

Adult Counselling Service

Phase two evaluation report: year 1 2020-21



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RSVP adult counselling service evaluation 2020-24: year 1

Introduction

The Rape and Sexual Violence Project (RSVP) supports survivors of rape and sexual abuse across Birmingham and Solihull in the West Midlands. It provides a range of inclusive trauma-informed services to meet the needs of adults, children, and young survivors when in crisis and when dealing with the long-term impacts of sexual assault and abuse.

To support people who have been subjected to sexual violence and abuse to thrive and enjoy a future of hope and confidence.
We boldly stand with survivors and challenge victim blaming attitudes.

RSVP mission statement

Adult counselling is a key strand of RSVP's wellbeing services. The service was supported with a grant from The National Lottery's Reaching Communities fund for 4 years (2016-20) to increase its capacity and reduce waiting times for survivors to access counselling. Over the period, RSVP significantly increased the number and range of counselling sessions it was able to offer to survivors, particularly in extending delivery in outreach centres across Birmingham and Solihull which achieved much shorter waiting times. At the same time, demand for counselling has continued to grow and the environment for funding specialist sexual violence support is currently in a process of infrastructural change. RSVP successfully applied for a continuation grant from The National Lottery for an additional 4 years' funding (2020-24) to continue to bring down waiting times for counselling and further increase its capacity to meet demand.

RSVP has extended its external evaluation of the Reaching Communities-funded element of the adult counselling service, known as Phase 2. In this phase, the evaluation will focus each year on particular aspects in the development of the adult counselling service as identified with RSVP. There are 4 threads that will feed through from the Phase 1 evaluation:

- Changes in environmental context
- Reducing waiting times as a priority
- Development of outreach support
- Development of a blended approach to adult counselling delivery

Year 1 focus

This report focuses on the impact of the Covid-19 pandemic on the adult counselling service. It looks at how the service adapted in unprecedented circumstances and the impact of significant changes in delivery for survivors and staff members; the impact of national lockdown on new referrals into the service and what has been learnt from the pandemic to inform the service in the future.

RSVP has refreshed its Theory of Change in 2021* and has refined the overarching outcomes that it aims to achieve with survivors.

The adult counselling service will evidence impact on these outcomes:

- Increased wellbeing
- Increased confidence
- Supportive relationships
- Someone on your side

* See Appendix 1

Research methods

The research for this report provided an opportunity to gather reflections and feedback on how the Covid-19 pandemic affected the adult counselling service, to record the impact of this extraordinary period for users of the service, staff and volunteers and the learning gained from it. This report presents findings of the impact on accessibility of the service, the barriers encountered by survivors and RSVP as an organisation in delivering a service, and how these were mitigated and overcome. It captures learning that has taken place and will inform the onward development of the blended approach to delivery that was initiated in the Phase 1 project.

The context for the commissioning and funding of adult counselling services for survivors of sexual assault and abuse has been updated as this is a period of infrastructural change for funding of specialist services at national and regional level. The service monitoring data has been reviewed, evidencing the impact of the last 16 months on new referrals and waiting times.

The research methods used were:

- Discussions with senior management team and team leaders
- Desk review of contextual documents and project monitoring data
- Stakeholder interviews (x 2)
- Survivors online survey (14 responses)
- Survivor interview (x 1)
- Survivor online focus group (3 people)
- Counselling staff online survey (12 responses)
- Counselling staff interviews (x 3)

Context

Covid-19 pandemic

The most significant contextual factor in the first year of the phase 2 project is the Covid-19 pandemic that forced the closure of RSVP's operational centre and its outreach services for face-to-face counselling services for periods of time over the past 16 months. There have been 3 national lockdowns in England since March 2020 and this has required specialist service providers like RSVP to rapidly restructure how they deliver services, including adult counselling, so that they could continue to support survivors remotely when in-person support was not possible. RSVP's response to this constantly changing situation is described later in the report (see pp.7-13)

The pandemic has had an impact on referrals into RSVP; there was a drop in reporting of sexual assault and abuse (SAA) incidents to the Police during the first lockdown and therefore a decrease in referrals to RSVP, and referrals from health service providers decreased as health resources were focused on responding to the Covid-19 crisis. One stakeholder interviewed for this report advised that levels of reporting returned to usual levels by September 2020, when there was a large increase in reports of domestic abuse including some SAA elements. The drop in referrals meant that waiting times for counselling at RSVP did not increase as much as would have been expected if they had been at usual levels. A staff member estimated that the waiting time could have risen to almost 2 years if that had been the case. However, the stakeholder reported a consensus across partners in the sector that a surge in referrals is likely post-Covid as people are able to report and seek support and RSVP reports a subsequent increase in referrals to its Independent Sexual Violence Advocate service and its adult crisis counselling service (funded by the Sexual Assault Referral Centre - SARC).

Waiting times for counselling at RSVP increased during the pandemic as the centre and outreach sites were closed and counselling capacity was reduced. The number of counselling appointments was lower because counsellors were providing wellbeing calls to clients during the first lockdown and volunteer counsellors, students completing their counselling training, were not able to provide services from home due to the requirements of their course providers. Consequently, the loss of volunteer counsellors for the rest of the year has had an ongoing impact on counsellor capacity.

RSVP was able to apply for and receive additional Covid-19 related contingency funding during the pandemic to support adapting to remote working and workplace safety (see p.12), most of which had stringent conditions attached, limiting what it could be used for and with very tight timeframes in which to be spent.

There have been a number of studies to capture learning from Covid-19 and there are 2 of relevance to RSVP's experience of the pandemic. The paper 'Sexual violence and Covid-19: all silent on the home front'¹ by researchers at the University of Birmingham describes how sexual violence was missing from reports in the media about increases in violence during the first lockdown, hidden behind justifiable concerns about the rise in

¹ University of Birmingham: Sexual violence and covid-19: all silent on the home front 2020
<https://www.thesurvivorstrust.org/Handlers/Download.ashx?IDMF=ae2c7834-cd83-4317-807b-05c3df5a3ec6>

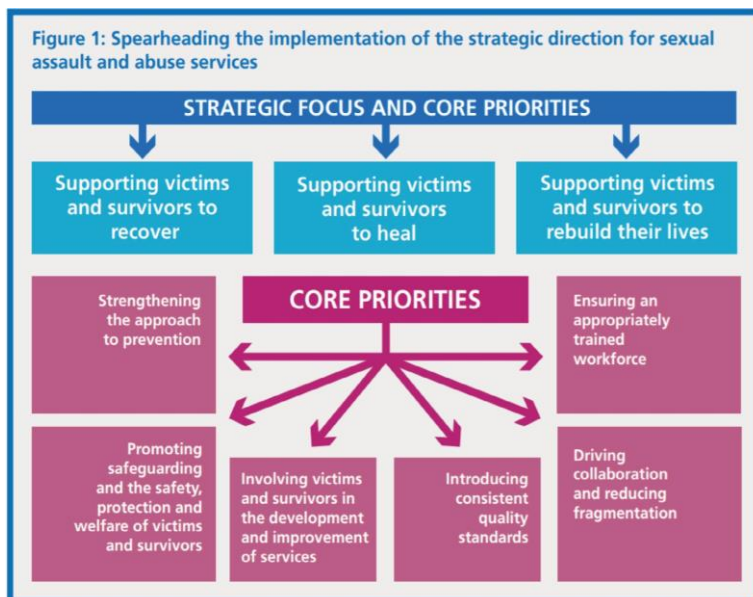
domestic abuse when people were required to remain at home with perpetrators. They argue this meant opportunities to signpost people subjected to sexual violence and abuse to support services were missed. The paper also considered the potential impact for voluntary sector staff in delivering sexual violence support services from their homes. The issue of staff wellbeing while working from home was a high priority for RSVP.

The second position paper² by Imkaan highlights the intersectionality of the inequalities experienced by people of colour and the increased risk of violence during the Covid-19 pandemic. The paper raises important questions about making sexual violence visible in the public narrative and particularly the experience of Black and minoritised women and girls. It describes the responses of organisations to Covid-19 which mirrors the measures taken by RSVP and raises the issue of digital inequality in accessing services when in-person options are not available, highlighting the importance of equality impact assessments and effective data collection to evidence how services are meeting the needs of people from all communities.

National and local policy

The NHS England Strategic Direction for Sexual Assault and Abuse Services (SAAS)³ provides a national strategic focus and core priorities for commissioners and service providers (Fig. 1). Since the Phase 1 project, a West Midlands Sexual Assault and Abuse Strategy has been produced which is aligned to the national strategic direction⁴.

Figure 1



² Imkaan: [The impact of the dual pandemics: Violence against women and girls and Covid-19 on Black and minoritised women & girls](#) 2020

³ Strategic Direction for Sexual Assault and Abuse Services – Lifelong care for victims and survivors: 2018 – 2023

<https://www.england.nhs.uk/wp-content/uploads/2018/04/strategic-direction-sexual-assault-and-abuse-services.pdf>

⁴ West Midlands Sexual Assault and Abuse Strategy 2020-23 <https://www.westmidlands-pcc.gov.uk/wp-content/uploads/2021/01/WM-SAAS-2020-2023.pdf?x39505>

In addition to the national core priorities, it identifies 5 additional regional priorities including 2 that are relevant to RSVP's services:

- Breaking down barriers to support for victims of sexual assault and abuse
- Longer-term solutions & securing provision for specialised services offering support

All regional partner agencies, local authorities and health commissioners, have endorsed the West Midlands strategy and a regional action plan has been produced. There has been a name change for the RASSO (Rape and Serious Sexual Offences) Board to the Sexual Assault and Abuse Board, recognising that all incidents are serious, and they are reviewing the regional 2016 Rape and Sexual Violence Strategic Governance Group Standards⁵ to create a new charter of commitments setting out what the regional strategy means in practice, what survivors can expect and what agencies will do.

The next step is for local action plans to be produced for each metropolitan area in the region. Solihull is moving ahead with its plan, but Birmingham is further behind than other areas. Progress on local action plans has been hampered by Covid-19 and the publication of the Domestic Abuse Bill which includes statutory duties for local authorities to implement for survivors of domestic abuse. The regional SAAS Co-ordinator is supporting local authorities and partnerships to develop their SAA plans, but the implementation of the Domestic Abuse Bill requirements is taking precedence.

In Birmingham, the lead for SAA also leads on domestic abuse and this has taken priority. The lack of dedicated local leadership for SAA services is indicated in the absence of any mention of sexual violence and abuse in recent local documents, the green paper supporting the Birmingham Public Health Strategy 2019-23⁶ and the Birmingham Community Safety Partnership's annual report 2019-20⁷. It is difficult for providers like RSVP to lobby for a focus on a local SAA action plan as they can be perceived to have a vested interest.

Funding and commissioning of SAA services

An aim of the national strategic direction document is to encourage more commissioners, health and other partners, to take responsibility at local and regional levels for funding specialist SAA services, for regions not to be dependent on NHS England to fund specialist services.

The West Midlands SAA Board has set up a commissioning sub-group to support the "driving collaboration and reducing fragmentation" national priority and to help identify gaps in services, strengthen pathways for survivors and ensure lifelong care and support for survivors in the region. The sub-group will bring together multi-agency commissioning partners i.e., NHS England, NHS Clinical Commissioning Groups (CCGs), local authorities, and the Police and Crime Commissioner (PCC), alongside national

⁵ 2016 Rape and Sexual Violence Strategic Governance Group Standards

<https://www.yumpu.com/en/document/view/55964246/rape-and-sexual-violence-strategic-governance-group-standards>

⁶ Birmingham Public Health Green Paper https://www.birminghambeheard.org.uk/people-1/birmingham-public-health-green-paper/supporting_documents/Birmingham%20Public%20Health%20Green%20Paper%20.pdf

⁷ [Birmingham Community Safety Partnership Annual Report 2019-20](#)

funding from the Ministry of Justice and Home Office, to look at service provision for sexual assault and abuse services within the West Midlands. It is hoped the sub-group will build relationships, enable commissioners to better understand the importance of SAA beyond domestic abuse and consider longer commissioning contracts to make services more sustainable.

There has been reluctance in the past for CCGs to fund specialist SAA services however they provided some contingency funding during the pandemic which sets a precedent and local relationships in Birmingham and Solihull have been built. However, there are major infrastructural changes happening in the NHS with the implementation of its Long-Term Plan and a move to closer working between health, social care, other public services and the voluntary sector known as Integrated Care Systems (ICSs). CCGs are to be abolished by April 2022 and their commissioning responsibilities will move to ICSs. There is a risk that SAA services could be de-prioritised within these changes however in July 2021 the new Head of the NHS confirmed the intention to negotiate potential delegation of SAA services commissioning to regional Integrated Care Boards by April 2023.

A current research study by the University of Birmingham (PROSPER) is gathering evidence on the role, funding and commissioning of specialist sexual violence services provided by the voluntary sector in England. A recent paper from the study⁸ explores the unique features of specialist voluntary sector sexual violence (SVSSV) services and the funding and commissioning landscape in which they operate. It notes the benefits and potential risks of the kind of joint commissioning proposed in the strategic direction and the researchers have been invited to the West Midlands commissioning sub-group to present the point of view of survivors and voluntary sector service providers who are contributing to their research into its deliberations.

⁸ <https://www.birmingham.ac.uk/documents/college-mds/applied-health/research/prosper-study/prosper-short-report-pdf.pdf>

RSVP response to Covid-19

Before Covid-19, most adult counselling at RSVP was delivered face-to-face with clients, telephone counselling was available as a separate service delivered by two or three specific counsellors, the equivalent of one full-time role across a week.

When England went into the first lockdown (March 2020), the senior leadership team (SLT) had to act quickly to put a package of support in place for clients as the centre and outreach locations closed and there was no existing contingency plan for this unprecedented situation. It was impossible to know how long the crisis would last and contingency measures would need to be in place.

SLT knew it was important to offer something to people who were in the middle of counselling and to reassure survivors that RSVP would continue to offer support, even though face-to-face services were not possible. A plan was formed to keep services going and this included:

- Guidance and processes to enable staff to work from home
- A rapid transition from a paper-based records system to safe digital storage and remote access
- Purchase and distribution of laptops, phones and other equipment to support staff to work from home
- Applying for emergency funding to cover additional costs of the adaptation of services and creation of a Covid-19-safe workplace, anticipating that the initial lockdown would be for a few weeks only
- New communication processes to manage services in an uncertain environment and keep staff, volunteers and clients up-to-date with responses and developments as the pandemic unfolded

In the event, the SLT and staff team were able to offer counselling clients alternative support within a week to 10 days:

- An initial call to advise existing clients that counselling would be moving to a telephone service for the foreseeable future, with calls offered at the same time as their face-to-face counselling appointments
- Clients could choose to try telephone counselling or to put counselling on hold until face-to-face was resumed
- Clients choosing to put counselling on hold were offered regular wellbeing calls from their counsellor to maintain contact and rapport
- Clients were also signposted to self-help resources on the website
- Wellbeing calls were made to everyone waiting for counselling, where there was no answer, they were sent a wellbeing check-in email

Move to telephone and online counselling

In the first instance, a lot of people turned down the telephone counselling option and chose to put their counselling on hold. There are several possible reasons for this which are noted in the client section (see p.15). Wellbeing calls were provided between March and July 2020. They did not count as counselling sessions but did have an impact on counsellor capacity, as each one took an hour of counsellor time, and this inevitably had a detrimental impact on the waiting times for counselling.

In July 2020, as the pandemic continued and it was not deemed safe to return to face-to-face services for adults, it was decided to stop wellbeing calls and offer people telephone counselling again. There was a greater take-up this time as people were more open to telephone counselling after receiving the wellbeing calls. People who still did not want, or could not, continue their counselling on the telephone were put to the top of the waiting list for face-to-face appointments when they might resume. They were also offered access to other RSVP services being offered online such as the Taste of Recovery and Mindbody programmes, social groups, self-help resources and later webchat, when this new service began.

People on the waiting list for counselling were offered telephone counselling as appointments became available and those who chose not to proceed with telephone counselling were also kept on the priority waiting list until face-to-face became available. This did however create a backlog and increased waiting times for other people.

People who chose telephone counselling were sent relevant paperwork and information about how it would work in advance of their first session.

It had been an ambition for some time at RSVP to introduce online video counselling and the pandemic created the impetus for this to happen. The SLT decided not to rush into online provision as they wanted to make sure it would be safe and secure for clients and that staff were given appropriate training and guidance. Research was undertaken to identify a suitable online platform with strong security safeguards to host the counselling and full checks were made to ensure compliance with the requirements of GDPR (data protection) legislation. After fundraising to cover costs, the chosen platform, Whereby, which is the platform used by Rape Crisis England & Wales, was set up to integrate with RSVP's online data management system so that records could be stored in one place.

Other organisations offered online counselling more quickly than RSVP, which frustrated some staff and clients, but the robust approach means RSVP can offer the service with confidence knowing it is safe and trauma-informed for clients. Research and fundraising helps to explain the delay and also, when the service was piloted, a few technical issues were highlighted linked to server capacity, which took time to iron out.

Support to staff with move to telephone and online service

RSVP was developing a blended approach to counselling before the pandemic and most counsellors had received some training on telephone counselling. When the centres

“The systems that were put into place at the start of the pandemic to enable us to continue supporting our clients was done very swiftly. Managers were always available to answer queries. I have continued to support our clients throughout the pandemic”
Counsellor

closed, anyone who had not received the training was given one-to-one support to work out how they could adapt their practice to telephone counselling. Staff were also given access to the British Association for Counselling and Psychotherapy (BACP) competencies checklist for telephone counselling and several report completing it. Some volunteer student counsellors were not able to offer telephone counselling from home as it contravened the conditions of their course placements and this reduced the capacity of the team to offer appointments during the pandemic.

Team leaders report that the majority of staff responded positively to the challenge of moving to telephone counselling so that clients could continue to receive a service, despite initial concerns that it would be less beneficial than face-to-face. Counsellors report that they have come to see telephone counselling as a useful option for clients, opening up access to a service for people with transport or childcare barriers who might find it difficult to attend face-to-face appointments and better meeting the preferences of some clients (see learning section p.20).

Training for online counselling was commissioned for all counsellors and staff across the organisation from an external provider, offering an in-depth 2-day course that challenged perceptions, took a client-experience perspective and included personal reflection and a verification of the learning process. A counselling team leader guides staff through the process of accessing and using the platform and completing records online when they start to deliver.

Interviews with staff suggest that having delivered telephone counselling, many are now more open to trying online counselling and are interested to see how it works. Feedback from clients, particularly younger people (under 30s), indicates many may welcome online counselling as an option. Being able to see the counsellor, *“knowing you have their full attention”*, and having the option to turn off their own cameras appeals to some, while not having to travel appeals to others.

Blended approach

Covid-19 accelerated the move to a blended approach to adult counselling. Counsellors have developed their skills for telephone counselling and all have been trained for online counselling which is now available to all, although take up is relatively low so far. As the pandemic is receding, face-to-face counselling has resumed and now when a client refers in to the service they are given the choice of face-to-face, telephone or online counselling. People accessing face-to-face provision can ask to have a telephone session instead if they cannot make an in-person appointment. This means they do not lose a counselling session from their allocation.

Staff reported that some people who were receiving telephone counselling due to restrictions chose to continue with phone sessions rather than move to face-to-face, for example to avoid transport issues. Feedback from counsellors about the blended approach was positive, the mix of telephone, online and face-to-face support is something they would like to keep post-Covid-19.

“[Telephone counselling] is not a second-class option as was my initial prejudice”

Counsellor

Move to online record-keeping system

When the first Covid-19 lockdown happened and counsellors moved to working from home, most record-keeping at RSVP was paper-based. The risk of counsellors keeping secure paper records at home was quickly realised and a huge effort was put into scanning paper records and uploading them to a secure online system before the main office closed. New record-keeping processes were designed and staff were briefed and guided through transferring to inputting records on the online system and team leaders have provided ongoing support.

It has been a significant change for counsellors to implement the new system at the same time as learning to deliver telephone counselling whilst working from home. There was a degree of trial and error in the beginning, and it took time for people to adjust. The rapid transition placed strain on RSVP's IT infrastructure, slowing it down, which some people found frustrating. Others would have welcomed having someone to walk them through it in person, which was not possible, but most people who took part in the research said that they have adapted to it now.

Staff wellbeing and working from home

When it was clear that RSVP's premises would have to close, the senior leadership team had conversations with counsellors to listen to concerns about moving to working from home and how they would cope with continuing to deliver counselling during the pandemic. While some already had experience of working from home, for many it was a new experience.

There was a focus on staff wellbeing from the start, recognising that people were not just dealing with work issues and the needs of clients but also with home schooling, childcare, not seeing family, personal responses to the pandemic and other issues. A questionnaire was sent out asking about secure space to work confidentially, equipment needs and other support needs. Staff were conscious of the need not to leave their laptop on and that files were not left open.

Counsellors were given a little time to set up their workspaces at home and were not given a full list of appointments straight away. Initially, people used their own phones and laptops, with appropriate security measures, until RSVP was able to access contingency funding to supply equipment and phone contracts centrally.

The feedback from counsellors about working from home was generally positive. People described regular check-ins with team leaders and information being communicated on a shared online workspace. There was a shared noticeboard online where people could see who was in or not in if they wanted a chat or some support. It took a little time to get everyone set up and communication was fragmented at first but the system developed and improved over time. A few people missed the in-person contact with colleagues and felt a bit isolated at home, not seeing anyone from day-to-day, and would have liked more team meetings to keep in contact.

"It was a bit of a minefield as I'm not very technical. I found the management system really difficult, but the receptionist helped me"

"Straight into working at home and telephone counselling, it was a step into the dark"
Counsellor

"The management team sent regular updates, so I felt informed and connected to my workplace throughout the last 15 months"
Counsellor

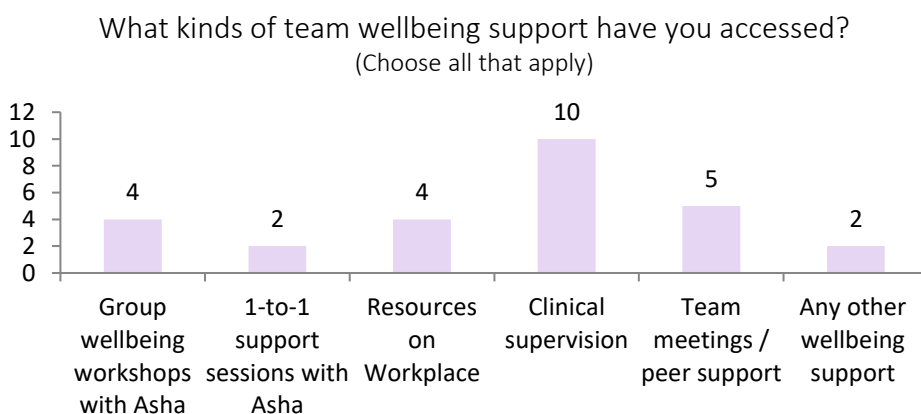
Counsellors described benefits of working from home including:

- Increased productivity, especially for staff that do not work with clients face-to-face
- No travelling improved the quality of spare time and money saved
- Flexibility
- Health improvements, reduces stress of working in the office

Several people said that the option to work from home was something they would like to keep post-Covid-19. One person commented that travelling to and from work helps them get into a professional headspace and to decompress coming home; they had to work harder to do that when working from home.

There were discussions about self-care and establishing boundaries between work and home, and about finding a balance that works for each person. There was also the issue of bringing the subject matter of RSVP's work into people's homes, a concern which resonated with research from the University of Birmingham⁹. RSVP provided a series of support activities for staff during the pandemic including clinical supervision, team meetings, self-care resources on the shared workspace and workshops and one-to-one support with an external facilitator and therapist. Chart 1 shows the uptake of activities by staff survey respondents.

Chart 1



No. respondents = 12

In addition, a client described a two-day online workshop on self-care that was organised by RSVP's community fundraiser and attended by staff, volunteers and survivors. It promoted the idea that 'self-care isn't selfish' and offered short sessions on yoga, floristry, mindfulness, creative writing, visualisation, nutritional advice and healthy life & mind. The client said:

"I felt so refreshed, it got so emotional, it was brilliant – there should be more of these."

"Working from home has allowed me to keep safe and spend time with my daughter during the pandemic"

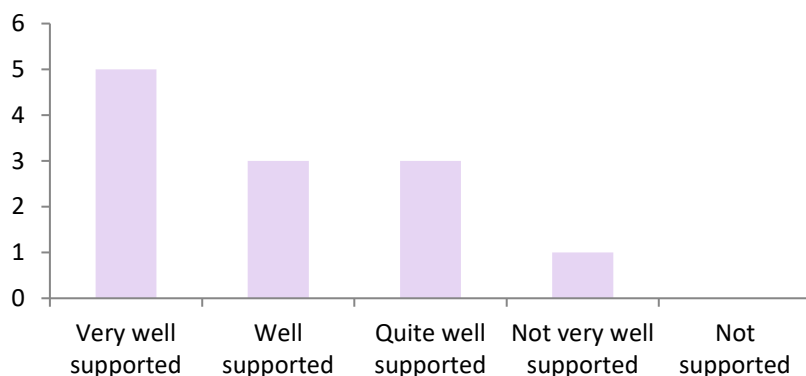
Counsellor

⁹ University of Birmingham: Sexual violence and covid-19: all silent on the home front 2020 pp. 3-7
<https://www.thesurvivorstrust.org/Handlers/Download.ashx?IDMF=ae2c7834-cd83-4317-807b-05c3df5a3ec6>

Staff survey respondents were asked how well supported they felt during the pandemic and feedback was overall positive.

Chart 2

How well do you feel you have been supported by RSVP over the past 15 months? (June 2021)



No. respondents = 12

Covid-19 crisis fundraising

The Covid-19 pandemic created unprecedented problems for specialist organisations like RSVP trying to continue providing services to vulnerable people under a national lockdown. Some government crisis funding was ringfenced to support domestic violence and sexual violence support services during the period. RSVP was in a good position to access crisis funding as it was already in receipt of funding from the Ministry of Justice and the West Midlands Police & Crime Commissioner.

There was a very tight turnaround time to apply for crisis funding and organisations had to be precise about how would use funding quite early into the pandemic, when it was difficult to know what was needed. At that time, RSVP requested a sizable amount for personal protective equipment (PPE) as it was considered to be essential. However, in the event it they did not need so much and were able to re-allocate costs. They also applied to cover costs for equipment (laptops/monitors/software) to support staff working from home and the structural costs of moving from a paper-based system to an online data management system.

Initially, organisations were told they had to spend crisis funding by October 2020 (c. 3 month window) but eventually this was extended to March 2021.

Additional contingency funding was successfully received from Birmingham City Council, Children in Need and charitable trusts. No funding was available from Solihull MBC, RSVP self-funds its services in the borough.

The additional Covid-19 funding was used for administrative costs, screens, cleaning materials, wipe down furniture and to set up a new webchat service plus training to transition to webchat and online counselling services. Some funding was used for a short-term increase to counselling capacity, to offer more appointments per week, and to recruit a receptionist.

RSVP's community fundraiser was agile in pivoting her role during the pandemic, she

changed from organising fundraising events to eliciting individual donations online and setting up online fundraisers. A senior leader noted that during the time of crisis RSVP's annual income was higher than expected but that the new costs for returning to office-based work in a Covid-secure way would be an ongoing and significant addition to the organisation's recurring core costs.

Impact of service changes for survivors

This section draws on feedback from clients and observations from counsellors. The consensus is that overall clients have responded with great understanding to the necessary changes to services and with patience as staff learnt and adapted to new ways of working.

Wellbeing calls

There was limited feedback from clients on wellbeing calls, anecdotal evidence from counsellors was that, in general, people liked them and found them helpful. Sometimes when people received a call at the usual time of their counselling session they were surprised and did not quite understand the purpose of the call.

Telephone counselling

There was a mixed range of feedback from clients on accessing telephone counselling. Overall, feedback from clients and counsellors was positive:

- Most people were prepared to give it a go as it was the only way to keep receiving their counselling, some who were a bit scared found it worked well. *"It's not as bad as I thought it was going to be."*
- Counsellors reported that the majority of clients seemed to find telephone sessions as beneficial as face-to-face. Some people said that it is easier talking over the telephone as there is more anonymity.
- Counsellors reported that clients who would have experienced face-to-face have stated that they have found the telephone therapy beneficial and surprisingly effective.
- Some clients preferred the telephone sessions because they felt safer from the risk of Covid-19.

5/14 client survey respondents accessed telephone counselling during Covid. Their responses were generally positive or neutral about telephone counselling. Most people who had accessed it agreed there was no difference between telephone counselling and face-to-face and disagreed that there was a less personal connection with the counsellor on the phone. Most people strongly agreed they would be happy to have a blend of telephone and face-to-face counselling.

One focus group client struggled with sessions being on the telephone, *"it was really hard to talk about the rapist and let that into your home, you've brought that person in."* They missed eye contact with the counsellor and found it hard to fully open up and get

"Being a survivor makes you stronger, to face the pandemic, you're already a survivor".

Client

"A few clients were adamant they wanted face-to-face but they have shown trust in RSVP and given phone counselling a chance."

Counsellor

what they needed from it and felt they were switching off from counselling. *“If I was to do it now, I wouldn’t accept a telephone call, I would put it on hold, not carry on. (...) if I’d been offered video counselling I would have grabbed it with both hands.”*

Another focus group participant received all their support on the telephone and much preferred it to face-to-face which they had before. They found it took the anxiety out of coming into the office and travelling. They found they could open up more on the phone where they could not see the counsellor, it felt safer and they felt it therefore benefitted them more.

Online counselling

There was limited feedback from clients about online counselling, 3/14 people who completed the online survey had accessed online counselling during Covid-19. One client preferred online counselling to face-to-face, one would be happy to have a blend of online and face-to-face.

One focus group client had received all of her support online and reported that it had taken a lot of her anxieties away. *“On [platform] you can switch off your camera and mute (...) it took all my travelling anxiety away.”*

Carry on waiting

Clients who chose not to access telephone counselling were asked why they had chosen to wait for face-to-face counselling.

- 2 felt too distressed or overwhelmed during lockdown to engage in counselling
- 2 had no privacy at home for telephone counselling or found it difficult to find time for a counselling call with others in the house
- 2 preferred to see a counsellor in person
- 1 attended online social groups while waiting and found them very beneficial

Before Covid the counselling I had was excellent and I am relieved to be reassured by RSVP that I can hopefully return to the same counsellor when I feel ready. (...)To have been in WhatsApp contact with other survivors I have met at RSVP has made a terrific difference (...). I feel the strength of support shown to me at RSVP and their revelation that I matter somewhere in life has enabled me to withstand the shocks of this pandemic more than some of the people around me, which has again encouraged me to get through this. Thank you so much for being there RSVP.

Client

Webchat

There was limited feedback about the webchat service, one person chatted with an ISVA for support and was grateful as it gave them some perspective on where they were at and their options. *“Online chat takes a bit of time – backwards & forwards, waiting for the person to respond, talking about in-depth stuff is more difficult, would be better on the phone – I found that (phone) more useful.”*

Blended approach

When asked about the blended approach, clients were generally in favour. One thought it might help to reduce waiting times and another said *“if people want different things, offer it”*. The only concern expressed was that the blended approach might mean that *“the chance to meet your counsellor face-to-face is being chipped away”*.

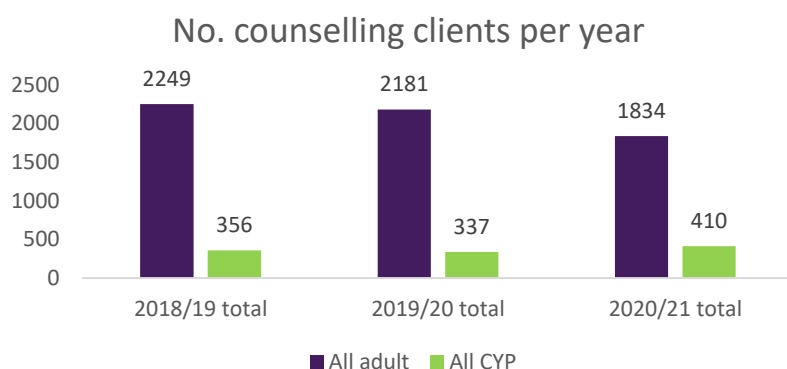
Suggestions from clients

- Provide more online self-care workshops for clients, staff and volunteers
- Text before wellbeing calls to check it is a convenient time
- One thing RSVP could do is give people a little care checklist for after counselling, suggestions to do something nice, top tips for after a session – *“sessions can be triggering, especially if in your home, negativity within your own walls.”*
- Send out a tea bag so counsellor and client could sit down and have a cup of tea together – a little something to say we are still here and care for you (realises there is a cost)
- Send an email with a photo / profile of who you will be speaking to so clients can put a face to the name; include fun facts about them as one way of creating empathy. *“Think about lives of clients, people used to social media, create profiles to meet the team, tik tok videos, so counsellors seem human, not just a voice on the end of the phone.”*

Impact of Covid-19 on service activity

Adult counselling capacity

Chart 3



The totals for all adult counselling includes face-to-face counselling at the city centre and outreach sites; crisis counselling; telephone counselling (before April 2020) and counselling for refugees and asylum seekers.

From April 2020 until May 2021, all adult counselling was delivered by telephone and some people began to receive counselling via an online video platform. Counselling delivery was suspended for a couple of weeks while counsellors moved to the

telephone system and working from home. Counsellor capacity was reduced for several reasons: student counsellors, who make a significant contribution as volunteers at RSVP, were not permitted to provide telephone counselling from home and disengaged from the service; some people chose not to receive their counselling by phone initially and counsellor time was used to provide wellbeing check-in calls for clients, reducing their capacity to provide counselling; counsellors had to adjust to providing a service from home while also dealing the other impacts of the pandemic, such as home schooling and childcare.

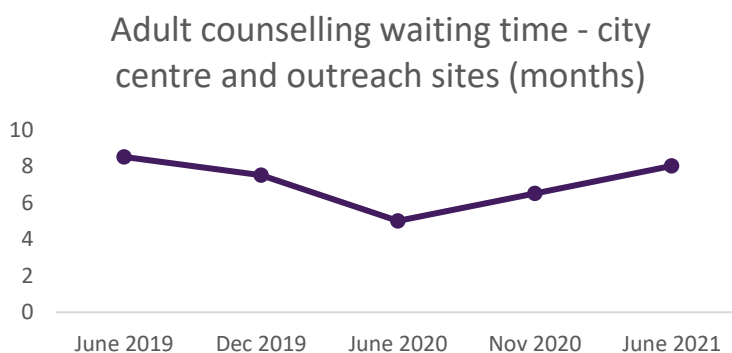
There has been an increase in counselling services for children and young people (CYP) over the last couple of years which has reduced capacity for adult counselling at the city centre location. However, the number of outreach appointments has doubled since 2018/19 and would have been higher still if all outreach sites had been able to re-open. 4 out of 6 premises are not suitable for social distancing and remain closed. In addition, crisis counselling for adults has doubled in each of the last 2 years, from 52 in 2018/19 to 159 in 2020/21.

Overall, RSVP has been able to maintain its adult counselling offer during the pandemic and also provide additional wellbeing check-ins for everyone who put their counselling on hold during this period.

Waiting times

The pandemic has had a negative impact on waiting times for adult counselling, undoing much of the progress that had been achieved in the preceding 2 years to reduce them. There was a waiting time of 12 months for adult counselling at the city centre location as of June 2021, an increase of at least 2 months from the position before March 2020. Waiting times are much lower at the 2 outreach sites that have been able to re-open (1-3.5 months) but are inevitably rising for face-to-face counselling at the outreach sites that remain closed. Although telephone and video counselling is available to all clients, some people are choosing to continue waiting now that face-to-face appointments have resumed until they can access counselling in person. One unexpected outcome of the move to telephone counselling is that there have been fewer missed appointments, and this has had a small, beneficial impact on waiting times.

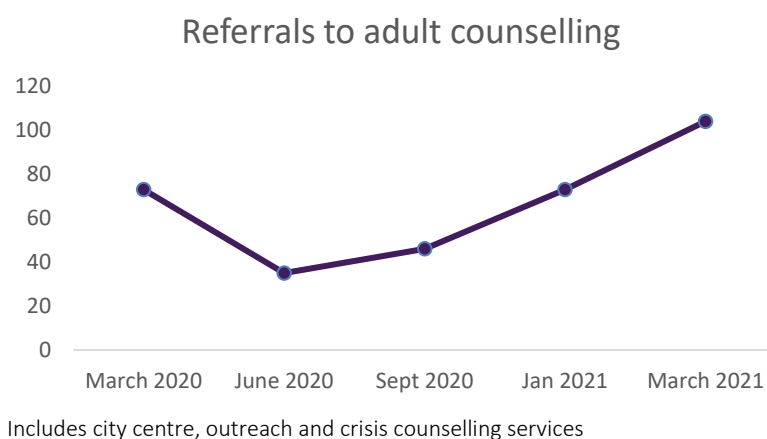
Chart 4



Referrals

A key factor in the drop in waiting time in June 2020 was that referrals to adult counselling from other agencies into RSVP dropped significantly when the country went into lockdown. If referrals had continued at the established pre-Covid 19 rate then the waiting times would be much higher than they are now. All stakeholders interviewed for this report anticipated a large increase in delayed referrals as the pandemic recedes.

Chart 5



Impact on wellbeing outcomes

Adult counselling clients map their journey with RSVP with a wellbeing form that they use with their counsellors to reflect on how they are feeling at key points in the service – assessment, session 1, session 8 and session 15 (if applicable). Once an intervention is completed, the assessment and final scorings are compared to determine changes for clients over time. This process recognises that changes in how people feel about themselves and others is not linear and, for some people dealing with trauma, maintaining an equilibrium is a positive indicator of change.

Generally, reviews of the changes in wellbeing outcomes show similar patterns, however responses for people who completed counselling during the pandemic show the impact the unusual circumstances had on how they were feeling (See Appendix 3).

Figures for June 2020 show that, compared to previous averages, people reported reduced levels of being able to cope, feeling listened to, feeling safe, having improved relationships and ability to trust. It could be that these responses reflect the impact of lockdown restrictions and social isolation caused by the pandemic.

Figures for November 2020 show higher levels of increased confidence, ability to make decisions and increased sociability than pre-pandemic averages. Levels for being listened to and ability to trust had returned to average parameters. These could be indicators of the impact of reduced Covid restrictions and being able to see family and friends in person again. These could be indicators of the impact of reduced Covid restrictions and being able to see family and friends in person again. Only the level for feeling safety continued to decline.

Reflections on Covid-19

What has worked well

Leaders and counsellors at RSVP reflected on the Covid-19 pandemic period March 2020 – June 2021 as part of the research and identified what they thought had worked well in relation to adult counselling and overall.

Organisational spirit

Senior leaders recognised that at a time of huge disruption and change the team pulled together and were flexible and caring of each other, they wanted to ensure continuity for clients as quickly as possible. The rapid introduction and implementation of working from home and telephone counselling demonstrates the positive team spirit.

The wellbeing of staff was top of the senior leadership team's agenda when they had to move quickly to make decisions in a changing environment. Early morning SLT meetings meant they could respond promptly to new guidance and weekly meetings have strengthened them as a team. Staff commented that the approach taken initially to take things a little easier as people got used to working from home, giving more time between appointments, felt really supportive from RSVP.

Development of blended approach

Senior and team leaders agree that an unexpected outcome of the pandemic has been the embedding of the blended approach to delivering adult counselling that was gradually being introduced previously. All counsellors have developed their telephone counselling skills and been trained for online video counselling. This means clients can be offered more choice of counselling sessions to fit with their preferences, on a week-to-week basis if needed. Feedback shows some people would prefer telephone or online counselling over face-to-face. Also, fewer appointments are likely to be missed if people cannot make a face-to-face session and counsellors can operate at full capacity by offering telephone or video counselling instead, maintaining consistency of the therapeutic intervention. This will have a positive impact on waiting times as appointments will not need to be re-scheduled, and clients are less likely to lose allocated sessions for non-attendance.

Most people agree that telephone counselling has worked much better for clients and for counsellors than they expected. Counsellors feel proud of the way they have adapted to a new way of working and the feedback from clients is that they have found it beneficial. The wellbeing calls also played an important part in the first lockdown in reassuring and supporting clients.

“Moving things online and telephone based in the time that we had was fantastic – absolutely brilliant”
RSVP leader

“Blended offer really supports our values and our trauma-informed approach”
RSVP leader

Changes RSVP would like to keep

There is consensus from leaders and counsellors on keeping the blended approach to counselling and the following elements that have been developed during Covid-19:

Working from home

- Some staff want to continue working from home, others would like to do so part of the week. Flexible working patterns would ease current pressures on space in the centre office and be beneficial to staff whose quality of life and productivity has improved while working from home. It could increase capacity to offer more appointments if some people are working from home
- It creates an opportunity to review the overall location of RSVP services and consider other models such as more local bases closer to communities, so people get support closer to home

Online record-keeping system

- The hard work has been done to introduce and embed electronic record-keeping and diary management and move away from the paper-based system
- There is more to do to improve the system, but everyone is committed to this approach now

Regular team meetings

- Weekly SLT meetings have been effective and improved decision-making, leaders have adapted quickly, actioned decisions and implemented change in response to changing circumstances
- Maintain regular team meetings and email updates for staff and regular bulletins on the shared workspace to keep people up-to-date with ongoing developments, this has become much better used during the pandemic

Online counselling has not been operational long enough to assess how successful it is and will be monitored over the next year.

The webchat service was reviewed as the pandemic receded. It offers immediate support online to anyone who needs it, the software is low cost and client feedback has been good. It has now been integrated with the helpline and run by volunteers trained to deliver webchat.

What could have been better

Overall, staff were very positive about how the difficult situation of the past 15 months has been handled. Some staff have missed being physically in the same space with colleagues and clients. Some have felt isolated working from home and distanced from the organisation. One person reported feeling overwhelmed at times with juggling home schooling, care responsibilities and a full diary of client appointments and not feeling able to take a break. Some people found the transition to the online record-keeping system difficult and would have liked more support.

"I feel extremely proud of myself for getting through a very challenging year."

Counsellor

Key learning points

RSVP leaders and counsellors have identified the following key learning points:

RSVP is an adaptable and responsive organisation

RSVP can adapt and make changes more quickly and better than in the past, people have pulled together and got things done. The pandemic gave RSVP the push it needed to extend telephone counselling and introduce online counselling that it had talked about for some time but had lacked the funding to make a priority. RSVP learnt from the first lockdown and responded to subsequent lockdowns more efficiently. It now has everything in place if another lockdown is called.

“For all the challenges and difficulties, and we know that Covid and the restrictions were triggering for many, I think we have broadened our knowledge, scope and ability to respond in different ways. I see this as evidence of resilience which is something we hope to model more generally”

Counsellor

Staff and clients are resilient

People have learnt that they are resilient and that clients are too. Staff have adapted to working from home and adapted their practice in the blended approach. They have learnt to take self-care seriously, including the importance of routine, the practice of mindfulness and meditation, gratitude, and connection with nature. *“I also learned that I needed to share with other people that I was struggling and have a good cry, every now and then!”* (Counsellor).

“(It) opened up my eyes to new ways of working that I would never have thought possible (...) having that push, although uncomfortable, has changed me as a therapist, the suddenness of having to do things differently, it was sink or swim and hopefully most people swam!”

Counsellor

Telephone counselling is effective and preferred by some clients

Counsellors have learnt that they can do telephone counselling, it is a valid option, and it suits some clients better. Some counsellors commented that they would not have considered telephone counselling before Covid-19, and they have learnt how rich it can be and are more confident in delivering it. Some counsellors have adapted creative techniques for use on the phone and were surprised how well they worked. Several counsellors mentioned how working on the telephone had honed their listening skills and use of silent reflection in sessions.

“I have gained valuable experience in offering telephone counselling. Being able to develop a strong connection with my clients which I previously would have considered only possible via face-to-face sessions”.

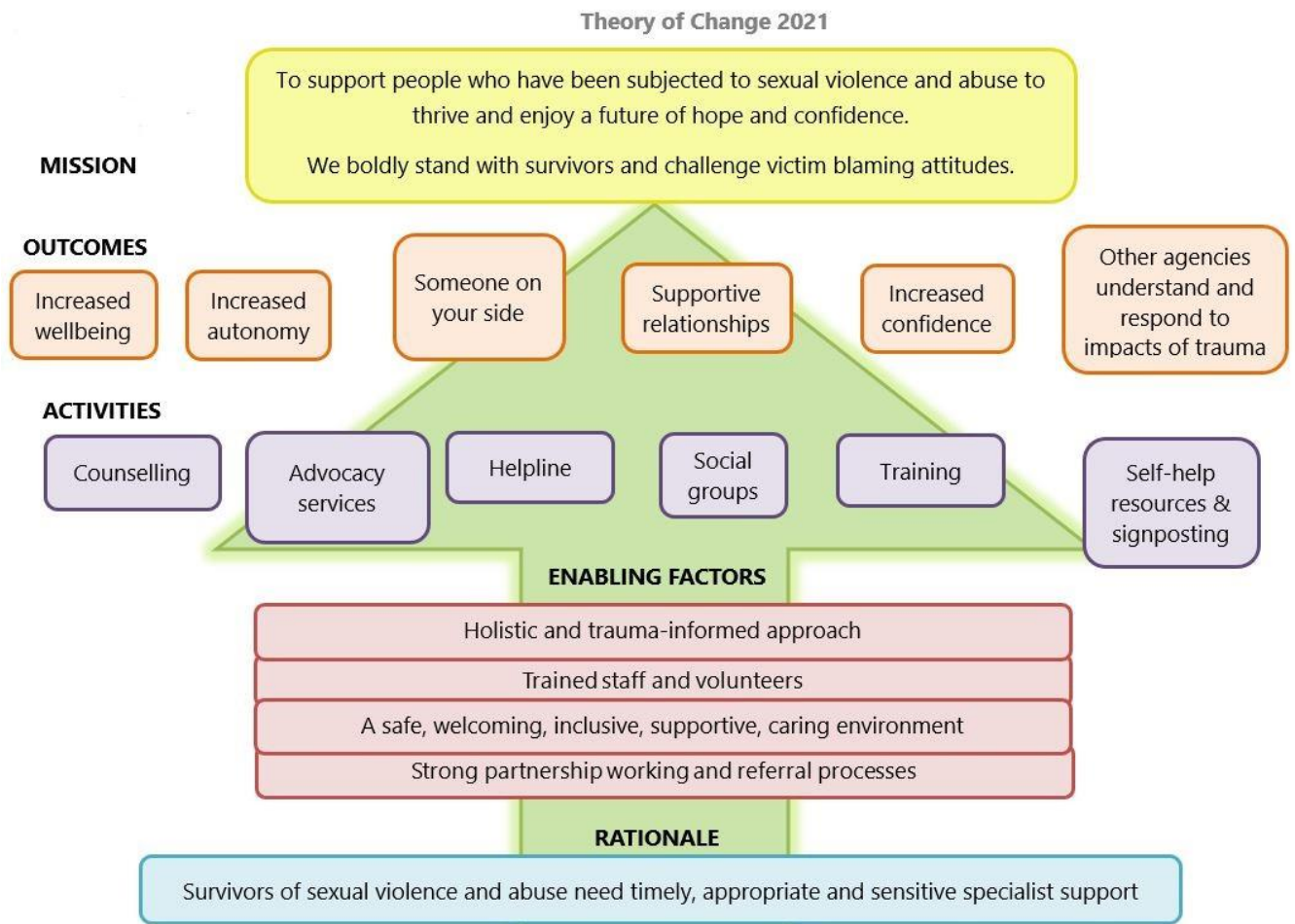
“Telephone counselling is very challenging, and I feel that I have adapted my practice to working remotely while maintaining ethical and effective therapeutic relationships. I feel at ease with telephone counselling now.”

Counsellors

Recommendations

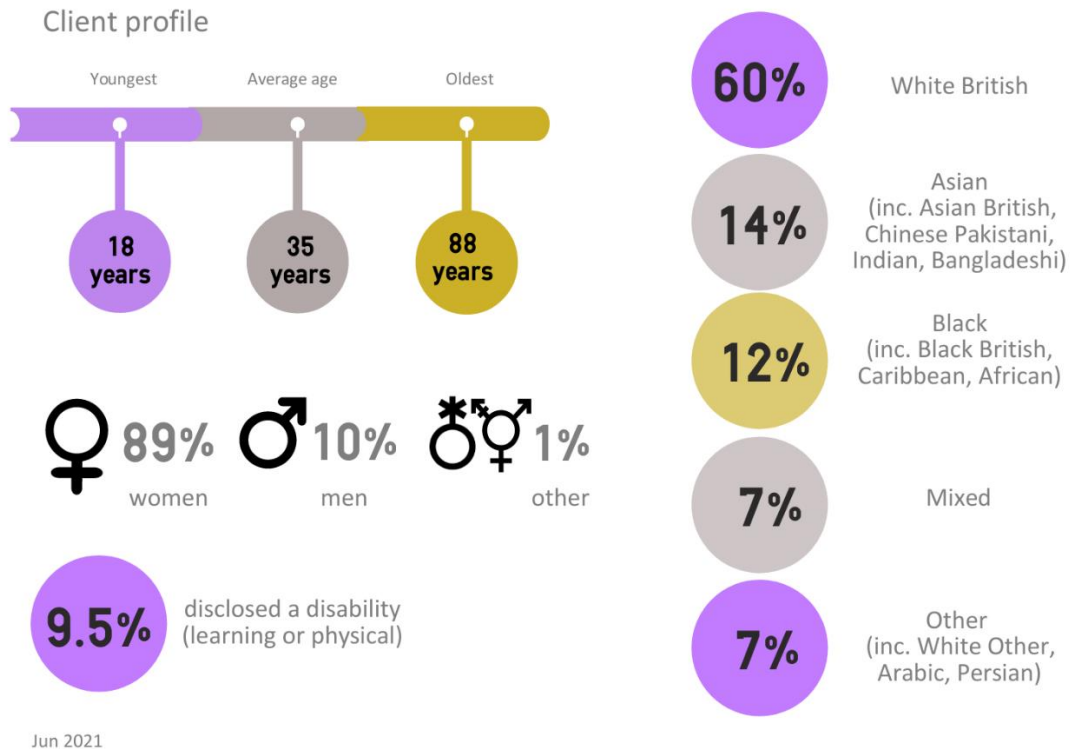
- The blended approach to adult counselling developed considerably over the past 18 months; counsellors have been trained and supported to add telephone and online counselling into their practice and clients have welcomed it. The risk now is that provision will revert to face-to-face counselling as the default and counsellors will lose confidence in using the new skills they have gained. It would be useful to monitor the delivery of the blended offer to measure the ongoing uptake of telephone and online counselling. These are both options that widen access to the counselling service and can help to reduce waiting times. If uptake remains low, a plan to promote these options at assessment and commencement of service, on the website and on social media should be put in place.
- Internal communication between managers, staff and volunteers was more frequent and more effective during the pandemic. The use of a shared online workspace to keep people updated worked well and enabled people working from home to feel included. The focus on staff support and wellbeing was positively received, and the risk is that this support will tail off as the pandemic recedes. There is still a great deal of uncertainty in the wider community about the continuing impacts of the pandemic therefore this way of working should continue and be embedded as the 'new normal'.
- The move to a paperless system has been successfully adopted by staff and creates an opportunity to review assessment and recording processes, to make them clearer and more streamlined and to integrate them more effectively with outcomes monitoring needs. A dedicated investment of time in the short term will allow this work to build on the move to paperless working in a staged and manageable way.
- The suggestions made by clients (p.15) mostly relate to their experience of telephone counselling. They should be considered and responded to, as appropriate, and further opportunities for clients to feedback and help co-design services should become part of the blended approach.

Appendix 1: Theory of Change 2021



Appendix 2: Profile of clients

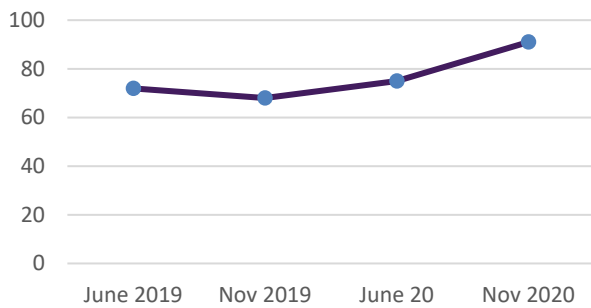
A snapshot of clients accessing RSVP's adult counselling to give an indication of the reach of the service.



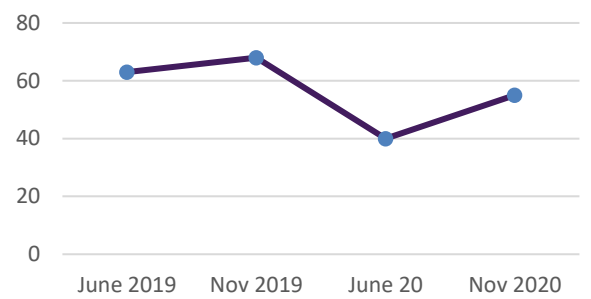
Over the past 2 years, since May 2019, the age range of adult clients has increased to reach more people in their late 70s and 80s; there has been an increase in people identifying from Asian communities from 11% to 14%; a decrease from 63% to 60% of people identifying as White British; and the number of clients from Black, Mixed and Other communities has remained the same. The number of people disclosing a disability has decreased in the last year, from 11% to 9.5%.

Appendix 3: Wellbeing outcomes

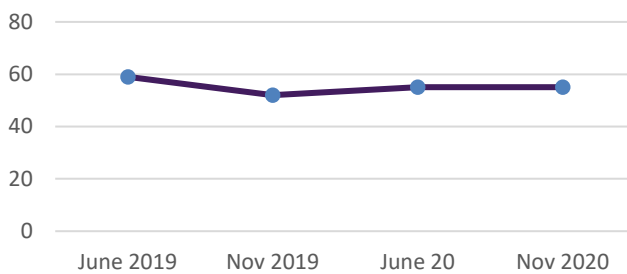
Increased confidence



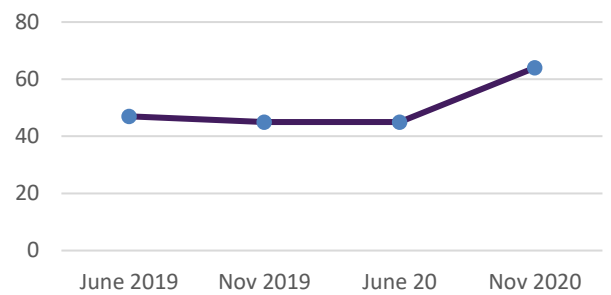
Able to cope



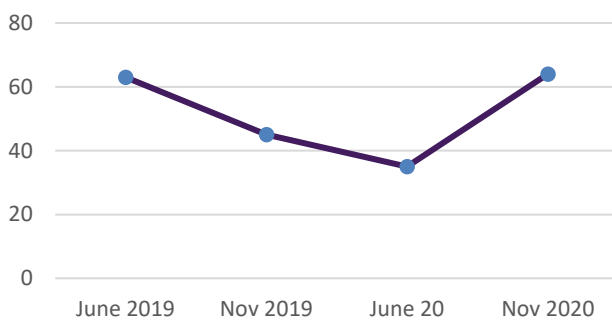
Hope for the future



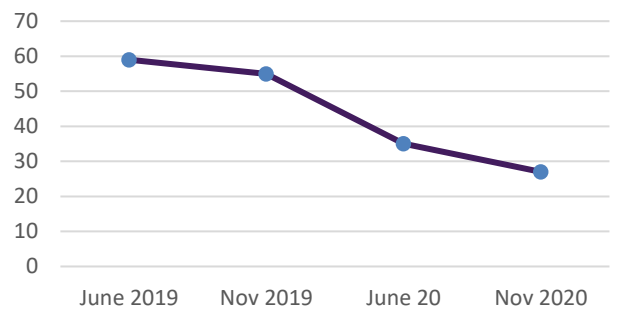
Able to make decisions



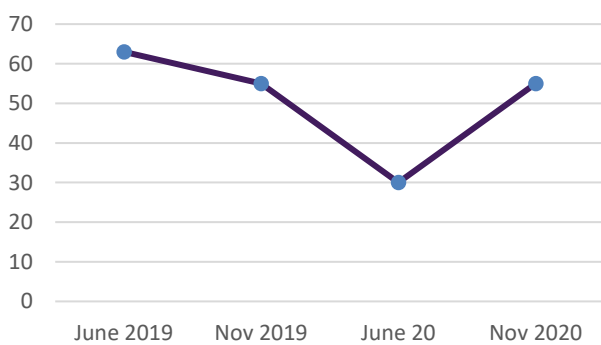
Feel listened to



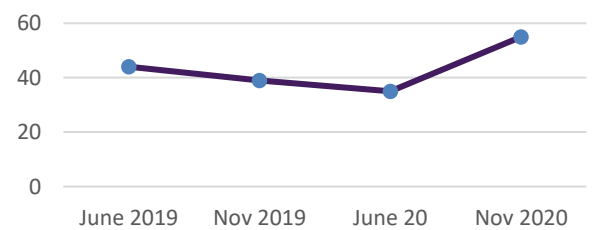
Feel safe



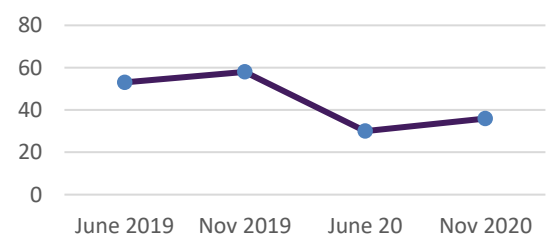
Able to trust



More sociable



Improved relationships



Acknowledgements

Merida Associates would like to thank everyone who contributed to the research - Jennie Alder and Clare Gunby who helped to set the findings within the current context; survivors who gave up their time to complete the online survey and take part in the focus group and interview; adult counsellors and team leaders who completed the online survey and took part in individual interviews; members of the senior leadership team for their time, reflections, insights and supporting our access to research participants

Report prepared by

Karen Garry and Polly Goodwin

Merida
ASSOCIATES

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