

# **An investigation into the effects of the COVID-19 pandemic and lockdown on Imara's CHISVA service**

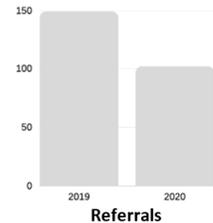
By Lily Furber and Ellen Garrett

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## Summary

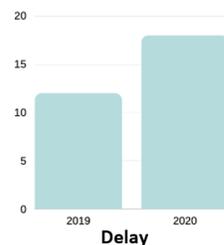
Since the start of the COVID-19 pandemic, Imara has been adapting its services to predominantly remote operations. There have also been a few operational trends in referrals, delays, and closures during this period that this report aims to capture. The data comprises five CHISVA interviews and CharityLog data for the March-July period in 2019 and 2020.

**Referrals:** Imara has received a reduced number of referrals in 2020, compared to the same period in 2019: a drop from 149 to 102.



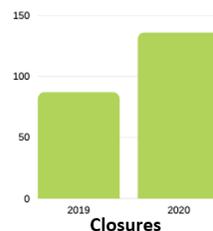
**Length of Engagement:** Imara witnessed an almost twofold increase in the length of client engagement in 2020. On average, of cases closed/completed in 2020 clients had engaged with the service for a total of 351 days. This is compared to an average of 195 days of engagement for cases closed/completed in 2019. The CHISVAs indicated several potential reasons for this increase, including COVID-19 related trial delays and wanting to wait until it is safe to close cases with a face to face session.

**Delay:** Clients faced longer delays in accessing the service than the same period in 2019. In 2020, the length of time between a referral and their first session was 18 working days (cf. 12 in 2019), a 50% increase. As noted above, referrals did not increase during this period therefore increased delay was not the result of over-demand. Further research should be conducted to understand the reason for this delay and establish potential mitigating factors.



**Clients put on hold:** CHISVAs estimated that 20% of clients had been put on hold since March 2020. Imara practitioners anticipate that this is due to many clients wanting face-to-face contact with the service. In addition to this, practitioners felt that offering a remote service was inappropriate for some clients. CHISVAs noted that they found it more challenging to engage with younger children online, and many felt that some clients became distracted during online sessions. Furthermore, some practitioners had concerns about the safety and security of clients accessing the service within their own home.

**Closures:** More cases were closed during March-July 2020 than the same period in 2019. In 2020, Imara practitioners closed 136 cases, compared to 87 closures in the previous year. The reasons for closure remained similar, however, in 2020 there was a 12% increase in 'planned other' closures, and a 9% decrease in 'invalid/inappropriate' referrals.



**Workload:** All of the CHISVAs interviewed noted that reduced travelling times have had an impact on their workload. Many commented that they were able to get more administrative work done, one CHISVA felt that they were able to see more clients in a day because this time was not spent travelling.

**Recommendations:**

- CHISVAs should develop a bank of resources and games that can be played with clients without contact (for example, whilst waiting for a court case to begin).
- The CHISVA service should continue discussions with police stations with an aim to giving CHISVAs access cards.
- CHISVAs should be encouraged to schedule regular breaks to focus on processing their meetings with clients when they do not have scheduled travel-time.
- Imara should conduct interviews with the CHISVAs after the re-opening of schools to evaluate the longer-term effects of the COVID-19 lockdown, with particular focus on the wellbeing of children and the quantity and nature of referred cases.
- Imara should investigate the increase in time between referrals and the initial meeting between the child and the CHISVA service to establish potential causes and mitigating actions.

## Introduction

On 11th March 2020, the World Health Organisation labelled the COVID-19 outbreak as a pandemic. In response to this emerging crisis, Imara swiftly moved all services to remote operations 5 days later. Subsequently, on 23rd March 2020 the UK entered a period of national lockdown. As an organisation, this meant that the office was closed; the Imara team were working from home; and Imara practitioners began to utilise remote platforms to provide therapist and CHISVA services to clients.

As the national lockdown began to ease in June 2020, Imara was able to provide some face-to-face services and begin using its office sparingly. The level of face-to-face contact varied by the personal circumstances of each practitioner.

This report aims to capture the individual experiences of the CHISVAs to provide a holistic overview of how the COVID-19 pandemic and lockdown has impacted the service. This report will begin by documenting the initial transition into lockdown, and articulate how CHISVAs were required to adapt their support in March 2020. In addition to this, we use anecdotal data from the CHISVAs to better understand the individual impact that the pandemic has had on their day to day work. Finally, we will use data analysis to determine the overall impact that the COVID-19 pandemic has had on the CHISVA service as a whole.

## Methods

Between 25th August - 2nd September 2020, five CHISVAs were asked a consistent series of questions about their experience of working during the pandemic. Two of the CHISVAs were in training at the time, and started their positions 1st June, so naturally, there was a limit to how many of the questions they could answer. The interviews were conducted over the phone and by video call. The question guide is attached in Appendix A.

To complement the anecdotal evidence provided by the CHISVAs, data analysis was used to determine trends within the period of 23rd March - 31st July in both 2019 and 2020. This data analysis allowed for a comparison between a year during the pandemic, and a year prior to the pandemic. This data analysis is attached in Appendix B. It should be noted that this data is not controlled for the growth of Imara's services, or any trend in cases within the local area. CharityLog data from years prior to 2019 was not used, because we could not guarantee the reliability of this information.

Although employed by Imara, the two interviewers and analysts of this report were not CHISVAs or therapists. This allows a degree of independence regarding the content and recommendations produced by the report.

## Results and Common Themes

### The Immediate Transition into Lockdown

Prior to March 2020, the CHISVA service operated predominantly on a face-to-face basis, with little support being given remotely. One of the aims of this study is to record how this changed during the immediate transition into lockdown, from the perspective of Imara's CHISVAs. The introduction of lockdown measures within the UK has required the service to dramatically adapt the style of support given to clients, with Imara closing face-to-face contact on the 16th March 2020.

There were initial concerns raised about how to provide a consistent standard of service amongst the CHISVAs. CHISVAs were able to continue providing their service using video calls within their homes, however there were reports of technical challenges such as internet issues. In addition to this, it is worth noting that these video calls often contained sensitive discussions with clients. Some CHISVAs found it challenging to build a working-from-home environment that could sufficiently protect client-confidentiality. Overall, CHISVAs had to adapt to support their clients online, this required quick adjustment and creative ideas.

### Adaptation of support

Practitioners noted that they have had to become more creative in order to make their sessions with clients engaging. This has included creating and distributing resources, and giving clients more emotional support. The challenges of delivering remote support include practitioners struggling to engage with clients online, and concerns about the safety of clients accessing the service within their own home.

A further challenge that was reported by most of the CHISVAs relates to the lack of physical interaction with clients. Many found this difficult, because they were unable to read a clients body language whilst using an online platform. As a result, the practitioners have had to develop their verbal communication skills. One CHISVA considered that they have had to become more intuitive in the absence of physical body language. Moreover, because the clients are unable to pick up on the practitioners body language, CHISVAs have to work harder to make their messages clear. One CHISVA commented that 'you really have to think about language choices, because it is one of the only tools that you have over video'. This transition was reportedly easier if the client was known to the CHISVA before lockdown.

The practitioners interviewed also highlighted the challenges regarding the uncertainty of the judicial process in light of the COVID-19 pandemic. Prior to the lockdown, a large portion of the CHISVAs work involved supporting clients going to court. Many trials were postponed, and there was widespread national uncertainty about when they would re-start; this made it difficult to manage client expectations. The police, CPS and CHISVAs were all unable to give definitive answers to clients about the anticipated court timeline during this period. Despite the levels of uncertainty, there was a sentiment of gratitude from parents and carers that Imara found a way to continue providing services during this time, whilst many other support services were closing their doors.

“Quite a steep learning curve and quite a quick adjustment”

### **The effect of the COVID-19 pandemic on the CHISVAs**

#### Travel

The CHISVA service supports clients throughout Nottingham city and the surrounding county. The vast area that is covered by this service meant that prior to lockdown, practitioners were spending a significant portion of their day travelling between clients. When the UK went into lockdown in March 2020, the CHISVA service transitioned to supporting clients online, therefore this travelling ceased.

All of the CHISVAs interviewed noted that the reduction in travel has had a large impact on their work, with most practitioners reporting both positive and negative effects. Overall, the practitioners felt that they had more time in the working day because of the lack of travel, this has allowed many to catch up on administrative tasks and make resources for clients. One CHISVA noted that they were able to see more clients in a day.

Although there was much positive feedback regarding the reduced travel time, many CHISVAs also reported that this did have some negative impacts. Some considered that travelling offered the practitioners an opportunity to reflect on each session and plan the next steps for each client. In addition to this, CHISVAs felt that travelling gave them breaks in their working day, something that is difficult for them to incorporate whilst working from home.

#### Interacting with different agencies

The CHISVAs presented a mixed response when asked about how the lockdown has affected their interaction with different agencies. Some practitioners considered that their experience with other agencies had improved during the lockdown. Multiple CHISVAs noted that they felt multi-agency meetings were more well-attended; they anticipated that this was because the majority of practitioners were working from home and therefore factors such as travel time were reduced to a minimum. One practitioner considered that they had had more communication from other bodies during this time, they felt that this may have been due to the fact that children were not in school and therefore risk factors had increased.

Other practitioners responded differently, considering that the lockdown may have had a negative impact on the CHISVAs interactions with other agencies. One considered that the lack of face to face contact with the police was detrimental, they felt that ‘officers tend to be more responsive once you have met them’. One CHISVA felt that different agencies had adapted in different ways to fit with the pandemic, but the agencies don’t ‘fit with each other yet’. Furthermore, because schools have been largely closed since March 2020, the CHISVAs have not had contact with teachers.

Prior to the UK lockdown, the CHISVAs were due to receive access cards to specific police stations. This would have allowed them to use these police stations as a base, and interact more frequently with officers. The CHISVAs noted that they were disappointed that this development has had to be postponed due to the pandemic.

## **Clients experiences in accessing the CHISVA service**

### **Referrals**

Between March-July 2020 Imara received 102 new referrals into the CHISVA service. This is significantly less when compared to the same period in 2019, where Imara received 149 new referrals.

In addition to this, clients faced longer delays in accessing the CHISVA service than the same period in 2019. Between March-July 2020, the mean length of time between a referral and a clients first session was 18 working days. This presents a 50% increase in delay when compared to the same period in 2019, where clients waited 12 days between referral and their first session on average. Because the number of referrals did not increase during this period, the increased delay was not the result of over-demand for the service. Further research should be conducted to understand the reason for this delay and establish potential mitigating factors.

### **Length of Engagement**

In 2020, Imara witnessed an almost twofold increase in the length of client engagement. The length of engagement was measured by calculating the number of days between the client's first session and the date that support was terminated. On average, of the cases closed/completed in 2020 clients had engaged with the service for a total of 351 days. This is compared to an average of 195 days of engagement for cases closed/completed in 2019. The CHISVAs indicated several potential reasons for this increase, including COVID-19 related trial delays and practitioners wanting to wait until it is safe to close cases with a face-to-face session. The following will explore these reasons in-depth:

### **Trial Delays**

All of the CHISVAs interviewed commented on the pervasive nature of delays experienced by their clients when accessing the judicial system. Since March 2020, many clients have faced continual adjournments to their court dates, this has had a tremendous impact on how the practitioners support their clients. Many CHISVAs commented that clients are now 'stuck' within the service; practitioners want to continue providing support but they do not want to give clients information about court too early, with the knowledge that there is a likelihood that their court date may be delayed.

In addition to this, the court process has changed for many clients. Clients have been unable to undertake pre-trial visits due to the coronavirus restrictions, CHISVAs felt that this has had a negative impact on clients because they don't know what to expect during the trial. Furthermore, the technological problems that permeated the judicial system prior to the pandemic have been further exacerbated. One CHISVA noted that it is now even more difficult to secure the Section 28 special measure, because many locations are either closed, enforcing strict social distancing or require clients to use public transport to access them.

Despite courts re-opening, they were described as "daunting" for children as a result of the COVID-19 restrictions. Wearing masks and social distancing exacerbates the naturally intimidating nature of the

court process. CHISVAs also noted that social distancing guidelines meant that they could not support children and young people using traditional methods, such as playing games with them or making hot drinks. Additionally, practitioners felt that some clients were unable to give evidence in the way that they wanted to because of social distancing measures.

Overall, the CHISVAs have had to adapt the ways in which they support clients to take account of the continuing delays and changes within the judicial system. Continual adjournments will undoubtedly have an impact on how long clients remain within the judicial system, thus increasing the length of engagement that they have with Imara.

#### Clients put on hold

On average, the CHISVAs estimated that 20% of their clients had been put on hold since March 2020: an increase compared to usual. Imara practitioners suggested a multitude of reasons for this trend. Most commonly, CHISVAs noted that some clients simply wanted to receive a face to face service, as opposed to receiving support online. Many reported that some clients felt awkward about having conversations over the phone, whilst others simply wanted the 'human element' of a face-to-face session.

In addition to this, CHISVAs felt that a remote service was inappropriate for some clients. Some found it challenging to engage younger children online, with many noting the possibility of distractions within the home having an impact on the success of online sessions. Moreover, some had concerns about the safety and security of clients accessing the service within their own home.

#### Case Closures

The CHISVA service closed more cases during March-July 2020 than the same period in 2019. In 2020, the Imara practitioners closed 136 cases, compared to 87 closures in the previous year. The reasons for closure remained similar, however in 2020, there was a 12% increase in 'planned other' closures. This trend is to be expected, due to administrative changes made in June 2020. In addition to this, there was a 9% decrease in 'invalid/inappropriate' referrals.

#### **The effect of the COVID-19 pandemic and lockdown on clients**

The CHISVAs noted two schools of behaviour amongst clients during the lockdown period, some considered that children had experienced an increase in anxiety levels whilst others noted a decrease.

#### Increase in anxiety

Some CHISVAs considered that the children and young people that they were working with experienced an increase in anxiety levels during this period. They speculated that potential reasons for this might include being around family members for extended periods of time, particularly when their home lives were unstable. In addition to this, some considered that the lack of structure during lockdown affected children who preferred a routine, usually found when school is in place. Furthermore, during the lockdown there were fewer protective measures in place, such as hobbies and friends. Some CHISVAs considered that the combination of these factors led to children heavily focusing on issues that they would rather be distracted from. These findings are supported by national studies that considered the

impact of the lockdown on children, Oxford University's Co-SPACE lab (2020) has recorded increased behavioural, emotional, and attention difficulties in children aged between 4-10 years.

### Decrease in anxiety

A decrease in anxiety levels was understood by CHISVAs to be due to the lack of pressure coming from schools. Some noted that the lockdown was calming for some children, because of the absence of social expectations established by peers. Where families and the home environment are perceived by the young person to be supportive and loving, clients are reported to be progressing well. This suggestion corresponds with data from the National Institute for Health Research (2020) who found a decreased level of anxiety in children, with the new distance from school playing a role in keeping children away from drivers of poor mental health. This could be a cause for concern as children return to school. However, in the same study, there was no effect on the anxiety of vulnerable groups due to lockdown. This may explain the split in the results from CHISVAs.

## Conclusion

It is clear that Imara responded swiftly to the national crisis and developed innovative ways to deliver the CHISVA service, benefitting children and young people. Overall, the practitioners were able to provide a strong service, despite significant uncertainties in their work. This does not mean it was without its challenges, however the CHISVAs are aware of these and are constantly trying to improve the service for their clients. To remain open and continue service provisions with the determination of Imara's CHISVAs is admirable in a time of national crisis.

This report has highlighted changes in the CHISVA service, both in the immediate transition into lockdown and the longer term effects over summer 2020. The key takeaways included shifts in client wellbeing due to lockdown, both positively and negatively; a reduction in referrals and increased delays in accessing the CHISVA service; adaptation of the CHISVA service to a socially-distanced and virtual space; changes and significant delays to the legal process for child sexual abuse cases; and changes to the workload and travel requirements of CHISVAs.

These results should be taken within the context of the national situation in March - August 2020, in which the COVID-19 pandemic affected all organisations around the country. Multiple CHISVAs speculated about the future period moving into September, with schools re-opening and a second wave of COVID-19 cases on the horizon.

With these findings and results in mind, the following recommendations emerged:

- CHISVAs should be encouraged to schedule regular breaks to focus on processing their meetings with clients when they do not have scheduled travel-time.
- CHISVAs should develop a bank of resources and games that can be played without contact, during prolonged interactions with clients (for example whilst waiting for a court case to begin).

- Imara should conduct interviews with the CHISVAs after the re-opening of schools to evaluate the longer term effects of the COVID-19 lockdown, with particular focus on the wellbeing of children and the quantity and nature of referred cases.
- Imara should investigate the increase in time between referrals and the initial meeting between the child and the CHISVA service to establish potential causes and mitigating actions.
- Continue discussions with police stations with an aim to giving CHISVAs access cards.

## References

<https://www.ox.ac.uk/news/2020-06-16-children-show-increase-mental-health-difficulties-over-covid-19-lockdown>

<https://sphr.nih.ac.uk/wp-content/uploads/2020/08/Young-Peoples-Mental-Health-during-the-COVID-19-Pandemic-Report.pdf>

## Appendix A - Question Guide for CHISVA interviews

- How did you support families and children before the pandemic?
  - How do you support them now?
- What was the immediate transition like going into lockdown?
- How has COVID changed how you're handling clients?
- How have you had to adapt support giving styles to children?
- What are some of the biggest challenges around supporting clients through lockdown?
- Compared to the amount of clients you had in March, how many are you still supporting?
  - Can you give an exact figure/percentage of how many clients were put on hold since March?
- Have you noticed more clients being put on hold and why has this happened?
- Have you had to adapt the support you need to give in response to the delay in cases and trials?
- How has your workload been since the pandemic? Increase/decrease/same
- How has interacting with different bodies changed? (CPS, social workers, schools)
- What changes have you noticed in the children in this period?
  - Have they been progressing as well as normal?

## Appendix B - Data Analysis

### Reasons for Closure 2020

Planned Successful	45%
Planned Other	13%
Unplanned Other	9%
Unplanned Moved Away	4%
Unplanned Lack of Engagement	11%
Unable to Contact	1%
Declined Not Needed	4%
Declined Not Ready	7%
Declined Other	4%
Invalid/Inappropriate	1%

### Reasons for Closure 2019

Planned Successful	40%
Planned Other	1%
Unplanned Other	4%
Unplanned Moved Away	4%
Unplanned Lack of Engagement	8%
Unable to Contact	4%
Declined Not Needed	9%
Declined Not Ready	3%
Declined Other	12%
Invalid/Inappropriate	10%
Planned Referred On	2%
Declined Support - Other Service	2%

**Length of engagement (between start date and termination date)**

2020	351 days
2019	195 days

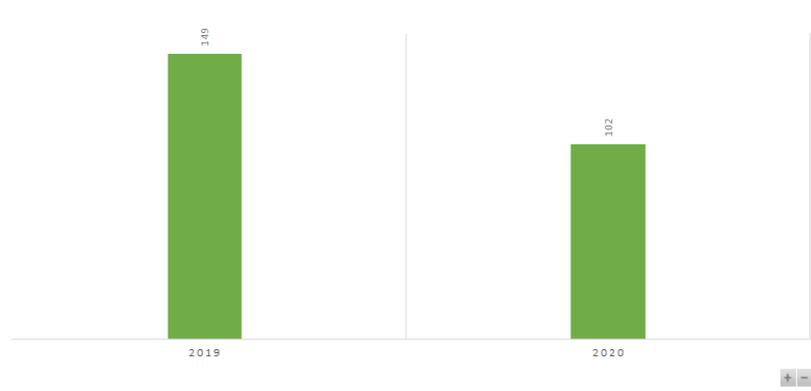
**CHISVAs - time between referral and initial meeting**

Mean time between referral and first session, since the start of lockdown until present day: 18 working days. (17 referrals in this period) (No outliers)

- Median = 16
- IQ range = 10

Mean time between referral and first session, in 2019: 12.1 working days. (40 referrals in this period) (excluded outliers 83, 63, 48, 46 days. Mean with outliers = 17 days)

- Median = 11 (Median with outliers, 13)
- IQ range = 12.75

**Total Referrals into Imara by year**


Count of First Referral Into Project

**TOTAL REFERRALS INTO IMARA BY WEEK OF THE YEAR**
