

Independent Sexual Violence Advisors and Third Sector Support Services

Introduction

The JiCSAV project explores the specific effects that the Covid-19 pandemic has had on criminal justice policies and practices in sexual offences cases. It considers the ways in which the pandemic has exacerbated existing challenges, posed new difficulties, and provoked innovations that could improve the experiences of victims and survivors of sexual violence and abuse.

The project brings together the perspectives of survivors and their families, as well as a range of criminal justice system (CJS) stakeholders. This is the first in a series of JiCSAV briefings summarising key findings.

Findings

1. Impact of the Covid-19 pandemic on service delivery by ISVAs and third sector support services

Continuation of service

Following the initial government mandated lockdown in March 2020, support services swiftly transitioned to remote working and in-person support ceased. Many services initially worked with clients via telephone while they put the IT infrastructure in place for staff to engage via platforms such as Zoom and Teams and addressed challenges surrounding client and staff data security and confidentiality.

Continuity of service for clients in one form or another was important to all interviewees. This was particularly because other services were not available through lockdowns, or were struggling to meet increased demand.

'[D]octors weren't seeing people, mental health teams weren't ... social workers were doing it all over the phone, the whole housing office and council provisions closed down ... for some people [we were] the only contact that they were having' – Senior Services Manager

Participants and method

20 participants from 19 support services (16 located in England and 3 in Wales) were interviewed between May and July 2021. Interviewees were Independent Sexual Violence Advisors (ISVAs) or children and young people's ISVAs (CYPISVAs) (5); lead ISVAs/co-ordinators (5); therapists (1); support workers (1); and service managers (8).

Preliminary findings based on a sub-set of interviews were presented at an online workshop on 27th May 2021, attended by professionals, policymakers, and CJS stakeholders, producing additional data that were integrated with the remaining interviews.

The impacts of the pandemic on the CJS meant that survivors were receiving fewer updates about their cases. Continuity of ISVA support was therefore essential.

Participants shared that there were benefits for many survivors in moving to online support. Some groups of service users, particularly male survivors and those with more complex mental health issues and vulnerabilities, appeared to find it easier to engage with online or telephone support relative to in-person support.

'The struggle to get dressed and to leave the house sometimes is too overwhelming ... Whereas ... rolling out of bed and shoving a top on, brushing my hair, I'm in my therapy session ... made a massive difference to a lot of people' – Head of Service

However, not everyone was able to effectively engage with online support. Some did not have the technology or skills to access support in this way, and others did not have a safe or confidential space at home. Additionally, some younger children struggled with online support, especially having spent extended periods online for home-schooling. Those with learning difficulties and autism found the move to online support particularly challenging. ISVAs in some areas were able to continue to provide support at court. However, owing to social distancing within court buildings, others reported that they were not able to support their clients as they usually would.

'I went to a sentencing with a young boy that I'd been supporting for, I think two and a bit years. I have a really good understanding of his mental health. I know ... his triggers ... how to ... talk him down from anxiety or panic, and he went into a panic attack in the court room ... So, I'm knelt down ... doing breathing techniques with him and the usher came up to us and he was like, "you need to leave" ... so I had to sit outside the court room and leave my client who was in the middle of a panic attack' – Senior ISVA

Provision of additional support

As well as continuing to provide their usual services for clients remotely, many organisations offered new types of support. For example, interviewees reported their services helped clients to access foodbanks, supplied care parcels, did prescription runs, and provided bereavement support. Many participants felt they were being stretched beyond their job roles, but that this was needed for their clients in a period where support was not available elsewhere.

Remote working

Working at home required a significant adjustment with many interviewees highlighting the difficulties of conducting sensitive work in their home environments and maintaining boundaries between home life and work.

'[S]o they were working in their bedrooms, which is meant to be their sanctuary and their space to be able to sleep at night, but you're taking calls of a particular nature' – Head of Service

Organisations responded to these challenges for staff with regular debriefing sessions, group meetings, work 'buddy' schemes, and wellbeing and therapy sessions.

Some advantages to remote working were also highlighted, including increased productivity due to the removal of travel time. This was particularly the case for ISVAs covering large or remote areas. The move to online working also improved inter-agency collaboration across the CJS, with professionals being more accessible and meetings more time efficient. There was also evidence of increased inter-agency training and communication about cases, and some interviewees spoke of enhanced comradery within and between organisations.

Client referrals, demographics, and caseloads

Services reported a quietening during the first weeks of the lockdown in March 2020; since then, some services have been the busiest that they have ever been.

'In the last year our referrals, I'm not joking, went up 366 percent' – Specialist ISVA

Reasons for referral increase proposed by interviewees included: the opportunity created by lockdowns for survivors to sit and

reflect, lack of opportunity to engage other coping mechanisms, and broader impacts of the pandemic on mental wellbeing.

Services that supported children and young people reported that referrals decreased during the first lockdown but increased overall during the pandemic. They suggested that this was likely to be because disclosure was initially limited with the closure of schools and lack of social interaction outside of the family home. There were also concerns that young people had not disclosed due to fear of ramifications from breaking lockdown rules by attending social gatherings such as house parties.

Observations were made in relation to changes in the types of cases being referred to services. Participants reported a reduction in cases linked to the night-time economy, but an increase in the complexity of cases being dealt with, with more family and online sexual abuse reported.

'[W]hat we did have was some really horrific familial stuff, so horrific even in our general sanctum of horror that we see on a daily basis, like above and beyond that ... really grim, really difficult stuff' – CYPISVA

Participants explained that they were providing support to clients for longer periods of time due to increased delays in the progression of cases through the CJS. Investigations and charging decisions were delayed and pre-existing delays in the court system were magnified. Interviewees frequently reported that their clients' court cases were cancelled or rearranged at the last minute, with some trials not yet being re-listed and others listed as far ahead as 2023. Participants explained that survivors may now have to wait an average of 2-3 years from reporting to the police to the commencement of their trial.

'The [CJS] has slowed down so dramatically; where we may have worked with people in a worst-case scenario for three years, we're now looking at six years ... we are going to have the same person on our caseload for six years' – Specialist ISVA

More clients are requiring ongoing support, which has the knock-on effect of extending waiting lists for ISVA support and counselling.

Additional funding

Additional funding was provided to many organisations enabling them to recruit more staff, and to provide existing staff with further training. This was a crucial development, helping to reduce caseloads and/or allowing more survivors to access support. However, participants voiced concerns about the longevity of that funding, and what would happen if/when it returns to pre-pandemic levels in the face of new challenges and unsustainable caseloads.

'[W]e each took on extra cases ... But the problem with that is that we don't have that extra funding anymore but we still have those cases because the [CJS] is ... so slow now' – Specialist ISVA

Funding for the introduction of remote evidence centres in Wales was brought forward due to the pandemic. Participants were positive about the set-up of sites across Wales in non-court buildings. These enabled complainants to give evidence via live video link, or a pre-recorded video in section 28 cases, with agreed protocols to ensure consistency across sites.

2. Innovations in service delivery and supporting survivors

Technology lending libraries, training, and support

Recognising that some individuals faced barriers accessing online support, some organisations set up libraries to distribute tablets to clients. Others also provided training on the use of such devices for those who lacked the skills, experience, and confidence to use them. Several services gave clients access to their office spaces so that they could use the agency's IT equipment to attend online support sessions with staff working remotely. This was invaluable for clients who did not have a safe or confidential home environment.

Utilisation of office space for police interviews

Some services made their office space available for clients to be interviewed by the police, in-person and virtually. This responded to the challenge of accessing interview suites within police stations, as well as survivors' concerns around their health, wellbeing, and remaining 'Covid secure'.

'We have started facilitating ABE [Achieving Best Evidence] interviews at our centre. This has made a massive difference to the interview experience for our clients' – Workshop participant

Supporting younger clients

Innovative practices were introduced to support children who would typically have benefitted from play therapy but struggled to gain the benefits remotely. One service used the online game Minecraft to provide support, with great success.

'[Y]ou're building and creating worlds and platforms. The ability it gave the child - and we've also done it with a child who has autism as well, so there was another additional communication consideration there- the ability to be in control in that game and build the world to make it safe, and to explore, leaving messages for each other, inviting the counsellor, showing where the boundaries change - oh it was just phenomenal. I've got goosebumps now talking about it ... it's been so successful ... and we're rolling training out now to other practitioners within our organisation to look at how that can be ... delivered more widely across our service'
– Head of Service

As lockdown restrictions eased, in-person support required continued attention to enabling 'Covid-secure' service access. One service adapted in-person counselling for children by providing them with individual, rather than shared, therapy boxes containing play materials and resources that were theirs for the duration of their therapy journey.

'And there were some who ... decorated their boxes ... and it was really fascinating how that made a difference to people, because they felt they owned - it was something that was theirs in that room. And they worked so well that actually some of it spilled ... into the adults' work that we were doing' – Head of Service

Outdoor support

Many services introduced 'walk-and-talk' sessions and doorstep visits as lockdown restrictions eased and in-person service delivery resumed. Whilst initially seen as a 'Covid-secure' way in which clients could access support, this brought unexpected benefits and many organisations indicated they would retain these modalities. Several providers highlighted how men and young people particularly benefitted from 'walk-and-talk' therapy.

'I think the walking therapy is one of the most powerful things we did, ... it's just an incredibly powerful experience just to be out in nature ... in terms of feedback ... it was a huge improvement with doing that, so we'll maintain that' – Head of Service

Recommended actions

- 1. Prioritise renewing the additional funding provided to ISVA and support services during the Covid-19 pandemic.** Increased demand, record levels of delay across the CJS, and greater complexity of cases means there are more survivors accessing support, and they require support from services for longer. The increased levels of funding provided during the pandemic must be maintained so services can sustain their capacity and support provision. Further increases in funding should also be considered to enable support for all survivors throughout the CJS process in the coming years.
- 2. Enable blended service delivery for best results for service users.** Clear benefits for improved access accompany online service delivery. However, solely online services would exclude many, including those with learning difficulties, poor online literacy, a lack of access to technology, and those whose abuse occurred online. Thus, blended service provision should be offered, providing choice of modalities to clients.
- 3. Innovative and flexible strategies for delivering support to survivors should be maintained, evaluated, and expanded.** The challenges associated with service delivery during the pandemic resulted in valuable innovations in supporting survivors, some of which have been listed here. These should be maintained and further developed, with more widespread roll out.
- 4. Foster collaborative working across criminal justice agencies.** The improvements in inter-agency working, facilitated by increased use of technology during the pandemic, need to be maintained. There were fears that 'things would return to the way they were before' in this regard and interviewees were keen that this did not happen.
- 5. Urgently address the deteriorating situation with delays within the CJS.** Delays have a huge impact upon survivors and their support services. Increased delays because of the Covid-19 pandemic need to be urgently addressed to improve survivors' experiences, and to maximise justice opportunities.



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