

Care Matters in Northern Ireland – a Bridge to a Better Future

Response from NSPCC Northern Ireland to the consultation
document

August 2007

Introduction

1. The NSPCC welcomes the opportunity to respond to *Care Matters in Northern Ireland – a Bridge to a Better Future*. Looked after children are one of the most vulnerable groups in our society and it is right that the Department and NI Executive should seek to prioritise the needs and safeguards of a group whose needs are often hidden, misunderstood and too frequently neglected.
2. The NSPCC is the lead voluntary child protection agency in the United Kingdom. The Society is unique in having statutory powers under the Children (NI) Order 1995 and operates in excess of 20 projects in Northern Ireland offering a broad portfolio of services relating to child protection and prevention, ChildLine, safeguarding, working with victims, family support, training and consultancy, research and policy development and listening services.
3. In Northern Ireland, the NSPCC provides an Independent Visiting Service in two areas, the Northern Health and Social Care Trust and the former Sperrin Lakeland Trust area of the Western Health and Social Care Trust. At the time of writing we have 32 children and young people across the two Trust areas matched to a volunteer Independent Visitor.
4. Our response to the draft strategy draws on our experience of safeguarding and protecting, working with children and young people in care and providing them with Independent Visiting services as well as separate advocacy, post-abuse treatment, work with sexually harmful behaviour, schools counselling and family support services both in Northern Ireland and Great Britain. Our response focuses in particular on the section on Independent Advisors pages 59 – 60 of the consultation document. The response has been produced by a group of staff involved in Independent Visiting practice, managing services and policy development. Crucially, the response has been informed by the comments of Independent Visitors and children and young people receiving an Independent Visiting Service. We have also provided some management information relating to our service in Annex 1 case study in Annex 2 which highlights one young person's experiences of the Independent Visiting Service.

General comments and overview of Care Matters

5. The NSPCC very much supports this consultation document coming so soon after the Care Matters Green Paper in England. We welcome many of the innovative ideas in the document and that government have attempted to develop what was in the original DfES Green Paper and as well as local initiatives that meet local need. We welcome in particular

the fact that the document covers family support and services to young people on the fringes of care, as well as the broad spectrum of proposals to normalise and enhance children's experience of being looked after. We are pleased to see proposals around safeguarding children through improved advocacy arrangements, measures to improve self esteem and processes and measures designed to enable children to speak out. In this regard we support strongly proposals to ensure that the provision of independent advocacy services go beyond simply complaints procedures.

6. A key challenge for government will be the implementation of this ambitious report and seeing through many of the proposals and suggestions. We would strongly endorse the need for an implementation group to steer developments as set out in Chapter 10. We also wish to flag up the funding of this Strategy, as the proposals in this document will only succeed in driving improvement when they are adequately resourced.

Reviewing Article 31 of the Children Order

7. The consultation rightly recognises that many Trusts have used Article 31 as a floor for services not a ceiling. We know from our own experience that if Article 31 was to be strictly applied then many of the children and young people who have been successfully matched would not have had access to an Independent Visitor. That said, there is inconsistency of provision across the region particularly with regard to care leavers and looked after children once they are 18 years old. Different service provision arrangements also create problems when children and young people move across Trust boundaries, gaps and/or enter secure accommodation.
8. For the NSPCC Independent Visiting is about more than the absence of parental contact or the poor quality of that contact. The Independent Visitor's role is about encouraging a link with the child in order to build up a trusting and supportive relationship. It is befriending; it models friendship, which is an attachment to children who have usually experienced poor or disordered attachment with their own parents and families. NSPCC Independent Visiting Services approach every match with hope that it has the potential to be the beginning of a lifelong friendship. It is about building and modelling continuity for children and young people who rarely have this experience in care.
9. The central feature of the role is a supportive one; a relationship which balances the absence of contact with a parent/person with parental responsibility or family member. It may be helpful to think in terms of a favourite aunt/uncle or grandparent figure. As a volunteer, the Independent Visitor does not carry any statutory responsibility or have parental authority over the child. It is not a professional role – the

Independent Visitor is not a social worker, therapist or counsellor. They complement the main daily carer's role, adding to what the child has, not replacing it. Children and young people may feel that they can talk more freely or openly with someone who the child sees as "not a part of the system". As one young male in residential care commented to us it *"Gets you away from everything and it is someone who does not know too much about you."*

10. The Independent Visitor's role is also to support the child to exercise their rights and participate in making decisions about their life. These decisions are often discussed formally at the child's "Looked After Children Review" and the Independent Visitor can 'amplify' or express the child's views in discussions with social workers, carers or other representatives of the Trust.
11. Volunteers with the Scheme offer the children and young people emotional support and encouragement; being there when needed, a familiar face when things seem uncertain. It can be a challenging role but in return volunteers have the opportunity to see a child or young person grow and develop, form long term relationships, develop confidence and make a positive contribution to their futures.
12. The NSPCC feels that the consultation does not fully recognise the power and success of the Independent Visiting role with the result that it is not properly valued. There seems to be a view that the role needs to be 'beefed up' because it is too imprecise or 'soft'. The power of the role lies in establishing quality matches that have the potential to be friendships for life. This delivers a level of attachment and continuity that corporate parenting will always struggle to provide. **No amount of paid professional time will ever provide the type of relationship that can be achieved through Independent Visiting.** The Independent Visitor occupies a unique space between a number of roles – parent/carer, foster carer, friend, professional/official, advocate, mentor – owing much to each of these roles but never located entirely within any single role.
13. The consultation asks for views on renaming 'Independent Visitors' as 'Independent Advisors'. Based on feedback from children and young people matched with an Independent Visitor, our volunteer Independent Visitors and our staff who co-ordinate and manage the service, **the NSPCC is strongly opposed to the change of title.** Children and young people have told us that they view the term 'visitor' as friendlier and better reflecting the role i.e. an independent person who visits you, with whom you have fun and develop a friendship. Children and young people see the term 'advisor' as very formal, unapproachable and too associated with social services and other 'professional' services/relationships.
14. Independent Visitors consulted with young people on a one to one basis about their views on proposed changes. Below are some

responses in relation to changing the title Independent Visitor to Independent Advisor:

"Sounds too professional to me - I wouldn't really think about getting one – Independent Visitor sounds better...Advisor sounds like they get more authority. Independent Visitor sounds nicer – think they are just going to advise you. You just want to get out and away from everything – just want someone different. Want them to be nothing to do with your life – not Social Services; not residential staff". (Young male 16; living in residential care.)

"Not too enthusiastic about the title. It sounds like someone telling you what you should do – right from wrong". (Young female 13 – living in foster care.)

"You look forward to a visitor but an advisor would be different – someone to tell you what to do – not as fun as an Independent Visitor. You might only have one thing to say to an advisor so there is no point in changing." (Young female 13 – living in foster care.)

"Name doesn't sound very interesting – like someone to talk to you rather than going out." (Young female 13 – living in foster care.)

"If it is only short term it could get a child's hopes up – you might think they are a class friend and then they have to go – there is no point in building up a relationship that will fall down – you might really like them then they have to go." (Young female 13 – living in foster care.)

"Social Worker is like an advisor – she says everything I want – I see her once a month – she is like an advisor – kids who have Social Workers – that is like their advisor." (Young female 13 – living in foster care.)

"If you have no advice to ask – you wouldn't have a friend to talk to. At our age (13) we don't ask for advice except, can I go to the disco." (Young female 13 – living in foster care.)

"Don't like it – saying you have a solicitor or probation officer coming out to you to tell you what to do. Everyone has own independence – not going to go to an advisor about everything you do. I think the name should stay the same." (Young female 19 – living independently.)

"Visitor sounds nicer than adviser and I think it is ridiculous to change it. If my key worker or social worker asks you do you want an Independent Advisor – I think that I would say no". (Young male 16- living in residential care.)

"Young people need an Independent Visitor in their lives – if they change the name – if they take it away from young people – they are not doing much for them. I would be lost if I only seen my Independent Visitor when

something went wrong. It wouldn't be fair not to have someone long term. Need to have a relationship with someone – get to know them and trust them before you can tell them everything – not going to tell them what's going on in your life.” (Young female 19 – living independently.)

“I like seeing someone outside of the Trust and getting to know for a long time – its hard to trust anyone especially if they are going to walk out after a while.” (Young female 19 – living independently.)

“Wouldn't mind because I call her by her name and I think of her as Clare (name changed) not as my Independent Visitor”. (Young female 15 – living in foster care.)

“ ... So many other people in your life giving you advice about issues so why do you need another one?” (Young male 16 – living in residential care.)

“An advisor is there to advise you, not to be your friend as my visitor is to me”. (Young female 15 – living in residential care.)

“It would be good to have someone who would advise you, you know tell you want to do, but X listens to me and helps me as a friend so I wouldn't want him to change”. (Young male – 17 living in the community.)

15. Advocacy is part of the Independent Visiting role but this should be distinguished from an advocacy role in relation to complaints. The advocacy role for the Independent Visitor is in the low to medium range. The NSPCC response to the 'Care Matters' consultation in England and Wales made it clear that we view the role of Independent Visitor and Advocate as related but distinct. This is supported by our own practice experience where these services in England and Wales were initially operated together and eventually separated because the differences outweighed the similarities.

‘We wish to state in the strongest possible terms that the roles are not ones that could or should be merged’ (NSPCC response to ‘Care Matters’ DfES re ‘independent advocates’ proposal)

16. The NSPCC strongly supports the development of the more formal regional advocacy service provided by VOYPIC but take the view that it should not be limited to formal complaints. There is a clearly a mid point on the 'advocacy continuum' at which an Independent Visiting service and an independent advocacy service will meet. The solution is not to merge into a single service which ignores the strengths and differences of the separate services but rather to establish clear regional arrangements that allow these distinct services to interact in a seamless manner.

A wider group

17. The NSPCC supports the proposal that an Independent Visitor should be available to a wider group of children and young people than is set out in the Children Order. The association with frequency of contact with the child's parent(s) should not be the only governing factor. The legislation should be reworded to establish the role, with criteria set out in guidance capable of review. Criteria for considering the use of an independent visitor might include:

- lack of parental or family contact;
- contact is a negative/difficult experience;
- length of time in care i.e. greater than 3 months;
- separated from siblings; and
- limited networks.

18. We believe that a regionally managed service would be better placed to ensure the consistent application of agreed criteria across Northern Ireland, thus promoting better equality of access to independent visiting. It will also allow better co-ordination with advocacy services, mentoring services and services for children and young people in secure accommodation or custody. Consideration of a wider group needs to include the needs of those who have left care and/or those over 18 years.

19. Our experience of providing Independent Visiting indicates that continuity provides the relationship with its greatest strength. Given the vital need to promote stable attachments for children in care, particularly for those with poor contact/networks, it seems illogical and artificial to terminate the Independent Visiting role once the young person leaves care or turns eighteen. To do so only mirrors the transitions inherent in the care system where children change social worker, residence, school/work, contact with family, etc as they leave care. The aspiration of an Independent Visiting match is the potential for a lifelong friendship that delivers an experience of attachment, continuity through change, trust, stability and support.

Advocacy/Personal Advisers

20. Our earlier comments have already made it clear that the NSPCC views advocacy and Independent Visiting as very separate roles. We understand and have some sympathy with the view that independent visiting could expand to include the role of Personal Adviser, however we would take the view that this is by no means straightforward. Many of our visitors have indicated to us that such a change would cause them to leave, the principal objections being the responsibility involved and the time commitment. Our Independent Visitors took the view that

the role of Personal Adviser sounded like a paid social work role. They were concerned that they would not have the skills and that the Personal Adviser role would undermine the core strength of independent visiting – the friendship – turning them into workers/officials. They also had considerable concerns about their ability to deliver the additional time commitment implied in the ‘enhanced’/merged role. It is difficult to see how a volunteer could take on the implied level of accountability in the Personal Adviser role. One of the useful aspects of this consultation is that it has demonstrated that our Independent Visitors understand the views and needs of the young people they are matched with. Our children and young people expressed similar views and saw the role described for the Personal Adviser as something they would expect from their ‘LAC’ social worker or their leaving and after care social worker. They also thought an adviser role would interfere with or undermine the friendship role which was the thing they valued the most from Independent Visiting. **Young people also expressed considerable concern about any changes to the role of the Independent Visitor.** In this regard it is easy to understand why HSC Trusts have interpreted the Personal Adviser role as a paid social work role. The Department’s aspirations in this area might be better achieved through the establishment of Independent Reviewing Officers who would also have a role beyond the point of leaving care to ensure follow through on Pathway Plans. Strengthening post-care advocacy arrangements might also help. From discussions with our Independent Visitors we think that only a few would have the skills, the desire and the type of relationship with the young person to take on the Personal Adviser role as well as the Independent Visitor role.

21. In terms of expanding the Independent Visiting role there is a consensus among Independent Visitors, our children and young people and the NSPCC, that this should be focussed on post care/beyond 18 years continuity. If there is a proposal to use Family Group Conferences as part of Pathway Planning then the role of Independent Visitors could be enhanced by automatic consideration for inclusion in these meetings. This could obviously be achieved through relevant guidance. **On balance the NSPCC is concerned about the viability of the Personal Adviser role in its own right and is strongly of the view that it is not compatible with the role of Independent Visitor. No attempt should be made to merge the two roles and arrangements should not be put in place which undermines the distinctive role of the Independent Visitor.**

22. We asked our young people who would be best placed to carry out the role of Personal Advisor and what their duties should be. They expressed the following views:

“Personal Advisor should be your Social Worker – otherwise you would be working with too many people.” (Young female 19 – living independently.)

“Don’t know – wouldn’t like one – doesn’t sound great at all”. (Young female 19 – living independently.)

“Don’t think you should change something that doesn’t need changed in the first place.” (Young male 16 – living in residential care.)

“Give you advice and help you”. (Young female 15 – living in foster care.)

“A personal advisor would be good for things you need when you are older.” (Young female 13 – living in foster care.)

“Another person involved could complicate matters and muddle it up”. (Young female 18 – living independently.)

Configuration

23. From our response above it will be clear that the NSPCC believes that Independent Visiting is a distinct service from Advocacy, Personal Advisers and other forms of mentoring. From our own experience of delivering Independent Visiting Services across a large proportion of Northern Ireland we take the view that independent visiting as a whole could be put on a more sustainable (and consistent) footing through regional funding and delivery arrangements similar to those operated by VOYPIC in relation to advocacy services. This would have a number of advantages:

- Consistent standards through a single team;
- Provision of a coherent picture of LAC services across the region;
- Consistent commissioning and funding arrangements, leading to improved equality;
- More efficient use of resources, particularly for children placed out of area and cover arrangements;
- Streamlining interaction and co-operation between VOYPIC’s advocacy service, NIACRO’s Independent Representation, independent visiting and other mentoring arrangements; and
- The capacity to develop coherent and consistent independent services for care leavers and those over 18 years that promote and reinforce continuity.

Conclusion

24. The NSPCC very much welcomes the publication of Care Matters in Northern Ireland. If properly resourced and refined in the light of comments, we see huge potential for many of the suggestions to

prevent children coming into care and when they are looked after
improve safeguards and the quality of their experience.

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Annex

Profile of NSPCC's Independent Visiting Services

Seventeen of our children are female and fifteen are male.

Ages range from 9-19 years with the majority in the 13-16 age groups. The majority of the young people with multiple moves were in the 13-15 age band. This is also the age group for whom most referrals are made.

The majority of our young people (21) live in foster care. Six live in residential care, three live semi-independently and two live independently. One young person is placed outside the Trust area. Time in care ranges from four to sixteen years. Many of our children experience multiple moves.

Six of our children have special needs and two have eating disorders.

The principle reason for referral to the Service is the lack of contact with parent(s) or the quality of this contact. For example contact varies from supervised letter contact twice yearly, through to (more rarely) unsupervised contact. Three young people's parents are dead and for those who have siblings contact can be sporadic. While the majority of young people's contact remains similar to that at referral, unfortunately only a minority become more frequent/unsupervised as the issues which necessitated restrictions are worked through. Therefore many young people in the care system continue to have little or no quality contact from adults other than professionals. In addition to lack of parental contact or poor contact with parents, there are reasons why young people have been referred to the project. These include the following:

- Young person has had a very difficult time prior to foster placement, has started recovery process and Social Worker identified that the young person needs a positive person in their life who they go on outings and have an enjoyable time.
- To build on confidence and social skills.
- Time away from placement – to have one to one time as foster placement is very busy environment.
- Foster carer requested service for young person after previous positive experience with other foster child.

- Young person has suffered a lot of bereavement and loss and developing a positive trusting relationship will help this young person feel more secure and stable and move on with life.
- To get out for a while.
- To have someone I can talk to
- Young person being moved from residential unit to foster placement would be useful to have someone independent to talk to during this time.
- Doing things.
- Would benefit from someone coming to take young person out to interact more in the community.
- To have someone older I could talk to.
- Social outlet; develop social skills and independence.
- Someone new and different to visit me.
- To have someone to talk to.
- Young person had been in foster care since 17 months unfortunately this placement broke down – young person placed in residential care. Not attending school and dislikes residential unit – needs someone outside of this.
- To build on confidence and self esteem and ability to cope with confrontation and bullying from peers. To enable young person to build on their living skills.
- Young person has limited family contact compared to other foster children living in the household therefore it is anticipated that an Independent Visitor would provide young person an outlet and an opportunity to gain in confidence.
- Support with the care process.

The length of matches range from the most recent, about a month to over 4 years. Most matches are around 2½ years at present but as both projects continue so the average length of match will rise and matches in excess of 4 years will increase.

Our volunteers are mainly women (90%) and recruiting men is a major challenge. Volunteers range fairly evenly in age from their 20s to their 50s.

Case Study

Katie was referred to the Independent Visiting Project two years ago. Katie was making the transition from living in residential care to independent living and had chose to move to a different county so that she live near extended family as both her parents were dead and her siblings were living in residential care. Katie had some presenting concerns in relation to bulimia and poor self-esteem. Katie agreed to be matched with an Independent Visitor Susan. Although Susan lived some distance from Katie – she agreed that she would be prepared to travel and maintain telephone contact with her.

Katie is a pleasant, caring young person who often puts her needs last and everyone else's first – Independent Visiting allows Katie to do things that she enjoys and to have someone there for her with a supportive, caring manner.

Katie has had a difficult transition from residential care to living independently and this has been where Susan's support has been essential. Health concerns have always been a concern in relation to Katie and at times she has been hospitalised due to this. Susan has been there for Katie through this process and where time has permitted has attended her Leaving and Aftercare Reviews and contributed to her Pathway Plan. Recently while Susan was on a visit – she was so concerned about Katie's health that she sought permission from Katie to discuss this with her Doctor. Katie granted this permission and Susan made contact and described to the Doctor how Katie was really feeling. As a result Katie was prescribed with appropriate medication and the Doctor said he would make an appointment with his team – the Eating Disorder Clinic. However, Katie's health continued to deteriorate to the point that on one visit – Susan felt it necessary to take her to see her Doctor immediately. Susan has been a strong advocate for Katie and tries to ensure that Katie receives the best service and that there is someone on her side. This has resulted in people recognising the seriousness of Katie's health concerns and being proactive in helping her with both practical matters and health concerns.

Katie told us that “I was able to trust Susan to take me to the Doctors when I was sick and to share how I was really feeling – if it had been anyone else I would have bottled it up. If it had been an Independent Advisor they wouldn't have known how I was feeling, you need to know someone for a while to actually know there is something wrong with you. If they only came to see you when you needed something sorted out they wouldn't know the signs and wouldn't be able to help you.”

Katie attends an Eating Disorder Clinic and her therapist has requested that Susan maintains visits as it is so important to have contact with a trusted adult who Katie can relate to and it gives her time out to do nice things away from the other stresses in her life. Katie views Susan as a friend who she can talk to and be honest with about concerns and how she is feeling. Susan and Katie continue to be in contact two years after they were initially matched and their relationship has grown from strength to strength.

Katie states "At least I can call Susan a friend."

(Names have been changed to protect the identity of the young person and Independent Visitor)