual perspective on IV, in that her factor loadings are relatively low across the board. Instead, she had in common with another non-loading foster carer (Leah) a distinctive view of the IV as making up part of the team around the child, and a specific sense of why her young person required IV support. Like some supporting adults loading onto factor two, these two foster carers described close and collaborative relationships with IVs.

Summary and reflections

Factor summaries

The factors generated represent four distinct viewpoints on how IVs support young people, from the perspective of IVs themselves and foster carers. The factors can be summarised as follows:

1) ‘The anchor: long-term support beyond the system’: “An IV helps by being clearly independent from and different to the other people in the young person’s life. They are an unpaid adult outside of the care system who young people can talk to about things and who is in it for the long haul” The factor name captures the idea that IV support encapsulates what relationships in the care system often do not or cannot offer: longevity, consistency and dependability.

2) **‘The team player: supporting from the sidelines’:** “An IV is a consistent friend to have fun with and to build a trusting relationship with. They play a role in building young

people’s self-esteem and in supporting the adults around the young person.” The factor name reflects the IV’s role in building up and supporting the young person, as well as helping the family around the child, whilst not being part of the day-to-day action of what was going on at home.

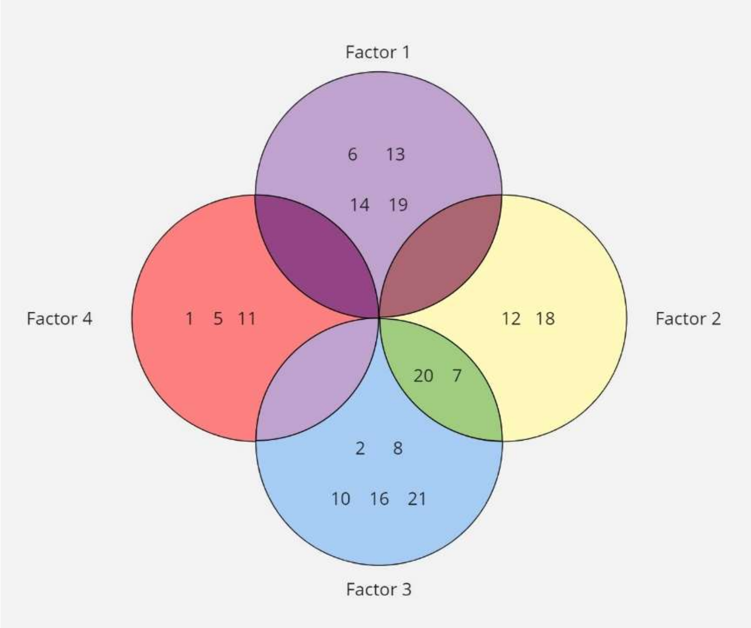
3) ‘**The memory maker: broadening horizons’**: “An IV helps by being someone to enjoy trying new things with and to build independence with. They are not a friend, but they are there to build a trusting relationship with and to give the young person someone to talk things through with.” The factor name encapsulates the specific gap that these IVs felt they were filling for young people, and reflects the focus on increasing young people’s interests, skills and experiences through new and varied activities.

4) ‘**The model friend: freedom within safe bounds’:** “An IV is someone to rely on outside the care system who can act as a positive role model. They offer the young person friendship and someone to talk to outside of their limited network.” This factor name expresses both the role-modelling and friendship aspects of the role, as well as the opportunities these IVs offered young people to explore and socialise safely away from home.

Key areas of consensus and disagreement

Supporting adults held more varied views on IV support than young people themselves. As discussed briefly above, there were fewer consensus statements identified in this Q study (only statements 9 and 15). There were also few *shared* distinguishing statements. Figure 1 shows which distinguishing statements are unique to each factor and which are shared.

Figure 6: distinguishing statements by factor



Unlike the young people Q study, where several statements distinguished between all three factors, there are no statements that distinguish between all the adult factors. Instead, distinguishing statements tend to be unique to each factor, with only factors two and three sharing any.

Identifying the key areas of agreement and disagreement between factors is a key next step. Moving down Table 27 shows where there were increasingly varied views between participants.

Table 27: Factor Q-sort values for statements sorted by consensus vs. disagreement

No.	Statement	F1	F2	F3	F4
15	Having an IV helps them make their own decisions	-1	-1	0	0
9	Having an IV helps them think differently about things	-1	-1	-1	0
17	Having an IV gives them someone to go to for independent advice	0	-1	1	-1
13	Having an IV helps them build their independence	-1	0	1	0
18	Having an IV helps them by watching out for anything worrying	0	-2	0	1
3	Having an IV helps them by doing some of the things a parent might	-2	0	-2	-3
12	Having an IV helps them overcome challenges or achieve goals	-2	0	-1	-2
21	Having an IV gives them a positive role model	1	1	0	2
11	Having an IV helps them with practical things	-3	-2	-2	0
4	Having an IV gives them someone to talk to	2	1	2	3

14	Having an IV helps them enjoy myself and have fun	1	3	3	2
7	Having an IV helps them think more positively about themselves	0	1	-1	0
2	Having an IV gives them a genuine friend	1	2	-1	2
6	Having an IV helps them by calming things down if it's difficult	0	-3	-3	-2
10	Having an IV helps them find new hobbies, skills, and interests	-2	-1	1	-2
20	Having an IV gives them someone outside of the care system to talk to	3	0	1	3
22	Having an IV helps them by being around long term	3	2	0	-1
8	Having an IV helps them develop their sense of who they are	0	1	-3	1
19	Having an IV helps them by supporting the adults who look after them	-3	0	0	1
5	Having an IV gives them a consistent person in their life	2	3	2	-1
23	Having an IV who is not paid to spend time with them means a lot	2	-3	-2	1
16	Having an IV helps them try new and different things	-1	-2	3	-1
1	Having an IV shows them how to build a trusting relationship	1	2	2	-3

Note. IV = Independent Visitor.

The statements at the bottom give an indication of the underlying issues at stake between factors. These include: the significance of IVs being volunteers (23), the relative lack of importance ascribed to trying new and different things (16), the relationship between foster carers and IVs (19), and the importance of having an adult outside care to rely on (20). Table 27 also shows we often find consensus across three factors, and an outlying factor in disagreement. For example, factors one through three agreed that providing a consistent (statement 5) and trusting (statement 1) relationship was important, but factor four deviated. Factors one, three and four felt strongly that the role helped in ways different to parental help (statement 3), whereas factor two was neutral. Similar patterns can be observed across the data. This demonstrates the complex and varied viewpoints identified by the Q findings. It also helps make explicit and challenge researcher assumptions: because factor four was the most heterogeneous and difficult to interpret, I assumed it was a consistent outlier. There are some statements where this is the case – particularly those related to consistency and trust - but it is not a general feature of the overall factor array.

Researcher commentary

Factor one

Those associated with factor one felt IVs provided a long-term consistent adult separate to the care system for young people to rely on. These perceptions were likely influenced by the instability that had characterised their young people's time in care. They had experienced more placement changes than those associated with other factors, and all had least two placements (one moved to their fourth during the study).

Two consequences of this instability meant the IV occupied a unique position in these young people's lives. First, young people had, on the whole, poor experiences of being in care and felt let down by the system. IVs were seen as free from this stigma and independent from CSC. For example, supporting adults felt it was very important the IV was there to support only the young person themselves and saw not being paid as a crucial differentiator between IVs and those inside CSC. Second, most of their young people were isolated from family and friends. Several participants described irregular and difficult contact between young people and birth families, with young people feeling they could not rely on these fraught and complex relationships. With the exception of one young person, participants also described poor relationships between young people and carers. These young people were also socially isolated when it came to peer relationships: four of the five were described as struggling to make friends, and some had experienced bullying and other struggles at school. This lack of supportive network may explain why a long-term relationship with a consistent adult was thought to be so important.

The significance of this factor might relate as much to what IVs do not do as what they do. Whereas involvement from professionals should be purposeful and serve as a means of pursuing particular ends, support from an IV need not. Achieving goals, trying new things, and building independence – all 'change oriented' statements - were less important for this factor. There was little that was instrumental about the support this factor encapsulated: a long-term relationship with a consistent and dependable person was seen as an end in itself.

Factor two

Like factor one, these relationships were emotionally close and offered much needed friendship, but their uniqueness did not depend on being outside of or different to CSC. Instead, those involved in these matches had a generally positive experience of care, at least under their current arrangements. They had experienced fewer placements moves than those associated with factor one (average 1.8) and IV support was not seen as making up for any deficit in the way they were cared for at home. Supporting adults generally felt it was not their role to watch out for anything worrying or to be someone to rely on outside of the system but highlighted the context dependent nature of this: one IV commented that she would have positioned some of the statements differently were her young person still in residential care where she had concerns about the quality of his placement.

There appeared to be closer relationships between these IVs and foster carers, compared to other factors. Although IVs did not set out to support the carers, they found this to be a natural consequence of being an IV. It could be that these IV relationships have a family support dimension, and carers are incidental beneficiaries. But this does raise questions about the independence of the IV, particularly because these supporting adults did not feel IVs were an important source of independent advice. This may reflect the closer relationship between these IVs and foster carers, or the fact that IVs were sometimes asked by carers to have specific conversations with young people – which would likely feel less independent in nature. Overall, there was a greater sense of instrumentalism and purpose involved in these relationships than other factors, perhaps (as one IV implied) because of the greater context these IVs had through their closer contact with carers.

This interpretation of factor two suggests that the relationship between how IVs perceive their young person's placement and how they see their own role in supporting that young person exist in a two-way relationship and do not remain static. It is likely that the way these IVs see themselves supporting young people changes based on the situation they perceive the young person to be in at home.

Factor three

This factor echoed factor two from the young people's Q study in seeing the IV as providing opportunities for activities and for young people to broaden their horizons. The supporting adults loading onto this factor saw this as something the IV was uniquely placed to do. Although providing a trusted adult was highly important, activities and fun were the foundation of this relationship. These IVs set out to do new, fun things with their young person and other benefits were seen as secondary. For example, participants did not feel IVs had enough influence to affect self-esteem or help young people develop their sense of who they are.

The fact that the young people and the matches on factor three were both 'younger' could be one explanation for the activity-centric focus. The young people matched with these adults were younger than those associated with others. They had been matched with their IVs for 2.8 years on average, shorter than factors one and two. These children being younger may also explain the lack of focus on identity and role modelling, perhaps these concerns – often more associated with adolescence – had not yet surfaced. Another explanation could be the varied demographic characteristics of matches loading onto factor three. The fact that the adults loading onto this factor shared few demographic characteristics with their young people might mean they did not consider themselves role models or feel well-suited to supporting with questions of identity. Equally, it could simply be that this factor epitomises many early IV relationships, where activities dominate and there is less focus on 'deeper' influence on psychosocial factors.

Finally, these participants were less concerned with being a genuine friend to their young person than other factors. This may have been because the young people did not need support with friendships (supporting adults did not tend to talk in detail about these young people being socially isolated compared to factors one and two). But several felt that a genuine friendship was not possible until the children were adults. They shared some of the views articulated by participants associated with factor two, that although the young people might consider the relationship a friend, several characteristics of an IV relationship make it more complex than friendship.

Factor four

The young people matched with these supporting adults were the most heterogenous in terms of the length and status of their IV match. In two cases, contact with the young person was now either sporadic or non-existent. As a result, the IV experience had been more difficult for these participants. Both the heterogeneity and the fact that two IVs were reflecting retrospectively on relationships that had ended somewhat poorly, made interpretation of this factor difficult. Although participants sorted statements similarly, their rationale for doing so was more diverse – and in some cases conflicting – than for the other factors. This is discussed further in the methodological reflections, but it is worth noting from the outset that this factor captures a more diverse set of views than the others.

The three young people did share some contextual features: they were all teenagers and were all unable to go out on their own regularly because of safety concerns. They were also thought to be more vulnerable than their peers. Underpinning this was a sense that the IV offered the young person experience of friendship, freedom and 'normality' with a safe person outside of their day-to-day care arrangements. Related to this, factor four felt that IVs provided carers with time to themselves and/or peace of mind that their young person was safe spending time away from home. These IVs saw part of their role being to watch out for anything concerning, in contrast to factor two. For this factor, a relationship beyond the care system was about helping the young person branch out from home safely and the relationship was an additional, rather than core, one.

Finally, factor four placed more importance on helping through role modelling than other factors. There was a gendered context to this: these IVs provided a role model with whom it was hoped they could develop a positive sense of themselves in relation to their gender. For example, one young person was non-binary and had been matched with a male volunteer because their carers felt a male role model was important. Another was at risk of CSE and the carers felt she would benefit from a positive female role model. The unique aspect of having an IV according to this factor, may well be the ability to tailor a match to a young person's specific needs and preferences. This is reflected in the varied context and experiences captured with factor four.

Non-loading participants

A key finding that emerged from the non-loading Q sorts was that long-term matches were overrepresented. It could be that, as relationships go on longer, they evolve through various stages and become more diverse, making it harder to identify commonalities between them. Instead, these matches might encompass several individual factors, having been through many iterations of an IV relationship over time. This is supported by the fact that two IVs whose sorts were conflated had known their young people for at least 12 years, and both maintained relationships with them today. As an adult's perception of a parent becomes increasingly complex and multidimensional compared to a child's view (e.g. see Shemmings 2006), longer term IV relationships may take on more nuanced qualities that transcend simple categorisation.

Another explanation could be that the statements were more applicable to current rather than historic matches. But it is most likely related to the sampling strategy used in this study whereby current formal matches and those which had ended but were still continuing informally were both included. Arguably by the time a match is no longer formally supported it morphs into something other than IV and should not be compared with those that are ongoing, this helps explain Mia’s sort in the young people’s Q study. If we conducted a Q analysis of only informal ‘aged out’ matches, we would likely find different patterns of shared meaning between those sorts.

Considering my own Q sort

I completed the Q sort myself (Appendix 15) in order to make explicit my position in relation to participant viewpoints. I did not add my sort into the analysis but have examined it qualitatively in comparison to the four factor arrays by applying the crib sheet categories (see Appendix 16).

My sort differs quite substantially from most of the factors, and I am not sure I would have loaded significantly onto a single factor. Instead, my Q sort might have been conflated between factors three and four. I share with factor three the view that I am not supporting my young person by being a genuine friend or developing their sense of who they are but by helping them try new things and develop new interests. I share with factor four a feeling of responsibility for watching out for anything worrying and a sense that the role is definitely not parental, but that it supports the adults around my young person by giving them some time to themselves. Overall, these safeguarding and ‘family support’ dimensions (statements 18 and 19) were more important in my sort than in the factor arrays, whereas being someone outside the care system to rely on was less important (statement 20). As we have seen, how supporting adults think young people are helped by having IV support depends on the wider context. My young person’s current care arrangements and the other significant relationships they benefit from play into my ranking of these three statements in particular. I also felt that helping my young person think differently (a consensus statement amongst the factors) and developing their independence were more important aspects of IV support.

That my sort does not have a great deal in common with the factors is not that surprising given the findings from the CYP Q study which indicated that ‘outlier’ participants or those who had atypical match characteristics tended not to load onto these factors: if anything defines a participant as ‘atypical’ it is spending most days thinking about Independent Visiting for four years. Nonetheless, being able to make my position transparent in relation to the other factors identified is a unique strength of Q within qualitative methods.

Chapter summary

This chapter outlined four factors that represent distinct and complex views on how having an IV supports young people. It has provided a detailed account of foster carer and IV perspectives, showing both where there was consensus and divergence between participants. The original contribution this chapter makes is twofold. First it offers a nuanced understanding of how supporting adults conceptualise the value of IV relationships, moving beyond the "befriend, advise, visit" description in legislation and exploring dimensions of IV support not previously identified or explored in the literature. For example, findings reveal that supporting adults hold more varied perspectives on IV support than young people themselves, with key differences centring on volunteer status, activities, relationships with foster carers, and independence from the care system. These findings move beyond simple evaluations of whether IV support ‘works’ and how it is experienced, to develop a more nuanced understanding of how they work for different young people in different contexts. Second, the chapter also demonstrates how IV relationships are shaped by contextual factors such as placement stability and existing relationships This highlights how long-term matches evolve to become more diverse over time, and uncovers the nuanced ways IVs indirectly support carers and families - an overlooked dimension in existing literature.

11. Strengths and limitations

In this section I discuss the strengths and limitations of the study, and my role as a researcher and briefly reflect on using a phronetic orientation in social work research.

Strengths

Varied sample

The sample is substantial enough (n=82) to generate robust findings and varied enough to capture diverse perspectives. The findings include some views that go against the grain of common wisdom on IV (for example around the importance of payment). A strength of Q is its ability to highlight perspectives that might be obscured by traditional analysis.

Although not intended to be representative, the P sets do reflect broader population-level characteristics in terms of ethnicity (the overall sample was 88% white) and gender (the overall sample was 77% female). Although young people were split 50:50 in terms of gender, supporting adults were majority female – in line with the CSC and IV workforce more broadly. I wanted to avoid recruiting solely from well-resourced IV services with high match rates, because feedback from the NIVN suggested this may not be received well by practitioners in more stretched services. CYP came from a range of LAs with differing match rates. The sample also reflects the real-world IV service delivery landscape, with (72%) facilitated through external services.

Validity

Results of the Q studies map well onto each other. For example, there are parallels between the close emotional bonds articulated by factor one in the supporting adult study, and by factor three in the CYP study. This is also evidenced in part by the fact that areas of disagreement were similar between studies. The generation of similar factors across studies implies that the Q sort was measuring participants perspectives effectively (Thomas and Baas 1992). Further evidence for the validity of these findings comes from the way participants sorted the cards. Participants could have sorted arbitrarily, but they appeared to engage meaningfully with the task and explanations for their sorts cohered with their positioning of the statements. There was only one Q sort where I was concerned that the participant was not engaged, but when probed, her rationale for sorting the statements the way she did was consistent with their positioning and her lack of engagement seemed to reflect frustration with the IV – who had been in contact only sporadically - rather than the interview process.

Systematic and transparent approach

Q's systematic and structured abductive approach results in a level of rigour and transparency that is hard to achieve with other qualitative methods. This approach provides a way of methodically tackling what can feel like a large and unwieldy amount of data. This provides the investigator and the reader with confidence about the findings generated. The 'show and tell' element of presenting Q findings enhances this because the reader can question how certain interpretations were arrived at using the factor array and other data.

This also increases the validity of findings by making clear the researcher's influence on analysis. Watts and Stenner's crib sheet approach is a way of ensuring that the position of Q statements is not interpreted from the outset through preconceived ideas (Watts and Stenner 2012). This is a particular strength in the context of a study where I as the investigator have personal experience of IV. I have tried to emphasise that my role in the research is not one I am looking to minimise, or that I believe it is possible to eradicate, specifically by combining Q with Reflexive TA which embraces researcher influence. However, Q's ability to make that influence more tangible and specific, so that it can be subject to the reader's analysis is a particularly unusual and appealing dimension of the method.

A design which prioritised children's voices

Finally, the study has succeeded in providing in-depth insight into young people's views on IV in a way that avoided treating them as a homogenous group. This was one rationale for using Q to identify shared and diverging viewpoints in a holistic way. The majority of the IV matches discussed (63%; n=20) involved hearing the views of the child/young person involved. The approach to analysis also ensured that children's voices were treated with seriousness, and subject to the same analytical treatment as adult participants.

Overall, young people appeared to engage well with data collection: most took to the sort intuitively after the icebreaker. The activity-based nature of Q encouraged expression without having to answer questions directly and maintain eye contact. Doing the interviews online and sharing a screen also worked well, somewhat to my surprise, I expected more participants to ask to meet in person. In hindsight, I would edit some Q statements for clarity, in particular statement six ('having an IV helps me by calming things down if it is difficult at home') which I now feel is too focussed on conflict and the risk of placement breakdown, and statement 20 ('having an IV gives me someone to rely on outside of the care system) which encompasses two ideas.

Despite its structured nature, Q can be administered flexibly to facilitate wide participation – for example, I asked participants if they would prefer me to read statements aloud or to read them independently. Many participants described having additional needs but were able to complete the Q sort without significant difficulty. Two foster carers commented that their respective young people had diagnoses of autism spectrum disorder and that the structured nature of Q, combined with clear instructions and the ability to approach the sort how they wanted to, was a good fit for them. Nonetheless, it is important to note that Q still requires a certain level of cognitive ability which means it is not suitable for use with all young people, though this applies to most other qualitative methods too. As described in chapter seven, one young person could not take part in the Q sort because they had learning disabilities that made understanding the sorting task too challenging.

Limitations

Recruitment

In any study targeting a niche and relatively hard-to-reach population, participants often need to be recruited through gatekeepers. I chose to go through IV services, rather than LAs, because the collaboration with the NIVN facilitated this, and because LA processes can be time consuming. I also felt that IV coordinators would be best placed to identify young people who might be willing and able to participate, rather than social workers. However, this obviously introduces selection bias. Young people with positive experiences of IV may be overrepresented as a result. Sampling participants already engaged with IV support will always result in a sample generally supportive of and positive about IV, because otherwise they would not continue to engage with support. This assumption was built into the research design. The sampling strategy aligned with the study's primary aim of providing a detailed understanding of IV's value to those who use and provide it, rather than conducting a balanced evaluation of the overall program. Moreover, if we assume that the sample *is* skewed towards positive experiences, the feedback was still diverse. Though not presented in detail because it is not relevant to the research questions, the study involved matches where there had been difficulties and where matches had broken down.

The sample

There are two other bigger issues relating sampling: one relating to saturation, the other to the diversity of the sample. On the question of saturation, I was fortunate that recruitment was not difficult. I could have included more participants and had to turn some away due to time constraints. I made the decision to separate the analysis for supporting adults and young people only after I had finished collecting data. It was only then that I realised amalgamating them might be problematic. This means that I made the decision to stop collecting data when I had one P set of 48, and when this sample had reached saturation, rather than when I had two P sets of 20 and 28. In hindsight, I would have included more young people in the P set, in an attempt to ensure that the two were more closely matched in size and to be sure that the sample had reached saturation. It may be that additional participants would have altered the factor structure.

The other issue relates to the sample. The overall sample for this study is sizeable (n=82) for a qualitative study and PhD thesis. However, this belies the fact that when you break down the overall sample, some ‘sub-categories’ of participants are relatively small. There are seven different ‘types’ of participants: IROs, social workers, foster carers, CYP in care, CYP who have left care, IVCOs, and IVs. On one hand, this diversity of perspectives is useful in a nascent field like IV. On the other, some of these participants might be *too diverse* in terms of experiences to be grouped together in a single study. Using the same Q set for some of these different groups means that it will likely be a better fit for some participants than others, this may explain why half the foster carers who took part did not load onto a single factor – perhaps the statements were more applicable to IVs themselves rather than foster carers.

I tried to take an approach to sampling which embraces IV relationships as an antidote to the 'black and white' thinking that the CSC system can impose, and that sees both IV relationships and care experience as something that is potentially lifelong. As such, the study avoids imposing a stark differentiation between 'in' and 'out' of the system that can be so harmful to care leavers. I chose to include both children in care and care leavers because I was interested in how IV support, built up during a young person's time in care, can come to the fore as professional support services drop away. This is reflected in the inclusion of one participant, for theoretical reasons because of a particularly longstanding relationship, who was over 25 - the age up to which young people are formally considered 'care leavers'.

But this inclusive approach made interpretation more challenging. The policy is not specifically targeted at care leavers and service provision varies post 18 and IV support may differ between those still in care and those who have left, and the statements generated were geared more towards those in care. Because of the complex practice landscape outlined above, it is likely IV support differs more between unsupported and supported matches, than between care leavers and children in care. It is also worth noting that if care leavers' views *were* systematically different in structure from those of children in care, we would expect them to either all load onto a factor together or not load at all. Instead, the young people who did not load onto any factors appeared atypical for other unrelated reasons.

Interpreting Q analysis

Despite the rigour and transparency afforded by Q, I did find interpreting one factor particularly difficult. It may be that including more participants in the sample would have helped with this. Factor four (from the supporting adult study) was challenging to interpret because, although participants sorted the statements similarly, their rationale for doing so was diverse, and in some cases conflicting. Factor interpretation requires the amalgamation of these distinct experiences into a coherent shared perspective, which can conceal that they are very different from each other. In this study, this was exacerbated by my decision to present the factor analyses as first-person narratives for the reader to get a sense of participants' voices. This does point to a limitation of using Q, that you must interpret these perspectives in conjunction with one another because of their structural similarities even when something about doing that feels intuitively 'wrong'.

Reflecting on my position

My own experience as an IV has inevitably shaped the approach I have taken. I have tried to balance using these experiences to engage meaningfully with the topic and remaining open to perspectives that challenge my own views. The diverse methods used in this study helped ensure findings were not unduly shaped by my personal position. Q proved invaluable in helping me maintain a structured approach. By completing my own Q sort, I was able to make my perspective transparent. This revealed my views did not align particularly well with any single factor, highlighting the diversity of perspectives within IV and helping me recognise my own position as one among many. I also was conscious that my own IV relationship is somewhat atypical and could lead me to overemphasise the importance of aspects personal to me. To counter this, I deliberately sought to include matches of varying durations and characteristics.

If anything, I feel I have downplayed the emotional significance of IV relationships at times. Though deliberately not the focus of the study, participants often shared powerful stories of IVs supporting young people through profound challenges, often with minimal support for the IVs themselves. During the course of meeting many young people with IVs in a personal capacity and through this research, I have heard stories of IVs being the first person to meet a young person's newborn baby and take them home from hospital, being their best man at their wedding, or the only person to attend their graduation. My desire to avoid presenting highly emotional accounts of IV partly stems from a reluctance to appear self-congratulatory through association because of being an IV. Despite this, by maintaining reflexivity and making my own position transparent, I believe I have produced an analysis that represents the experiences and perspectives of those involved fairly, while acknowledging the inevitable influence of my own position.

Reflecting on Applied Phronesis

Flyvbjerg presents Applied Phronesis as a radical departure for the social sciences. But in social work research, which has a long tradition of embracing qualitative research, using case study approaches, as well as a keen appreciation for the role of context, power, and values, it might not have the same revolutionary appeal as in other fields. Despite this, a key strength the approach has brought to this study is a focus on practical action and what can be done at the intersection of research and practice. In the final chapters I have tried to relate the findings of this study to a clear argument about 'what should be done' where the IV policy is concerned, focussing on aspects within the sphere of influence of those working within the sector. Using Applied Phronesis has sharpened my focus on this. Finally, while I began with an evaluative focus, adopting a phronetic approach has revealed deeper ethical considerations about how we assess value in social work practice than I would have been able to explore using other approaches.

12. Summary of findings

This chapter synthesises results from the two Q studies, interpreting them in light of professional accounts. I refer to the adult factors as AF1 to AF4 and the young people's factors as CF1 to CF3. Four overarching findings emerged from this study:

1. IV relationships are highly valued by young people and supporting adults
2. What is considered important about having an IV is highly diverse – participants disagreed amongst themselves on elements articulated in the literature
3. IV is predominantly focused on providing children in care with trusted relationships, but this was not a universal way participants felt an IV helped
4. How participants thought having an IV supported young people depended on context, specifically (i) what other support they had available and (ii) their previous experiences of CSC.

In this chapter I discuss these findings in relation to the literature on IV. In Chapter 13, a traditional discussion chapter, I broaden this focus to explore implications for IV policy definition, development, and evaluation.

Relationships with IVs are highly valued

Interviews suggested IVs provide an important relationship to support young people through care. IVs were generally thought by both adults and young people to help by providing opportunities for fun and enjoyment, acting as positive role models, and being someone outside the care system to rely on. This echoes previous findings about the role (Hardy 2007; Hurst and Peel 2013). There were differences in how the two groups thought about IV support, which have not been systematically explored in the IV literature to date. Young people were relatively neutral about the importance of consistency and longevity, whereas adults thought these were more important aspects. Overall, young people ranked trying new things as more important than adults. Young people also saw more of a role (though only a minor one) for an IV to help by calming things down by providing an escape when things were stressful at home.

There was relatively strong consensus about the less important features of IV relationships, implying perhaps that the IV policy is one that is easier to define in terms of what it is *not*, rather than what it *is*. This is supported to some degree by the current statutory guidance, which includes a section that sets out what function IVs are not intended to fulfil (Department for Education 2021, sec.3.268). There was less agreement in both Q studies on what the more important aspects of IV support were; these are discussed further in the next section.

What is considered important about having an IV is highly diverse

Interviews with practitioners suggested that defining a purpose for IV was challenging because the support is long-term and highly individualised, varying considerably between matches and over time. Findings from the Q studies supported this: there was no archetypal IV relationship or 'way of helping' identified by participants. This echoes other work using Q to ascertain the views of young people in care (Steenbakkers et al. 2018; Stabler et al. 2020). Stabler et al. concluded that young people require different approaches to support at different times, and that identifying a stable shared concept of a 'good social worker' was not possible (Stabler et al. 2020). In this study, four key areas of disagreement emerged, which add nuance and challenge to some widely accepted conceptualisations of what is important in an IV relationship:

1. Participants disagreed on the importance of IVs being volunteers

The importance of IVs being unpaid volunteers was one of the most divisive statements, contrary to existing literature and anecdotal evidence on IV suggesting it is widely valued. This study found no clear relationship between young people's ages and the importance placed on volunteerism. Although the youngest in the sample did not think it at all important their IV was a volunteer, the oldest – who we would expect to have the most developed understanding of the difference between paid and unpaid work – did not feel it was most important. Instead, the middle age group felt most strongly about IVs not being paid. Piaget (1958) suggested that understanding of abstract ideas develops later in childhood (after 11) and that children's reasoning becomes more flexible with age (Piaget and Inhelder 1958). Both the notion of voluntary exchange, and the idea that someone could care deeply about a young person – as foster carers, social workers and other social care staff often do – and still be paid to be in their lives, are complex ideas. Young people were divided on whether payment and care were mutually exclusive. CF3, who were somewhat ambivalent about the relationship between voluntarism and motivation, perhaps represent a nuanced view in keeping with this developmental approach.

Supporting adults also had differing views, with the four factors divided into two camps. Some of those who felt it was not important attributed it to young people's developmental understanding and awareness of money. Some thought the idea that it is highly important for young people to have unpaid adults in their life was adult-centric. Those who ranked it highly important felt the voluntary status of IV communicated that they were separate from the CSC system and that they valued their young person and their time together. The study reveals more nuanced perspectives on IV volunteerism than previous research, highlighting its complex role in building trust and defining relationships.

2. IV relationships are more complicated than friendship

Although most participants recognised that IV relationships involved elements of friendship, not all agreed that being a genuine friend to young people was an important way IV helped. Young people loading onto CF2 considered the IV a genuine friend in an uncomplicated way, whereas those on CF1 noted that the age difference meant the IV was not a genuine friend. These differences were also reflected in adult Q sorts. AF2 recognised that their IV considered them friends but suggested there were better ways of understanding the role, drawing parallels with family friends and aunts/uncles. AF3 more forthrightly disagreed with the idea that IVs could be friends with young people, citing age differences and power dynamics.

IVs are described as friends to young people in much promotional material and in several studies (Knight 1998; Clancy 2016). In this study, the way that young people and supporting adults described these relationships was more varied. Although IV has parallels with befriending schemes, it is unusual in matching adults with children, whereas most befriending schemes offer peer-on-peer support. Befriending offers a useful lens through which to view IV, in that to befriend means to "act as or become a friend to someone, especially when they are in need of help or support" (Oxford English

Dictionary, 2023) This conveys the sense that IVs can be friends to young people without being friends with them. The IV relationship offers young people friendship within specific limits, but the formality of the role means it is more nuanced than friendship conveys. Winn-Oakley and Masson (2000) capture some of this complexity in the title of their report 'Official Friends and Friendly Officials' (Winn-Oakley and Masson 2000).

3. The ‘independence’ of IVs in relation to CSC is not straightforward

This study found that although the policy is delivered to convey a sense of independence, in practice the distinction between those in and out of the system, and the way young people and adults perceive independence, vary considerably. Professionals outlined various steps they took to ensure a clear line of independence between the young person’s relationship with their IV and the ‘bureaucratic’ activities of CSC. This included not promoting the opportunity for IVs to be invited to reviews and not sharing too much information about the young person’s background. This seemed to be largely about protecting young people’s privacy, but also about protecting the ‘light’ nature of IV from other social work activity. The line here between the fun of IV and the seriousness of social work is one that children noted, for example in the quote comparing Jacob’s IV and his social worker (the ‘care cop’). Q participants had different views on how much a part of the CSC system IVs were, and about how much this mattered. Some supporting adults, such as those on AF3, felt young people were unlikely to differentiate between IVs and professionals in any meaningful way, whereas others (such as those loading onto AF1) viewed this separation as a unique facet of the relationship. There were similar differences regarding whether IVs were a source of independent advice and whether they helped by watching out for anything worrying.

Dickens et al. (2015) identify five different types of ‘independence’ in CSC in their work on the role of the IRO. These are: professional independence (forming judgments based on expert knowledge rather than following instructions, similar to phronesis); operational independence (separation from day-to-day case management responsibilities); effective independence (the ability to influence events and outcomes); perceived independence (how independence is viewed by children, parents and stakeholders); and institutional independence (complete organisational separation from local authorities) (Dickens et al. 2015). For IVs, questions of independence are similarly complex but, because they are not professionals, they operate informally at the boundaries between formal systems and personal relationships. These multiple dimensions of independence become even more blurred for IVs who must navigate being simultaneously part of the care structure (in terms of safeguarding responsibilities and organisational oversight) while maintaining relationships that exist primarily outside it. This ambiguity might explain why participants conceptualised IV independence in different ways, with some emphasising structural/organisational separation, some focusing on IVs being volunteers, and others questioning whether true independence is possible within any care-connected role.

4. The young person is not the only beneficiary of IV support

Relatedly, some participants felt IVs supported the wider family as well as the young person themselves. This was the case for one factor in the young person's study and two in the adults' study. Young people saw a role for IVs in giving carers time to themselves because they felt carers deserved a break. This should be interpreted in the context of the instability these children had experienced recently and the impact this may have had on the wider family.

The two adult factors expressed slightly different views on how IVs provided support beyond the relationship with the young person. AF4 described their role as similar to the one outlined by young people: offering a break for the carer. This took on additional significance because the young people matched with these adults were at risk when outside the family home alone. AF2 described closer relationships than any other group and were often asked by carers for advice or support. Some of these supporting adults felt that the relationship between the carer and IV was important in supporting children. Studies exploring network density – the interconnectedness of members within a social network – have found that individuals with denser networks report higher levels of happiness (Burt 1984). This aligns with broader sociological research suggesting that dense networks help maintain the stability and security fundamental for life satisfaction (Baumeister and Leary 1995).

Some studies and practice literature provide anecdotal evidence implying IV could play a role in promoting placement stability. Providing carers with a break and reducing stress within the home could be a mechanism by which IV might theoretically contribute to placement stability. Evidence is scarce in relation to the role of IVs in placement stability, but there is a more clearly defined role for supporting adults in promoting ‘felt stability’ (Cashmore and Paxman 2006). King (2024) argues that in times of transition having a range of supportive relationships takes on particular importance because “it provides essential access to stabilising relationships when the primary source of relational permanence is lost.” (King 2024, p.181) This can be understood in terms of relational density, the number, frequency, and quality of social connections a child has with others in their environment (Blakeslee 2015). This suggests that IVs might provide a way of increasing relational density for young people in care. This supports what professionals described as a key role for IVs in supporting young people through transitions, if not for reducing the chance that placement changes come about.

Notably, no Q participants described social workers benefiting from an IV being involved in young people's lives. This contrasts with interviews with professionals, where some thought that IV support might relieve pressure and reassure professionals there was additional oversight of young people. This discrepancy is not surprising given that participants were asked to think specifically about the impact of this specific relationship on the young person themselves, whereas professionals were being interviewed from a more general perspective.

IV is mainly (but not solely) about providing trusted relationships

Findings from this study align with existing literature on IV and broader work exploring social support for children in care in their emphasis on the relationship-focused nature of the policy (Hurst and Peel 2013; Crowley and Lovell 2018b). Interviews with professionals suggested that although broad ranging, the purpose of the IV policy is generally to provide trusted relationships with supportive adults beyond the care system. This was broadly supported by the Q findings, in that all factors saw relational elements as important aspects of IV support, but not all felt they needed support with developing trusting relationships.

Generally, supporting adults emphasised the importance of IVs providing consistent, trusting relationships, which aligned with professionals' perspectives. However, views on this varied based on their individual circumstances and needs. For example, the importance of IVs supporting with building trusted relationships was not universally accepted. Five of the seven factors across the studies rated "building trusted relationships" as important, and five rated "someone to rely on outside of care" as important. Those who saw it as less (or not) important articulated two rationales for this. First, in a minority of cases, the IV felt that their young person had not been helped to build a trusting relationship because the match had ended (AF4). Second, and more widespread, was the view that this type of support was not important because it was not needed: AF2 and CF1 expressed the view that young people simply did not need this type of support at the time of the interview. This aligns with professionals' observations that IV's purpose can be specific to each child.

But even where participants did not identify "building trusted relationships" as a primary benefit, they still described IVs supporting young people in relational ways, including by being someone to talk to, providing consistency, developing self-esteem, making them feel valued because they were volunteers, and/or acting as a role model. These are elements of relational health, which I suggested in chapter eight could be a useful lens for defining the purpose of IV, as articulated by professionals. The diversity of perspectives revealed in the Q studies suggests that understanding IV's value through any single theoretical lens would be limiting, but understanding the support that IVs provide as primarily relational in nature seems sensible.

How IVs help depends on the child’s circumstances

Participants agreed that how an IV helps a young person depends on context. How young people and supporting adults thought about IV support seemed intrinsically linked to young people’s experiences of the care system and the support they had available elsewhere. For those with negative experiences, the IV relationship was seen as a contrast, emphasising relational support and remaining distinct from professional roles. For those with more positive experiences of CSC, the focus shifted to benefits such as engaging in activities unavailable at home, forming trusting friendships to combat social isolation, or spending time in the community safely – perceived ‘gaps’ the IV could support with. Both young people and supporting adults conceptualised support from the IV in terms of what they offered that was different to the support they received elsewhere.

Although participants generally did not see the IV relationship as instrumental, we can see that the support they described IVs providing was interpreted in light of what was going on in the rest of their lives.

Understanding IV as broadly about providing additional trusting relationships is a sensible approach for the majority. For many, such as those loading onto CF1 and AF2, the IV was a relatively minor part of a strong support network. But for some young people it was more fundamental - particularly those who had poor experiences of care and were socially isolated such as AF1 and CF3 – the IV relationship was a unique and fundamental part of their lives. It is worth reflecting on the significance of IV for this minority for whom the IV was a core, rather than additional, relationship. Participants described IVs supporting young people through major life events including going to university, mental health crises including suicide attempts, relationship breakdowns and becoming parents. Some young people described their IV as the person they called when things went wrong and the one of the few people they trusted. Findings from this study suggest that, for a small group of young people, IVs might provide loving relationships (Forrester 2024b) because of their unique position in relation to CSC. These patterns were more obvious among care leavers so future studies should explore the role IVs play once official IV matches end. For now, we can say that IVs have the potential to give young people chance to develop the loving and trusting relationships that the (2022) care review described as “the foundation for a good life” (MacAlister 2022, p.144).

My analysis also suggests that how important these relationships are to young people may be related to the interaction between IV relationships and the density of young people’s existing social networks. Previous work on IV has explored IV relationships as separate from children’s broader context, in part because of their notional ‘independence’ from the system. Yet Dickens’ work cited above highlights that “independence does not mean acting in isolation” (Dickens et al. 2015, p.134) and these findings demonstrate that IV relationships do not exist in a vacuum. Taken together with findings about IV having multiple beneficiaries, this suggests we need to understand the impact of IV support holistically, as most people understand significant relationships with people they care about. This has implications for evaluating the IV policy, as I discuss in chapter 13.

Chapter summary

This chapter has synthesised findings from young people, supporting adults, and professionals. These findings supported the idea that young people value IV relationships highly. They also provide some challenge to commonly accepted views of what is important about IV relationships. Previous work has often presented young people’s views as overwhelmingly positive and somewhat homogenous. These findings' divergence can be attributed to two methodological issues. First, traditional thematic analysis often oversimplifies participants' views by fragmenting them into themes, whereas Q preserves their holistic nature, revealing contradictions (for example where CF1 felt it was highly important their IV gave them someone to rely on outside of care, but relatively unimportant that they helped them build a trusting relationship) and nuance. Second, previous research has overrepresented professional viewpoints; by analysing young people's and adults' Q sorts separately, this study prevents adult perspectives overshadowing the experiences of young people. In short, we should not be alarmed that the Q results reveal somewhat hidden and surprising elements. This is one of the reasons I chose to use the method, as I discuss in the strengths and limitations.

Defining IV in terms of a specific policy objective is challenging because of the role of context in determining how young people are supported. This adds up to a sense that IV is a policy easier to define in terms of what it is not, than what it is. However, a broad conceptualisation of purpose within the current CSC system is valuable. The unique contribution this study makes to the literature on IV is that IV serves to fill subjective gaps for young people in care, and that those gaps – whilst varied - are often relational in nature. The study found that these gaps depended on young people’s wider context, which is compatible with existing literature on network theory (Blakeslee 2015) but has not been explored in relation to IV before. Although relational health encompasses many of the benefits participants described, using any single lens as the sole framework for evaluating IV is limiting, given the diversity of perspectives revealed in the Q studies and the potential for relationships to change over time. I explore this further in the discussion chapter, in relation to the definition, development and evaluation of the IV policy at a system level.

13. Discussion

In this chapter I discuss the implications of the findings for understanding the IV policy in today's CSC system. The chapter is structured into three sections: policy definition, policy development, and policy evaluation. I argue that understanding IV as a policy purposefully designed to meet specific objectives is not helpful. I then broaden the focus to outline how we can conceptualise the IV policy at an individual and system level, drawing on theories of non-design and Evolutionary Governance Theory (EGT) to outline what has made the IV policy resilient and long lasting. In the final section, I interrogate what these findings mean for the future of IV and how we assess its impact. This leads us back to Flyvbjerg's questions for phronetic social science: where are we going and what should be done? I outline an alternative approach to evaluating the IV policy drawing on Applied Phronesis.

Policy definition

This study set out to understand the purpose and value of the IV policy. The findings suggest that conceptualising IV as a policy instrument purposely designed to meet specific goals is not helpful. In this section I outline an alternative approach to understanding the aim of the IV policy at an individual and system level.

What is the purpose of the IV policy?

Understanding the purpose of IV as providing trusting relationships with a reliable adult outside of the care system is a broadly useful one. All the Q factors felt that one of these elements – being someone to rely on outside of state care and/or providing the opportunity to build a trusting relationship – was highly important, and professionals foregrounded these aspects of the role in interviews. But the question remains, to what end? Are we providing these relationships because we think that trusting relationships outside of care are valuable for their own sake or do we consider them a means to achieve other positive outcomes for young people? Is the purpose of offering IV support intrinsic or extrinsic? This has implications for how we judge the 'success' of the IV policy, as we will see later.

In chapter eight, most professionals articulated a largely extrinsic – ends driven - purpose for IV. Although a minority described the IV relationship as an end in itself, it was more common for professionals – particularly IROs - to describe IV in terms of the benefits these relationships could lead to in the future. Practitioners also identified several groups for whom IVs are often used because of perceived gaps in support: young people in need of individualised relationships with adults, as well as those who were socially isolated. This suggests that, absenting a single overarching policy goal designed to target a particular problem, there are several common use-cases where IV support is envisaged to offer extrinsic benefits. These relationships were intended to achieve positive outcomes for children as they grew up, as well as being valued in the here and now.

The question of whether IV support 'plugged gaps' for young people was a matter of debate among professionals. For some, there was no need for a particular gap or deficit to be identified for an IV to be offered. Others thought IVs were intended to be used where something was missing in a child's life and that they played a role in plugging gaps in the quality of care, support and protection a child was receiving.

The conceptualisation of IV support as extrinsic was supported by the Q findings. Participants described the varied ways they felt having an IV had supported them/their young person. They interpreted the value of IV support in the context of young people's existing support systems: specifically, what was missing from these networks or what was different about the support the IV provided. In interviews with young people, factors two and three identified gaps they felt the IV filled. For factor two this related to accessing opportunities, one-to-one time with a supportive adult, and building self-esteem following a challenging period. For factor three it was about providing a close trusting relationship with a supportive adult outside the care system, in the face of difficulties with peers (and carers, in some cases). Factor one, who described feeling well supported generally, conceptualised IV support as filling a different gap: an unpaid volunteer who spent time with them because they wanted to and without a view to changing, improving or developing them. In all three cases support from the IV was seen as offering something different to support available at home. These patterns were also seen across the adult factors.

The idea that IVs might address gaps in support is backed by other studies on the role of non-parental adults which have shown similar findings in relation to mentoring relationships (Gunty et al. 2022). Their ability to provide flexible, responsive and tailored ‘help that doesn’t feel like help’ both day-to-day and in a crisis distinguished them from more formal system-level support. Other studies have highlighted that this transition from formal to informal support can be particularly important during the period where children leave care and come to rely on more informal/natural sources of support (Sterrett et al. 2011). These findings contribute to a body of developing research which explores the intersection between informal (usually voluntary) services and formal (professional) services (Boddy et al. 2020; van Breda 2024). I reflect on this further in the next chapter where I discuss how the informal support offered by IVs fits with professional support.

If IV support is seen as largely extrinsic, then is IV best conceptualised as an intervention designed to address specific problems? I argue not: the variety of ways participants described their IVs supporting them, as well as the changing nature of this support over time, suggest that understanding IV as an intervention with specific objectives is not helpful. Whilst this this study suggests that although in practice IV support is often targeted towards those with certain needs, gaps in support are not a prerequisite.

The diversity of perspectives also suggests that understanding IV's purpose and value through any single conceptual framework would be limiting. While relational health captures important aspects of IV support, it cannot fully account for the context-dependent nature of these relationships revealed in the Q studies. Although relational health provides a valuable lens, defining IV solely through this framework – or any other - risks oversimplifying its value and undermining the very adaptability that participants identified as a key strength. IV's flexibility to respond to individual contexts and subjective gaps in support may be its most defining characteristic.

In summary, perhaps the only ‘problem’ we can judge the success of IV against is the system-level one that exists for children in long-term care by virtue of being separated from their birth families: the fact that many have disrupted connections with family, peers and community, and in some cases, poorer quality social support networks than those not in care. If an IV provides a trusted relationship with a consistent adult outside of the care system who a young person feels they can rely on for different types of support tailored to them, that is a marker of success.

How does IV fit within the CSC system?

At a system-level, the policy can also be seen as plugging gaps in services. In the same way that an individual IV can respond flexibly to an individual child's changing needs, the IV policy can be seen as flexible component of CSC. In interviews professionals described IV filling gaps in a system that was creaking under pressure. The policy is capable of adapting to meet evolving needs that more rigid parts of the system cannot respond to quickly and/or effectively. We saw that in crisis or where experiences of CSC had been very poor, young people described using informal IV support first, before engaging with formal services. Using a visual metaphor, the IV policy functions like a single spring in a bike's suspension—a small component that absorbs shocks and allows flexibility under pressure, allowing the system to bend and flex instead of breaking.

This 'shock absorbing' aspect of the policy is part of what makes IV a valuable support mechanism both to young people and to the system - weathering shocks such as staff shortages or increases in certain groups of highly socially isolated children such as UASC. Suspension allows the system to ride out bumps in the road without requiring major course corrections. This conceptualisation of the IV policy positions it as a necessarily small, but significant part of the wider CSC system for the children who benefit from IV support, particularly for the small group for whom IV relationships were a core part of their support system.

The idea that volunteers are used to fill gaps in services will not sit well with everyone. It may appear to legitimise stretching the boundaries of the IV role and using free labour in place of professional support, particularly in the context of funding cuts in CSC. Some may think of it is as unsafe, exploitative, or as an example of 'mission creep' as some participants alluded to in chapter eight. 'Mission drift' like this is a common problem when third sector organisations are involved in delivering services particularly within mixed economies of welfare provision such as IV (Ebrahim et al. 2014). What is more, the actual role that voluntary sector organisations play in social welfare provision tends to be poorly documented (Rochester 2013), and their contribution overlooked (Kendall 1996; Kendall et al. 2002).

But third sector organisations have long played an important role in addressing gaps in public service provision (Baines et al. 2011; Hogg and Baines 2011). While the state is a large and rigid system, small organisations are more nimble and flexible, and therefore operationally better set up to provide some types of support. But IV also represents a rare example of non-professionals becoming involved in CSC, offering a fundamentally different type of relationship and approach to supporting young people than typically found within CSC.

In a system increasingly dominated by professionalisation and standardisation, this study has demonstrated that the unique contribution of volunteers can complement professional intervention. Rather than seeing volunteers as merely filling gaps left by inadequate services, we might instead view them as offering something qualitatively different that professionals cannot provide. This perspective aligns with growing recognition that effective support for children in care requires not just professional intervention but the involvement of the wider community (Munro and Hubbard 2011). Other studies investigating volunteer support in CSC have identified similar qualitative benefits, including the capacity for volunteers to offer non-stigmatising support that families perceive as friendship rather than professional intervention (Parrott et al. 2006), consistent relationship-building that can mitigate the negative effects of frequent changes in social workers (Tunstill and Malin 2012), and complementary support that enhances rather than replaces professional services.

Policy development

So far, this chapter has outlined a purpose for IV in today’s CSC system and suggested that the policy has adapted to respond to system-level changes in ways that mirror the flexible, responsive nature of individual IV relationships. But findings also highlight that this is only the latest iteration of a policy that has existed for many decades and that has been used creatively to meet a range of needs in tandem with a changing CSC system. In this section I explore how the IV policy has developed over time, and how this adaptability and flexibility have contributed to both its survival and its marginalised place within CSC.

I argue that this development, while seemingly unstructured, has made the policy robust. Using an analogy drawn from Evolutionary Governance Theory (EGT) I suggest this organic development, although not without its problems, has created a more effective and enduring policy than a deliberately designed approach might have.

How has IV developed over time?

Although the IV policy began as a focused intervention for a specific group of vulnerable young people at the intersection of criminal justice and social care, its development was not driven by systematic evaluation of effectiveness – as a rational model of policy development would anticipate (Hudson and Lowe 2009). Lipsky's (1980) work on the role of street level bureaucrats suggests that the way policies are implemented often ‘irrational’ (in policymaking terms) in that they differ from what policymakers intend, because those working on the frontline use their discretion to provide services (Lipsky 1980). This is evident in the case of IV, where services are delivered more flexibly and creatively than legislation and guidance prescribe. Professionals (and volunteers) adapt their services based on local and individual needs rather than strict criteria, using practical wisdom to determine appropriate support for young people. Practitioners also described the policy as ‘catching up with’ what was already being done on the ground. Lipsky explains this by arguing that where new practices prove effective, they can become the de facto way that policy is implemented. These informal changes can then gradually be codified into formal policy (ibid).

It is tempting to see this as incrementalist, viewing the policy-making process as involving small, incremental and iterative adjustments to existing policies rather than radical overhaul (Lindblom, 1959). But these adaptations are not examples of policy decisions taken by policy makers with a view to achieving any specific policy goals. Instead, they are examples of policy following practice and reflecting it more accurately as a result, rather than directing it towards specific goals. Lipsky’s theory of Street Level Bureaucracy (SLB) provides a useful way of understanding the relationship between informal practice development and formal legislative change where the IV policy is concerned. It emphasises that the policy’s development has largely happened at the implementation level, rather than at the formal policy making level. However, SLB does not account for another feature of the IV policy’s development: its surprising endurance over time.

Some scholars note that, despite a lack of coherence some policies demonstrate remarkable resilience over long periods (Taleb 2013; Capano and Howlett 2015). IV is a particularly longstanding policy within CSC, so in this section I explore how and why the policy has survived using a metaphor of ‘the bird’s nest’ in non-design (Hartley and Howlett 2021). Policy design usually refers to the "purposive attempt by governments to link policy instruments to the goals they want to realise" (Howlett and Mukherjee 2017, p.140). Theories of non-design suggest that some policies are not generated from systematic, knowledge-based approaches to matching policy goals and means (Howlett and Mukherjee 2014) but are instead the result of any combination of accident, political bargaining, corruption, practical necessity, and happenstance. Non-designed policies evolve through unstructured, often opportunistic processes rather than deliberate planning.

Non-design

The IV policy’s gradual expansion from specific problem-oriented solution to a wide-ranging service delivered in many different formats and with no single overarching policy goal suggests it may be an example of non-design. Over the years IV has retained its nomenclature and the duty to “advise, befriend and assist” but has moved from being a specific legal instrument to, at various stages, being a substitute for birth family contact, a means of providing those in institutions with an insight into family life, a type of mentoring, a trusted adult, an informal advocate, a children’s ‘champion’, a friend, and “someone who can promote the child’s developmental, social, emotional, educational, religious and cultural needs” (Department for Education 2015a, p.109). The policy's development was not brought about by rational planning processes or purpose-driven systematic evaluation, but rather by incremental, often post-hoc, adaptations, that responded to emerging needs and changes in the care system.

Howlett and Mukarhjee’s (2014) spectrum of policy design from formal (rational) to non-design provides a way of understanding this development. Non-designed policies are often subject to political bargaining, stretching (extending policies beyond their original intent) and ‘tense layering’, which involves adding inconsistent new elements over time (Howlett and Mukherjee 2014). An example is the layering of different eligibility criteria over one another in legislation, which may explain why lack of birth family contact is so often still considered the only criteria for offering an IV. Another is the inclusion of contradictory expectations for IVs that are difficult to implement in practice, such as those outlined in the literature review chapter. Whether or not policy layering when done effectively contributes to policy stability is a matter of debate (Choi and Seon 2021), but most agree that tense layering can result in confusion and inconsistency (Rayner and and Howlett 2009; van der Heijden 2010).

The processes that underpin non-design are also often the result of political pressure. The policy analysis in chapter three highlighted how professionals and other interest groups (for example those representing children in care) lobbied to influence the development and expansion of legislation, including by commissioning research and contributing to consultations. This was particularly apparent in the consultation around the 2008 expansion where policy makers explicitly acknowledge the role of interest groups in expanding eligibility. These are standard aspects of policy influencing which continue today through the work of the NIVN and many other organisations in the third sector. Non-design often involves political forms of policymaking, where considerations such as interest group pressure may outweigh technical policy analysis. Some see this as negative - self-interested lobbying rather than disinterested analysis driving policymaking forward – but it can also be framed positively, and *phronetically*, as an example of those with practical expertise developing policy and determining what should be done.

Non-designed policies are also characterised by a disconnect between problems, interventions, and outcomes (Newman and Nurfaiza 2022). Findings from this study suggest outcomes of IV are highly variable, interacting with complex context and not amenable to traditional models of evaluation. Non-design acknowledges that outcomes can be highly unpredictable, unforeseen and potentially chaotic because of the ways policies develop (Howlett and Mukherjee 2014). It provides a useful way of understanding how policies can develop in such a way that they become increasingly difficult to evaluate.

Policy resilience: the bird's nest metaphor

Despite these difficulties with coherence and evaluation, other work shows how non-design can contribute to resilience. Drawing on Evolutionary Governance Theory (EGT) - a theoretical framework that analyses how governance systems and policies change over time through complex, non-linear evolutionary processes - Hartley and Howlett (2021) develop the metaphor of a bird's nest to describe non-designed policies that seem chaotic but are resilient. The authors contrast the seemingly random combination of disparate elements (materials that are at hand and already exist) in a bird's nest, with the metaphor of a building (designed for a specific purpose and with intent). They illustrate how policies that evolve without a formal design can still form a cohesive and resilient structure and achieve long-lasting structural integrity. They argue that these policies can absorb stress and maintain coherence despite their apparent disorder.

They specify four analytical dimensions of the bird's nest metaphor that facilitate this. First, "structural integrity emerges paradoxically from disorder"; a bird's next – like the IV policy – is built on overlapping and contradictory elements that are weaved together into a whole. The authors argue that this can provide strength and stability. For example, the expectation that IVs be independent yet align with the care plan is somewhat contradictory but enhances the policy's resilience by allowing flexible contact based on the child's needs. Second, the diversity in the physical characteristics and shapes of the materials in a bird nest parallels the variety of policy instruments in a policy assemblage. This diversity allows for a flexible structure that adapts over time. The diverse roles and functions of IVs, and range of ways IV services are delivered, mirror the varied materials used in a bird's nest. Third, this allows policies to endure external stress, much like a bird's nest endures environmental pressures (Hartley and Howlett 2021). The IV policy has absorbed changes in legislation, shifts in care practices and encroachment from a range of new professional roles. This allows the policy to operate flexibly, adapt and remain relevant despite changes in the care system. Finally, both bird nests and policy assemblages maintain coherence through internal cohesion rather than external containment mechanisms. Like nest materials that become compacted over time, policies develop their own internal cohesion as different parts adjust to each other over time and settle into status quo arrangements through interdependent resources and structures (such as contracts that tie advocacy and IV services in together). The bird's nest metaphor helps us understand how the IV policy has cohered through many adaptations and what structural features of the policy have allowed it to survive.

Whether or not non-design is a problem to be engineered out of system - or indeed, if that is possible (Cairney 2020) - is debatable and beyond the scope of this study (e.g. see (Coban 2023)). I am not claiming that IV is a ‘good’ or ‘bad’ example of a non-designed policy, only that this is a way of understanding how the policy has developed over time and that these non-rational and non-designed processes result in particular attributes. Non-design provides a way of understanding how the IV policy’s flexibility and responsiveness to local conditions have emerged, as well as accounting in part for its vagueness and fragmentation. I also argue that these processes are part of what has allowed it to remain relevant as the CSC system has changed: non-design processes have made the policy robust and allowed it to endure over six decades.

Other survival factors

Before concluding this section, I briefly highlight three other features of IV that might act as factors in its survival: its benevolent nature, its low cost, and its relative invisibility. First, IV is often seen as an intuitively ‘good thing’ and therefore widely applicable with relatively limited risk (assuming safeguarding practices are robust). This has allowed professionals to stretch the boundaries of the policy. Those who deliver services were at the forefront of adapting IV because they felt emboldened to innovate and offer support to groups outside the eligibility criteria on the ‘common sense’ notion that a supportive relationship with a trusted adult could be beneficial. It is unlikely that professionals running a substance use or mental health service would feel confident to offer a child not technically eligible for support the chance to access it on the off chance it might help.

A second, and related, factor is the relative low cost of IV. Neither the original nor current legislation specify that IVs must be volunteers but, as other roles have professionalised, IV has transitioned to being voluntary. This ‘de-professionalisation’ is likely a key factor in the policy’s continued existence because, although a practical cost-cutting decision at the time (services paying IVs could not remain competitive as others turned to volunteers), the unpaid nature has been reframed as a unique facet of IV. This shift of emphasis is an example of frame building - constructing a specific perspective around an issue that highlights certain aspects while downplaying others. Hartley and Howlett suggest that this is deployed to “safeguard the political legitimacy of policies [...] by providing rationalisations of existing policy outcomes” (Hartley and Howlett 2021, p.456). In the bird’s nest analogy, this reframing is the ‘mud’ that binds together often disparate policy elements by providing a post-hoc rationale for the voluntary status of IVs. Without having transitioned to a voluntary model of delivery, IV would have become unaffordable for LAs in the context of significant budget cuts that have affected CSC since 2008. The low costs associated with the policy’s voluntary status can be understood as one of the mechanisms that professionals have leveraged to ensure IV survives.

Finally, whilst the policy’s low profile has often been considered a drawback, the ‘quiet’ nature of IV has also protected it. Remaining under the radar has allowed it to evade the scrutiny—both budgetary and regulatory—facing many other services. New Public Management (NPM) has promoted standardisation, regulation, and the monitoring of measurable outcomes within CSC (Harris 2008). Yet IV’s impact, rooted in highly personalised relationships, resists easy quantification through standardised metrics. In some ways it appears an anomaly within CSC and a relic from a previous era. Its defining features — flexibility, personalisation, and lack of defined outcomes — sharply contrast with NPM trends. Efforts to increase visibility and standardise IV —such as setting minimum targets for LAs - could expose services to new forms of scrutiny, potentially limiting the very flexibility and discretion that have enabled them to operate effectively.

In summary, the development and survival of the IV can be understood, in part, through the lens of non-design theory. This has allowed the policy to adapt to changing conditions within CSC while maintaining relevance. Beyond its structural characteristics, the IV scheme has benefited from three additional factors: its intuitive appeal as a benevolent intervention with minimal risk, its cost-effectiveness through the transition to a voluntary model (strategically reframed as a defining feature), and its relative invisibility, which has sheltered it from the standardisation and metric-driven scrutiny that characterises NPM. These elements explain how a policy that might appear fragmented and vague has demonstrated remarkable durability over decades of system change.

Policy evaluation

The tension between IV's distinctive characteristics – its somewhat anomalous nature, its flexibility, and its changing focus over time - and contemporary policy evaluation approaches raise important questions about how we evaluate policies that resist standardisation. The very features that have allowed IV to endure — its flexibility, personalisation, and absence of prescribed outcomes—make it particularly ill-suited to evaluation paradigms that prioritise measurable impacts and standardised delivery. This section explores the limitations of traditional approaches to evaluating IV and considers alternative frameworks that might better capture its distinctive value.

Utilisation-based evaluation

One approach to judging the success of IV has been to focus on utilisation using access rates. This is a commonly used approach at service-delivery level, as well as nationally where it is the focus of policy and influencing work. The most fundamental issue for many in the sector remains this access rate. However, the prevailing idea that there are not enough children matched with IVs, and that this is a marker of failure, warrants interrogation.

Judging the IV policy primarily on access rates is problematic for several reasons. First, there are issues with the calculations and assumptions used to measure access rates. The figure is calculated on the basis that *every* child in *every* type of care placement is eligible for an IV, something this study has shown is not the case. Roughly 20% of children in care are under four (Department for Education 2024a), and it is unusual for services to provide matches for those under six (Walker and Jordan 2022b). This study also found that ‘in care’ is usually interpreted as ‘in long term care’ by IV services and that a range of other informal eligibility criteria influence who is matched. This is not the focus of this thesis, so I limit my comments to simply highlighting that the pool of ‘eligible’ children is likely different to, and smaller than, the population data currently used to calculate access rates.

There are also theoretical issues with judging the success of the IV scheme on the number of young people currently formally matched. Statistics do not take into account young people still in touch with their IV who have left care. And because there is no clearly defined ‘problem’ and no specific target population for IV, it is difficult to estimate the level of need or the ‘right’ proportion of children who should be matched. Some argue that introducing targets[6] in relation to this fundamentally misunderstands the point of IV and the tailored, child-centric nature of the scheme. In the next chapter I discuss what a higher access rate would tell us about the IV policy and its place in CSC.

Outcomes-based approaches

In recent years, there has been growing interest in measuring the impact of IV (Crowley and Lovell 2018b) – with some suggesting that limited evidence on ‘hard’ outcomes such as improvements in health, wellbeing, or education might be contributing to low awareness and uptake. Findings from this study suggest this is likely not the case. The policy’s marginal status is not a new phenomenon nor was IV developed with instrumental aims in mind. What is more, although those who use and deliver the service conceptualise it in different ways, they generally do not foreground specific outcomes. Although participants saw the purpose of IV as being to improve life for young people in a range of ways, they did not usually identify achieving specific outcomes as part of that.

IV presents some unique challenges for traditional policy evaluation methods. These findings suggest that identifying core components of effective IV support or conceptualising the purpose of IV in a fixed way – the backbone of EBP approaches to understanding value - may not be helpful. Unlike interventions with clear objectives and standardised delivery, IV relationships are highly personalised, lack fixed goals, and unfold over long periods. To use terminology from EBM, young people are receiving different 'doses', so to speak, of time and resources and energy and investment, from different people with varying traits and motivations, over varying time periods. Traditional methods focussed on measurable outcomes, standardised measures, and linear cause-effect relationships, are ill-suited for capturing the nuanced value of these complex relationships.

The IV policy’s strength lies in its flexibility and adaptability to each child's needs, making it difficult to measure using conventional quantitative, causal, and summative evaluation

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[6] The NIVN introduced a 10% minimum target for match rates in 2020. Yet only 5% of services were achieving the minimum target described above in 2022.

approaches. Instead, IV needs to be evaluated on its own terms, using a framework that focusses on young people’s views, how satisfied they are with their IV relationship and the way they are supported, and whether the scheme is being delivered in a way that is consistent with the values identified as important by young people themselves. It is crucial to find ways to demonstrate its value without compromising the core aspects that make it meaningful to young people. I set out later in this chapter how a phronetic approach might be adapted into such an approach, but first I outline the risks of poorly designed and inappropriate evaluation frameworks.

The risks of inappropriate evaluation

I argued in the introductory chapters of this thesis that, in the absence of a clearly defined purpose for IV, attempts to evaluate it using outcome measures had been premature and may not be appropriate at all. Using inappropriate evaluation tools risks doing more harm than good. A well-designed outcomes-based evaluation may well tell us what we already know: IV probably does not make that much difference to most young people’s health, educational and criminal justice outcomes. But young people value IV relationships and, for some, that support is pivotal. Forcing IV into an evaluation framework that measures ‘the wrong thing’ would be as likely to demonstrate IV has no effect or a negative effect, as it would be to demonstrate a positive one. In a world where quantitative measures loom large, this needs to be approached with caution.

There has been substantial debate on this in relation to high profile interventions, where both a process-based and outcomes-based perspective can be taken on effectiveness. In some cases, studies have focussed on quantitative outcome measures because they are of greater interest to policy makers who commission the studies (e.g. placement outcomes, referrals etc). This has led to a debate about whether these are indeed the right outcomes to focus on, even in cases where positive changes were reported (Sen 2023; Taylor et al. 2023). Other examples where outcomes are contested include interventions that have been shown not to be effective in changing ‘hard’ outcomes such as care or referral status. For example, a large RCT of an intervention that co-located social workers in schools (SWIS) found it did not make a difference to any of the service-based outcomes measured (Westlake et al. 2023), but practitioners argued that this missed the point, and that instead softer outcomes (including improved inter-agency working and community-level factors) were more important (Brown et al., forthcoming).

In the SWIS study, outcomes were defined by policymakers concerned with reducing the number of children coming into care, and not in consultation with practitioners in schools and CSC delivering the intervention, nor with the children and families receiving it. By the standards and value judgements of those with the money and power to determine what outcomes were measured, and what counted, in Flyvbjerg’s terms, as ‘rational’ knowledge, this SWIS intervention was a failure, and the funder recommended no further funding be spent on placing practitioners in schools (Molloy 2023). This is important given the opportunity cost of the intervention was significant. And yet the headline finding ‘no effect’ obscures a wealth of useful practical learning that comes from an unusually comprehensive implementation and process evaluation (Westlake et al. 2023).

A phronetic study preceding the SWIS RCT could have addressed a fundamental issue: the misalignment between measured outcomes and stakeholder values and interests. A phronetic approach, with its emphasis on practical wisdom and contextual understanding, would have engaged all stakeholders—practitioners, children, families, and policymakers—in dialogue before determining what constitutes success. This process could have identified the "softer outcomes" practitioners valued before committing substantial resources to measuring only hard outcomes in the impact evaluation, that failed to capture the intervention's holistic benefits.

Towards phronetic evaluation

We can use the example of SWIS to think about how Applied Phronesis might move us closer to an appropriate evaluation framework for IV. In asking questions about the value and desirability of current practice, and what should be done in future, Flyvbjerg’s approach is already inherently evaluative but ‘phronetic evaluation’ is not a commonly used term in the literature. How would phronetic approaches to evaluation differ from existing paradigms?

To evaluate something is to make a judgement about the value of it. Applying a phronetic lens to evaluation highlights that these judgements are not only about effectiveness and impact, but also about making wise and ethical decisions in specific practice contexts.

Practically, phronetic evaluation would involve dialogue between multiple stakeholders - those affected by and implementing the intervention – to define what 'success' would look like in this context and acknowledge the power dynamics that influence this definition. This study goes further than previous work in specifying how we might put children's experiences at the centre of this. Rather than looking primarily for causal relationships between IV and "hard outcomes" like educational attainment or placement stability, a phronetic evaluation would focus on understanding the quality and character of IV relationships, the processes through which they develop, and whether they are being delivered in accordance with values identified as important by young people themselves.

The evidence generated by a *phronetic* approach would be recognised as highly context-dependent and partial. This would be particularly valuable for evaluating complex social interventions where traditional outcomes-based measurements may miss important contextual factors and stakeholder perspectives. There is some crossover with a realist approach to evaluation here. Both approaches see evaluations as providing learning opportunities, not conclusive answers from which no further investigation is required. A *phronetic* approach would seek to provide evidence to inform guiding principles rather than simply 'what worked'.

This touches on the single defining feature that would make an evaluation phronetic: a willingness to put value and ethical judgements to the fore. Phronetic evaluation would recognise that technical assessments of acceptability and effectiveness get us only so far; 'effective' is not a byword for 'good'. If the SWIS study had found that the intervention 'worked' in that fewer children went into care, but those children ought to have been removed from home in order to be safe, a purely outcomes-based approach could not account for the ethical complexity involved in these situations.

Taking an example from this study, if the access rate increased in line with the 10% target suggested, it would be evidence IV was being used more efficiently, but would it be *good*? I argue that, while we should celebrate the success of IV relationships, we should also be deeply troubled by the conditions that make them so crucial for some young people. Participants described their IV variously as the only person, or one of the very few, they trusted, as their only friend, as the only person who had been there for them throughout their life or as the only person they could rely on in an emergency. IVs had supported young people through much good and through considerable challenges including teenage pregnancy, relationship breakdown, self-harm and suicide attempts, and bereavement. That these young people have left care with IVs as one of ‘the only’ or ‘the most important’ people in their life is both an incredible success and an abject failure. These examples showcase the very best of the IV policy and some of the very worst of the wider care system.

It is disheartening that the care system can create the conditions for someone a young person spends only a couple of hours a month with to become such a crucial source of support. Arguably, IVs should only be crucial sources of support for a small minority for whom the care system does not meet their needs. Ideally, the care system should maintain existing relationships with friends and family for young people wherever possible, and build new ones with supportive carers and a wide ranging natural support network who can meet children’s needs. Ideally children in care would have access to the support and opportunities they need to develop the natural mentoring relationships that others benefit from. But there is no ideal care system, nor will one ever exist. The experiences outlined above make clear how much these relationships are needed.

Findings suggest that the situations where IV support is most meaningful and significant to young people are often those where children’s experience of care has been poor; IV often shines where the care system fails. The uncomfortable notion that IV comes into its own where the system lets young people down calls into question simplistic approaches to understanding the value of the scheme. It provides a useful example of the distinction between measures of effectiveness and efficiency, and judgements of what is valuable and ethical. By integrating ethical judgement alongside rigorous mixed-methods research, phronetic evaluation offers a framework for making judgments not just about what works, but also about what is good.

Chapter summary

The study makes several original contributions to our understanding of IV policy and practice. I have argued that conceptualising IV as a policy instrument purposely designed to meet specific goals is not helpful. Instead, IV provides trusting relationships with reliable adults outside the care system, which all Q factors identified as important. IV relationships are also valued for filling specific gaps in young people's support networks. These relationships adapt flexibly to individual needs rather than targeting specific problems. At the system level, IV functions as a flexible component within CSC, absorbing shocks and responding to pressures that more rigid parts of the system cannot.

The study is the first comprehensive historical analysis of the IV policy's development. This historical context helps explain some of the policy's current features and challenges. This chapter examined how the IV policy has developed over time and why it has demonstrated remarkable resilience, arguing that street-level bureaucrats have adapted services based on local needs, with policy eventually catching up to practice. This chapter argues that robust policies can evolve through non-design rather than deliberate policy development processes, using IV as a case study. The research suggests that apparent 'weaknesses' like a low profile and lack of standardisation can contribute to policy resilience. More broadly, the study contributes to our knowledge of policy development and evaluation in CSC.

Finally, the chapter highlights tensions between IV's distinctive characteristics and traditional evaluation approaches. The findings suggest that attempts to evaluate IV through a single framework—whether focused on educational outcomes, placement stability, or relational health—inevitably distort what makes IV valuable to young people. The diversity of perspectives identified in this study demonstrates that what constitutes 'success' in an IV relationship is highly individualised and context dependent. The chapter concludes that IV needs to be evaluated on its own terms, using frameworks that focus on young people's satisfaction with IV relationships and whether the scheme aligns with values identified as important by the young people themselves. This has implications far beyond IV, suggesting that many social care interventions may benefit from more nuanced evaluative approaches that prioritise understanding before measurement. The findings challenge conventional approaches to policy evaluation in CSC by showing how traditional outcomes-based evaluation may be inappropriate for relationship-based support like IV.

14. Conclusions and implications

In this final chapter, I present my conclusions about the IV policy, its development, and its place within the CSC system, before outlining broader implications for research and practice.

The inherent complexity of IV: lack of standardisation as a feature not a bug

This study has shown that IV is fundamentally about building relationships, but the nature of these relationships and how they function varies significantly from child to child. This complexity is not a flaw but a defining feature of IV – the relationships are tailored to individual children and adapt over time as their needs change.

The purpose and value of IV relationships are understood differently by different stakeholders. The study identified distinct viewpoints on the ways IVs help young people, with no single archetypal model of support emerging. Instead, patterns of shared meaning revealed different conceptualisations of the role. There were disagreements about fundamental aspects including whether IVs are genuine friends to young people, whether their volunteer status matters, how separate they should be from the care system, and who benefits from their support. These differences challenge some commonly held assumptions about IV that appear in literature and promotional materials, emphasising that young people's views of IV support are not as homogenous as sometimes suggested. They also have implications for evaluation, because they highlight the individualised nature of IV support and the diverse conceptualisations young people and supporting adults have about IV relationships.

The significance of these relationships varied substantially depending on the young person's broader support network and previous experiences of care. For young people with positive care experiences and good support networks, IV often provided additional support, opportunities and experiences. For those who were more isolated or had negative experiences of care, the IV relationship could become a core part of their support system. This has implications for how IVs fit with the rest of young people's support networks. Although IVs have long been encouraged to keep an arm's length relationship with the CSC system to preserve their independence, research using network analysis has highlighted that the interrelationships between members of a given social network are an important feature of strong networks (Burt 2000; Zagenczyk et al. 2010). In this study, some IVs and foster carers felt that a good relationship between carer and IV was important for supporting young people. This raises questions about how IVs can be best integrated into young people’s existing support networks and how we conceptualise the relationship between formal and informal support in CSC.

What became clear is that IV relationships resist standardisation. Unlike interventions designed with specific outcomes in mind, IV has evolved organically as a flexible form of support that adapts to what each child needs at different points in their care journey. This adaptability allows IV to respond to gaps in young people's relational networks that might otherwise go unaddressed. The complexity of IV and its lack of rigid definitional boundaries are not limitations to be overcome through standardisation. They are not a ‘bug’ in the system, but an essential feature of this type of support.

Phronetic evaluation: accounting for more than ‘life measured by the pound’

In his (1970) seminal work *The Gift Relationship: from human blood to social policy*, Titmuss compared commercial blood markets with voluntary donation systems. He argued that social gift-relationships – involving social exchange like IV where people give time/resources without expectation of material reward – defy the underlying assumptions of economic theory, making evaluation approaches built on rational models inapplicable. The following quote goes some way to explaining why traditional evaluation frameworks are ill-suited to IV.

> " Givers are in no position themselves to evaluate gains and losses to themselves or to others. Professional arbiters decide but they, in turn, can seldom estimate as individuals the gains and losses for either the givers or the recipients. Their interventions are transitory and episodic; they seldom know the ultimate outcome. Those economic theorists [...] have been blinded by their own calculus. In their blinkered pursuit of economic arithmetic, they [...] endanger society's unmethodical knowledge of the living man." (Titmuss 2018, p.183)

The value created through IV relationships is distributed across time in ways that defy immediate measurement, sometimes spanning many years and transitioning through various phases as young people move through and beyond care. What is more, IV is not designed to achieve a single outcome but responds to subjective gaps in young people's support networks – gaps that vary considerably from person to person and are not easily distilled into standardise metrics. Finally, neither volunteers nor professionals nor young people themselves can fully assess the costs and benefits involved. The flexible, individualised nature of IV relationships creates significant value for young people in care but defies simplistic measurement in instrumental terms. The "unmethodical knowledge of the living man" that Titmuss defends is precisely what IV relationships cultivate – a form of human connection and support that resists reduction to measurable outcomes.

The bespoke nature of IV support has two practical implications for evaluation. First, it means that attempting to measure IV's impact using standardised outcome metrics would likely fail to capture its value and could inadvertently incentivise services to focus on easily measurable outcomes at the expense of flexible, responsive support. This risks undermining the very qualities that make it valuable to young people. Second, any attempt to understand IV through any one theoretical framework will inevitably miss important aspects of how these relationships function and what they mean to those involved. This resistance to theoretical reduction should be seen as a strength rather than a weakness. It reflects IV's adaptability to different contexts and needs, allowing relationships to develop organically rather than according to predetermined frameworks or outcomes.

I am not claiming that IV is unevaluatable, and later in this chapter I set out some things that those delivering services can focus on to demonstrate the value of their service. Evaluation frameworks that take a phronetic approach – balancing value rational and instrumental rational approaches to generating knowledge – might be particularly appropriate. Indeed, Titmuss' work is an exemplar of phronetic evaluation in action, even if he does not use the term phronesis. Moving from the particular example of blood donation to the general (the role of altruism in modern society), Titmuss asks how specific instruments of social policy encourage or discourage the individual expression of altruism. The mixed-methods study involved analysing statistical data on donation patterns and blood safety and quality, and exploring ethical questions about commodification and social bonds with stakeholder groups. Titmuss demonstrated empirically that voluntary blood donation systems produce safer blood and are more efficient than commercial alternatives, but he also shows how they contribute to social and community values that market-based systems undermine (Titmuss 2018).

The evaluation challenges highlighted in this thesis are not specific to IV but a commonplace feature of CSC. Unlike healthcare where outcomes like mortality are relatively straightforward, in social work, they are inherently value-laden and contested (Forrester 2017) with decisions often the result of compromise and trade-off between different parties and competing priorities (Dickens et al., 2019). The study suggests two conclusions more broadly applicable to CSC. There are some interventions that defy traditional methods of evaluation, and phronetic approaches offer potential for a value-based approach. But there are also interventions that can and should be tested using rigorous mixed methods approaches, like the SWIS project discussed in the previous chapter and Titmuss' work on blood donation. My intention is not to suggest that we do away with evaluation and rely only on value-judgements about how we should work with children and families, but rather to argue that integrating empirical data and values creates research that amounts to more than the sum of its parts.

The differentiation between what is technically effective or optimally efficient and what is 'good' gets to the heart of many dilemmas about outcomes in social work. What if we were in the luxurious position of having at our disposal an abundance of interventions that 'worked'? Cost and effectiveness being theoretically equal, how would we then make wise decisions about which interventions to pursue? We would consider the broader context of these interventions, the power dynamics by which they function, and whether they benefit or disadvantage particular groups.

By prioritising detailed understanding of how IV functions in practice before attempting to evaluate its effectiveness, this study has revealed nuances that might have been missed through more narrowly defined approaches. It suggests that phronetic social science, with its emphasis on small but important questions and context-specific understanding, may offer a more appropriate framework for judging policies in complex social domains where simple questions of uptake, utilisation and efficiency fall far short of answering more fundamental issues of value.

Resilience and adaptation: a case study in organic policy development

More broadly, this study has shown that IV occupies a unique position within CSC as a longstanding policy that has adapted and survived significant system changes. Following MacIntryre's (1984) assertion that "I can only answer the question 'What am I to do?' if I can answer the prior question 'Of what story or stories do I find myself a part?' (MacIntyre 1984, p.216), this study has taken a policy development approach. Using a phronetic orientation to understand 'the stories we are part of' suggests some of the IV policy's apparent weaknesses - flexibility, lack of standardisation, and resistance to traditional evaluation - may be features that have allowed it to remain relevant and valuable. This provides new insights into how policies can develop organically through practitioner-led innovation rather than top-down design. Unlike much of CSC, which has been subject to frequent centralised reform efforts – often driven by backlash resulting from the system's failure to protect children - IV represents a rare example of long-term policy stability achieved through practitioner-led adaptation. This bottom-up approach, while seemingly unstructured, may have created a more robust and adaptable policy than deliberately designed alternatives.

IV's marginal position within children's social care has paradoxically enabled this organic development. Its relative invisibility, low cost, and limited scrutiny have provided the freedom for practitioners to interpret and implement the policy responsively. This suggests that, contrary to conventional wisdom, allowing policies to develop organically with practitioner discretion might sometimes produce more sustainable and effective solutions than deliberately engineered alternatives. Rather than viewing IV's marginal status as a weakness to be solved, the policy's ability to operate quietly and adaptively on the margins may be precisely what has allowed it to survive. Rather than focusing exclusively on top-down approaches to policy development, there may be value in creating spaces for more organic, practitioner-led innovation within CSC.

It takes a village: the untapped potential of non-professional support in CSC

This study highlights a unique and underexplored aspect of IV: its position as one of the few examples of non-professionals being involved in the care system. In this study, participants consistently emphasised the significance of IVs being volunteers who chose to spend time with young people, distinguishing these relationships from professional support. This non-professional nature is not incidental but central to IV's value, offering fundamentally different relationships that complement rather than duplicate professional support. IV offers insights into how community involvement from volunteers might address gaps that professionalised support alone cannot fill. Other examples of specific non-professional roles in wider public services exist but, like IV, these roles are often poorly documented and relatively invisible. These include appropriate adults who work to protect the rights of young people remanded in custody and interviewed by the police, supported lodgings providers who offer those leaving care a stepping stone between formal foster/residential care and living on their own, and official prison visitors who visit those who rarely have visits from friends or family.

At a time when relationships are being placed at the heart of reforms to CSC, IV offers important lessons about how flexible, volunteer-led support can contribute to building positive relationships and extended support networks for children in care. The policy provides a vital reminder that not all support needs to be professional or standardised to be valuable. In a system where foster care is increasingly modelled on the traditional nuclear family, IV reminds us that children can benefit from support from the wider community. This has implications beyond IV itself, raising broader questions about how we conceptualise, deliver and evaluate relationship-based support within CSC.

The 2022 care review identified promoting lifelong trusting relationships as a central mission for transforming CSC, arguing that young people leaving care without a network of loving adults represents abject system failure. IV, despite its marginal position and limited reach, offers a practical example of how such relationships might be cultivated. The review also suggested that IV providers work to deliver support in ways that feel community-based, rather than mirroring statutory services. The findings from this study suggest that IV's organic development, flexibility, and reliance on community volunteers contain valuable lessons for implementing this recommendation.

This points toward a potential future where the care system more actively engages communities in supporting young people, moving to a more community-integrated care system that includes support from professionals and non-professionals. Such an approach would acknowledge that professionals and carers, despite their expertise and commitment to young people, do not have inexhaustible supplies of time, energy and resources. It would recognise that children benefit from diverse relationships and perspectives that no single caregiver, however skilled, can provide alone. And it would make the care system responsible for developing and maintaining the ‘village’ around each child in care.

Implications for research

This study demonstrates the value of using multiple methods to understand complex policy interventions. The combination of Q with traditional qualitative approaches provided insights that have not been identified in the existing literature. In particular, Q’s ability to identify distinct viewpoints while preserving the holistic nature of individual perspectives proved valuable in understanding how different stakeholders conceptualise IV support and in prioritising the equal status of children and adult voices in studying IV. As such, the findings challenge some approaches to policy evaluation in CSC. The study suggests that attempting to evaluate IV using traditional outcome measures may be inappropriate and even potentially harmful. Instead, researchers need to develop more nuanced approaches that can capture the value of flexible, relationship-based support while acknowledging its context-dependent nature.

The findings also highlight the importance of incorporating historical analysis into policy research. Understanding IV's origins and evolution proved crucial for interpreting its current role and value. This suggests that other policy research in children's social care might benefit from similar historically informed approaches. Finally, this study demonstrates the value of phronetic social science for understanding policy development in children's social care. Its emphasis on practical wisdom and context-dependent knowledge aligned well with understanding how IV has evolved through practitioner innovation, discretion and adaptation. Taking a phronetic approach involved using a historical lens to develop an awareness of the broader narrative that IV is part of. This has shown us that IV's development combines various accidents of history with practitioners' deliberate efforts to adapt the policy and ensure its ongoing relevance.

Future studies should prioritise three areas. First, the intersection between IV and other forms of support. This is important because the findings suggest that seemingly clear distinctions between professional and voluntary support may be more complex in practice, requiring more sophisticated research approaches. Second, establishing whether young people consider IVs to be trusted adults in their lives. Third, developing appropriate evaluation frameworks that preserve IV's distinctive features, such as those outlined above. Other potential areas for future research on IV include longitudinal studies of relationship development and maintenance after young people leave care. This study did not focus specifically on the experience of care leavers with IVs and cannot draw conclusions specifically related to them. I suggested earlier that the Q study findings indicate that IV support might be characterised somewhat differently after young people leave care. This merits further attention and will likely be a key focus within the IV sector given current attempts to expand statutory provision to 25.

Implications for practice

Flyvbjerg argues that phronetic studies should be judged on their ability to contribute to ongoing deliberation about 'what should be done' in relation to the problems society faces (Flyvbjerg, 2001). Several implications for practice emerge from this study.

First, the findings suggest that IV services should resist pressure to overly standardise their approach. IV is not, and will never be, a standardisable intervention. While some standardisation of practices is necessary, maintaining flexibility appears crucial. As such, caution should be used in applying blanket targets: a 10% target for Blackpool – who have one of the highest rates of children in care 191 per 10,000 children – means something very different to 10% for Merton who have the lowest rate (26 per 10,000) (Department for Education 2024a). This points to a hidden issue: the impact and requirements from volunteers. Some communities are unlikely to be able to meet the demand for volunteers required by a 10% target. Blackpool also has one of the highest rates of deprivation in England (Ministry of Housing, Communities and Local Government 2019) and the challenges in recruiting and retaining volunteers differ substantially from an area with a wealthier demographic.

Ultimately, IV policy has been allowed to develop organically, with practitioners adapting the service to support young people as they see fit. In phronetic terms, the question of 'where are we going with IV?' has been determined, largely, by those involved in delivering the service. IV coordinators described using their discretion to determine how best to meet children's support needs and this creativity in approach is something that should be encouraged. The independence of IV services and their marginal position in CSC can be used to their advantage, because they can act with more agility and creativity than more cumbersome formal support services within the CSC bureaucracy. In a policy environment dominated by standardisation and regulation, IV services may benefit from remaining cautious about calls for greater external oversight.

Second, the study indicates that IV relationships can benefit others beyond the young person, including foster carers and the wider system. While maintaining focus on the young person's needs, services might consider how to acknowledge and support these broader benefits without compromising the core purpose of IV. This could involve thinking more widely about the value of IV services for example in reducing social isolation amongst volunteers, or in improving community integration. This study did not focus on the benefits of volunteering, but many IVs talked about the mutually beneficial nature of their IV match. Whilst supporting young people must remain the key indicator by which the value and success of IV support is judged, a broader approach to understanding the value and potential beneficiaries of IV could i) support services to access funding geared towards these outcomes and ii) respond to the recommendation of the care review to "rethink how to deliver their Independent Visitors schemes by working within their communities to develop a community-based befriending and mentoring programme that is not time bound, is responsive to the needs of children and young people and allows natural relationships to flourish." (MacAlister 2022, p.109)

Third, the IV sector should carefully consider the impact of evaluation on the future of the service. Evaluating IV badly might be worse than not evaluating it at all. Any evaluation should be undertaken carefully and holistically, so as not to compromise what the policy is trying to achieve. This study has shown that the IV policy has survived, in part, through the efforts of practitioners to adapt it to a changing social care landscape. But this also involved resisting at times – for example, resisting the attempt to merge IV and advocacy – and resisting the pressure to apply inappropriate frameworks to IV might be what is required at this point in the history of the policy.

Finally, if services *are* concerned with demonstrating impact on outcomes, there are better ways of doing this. Rather than trying to relate IV support to wider impact using proxy measures such as wellbeing or educational outcomes, we should judge the success of IV only on what it can be expected to directly impact: the quality of the support young people have available. This could be achieved by incorporating the use of established measures of social network size and density and relational health into monitoring and evaluation, *alongside* continuing to gather qualitative evidence about relationship quality that prioritises understanding young people's experiences. Future evaluation efforts need not reinvent the wheel. Improving the data captured on match duration and the stability of these relationships will contribute to this by allowing services to demonstrate that they are providing stable, long term trusted relationships that children in care value. Doing this relates IV to the robust literature on the benefits that trusted non-parental adults can provide for children in care and for those who have faced early life adversity (Rishel et al. 2005; Ahrens et al. 2011; Van Dam et al. 2018). If IVs are trusted adults, and these relationships endure, then the policy is connected to a whole body of existing literature on the benefits of positive relationships for young people. This would amount to focusing on measuring connection – and the extent to which young people trust their IVs - rather than change.

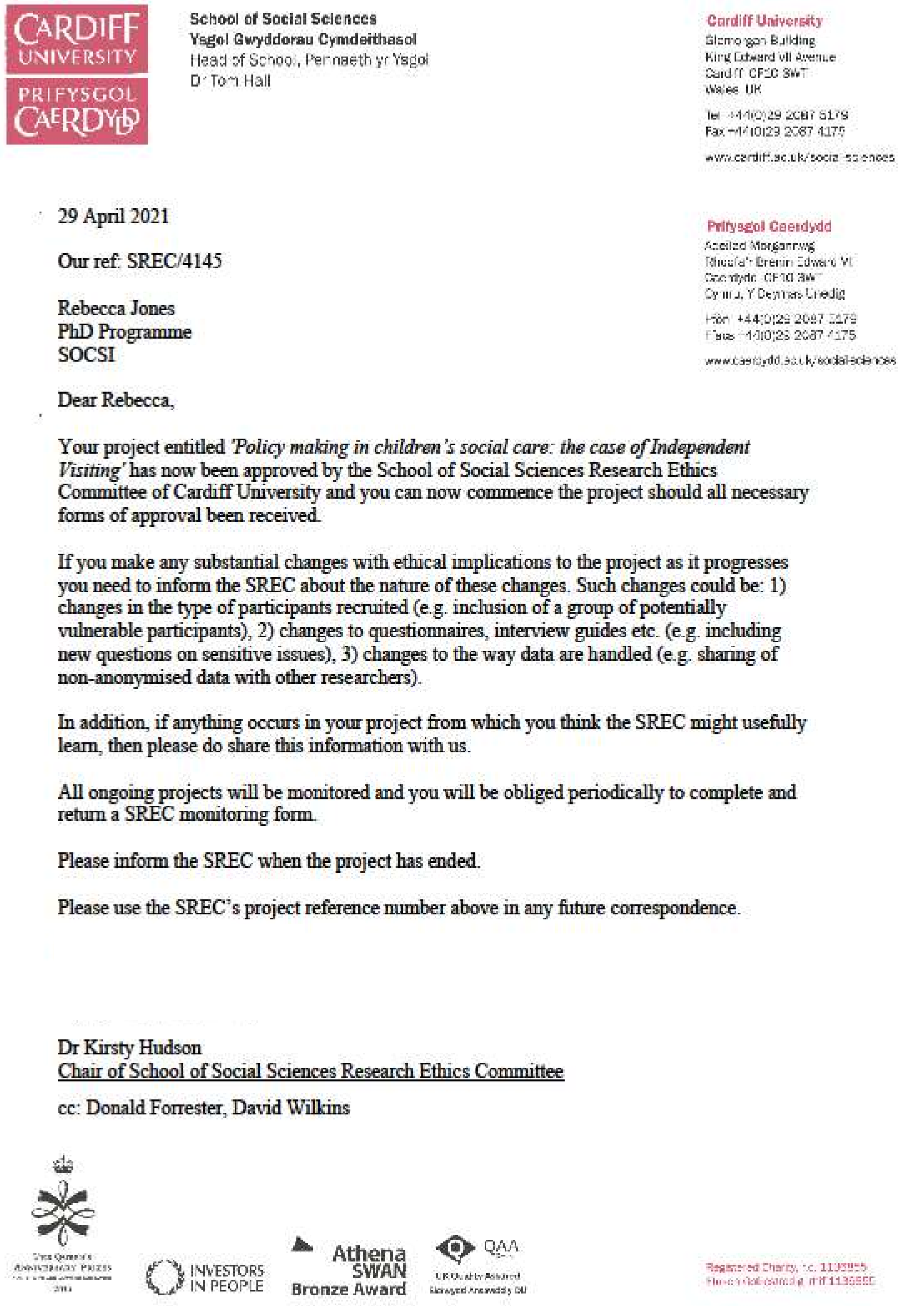
An obvious critique of these recommendations is that funding for IV is insufficient and little can be done until this is rectified. There is no doubt that issues with underfunding, competition between providers, commissioning and retendering have real impact on the stability of IV relationships for young people. And yet this study has shown that this is not a new phenomenon. Taking the long view has shown that many of the challenges IV faces today are similar to those from the past. It can be tempting to use critiques of EBP and NPM to hark back to an imaginary golden age of social work – where relationships were promoted, early help prioritised and where social workers stayed in their jobs. Some of this may be true, and certainly the challenges the sector faces are growing. But we are not harking back to any good old days where IV is concerned. The scheme today is the most developed and widely used it has been. Considering that IV has been historically underfunded and has survived, the chances of securing significant additional funding in the future seem slim. While making the case for appropriate funding remains important, this study highlights other strategies for demonstrating value, such as recognising additional beneficiaries when demonstrating value and connecting IV to the established literature on trusted adults. This offers the opportunity to strengthen both the theoretical foundation for IV and improve its practical implementation in the current fiscal environment and practice landscape.

Final reflections

In conclusion, this exploration of the IV policy offers insights beyond the scheme itself. It suggests that we need more nuanced approaches to understanding and evaluating relationship-based policies, greater recognition of the value of organic policy development, and more openness to non-professional involvement in CSC. By grounding my research in phronesis, I was able to move beyond purely instrumental evaluations that might have dismissed valuable aspects of IV simply because they do not fit within narrow measurement criteria. As we continue to grapple with creating a care system that truly serves children's needs, IV - despite its modest scale and marginal position - offers valuable lessons about how we might develop more responsive, adaptive, and relationship-centred approaches to supporting vulnerable young people. Perhaps through organic, bottom-up change, we might create a genuinely different CSC system - one where the whole community takes responsibility for cultivating genuine and supportive connections for young people in care.

Appendices

Appendix 1: Cardiff University ethical approval



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29 April 2021

Our ref: SREC/4145

Rebecca Jones
PhD Programme
SOCSI

Dear Rebecca,

Your project entitled *'Policy making in children's social care: the case of Independent Visiting'* has now been approved by the School of Social Sciences Research Ethics Committee of Cardiff University and you can now commence the project should all necessary forms of approval been received.

If you make any substantial changes with ethical implications to the project as it progresses you need to inform the SREC about the nature of these changes. Such changes could be: 1) changes in the type of participants recruited (e.g. inclusion of a group of potentially vulnerable participants), 2) changes to questionnaires, interview guides etc. (e.g. including new questions on sensitive issues), 3) changes to the way data are handled (e.g. sharing of non-anonymised data with other researchers).

In addition, if anything occurs in your project from which you think the SREC might usefully learn, then please do share this information with us.

All ongoing projects will be monitored and you will be obliged periodically to complete and return a SREC monitoring form.

Please inform the SREC when the project has ended.

Please use the SREC's project reference number above in any future correspondence.

Dr Kirsty Hudson
Chair of School of Social Sciences Research Ethics Committee

cc: Donald Forrester, David Wilkins

Appendix 2: Barnardo's ethical approval

Believe in children
Barnardo's

Barnardo's Research Ethics Committee (BREC)

Response to Applicant

This form provides feedback from Barnardo's Research Ethics Committee (BREC) against the criteria described in the BREC Guidance document. It informs you whether or not your application has been approved by BREC.

If you wish to discuss any aspects of the feedback given, or to arrange for re-submission of your application, please contact the Lead Reviewer that sent you this form.

Title of research
Policy making and evaluation in Children's Social Care: a case study exploring the role and value of Independent Visitors for Children in Care

Review outcome	
LEAD REVIEWER'S RESPONSE (ON BEHALF OF COMMITTEE)	
Your application has been approved ☒ I am satisfied that this research conforms to Barnardo's ethical research guidelines, and you may proceed with your research	
Name	Jane Evans

Position	Independent research consultant BREC chair
Date	07/03/2022

Appendix 3: interview schedule for professionals

Thank you for participating in this interview. The aim is to understand professional views on the Independent Visitor policy - both its historical development and current implementation. This interview explores how and why the IV policy originated, how it has changed over time, what the scheme aims to achieve today, and for whom. The schedule is flexible, allowing us to focus on areas most relevant to your experience.

Ethics and consent

Key points

- Consent: verbal and then written
- Confidentiality and safeguarding
- Anonymity – what this means?
- Stop at any point
- Withdrawal
- Recording

Section 1: Professional Experience and Background

1. Could you tell me about your professional experience in relation to IV services?
    - When did you first become aware of the IV policy?
    - What role(s) have you had in relation to IV services or CSC more broadly?
    - What were your initial impressions of the IV policy when you first encountered it?
2. How would you describe your current role in relation to Independent Visiting?
    - How does it contribute to the delivery of the IV policy?

Section 2: Historical Context (for participants with longstanding experience of IV)

3. What do you think the policy was aiming to achieve when first introduced?
4. Why do you think IVs were introduced/reinvigorated with the 1989 Children Act?
    - How do you think professionals in Children's Social Care perceived IV initially?
5. Why do you think IVs were later extended to all children in care in 2008?
6. Can you tell me about your experiences of implementing these changes in practice?
7. Could you describe any changes you've noticed in IV services over time?
    - Prompts:
        1. In terms of who receives the service and why
        2. Funding and resources
        3. Level of government support

4. How the current scheme compares to earlier implementations

Section 3: Current Implementation and Views

6. What, in your view, is the aim of the IV policy today?
    - Has this changed from its original purpose? If so, how?
7. Do you think the scheme is needed in today's care system? Why or why not?
8. In your experience, who receives an IV and why?
    - Prompts:

1. To what extent is IV routinely considered as an option for supporting children in care?
2. To what extent do you think it should be routinely considered?

9. How do you use/commission IV schemes in your day-to-day work?
    - For commissioners: What contract arrangement do you use and why?
10. What barriers exist for the delivery of IV services?
    - What prevents ensuring all children in care are informed about IV and able to access one?
    - What facilitates effective delivery of the service?

Section 4: Evaluation and Evidence

11. What do you currently do to assess the benefit of providing IVs within your role?
12. Could you share specific examples of how IV support has helped young people?
13. What is your view of the current evidence base for IV services?
    - What evidence would you ideally want about how IV helps children/young people?
14. Who do you think are the key decision makers in relation to IV both locally (in terms of your own role) and nationally?
    - How do you think the value of having an IV could best be communicated to those decision makers?

Section 5: Future Directions

14. What do you want to see happen with the IV scheme in the future?
15. What, if anything, needs to change? And how?
16. What is stopping those changes from happening?
    - Who has the power to influence this? Why? And what should they do?

Closing

17. Is there anything else about Independent Visitors that you'd like to share that we haven't covered?

Thank you for your time.

Closing admin e.g. written consent, voucher, timelines, summary

Appendix 4: examples of Q set item development

Source	Data	Q topic	Final Q statement
Interview data	"I just thought, if there was an IV here this person would have someone to help them do their furniture, they would have someone that could say let's get a takeaway and do your flat pack or you know that sort of best friend of the family type thing" (IVCO)	Assisting	Having an IV helps me/my young person with practical things
Literature review	"Sue took me to do all sorts of activities that I really wanted to do and wouldn't have got to do otherwise, we went to a snowdome together and really bonded over sports we both love." (NIVN data report, P.2)	Visiting	Having an IV helps me/my young person try new and different things.
Media coverage	"IVs are trusted adults are a listening ear that strengthens safeguarding and the voice of the child" (Article published on NIROMP website)	Safeguarding	Having an IV helps me/my young person by watching out for anything worrying
Consultation	"Children in care, even if they live in foster care, I think they grow up with this sense that "this is the only way things can be" whereas it's such a big world out there and it's a big shock for them when they leave care. IV it's about showing them that it's a big world, there's so much more out there than what you see"	Miscellaneous	Having an IV helps me/my young person think differently

Appendix 5: final Q set

Having an IV helps me/my child or young person by...

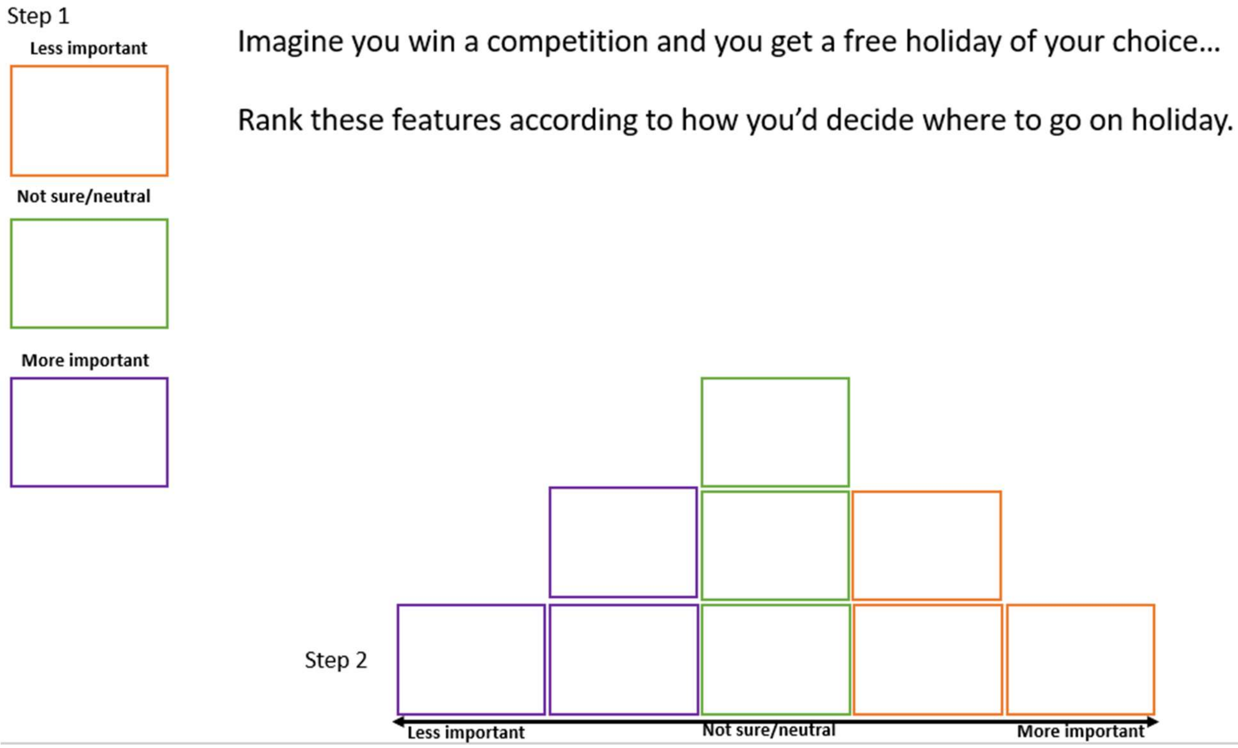
1. showing me/them how to build a trusting relationship
2. giving me/them a genuine friend
3. doing some of the things a parent might
4. giving me/them someone to talk to
5. being a consistent person in my/their life
6. by calming things down if it's difficult at home

7. helping me/them think more positively about myself/themselves
8. developing my/their sense of who I am/they are
9. helping me/them think differently about things
10. helping me/them find new hobbies, skills, and interests
11. helping with practical things
12. helping me/them overcome challenges and/or achieve goals
13. building my/their independence
14. letting me/them enjoy myself/themselves and have fun
15. encouraging me/them to make my/their own decisions
16. helping me/them try new and different things
17. being someone to go to for independent advice
18. watching out for anything worrying
19. supporting the adults who look after me/them
20. being someone outside of the care system to rely on
21. giving me/them a positive role model
22. being around long term
23. not being paid to spend time with me/them which means a lot to me/them

Appendix 6: examples of statements refined through piloting

Original statement	Issues identified through piloting	Revised statements
“My IV keeps me safe”	Young people interpreted as physical safety, but was intended to relate to safeguarding	“Having an IV helps me by watching out for anything worrying”
“My IV supports my family, not just me”	Participants answered in relation to birth family, whereas the statement was intended to capture whether the IV supported the foster family	“Having an IV helps by giving the adults around me time to themselves”
“My IV helps me make sense of my history”	Participants were confused about what ‘my history’ meant and thought this was not something an IV would know about	Removed from Q set

Appendix 7: icebreaker for children and young people



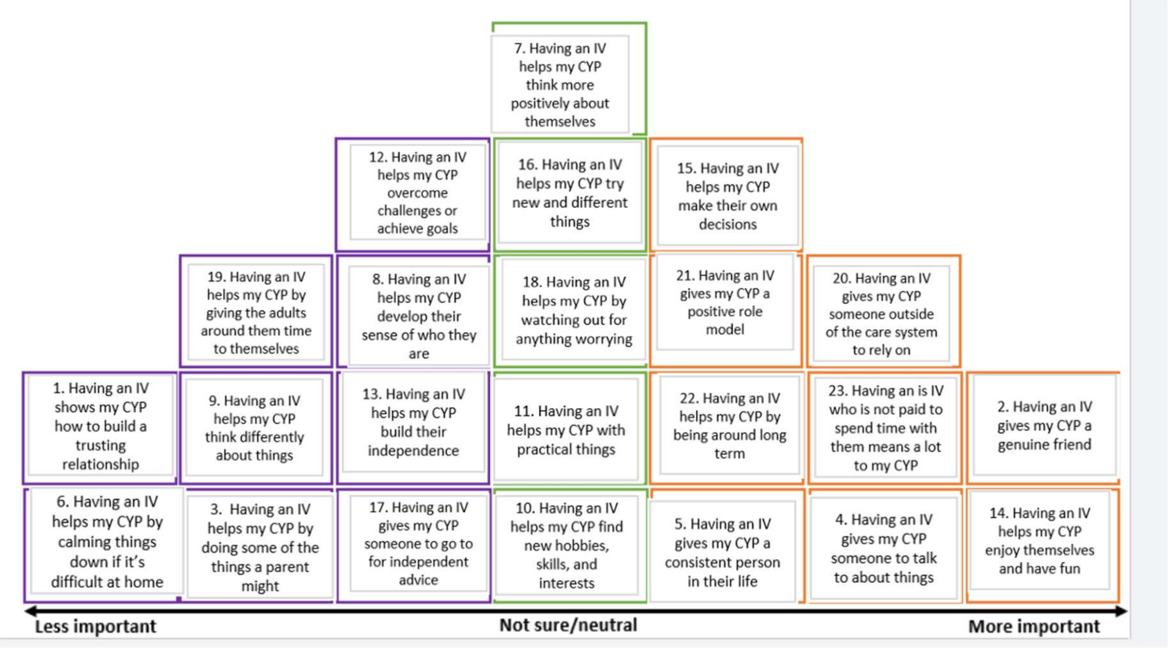
Imagine you win a competition and you get a free holiday of your choice…

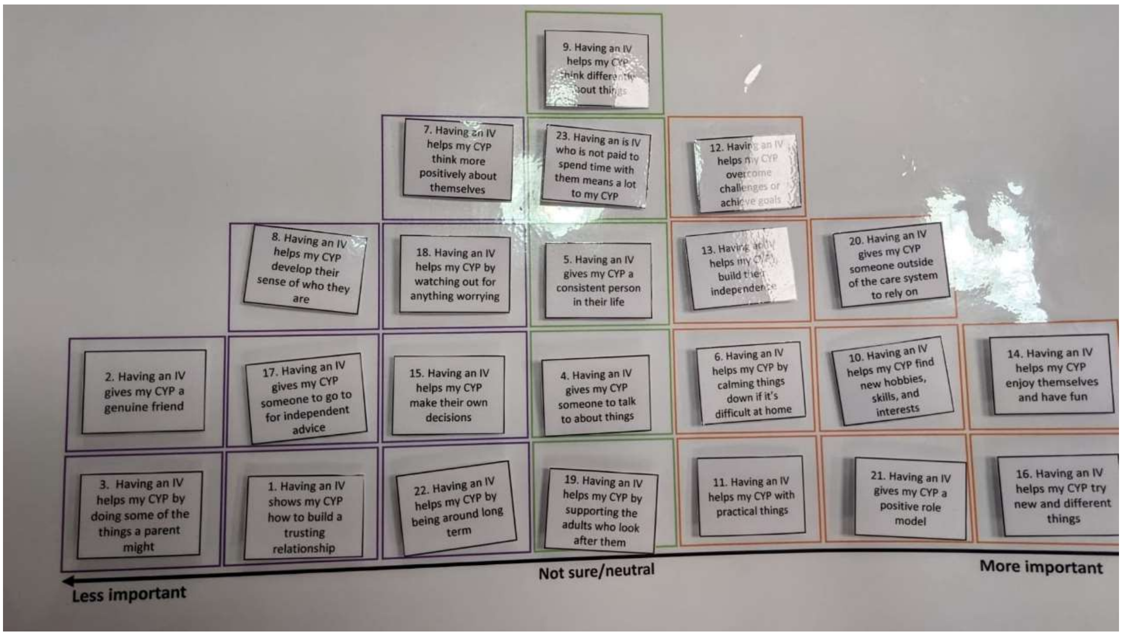
Rank these features according to how you'd decide where to go on holiday.

Statements:

1. Hot weather
2. No scary creepy crawlies
3. Historical monuments to visit
4. Easy to travel to
5. Beautiful beaches
6. Exotic wildlife
7. Peaceful and quiet
8. Somewhere people speak English
9. Water sports

Appendix 8: Q grids





Appendix 9: Q interview guide for CYP

Introductions

- I am a researcher which means my job is to talk to young people about things that are going on in their life, to understand what makes life good and what they struggle with.
- I am doing a project about what it is like to have and independent visitor, so I am doing interviews like this with young people and IVs
- Overview of structure: few basic questions at the start, then a card sorting activity, then a few questions at the end

Ethics and consent

- Consent and assent: who decides? Verbal and then written
- Confidentiality and safeguarding
- Anonymity – what this means?
- Stop at any point
- Recording

1. Introductory questions

I don't know much about you, other than you live with X and you have an IV. So to get us started can you tell me…

  a. Your full name?
  b. Where you live?
  c. Who lives in your house?
  d. How long have you lived there?
  e. How old you are?

2. Questions about having an IV

  a. How long you have had an IV?
  b. How did you find out about the option of having an IV? What were your first impressions?
  c. Can you tell me what you remember about first meeting them? What was it like? How did you feel?
  d. What made you decide to say yes to having an IV?
  e. Can you tell me about the things you do together?
  f. What is good about having an IV?
  g. What would you change about it if you could?

3. Ice breaker

"This is an example of the activity we are going to do, to show you how it works. I am going to ask you to imagine you've won a competition and the prize is a dream holiday to a destination of your choice. You need to decide where you're going to go based on some different criteria. we've got 9 cards here which describe different destinations and what you might do there, watersports, seeing historical sites… I'm going to ask you to sort them according to which are most important in deciding where you would want to go. So if you thought that somewhere you could do water sports was very important you would put it at this end…"

4. The Q sort

"So we're going to do the same thing but this time instead of asking you about a holiday I'm going to ask you about your IV. This one is a bit bigger we've got about 20 statements about different ways and IV might help you. Some of those will be more important to you and some will be less important. There's no right or wrong answers, it's about your opinion and everyone will be different. I'll give you control of the mouse now and to get us started I'm going to suggest that you sort them into three piles: more important less important and don't know or neutral. You don't have to do that but most people find it easier. Then

we can sort them into the grid however you want. I can read the statements out one by one or you can read them yourself just let me know what you would prefer. And whilst you're sorting them I might ask you some questions about why you're sorting them that way, that's not because I want you to change your mind or because I think you're doing anything wrong it's just that I'm really interested in the reasons why you think these are more or less important. At the end I will ask you a few questions about some specific ones but only once you're happy with the way the grid looks".

- Sort into three piles
- Talk as you go, thinking aloud if you can
- Ask me about any that don't seem clear
- Questions during and at end focussing on:
    - Rationale for high and low 'scoring' statements e.g. "you've placed number 4 at the top, most important, can you tell me more about that? Why is that very important to you?"
    - Outliers compared with other participants
    - Anything I have missed that is important?

5. Close

a. Demographics and contextual questions:
    i. Ethnicity
    ii. Gender
    iii. Placement type
    iv. Previous placements
b. Part of my job is to try to get people who make decisions to listen to young people, is there anything you would want to tell them to change about IV or anything you think should be done differently?
c. Is there anything else you want to say about having an IV that I haven't asked you? Anything you want to add?

Closing admin e.g. written consent, voucher, timelines, summary

Appendix 10: Q interview guide for supporting adults

The aim of this interview is to understand how having an IV helps the child or young person that you support from your point of view. I will start with some general background questions about you and your young person, such as how you came to find out about the opportunity to have/be an IV and then we'll move on to a card sorting activity about how do you think having an IV supports young person.

Ethics and consent

- Consent and assent: who decides? Verbal and then written
- Confidentiality and safeguarding
- Anonymity – what this means?
- Stop at any point
- Recording

Background questions

f. Can you tell me how you first came across the role of IV?
    i. What were your first impressions?
g. (For IVs)
    i. Why did you want to volunteer as an IV?
    ii. Can you tell me about when you first met your young person?
    iii. How long have you been matched with your young person?
    iv. How long has your young person been living where they currently live?
    v. Do you know how many other places they have lived since coming into care?
h. (For FCs)
    i. What made you think an IV might be a good option for your young person?
    ii. How long has your young person been matched with their IV?
    iii. How long has your young person been living with you?
    iv. How many other places they have lived since coming into care?
i. How do you think having an IV helps your young person?
j. Is there anything about the way the scheme works that you would change?

The Q sort

- Sort into three piles
- Talk as you go, thinking aloud if you can
- Ask me about any that don't seem clear
- Questions during and at end focussing on:
    - Rationale for high and low 'scoring' statements e.g. "you've placed number 4 at the top, most important, can you tell me more about that? Why is that very important?"
    - Outliers compared with other participants
    - Anything I have missed that is important?

Close

d. Demographics and contextual questions:
    i. Ethnicity
    ii. Gender
    iii. Placement type
    iv. Previous placements
e. Is there anything else you want to say that I haven't asked you? Anything you want to add?

Closing admin e.g. written consent, voucher, timelines, summary

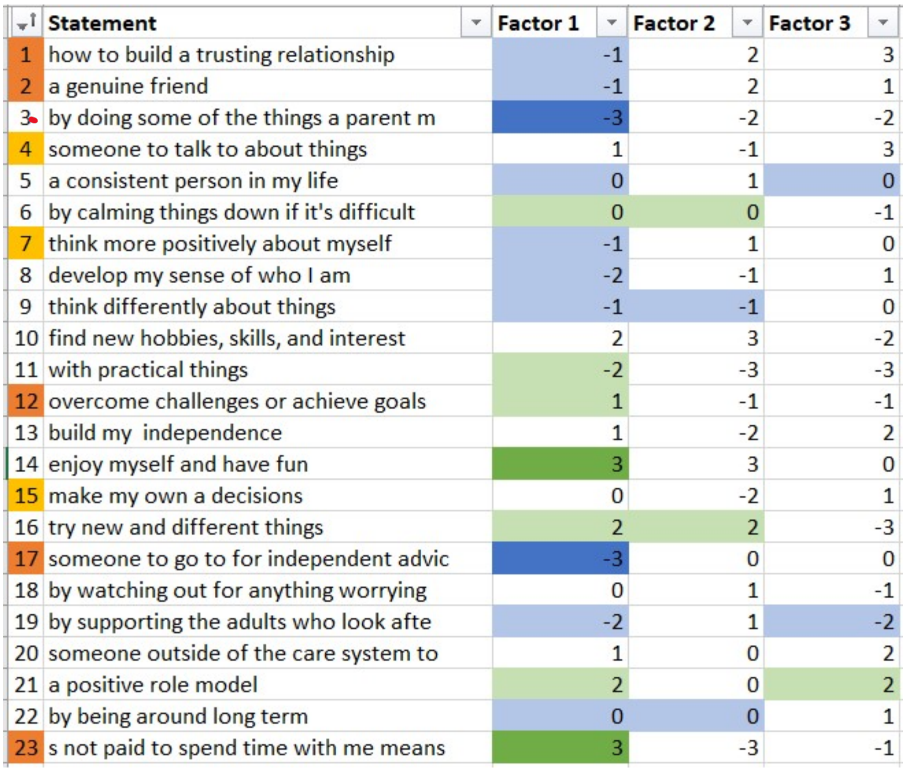
Appendix 11: colour coded factor arrays and crib sheets

To help with interpreting the factor arrays, I drafted crib sheets in line with the guidance Watts and Stenner 2012 provide. Crib sheets highlights key information including distinguishing statements. Distinguishing statements are those with a significantly different position in the composite Q sort of a factor (either at the p<0.01 level, or at p<0.05), compared with the other factors (Millar et al. 2022). They indicate where a factor array positions a statement in a way that differs from the other factors. In the crib sheets in the following section, distinguishing statements are highlighted and included in the factor interpretations. The crib sheets are also colour coded according to the following criteria:

Key
Most important (+3)
Higher than the other factors (including tied items)
Lower than the other factors (including tied items)
Least important (-3)
Distinguishing statement P < .05
Distinguishing statement at P < .01
Not distinguished from others in any coherent way
Consensus

CYP factors

Factor one crib sheet



	Statement	**Factor 1**	**Factor 2**	**Factor 3**
1	how to build a trusting relationship	-1	2	3
2	a genuine friend	-1	2	1
3	by doing some of the things a parent m	-3	-2	-2
4	someone to talk to about things	1	-1	3
5	a consistent person in my life	0	1	0
6	by calming things down if it's difficult	0	0	-1
7	think more positively about myself	-1	1	0
8	develop my sense of who I am	-2	-1	1
9	think differently about things	-1	-1	0
10	find new hobbies, skills, and interest	2	3	-2
11	with practical things	-2	-3	-3
12	overcome challenges or achieve goals	1	-1	-1
13	build my independence	1	-2	2
14	enjoy myself and have fun	3	3	0
15	make my own a decisions	0	-2	1
16	try new and different things	2	2	-3
17	someone to go to for independent advic	-3	0	0
18	by watching out for anything worrying	0	1	-1
19	by supporting the adults who look afte	-2	1	-2
20	someone outside of the care system to	1	0	2
21	a positive role model	2	0	2
22	by being around long term	0	0	1
23	s not paid to spend time with me means	3	-3	-1

Distinguishing statements significant at P < .05 in **bold** and significant at P < .01 indicated by *

Items ranked at +3

enjoy myself and have fun

is not paid to spend time with me means a lot*

Items Ranked Higher by Factor 1 Than by Any Other Factor

a positive role model (X3) (2)
try new and different things (X2) (2)
with practical things (-2)
overcome challenges or achieve goals (1)*
by calming things down if it's difficult at home (X2) (0)

Items Ranked Lower by Factor 1 Than by Any Other Factor (including ties – marked x)

how to build a trusting relationship (-1)*
a genuine friend (-1) *
think more positively about myself (-1)
develop my sense of who I am (-2)
a consistent person in my life (X3) (0)
think differently about things (X2) (-1)
by supporting the adults who look after me (X3) (-2)
by being around long term (X2) (0)

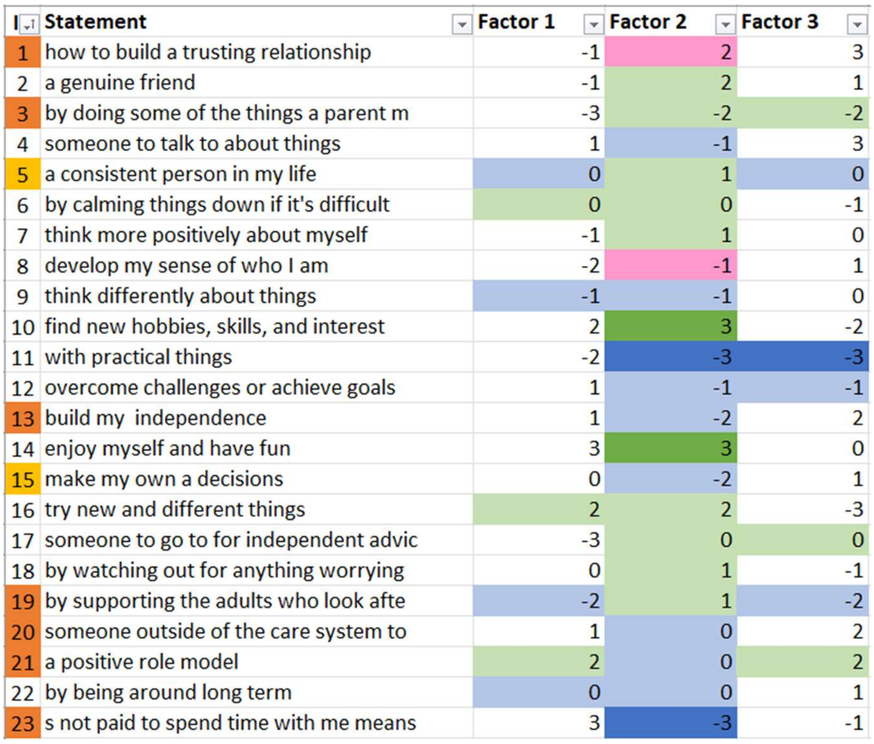
Items Ranked at −3

by doing some of the things a parent might
someone to go to for independent advice*

Other statements

Helps me make my own decisions
Gives me someone to talk to about things

Factor two crib sheet



I	Statement	Factor 1	Factor 2	Factor 3
1	how to build a trusting relationship	-1	2	3
2	a genuine friend	-1	2	1
3	by doing some of the things a parent m	-3	-2	-2
4	someone to talk to about things	1	-1	3
5	a consistent person in my life	0	1	0
6	by calming things down if it's difficult	0	0	-1
7	think more positively about myself	-1	1	0
8	develop my sense of who I am	-2	-1	1
9	think differently about things	-1	-1	0
10	find new hobbies, skills, and interest	2	3	-2
11	with practical things	-2	-3	-3
12	overcome challenges or achieve goals	1	-1	-1
13	build my independence	1	-2	2
14	enjoy myself and have fun	3	3	0
15	make my own a decisions	0	-2	1
16	try new and different things	2	2	-3
17	someone to go to for independent advic	-3	0	0
18	by watching out for anything worrying	0	1	-1
19	by supporting the adults who look afte	-2	1	-2
20	someone outside of the care system to	1	0	2
21	a positive role model	2	0	2
22	by being around long term	0	0	1
23	s not paid to spend time with me means	3	-3	-1

Distinguishing statements significant at P < .05 in **bold** and significant at P < .01 indicated by *

<u>Items ranked at +3</u>

enjoy myself and have fun
find new hobbies, skills and interests

<u>Items Ranked Higher by Factor 2 Than by Any Other Factor (including ties – marked x)</u>

A genuine friend (2)
Doing some of the things a parent might do (X3) (-2)
A consistent person in my life (1)
Think more positively about myself (1)
by calming things down if it's difficult at home (X2) (0)
try new and different things (X1) (2)
Someone to go to for independent advice (X3) 0
By watching out for anything worrying (1)
Supporting the adults who look after me (1)*

<u>Items Ranked Lower by Factor 2 Than by Any Other Factor (including ties – marked x)</u>

Someone to talk to about things (-1)*
think differently about things (X2) (-1)
build my independence (-2)*
overcome challenges and achieve goals (X3) (-1)
make my own decisions (-2)
someone outside of the care system to rely on (0)*
a positive role model (0)*

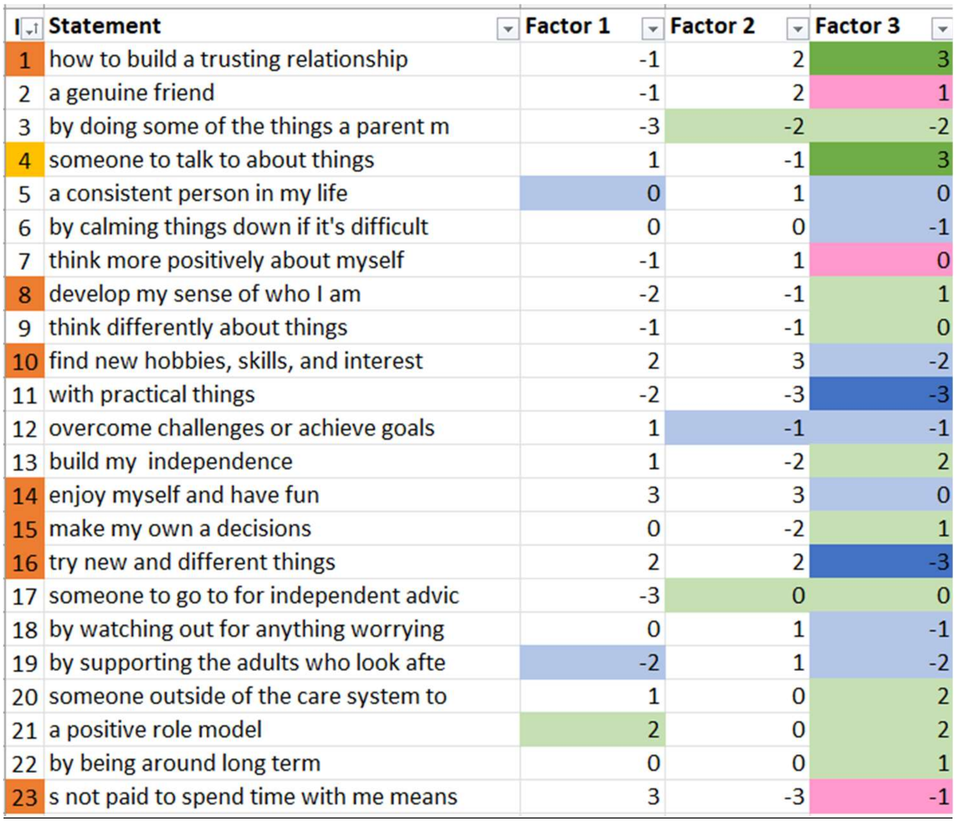
by being around long term (X1) (0)

<u>Items Ranked at –3</u>

With practical things (X3)
Not being paid to spend time with me means a lot*

<u>Other items</u>
how to build a trusting relationship (2)*
develop my sense of who I am (-1)

Factor three crib sheet



I	Statement	Factor 1	Factor 2	Factor 3
1	how to build a trusting relationship	-1	2	3
2	a genuine friend	-1	2	1
3	by doing some of the things a parent m	-3	-2	-2
4	someone to talk to about things	1	-1	3
5	a consistent person in my life	0	1	0
6	by calming things down if it's difficult	0	0	-1
7	think more positively about myself	-1	1	0
8	develop my sense of who I am	-2	-1	1
9	think differently about things	-1	-1	0
10	find new hobbies, skills, and interest	2	3	-2
11	with practical things	-2	-3	-3
12	overcome challenges or achieve goals	1	-1	-1
13	build my independence	1	-2	2
14	enjoy myself and have fun	3	3	0
15	make my own a decisions	0	-2	1
16	try new and different things	2	2	-3
17	someone to go to for independent advic	-3	0	0
18	by watching out for anything worrying	0	1	-1
19	by supporting the adults who look afte	-2	1	-2
20	someone outside of the care system to	1	0	2
21	a positive role model	2	0	2
22	by being around long term	0	0	1
23	s not paid to spend time with me means	3	-3	-1

Distinguishing statements significant at P < .05 in **bold** and significant at P < .01 indicated by *

<u>Items ranked at +3</u>

How to build a trusting relationship*
Someone to talk to about things

<u>Items Ranked Higher by Factor 3 Than by Any Other Factor (including ties – marked x)</u>

develop my sense of who I am (1)*
a positive role model (X1) (2)
by being around long term (1)
Doing some of the things a parent might do (X2) (-2)

think differently about things (0)
A consistent person in my life (X1) (0)
someone outside of the care system to rely on (2)
Someone to go to for independent advice (X2) 0
build my independence (2)
make my own decisions (1)*

Items Ranked Lower by Factor 3 Than by Any Other Factor (including ties – marked x)

by calming things down if it's difficult at home (-1)
overcome challenges and achieve goals (X2) (-1)
By watching out for anything worrying (-1)
Enjoy myself and have fun (0)*
find new hobbies, skills and interests (-2)*
By giving the adults who look after me some time to themselves (X1) (-2)

Items Ranked at −3

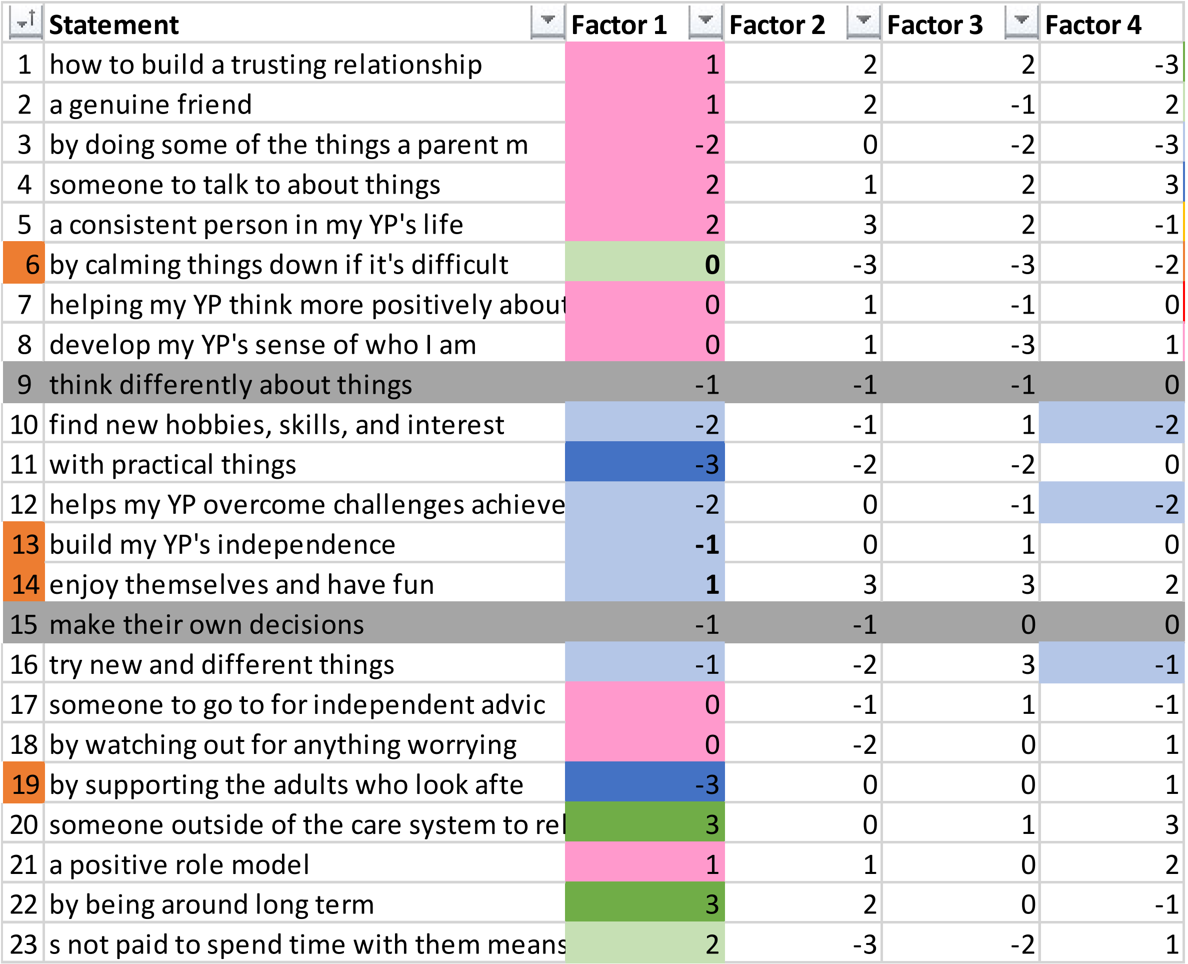
With practical things (X2)
try new and different things (-3)*

Other distinguishing statements

Not being paid to spend time with me means a lot (-1)*

Supporting adult factors

Factor one crib sheet



	Statement	Factor 1	Factor 2	Factor 3	Factor 4
1	how to build a trusting relationship	1	2	2	-3
2	a genuine friend	1	2	-1	2
3	by doing some of the things a parent m	-2	0	-2	-3
4	someone to talk to about things	2	1	2	3
5	a consistent person in my YP's life	2	3	2	-1
6	by calming things down if it's difficult	**0**	-3	-3	-2
7	helping my YP think more positively about	0	1	-1	0
8	develop my YP's sense of who I am	0	1	-3	1
9	think differently about things	-1	-1	-1	0
10	find new hobbies, skills, and interest	-2	-1	1	-2
11	with practical things	-3	-2	-2	0
12	helps my YP overcome challenges achieve	-2	0	-1	-2
13	build my YP's independence	**-1**	0	1	0
14	enjoy themselves and have fun	**1**	3	3	2
15	make their own decisions	-1	-1	0	0
16	try new and different things	-1	-2	3	-1
17	someone to go to for independent advic	0	-1	1	-1
18	by watching out for anything worrying	0	-2	0	1
19	by supporting the adults who look afte	-3	0	0	1
20	someone outside of the care system to rel	3	0	1	3
21	a positive role model	1	1	0	2
22	by being around long term	3	2	0	-1
23	s not paid to spend time with them means	2	-3	-2	1

Distinguishing statements significant at P < .05 in **bold** and significant at P < .01 indicated by *

Items ranked at +3

Help by being around long term
Provide someone outside of the care system to rely on

Items Ranked Higher by Factor 1 Than by Any Other Factor (including ties – marked x)

Calm things down if it's difficult at home*
Not being paid to spend time with them means a lot

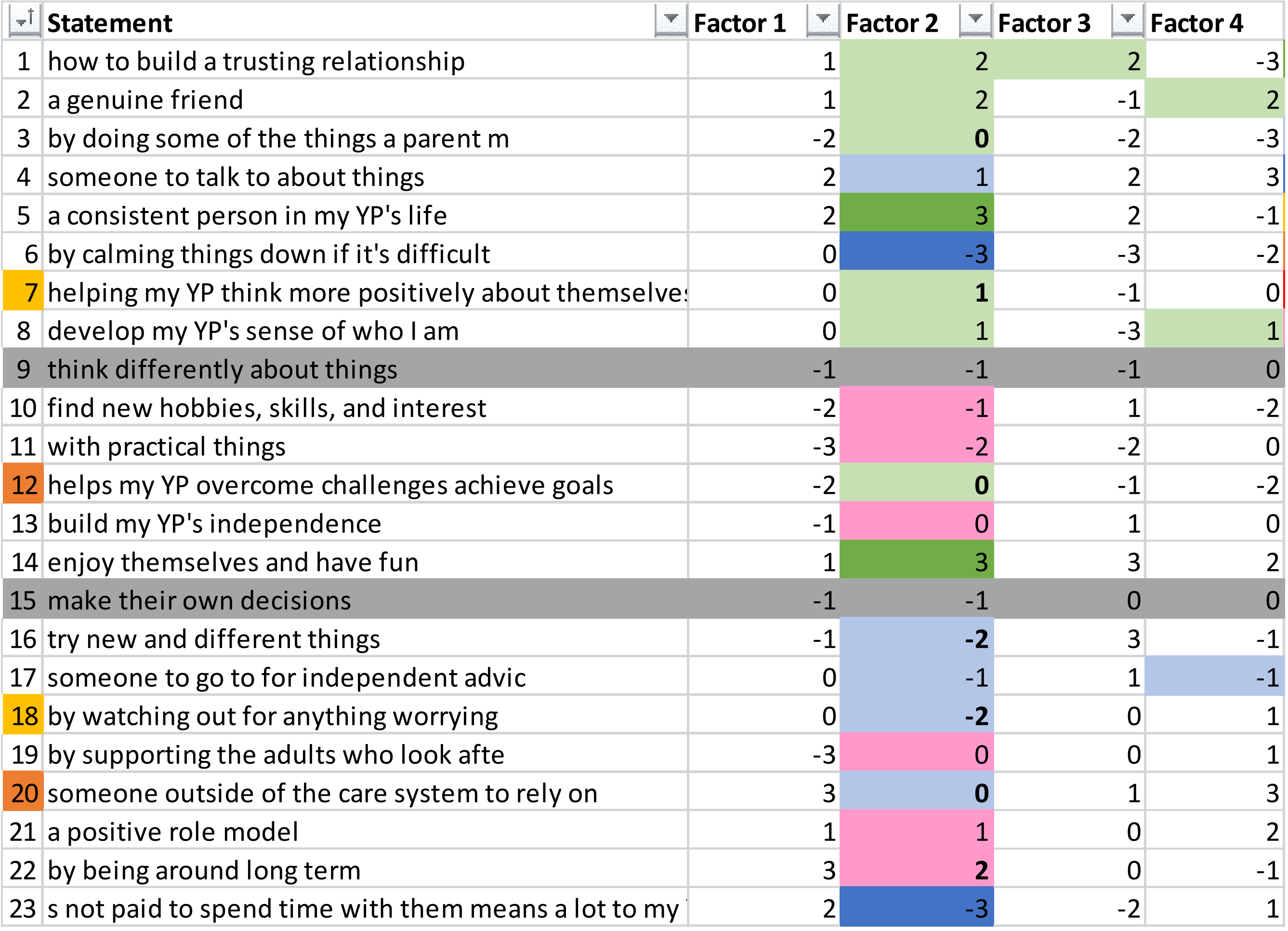
Items Ranked Lower by Factor 1 Than by Any Other Factor (including ties – marked x)

Enjoy themselves and have fun*
Try new and different things
Find new hobbies skills and interests
Help my young person overcome challenges/achieve goals
Build their independence*

Items Ranked at −3

Help with practical things
Support the adults who look after them*

Factor two crib sheet



	Statement	Factor 1	Factor 2	Factor 3	Factor 4
1	how to build a trusting relationship	1	2	2	-3
2	a genuine friend	1	2	-1	2
3	by doing some of the things a parent m	-2	**0**	-2	-3
4	someone to talk to about things	2	1	2	3
5	a consistent person in my YP's life	2	3	2	-1
6	by calming things down if it's difficult	0	-3	-3	-2
7	helping my YP think more positively about themselve	0	**1**	-1	0
8	develop my YP's sense of who I am	0	1	-3	1
9	think differently about things	-1	-1	-1	0
10	find new hobbies, skills, and interest	-2	-1	1	-2
11	with practical things	-3	-2	-2	0
12	helps my YP overcome challenges achieve goals	-2	**0**	-1	-2
13	build my YP's independence	-1	0	1	0
14	enjoy themselves and have fun	1	3	3	2
15	make their own decisions	-1	-1	0	0
16	try new and different things	-1	**-2**	3	-1
17	someone to go to for independent advic	0	-1	1	-1
18	by watching out for anything worrying	0	**-2**	0	1
19	by supporting the adults who look afte	-3	0	0	1
20	someone outside of the care system to rely on	3	**0**	1	3
21	a positive role model	1	1	0	2
22	by being around long term	3	**2**	0	-1
23	s not paid to spend time with them means a lot to my	2	-3	-2	1

Distinguishing statements significant at P < .05 in **bold** and significant at P < .01 indicated by *

Items ranked at +3

A consistent person in my YP’s life
Enjoy themselves and have fun

Items Ranked Higher by Factor 2 Than by Any Other Factor (including ties – marked x

How to build a trusting relationship (2) (X3)
Develop my YP’s sense of who they are (1) (X4)
A genuine friend (2) X4
By doing some of the things a parent might (0)
Helping my YP think more positively about themselves (1)
Help my YP overcome challenges/achieve goals (0)*

Items Ranked Lower by Factor 2 Than by Any Other Factor (including ties – marked x)

Someone to talk to about things (1)
Someone to go to for independent advice (-1) X4
Try new and different things (-2)
Watch out for anything worrying (-2)
Someone outside of the care system to rely on (0)*

Items Ranked at −3

By calming things down if it's difficult at home
My IV not being paid to spend time with them means a lot to my YP

Factor three crib sheet

	Statement	Factor 1	Factor 2	Factor 3	Factor 4
1	how to build a trusting relationship	1	2	2	-3
2	a genuine friend	1	2	-1	2
3	by doing some of the things a parent m	-2	0	-2	-3
4	someone to talk to about things	2	1	2	3
5	a consistent person in my YP's life	2	3	2	-1
6	by calming things down if it's difficult	**0**	-3	-3	-2
7	helping my YP think more positively about	0	1	-1	0
8	develop my YP's sense of who I am	0	1	-3	1
9	think differently about things	-1	-1	-1	0
10	find new hobbies, skills, and interest	-2	-1	1	-2
11	with practical things	-3	-2	-2	0
12	helps my YP overcome challenges achieve	-2	0	-1	-2
13	build my YP's independence	**-1**	0	1	0
14	enjoy themselves and have fun	**1**	3	3	2
15	make their own decisions	-1	-1	0	0
16	try new and different things	-1	-2	3	-1
17	someone to go to for independent advic	0	-1	1	-1
18	by watching out for anything worrying	0	-2	0	1
19	by supporting the adults who look afte	-3	0	0	1
20	someone outside of the care system to rel	3	0	1	3
21	a positive role model	1	1	0	2
22	by being around long term	3	2	0	-1
23	s not paid to spend time with them means	2	-3	-2	1

Having an IV helps children a young people by

Distinguishing statements significant at P < .05 in **bold** and significant at P < .01 indicated by *

Items ranked at +3

Try new and different things*
Enjoy themselves and have fun

Items Ranked Higher by Factor 3 Than by Any Other Factor (including ties – marked x)

Find new hobbies, skills interests* (1)
Build my YP's independence (1)
Someone for independent advice (1)
How to build a trusting relationship (2) **<u>(X2)</u>**

<u>Items Ranked Lower by Factor 3 Than by Any Other Factor (including ties – marked x)</u>

A positive role model* (0)
Helps them think more positively about themselves (-1)
A genuine friend* (-1)
Doing some of the things a parent might (-1)

<u>Items Ranked at −3</u>

By calming things down if it's difficult at home
Develop my YP's sense of who they are*

<u>Other distinguishing statements</u>

Factor four crib sheet

	Statement	Factor 1	Factor 2	Factor 3	Factor 4
1	how to build a trusting relationship	1	2	2	-3
2	a genuine friend	1	2	-1	2
3	by doing some of the things a parent m	-2	0	-2	-3
4	someone to talk to about things	2	1	2	3
5	a consistent person in my YP's life	2	3	2	**-1**
6	by calming things down if it's difficult	0	-3	-3	-2
7	helping my YP think more positively about themselves	0	1	-1	0
8	develop my YP's sense of who I am	0	1	-3	1
9	think differently about things	-1	-1	-1	0
10	find new hobbies, skills, and interest	-2	-1	1	-2
11	with practical things	-3	-2	-2	**0**
12	helps my YP overcome challenges achieve goals	-2	0	-1	-2
13	build my YP's independence	-1	0	1	0
14	enjoy themselves and have fun	1	3	3	2
15	make their own decisions	-1	-1	0	0
16	try new and different things	-1	-2	3	-1
17	someone to go to for independent advic	0	-1	1	-1
18	by watching out for anything worrying	0	-2	0	**1**
19	by supporting the adults who look afte	-3	0	0	**1**
20	someone outside of the care system to rely on	3	0	1	3
21	a positive role model	1	1	0	**2**
22	by being around long term	3	2	0	**-1**
23	s not paid to spend time with them means a lot to my YP	2	-3	-2	**1**

Distinguishing statements significant at P < .05 in **bold** and significant at P < .01 indicated by *

Items ranked at +3

Someone to talk to about things
Someone outside the care system to rely on

Items Ranked Higher by Factor 4 Than by Any Other Factor

A genuine friend (2) (X2)
Develop sense of who they are (1) (X2)
With practical things* (0)
By watching out for anything worrying (1)
By supporting adults who look after YP (1)
A positive role model (2)

Items Ranked Lower by Factor 4 Than by Any Other Factor (including ties – marked x)

A consistent person in their life* (-1)
Find new hobbies skills interests (-2) (X1)
Helps them achieve goals/overcome challenges (-2) X1
Someone to go to for independent advice (-1) X2
By being around long term (-1)
Items Ranked at –3

How to build a trusting relationship*
By doing some things a parent might

Distinguishing statements

Someone outside of the care system to rely on

Appendix 12: thematic analysis map

No.	Theme	Secondary themes	Tertiary themes	Codes
1	'Defining a single purpose for IV is difficult'	Because IV has had different remits over time	Safeguarding and monitoring	Safeguarding as a benefit The system changed Residential care specific Origins in youth offending Eligibility criteria SW turnover
			Rights and advocacy	Comparisons with advocacy The poor relation Attending reviews
		Because the purpose has been interpreted flexibly		Practice ahead of policy Creative uses of IV Examples of flexible practice

				Examples of inflexible practice Financial creativity Discretion
		Because the purpose changes as children mature		It's not a box ticking exercise The difficulty with outcomes (content) Some 'outcomes' happen post 18 (time)
		Because the purpose is specific to each child		The bespoke nature of IV Someone to talk to Confidence and self worth Broadening horizons Feeling valued Making memories Connection
2	'IV is primarily about providing trusting relationships'	IV as friendship with purpose		Friendship Volunteers vs. professionals Trusted adults
		IV as a relationship of choice		Emphasising separation The independence of the IV The role of volunteers Not mimicking services
		IV as a means to positive ends		Relationships as repair Trusted adults Resilience
3	'The system is failing that's why we need this'	Stability is lacking for children in care		SW turnover Turnover outside CSC Transitions Commissioning Lack of long term thinking
		IV plugs gaps in the system	In placement changes	Settled vs. unsettled children Multiple placements Poor quality placements
			In leaving care support	Leaving care
			In extended family networks	Unaccompanied minors Disabled children Favourite aunt/uncle
			In a crisis	Mental health crisis Money trouble

			In service provision	The role of the PA Care leaver support Mission creep Minimum targets
4	‘IVs are used when life is not complete’.	Young people who are social isolated		Additional needs
		Young people lacking individualised relationships		Large sibling groups Ongoing relevance for residential care

Appendix 13: CYP PQ method tables

Table 9: correlation matrix between Q sorts

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**
1	100																			
2	-53	100																		
3	-6	9	100																	
4	19	13	37	100																
5	19	35	12	44	100															
6	32	-10	18	19	54	100														
7	-34	54	4	46	19	-19	100													
8	-4	-7	18	43	-10	-12	29	100												
9	-21	46	1	12	54	46	22	-31	100											
10	15	19	4	37	19	0	46	-3	24	100										
11	7	9	22	46	41	37	24	49	31	31	100									
12	40	0	44	57	26	9	34	41	4	46	38	100								
13	-7	1	59	22	-3	9	6	44	-6	24	21	38	100							
14	-18	43	13	32	16	22	53	9	50	41	26	28	-6	100						
15	-21	21	-9	34	16	-16	51	9	4	71	4	31	19	16	100					
16	6	16	37	47	35	7	12	25	15	13	29	51	16	10	21	100				
17	-15	37	19	57	31	15	66	26	26	34	37	38	16	31	40	50	100			
18	-31	29	40	13	-10	13	31	19	16	4	10	9	35	37	-1	22	41	100		
19	1	13	31	38	0	4	13	31	-13	13	32	18	31	0	-4	-1	40	-3	100	
20	34	9	4	15	32	35	9	-3	16	49	35	28	32	19	6	1	22	6	37	100

Table 10: unrotated factor matrix

No.	**Variable**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
1	C01MD19	-0.0270	0.7119	0.4183	0.3303	-0.0913	-0.0887	0.1789	-0.2908
2	C02MB14	0.4381	-0.6055	0.0033	-0.1845	0.0974	0.1206	-0.2026	-0.0746
3	C03FB10	0.4419	0.3238	-0.2385	-0.5171	-0.0136	-0.3313	-0.2067	-0.1498
4	C04MB16	0.7596	0.2249	-0.0556	0.1153	-0.2671	0.1873	-0.0070	-0.1496
5	C05FLV20	0.5134	-0.0021	0.6409	-0.0275	-0.2479	0.1194	-0.3163	0.1400
6	C06MD15	0.2763	0.2657	0.6903	-0.3617	0.0546	-0.0314	0.1108	0.0964

7	C08FD9	0.6585	-0.4920	-0.2624	0.2258	0.0137	0.1598	0.1471	-0.0925
8	C09FC19	0.3955	0.3495	-0.5665	-0.0566	-0.1140	0.3306	0.3178	0.3260
9	C10FC20	0.4007	-0.4457	0.6057	-0.2599	-0.0068	-0.0601	0.0012	0.1638
10	C11FL28	0.6051	-0.0929	0.0958	0.5786	0.3029	-0.3088	0.0050	0.0867
11	C12FC17	0.6277	0.2590	0.1719	-0.1137	0.0310	0.3616	0.1995	0.4003
12	C13ME11	0.6809	0.4021	-0.0865	0.2192	-0.2089	-0.2340	0.1205	-0.1114
13	C14ME12	0.4214	0.3750	-0.3813	-0.2354	0.3541	-0.3746	-0.1933	0.3188
14	C16MD12	0.5537	-0.4406	0.1595	-0.0857	0.1004	-0.0650	0.3345	-0.1776
15	C18MX11	0.4614	-0.2877	-0.1933	0.6230	-0.0406	-0.2527	-0.1872	0.2555
16	C19MX14	0.5387	0.1476	-0.0535	-0.1072	-0.0099	-0.1602	-0.2109	-0.0522
17	C20MZ12	0.7672	-0.1585	-0.1235	-0.0050	-0.0951	0.2035	-0.1142	-0.2216
18	C21FD13	0.3897	-0.2197	-0.2761	-0.5549	0.0941	-0.3198	0.2695	-0.1380
19	C22FX16	0.3715	0.3252	-0.2187	-0.0694	0.4615	0.5059	-0.2893	-0.2626
20	C23FX13	0.4269	0.2762	0.3683	0.1359	0.6126	-0.0447	-0.0450	-0.0694
	Eigenvalue	5.3290	2.6472	2.4111	1.8665	1.4187	1.2376	1.0238	0.8226
	% of variance	27	13	12	9	7	6	5	4

Table 13: composite reliability of each factor

Property	**Factor 1**	**Factor 2**	**Factor 3**
No. of Defining Variables	6	6	4
Average Rel. Coef.	0.800	0.800	0.800
Composite Reliability	0.960	0.960	0.941
S.E. of Factor Z-Scores	0.200	0.200	0.243

Note. Rel. Coef. = Reliability Coefficient; S.E. = Standard Error.

Appendix 14: Supporting adults PQ tables

Table 19: correlation matrix between sorts

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**
1	100																											
2	35	100																										
3	28	51	100																									
4	47	66	56	100																								
5	53	50	21	35	100																							
6	24	26	21	35	22	100																						
7	44	21	47	40	31	44	100																					
8	32	26	4	41	32	0	49	100																				
9	34	37	15	19	62	18	49	22	100																			
10	69	40	68	53	35	29	71	25	40	100																		
11	13	19	10	25	35	0	-12	6	18	-12	100																	
12	10	19	18	31	-9	-35	-10	44	-9	10	12	100																
13	54	38	35	31	21	12	25	7	22	69	-19	1	100															
14	71	54	16	44	60	12	44	29	63	56	18	-7	31	100														
15	76	25	37	46	40	0	40	18	13	60	15	3	40	56	100													
16	40	46	59	37	24	6	19	-7	15	56	6	-6	46	38	35	100												
17	51	50	72	59	40	37	37	-13	32	69	12	-12	59	46	41	60	100											
18	7	25	68	38	9	28	43	-6	6	41	-4	-3	4	13	25	46	10	100										
19	37	57	54	62	40	38	46	44	31	60	-1	28	44	16	31	29	34	49	100									
20	35	54	46	47	13	6	35	37	13	69	-19	41	51	13	21	54	10	59	32	100								
21	21	26	68	41	26	-1	50	16	32	54	24	22	24	40	26	54	50	49	32	47	100							
22	44	24	46	37	40	38	63	31	41	65	-13	28	37	34	38	22	34	35	62	57	40	100						
23	10	28	26	50	10	18	26	9	25	24	34	26	18	6	-13	32	43	32	51	34	35	44	100					
24	57	10	26	41	29	26	24	25	9	50	-35	25	46	29	24	22	41	18	34	47	21	38	12	100				
25	1	-4	-19	7	19	40	-10	19	-7	-12	-3	18	-35	-12	-4	-31	-24	-3	28	12	-31	24	-1	24	100			
26	57	41	68	62	47	18	47	44	18	59	-4	34	22	40	46	38	54	37	47	59	46	53	25	65	10	100		
27	74	18	38	34	56	15	41	9	46	78	-6	-1	54	71	66	50	60	10	41	54	41	54	19	47	6	49	100	
28	44	46	82	38	38	13	40	12	25	72	12	16	41	37	51	59	57	57	57	59	60	50	18	24	-4	57	57	100

Note. N = [insert sample size]. Correlations greater than |30| are significant at p < .05. Correlations greater than |40| are significant at p < .01.

Table 20: unrotated factor matrix

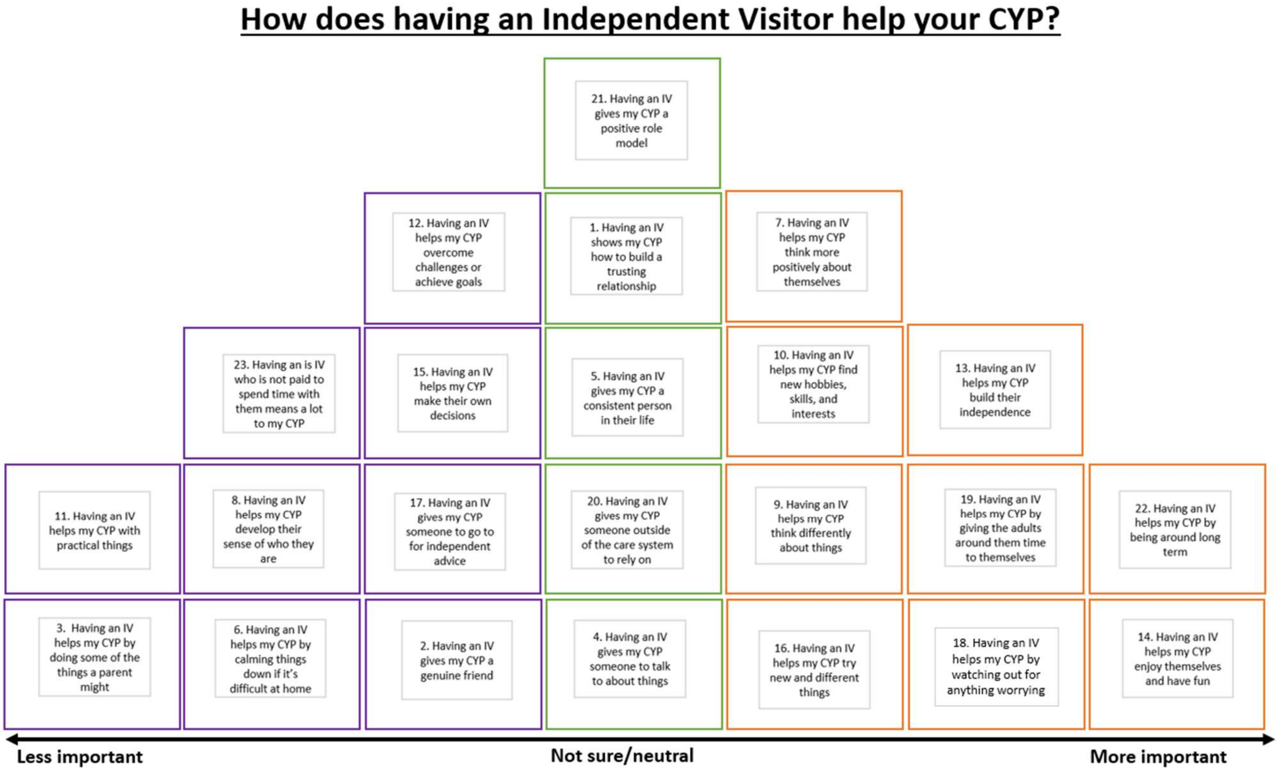
SORTS	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
1 FC02FWE	0.7235	0.4834	0.1426	-0.0008	-0.0912	-0.2139	0.1229	-0.1561
2 FC03DE	0.6158	-0.2818	-0.0254	0.6563	-0.1628	-0.3669	-0.0448	-0.0072
3 FC04FDE	0.7645	-0.4218	-0.3188	-0.1012	-0.0349	0.1399	0.1515	0.0290
4 FC05MDE	0.7197	-0.2380	0.1647	0.1584	-0.1016	-0.1789	0.1352	-0.3896
5 FC01DE	0.5660	-0.1296	0.1937	0.4609	-0.0024	-0.0086	0.1080	0.2285
6 FC07FXI	0.3561	-0.1578	0.1366	0.2564	0.7837	-0.1635	0.0947	-0.1161
7 FC08FZI	0.6520	-0.0750	0.0759	0.0419	0.3122	0.4968	-0.2350	-0.1848
8 FC09FXI	0.3468	0.0007	0.6441	0.0957	-0.3579	0.1913	-0.2033	-0.2550
9 IV18MZI	0.4699	0.3214	0.0469	0.4819	0.1053	0.2013	0.1254	0.1883
10 IV01MBE	0.8992	0.1298	-0.0772	-0.2417	0.0865	0.0560	-0.1327	-0.0009
11 IV02FLE	0.0720	-0.0904	-0.1323	0.7748	-0.3744	-0.0642	0.2028	0.0928
12 IV03MCBE	0.1887	0.3871	0.4476	-0.2783	-0.6549	0.0808	-0.0576	0.0579
13 IV04FLvE	0.5961	0.1852	-0.1897	-0.2982	0.0087	-0.4380	-0.3976	0.0137
14 IV05MWE	0.6160	0.6851	-0.0351	0.2398	-0.1022	0.1115	0.0087	-0.1401
15 IV06FDE	0.6150	0.4480	-0.0645	-0.0531	-0.1963	0.0517	0.3623	-0.1093
16 IV07FDE	0.6351	-0.0785	-0.5178	0.2577	-0.0856	-0.1767	0.0548	0.0901
17 IV09BHE	0.7881	-0.0288	-0.4044	0.0534	0.1542	-0.3140	0.0611	-0.0566
18 IV10BFCI	0.4876	-0.3945	-0.2932	-0.0465	0.2458	0.3822	0.3338	-0.1129
19 IV11FCI	0.7122	-0.3023	0.3357	0.0911	0.0876	-0.0584	-0.1154	0.1926
20 IV12MZI	0.7091	-0.2936	0.1447	-0.3859	-0.1031	-0.1187	-0.1792	0.2260
21 IV13FCI	0.6389	-0.3050	-0.3171	-0.0359	-0.2332	0.4004	-0.1000	0.0168
22 IV15FCI	0.7008	-0.0590	0.3213	-0.0948	0.2186	0.2588	-0.1597	0.2079
23 IV00BFLvE	0.4367	-0.6177	0.0229	0.3768	0.1464	-0.1831	-0.2430	0.0706
24 IV14FLE	0.5421	0.1114	0.3426	-0.4229	0.1057	-0.2543	0.0989	-0.1913
25 IV16FZI	-0.0225	-0.0872	0.7370	0.0833	0.2752	-0.0499	0.4065	0.0706
26 IV17MZI	0.7608	-0.0802	0.2233	-0.1510	-0.1504	0.0771	0.2596	-0.1819
27 IV18MCI	0.7459	0.5010	-0.0259	-0.1608	0.0254	-0.0415	0.0376	0.2856
28 FC06FCI	0.7734	-0.1143	-0.2258	-0.1018	-0.1069	0.1943	0.2082	0.3254
Eigenvalues	10.5585	2.6552	2.5317	2.1690	1.8745	1.4598	1.2922	1.0058
% expl.Var.	38	9	9	8	7	5	5	4

Table 23: composite reliability of each factor

	Factor 1	**Factor 2**	**Factor 3**	**Factor 4**
No. of Defining Variables	7	7	5	3
Average Rel. Coef.	0.800	0.800	0.800	0.800
Composite Reliability	0.966	0.966	0.952	0.923
S.E. of Factor Z-Scores	0.186	0.186	0.218	0.277

Note. Rel. Coef. = Reliability Coefficient; S.E. = Standard Error.

Appendix 15: my own Q sort



How does having an Independent Visitor help your CYP?

			21. Having an IV gives my CYP a positive role model			
		12. Having an IV helps my CYP overcome challenges or achieve goals	1. Having an IV shows my CYP how to build a trusting relationship	7. Having an IV helps my CYP think more positively about themselves		
	23. Having an is IV who is not paid to spend time with them means a lot to my CYP	15. Having an IV helps my CYP make their own decisions	5. Having an IV gives my CYP a consistent person in their life	10. Having an IV helps my CYP find new hobbies, skills, and interests	13. Having an IV helps my CYP build their independence	
11. Having an IV helps my CYP with practical things	8. Having an IV helps my CYP develop their sense of who they are	17. Having an IV gives my CYP someone to go to for independent advice	20. Having an IV gives my CYP someone outside of the care system to rely on	9. Having an IV helps my CYP think differently about things	19. Having an IV helps my CYP by giving the adults around them time to themselves	22. Having an IV helps my CYP by being around long term
3. Having an IV helps my CYP by doing some of the things a parent might	6. Having an IV helps my CYP by calming things down if it's difficult at home	2. Having an IV gives my CYP a genuine friend	4. Having an IV gives my CYP someone to talk to about things	16. Having an IV helps my CYP try new and different things	18. Having an IV helps my CYP by watching out for anything worrying	14. Having an IV helps my CYP enjoy themselves and have fun

Less important **Not sure/neutral** **More important**

Appendix 16: my sort compared to the factors using crib sheet criteria

ID	Having an IV helps my CYP by...	F1	F2	F3	F4	My sort
1	showing them how to build a trusting relationship	1	2	2	-3	0
2	giving them a genuine friend	1	2	-1	2	-1
3	doing some of the things a parent might	-2	0	-2	-3	-3
4	giving them someone to talk to	2	1	2	3	0
5	being a consistent person in their life	2	3	2	-1	0
6	by calming things down if it's difficult at home	0	-3	-3	-2	-2
7	helping them think more positively about themselves	0	1	-1	0	1
8	developing their sense of who they are	0	1	-3	1	-2
9	helping them think differently about things	-1	-1	-1	0	1
10	helping them find new hobbies, skills, and interests	-2	-1	1	-2	1
11	helping with practical things	-3	-2	-2	0	-3
12	helping them overcome challenges and/or achieve goals	-2	0	-1	-2	-1
13	building their independence	-1	0	1	0	2
14	letting them enjoy themselves and have fun	1	3	3	2	3
15	encouraging them to make their own decisions	-1	-1	0	0	-1
16	helping them try new and different things	-1	-2	3	-1	1
17	being someone to go to for independent advice	0	-1	1	-1	-1
18	watching out for anything worrying	0	-2	0	1	2
19	supporting the adults who look after them	-3	0	0	1	2

20	being someone outside of the care system to rely on	3	0	1	3	0
21	giving them a positive role model	1	1	0	2	0
22	being around long term	3	2	0	-1	3
23	not being paid to spend time with them which means a lot to my YP	2	-3	-2	1	-2

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