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Children and Families Overview and Scrutiny Committee

Date of Meeting: 23 November 2020

Report Title: Covid Impact Report - Domestic Abuse

Portfolio Holder: Councillor Kathryn Flavell, Portfolio Holder for Children and Families

Senior Officer: Mark Palethorpe, Executive Director for People

1. Report Summary

- 1.1. During the pandemic, there was local concern that the nationally imposed restrictions would have an adverse impact on those living in abusive relationships. The fear was that not only were the risks to victims heightened and the pressures on relationships magnified, but that also there would be limited access to support from both social networks and professional services.
- 1.2. The action taken in Cheshire East Council, and across the Partnership has been effective, swift, responsive to changes in demand and proactive in preventing further harm.
- 1.3. The data and more importantly the stories from victims and those who harm have illustrated that whilst we have not experienced the surge in demand expected after lockdown restrictions were lifted, we have seen that the level of abuse experienced has been more severe (an increase of 20% for IDVA services) and we have seen victims who present with multiple issues (mental health, substance misuse) rise, although this was also a feature before the pandemic. On the positive side we have also seen that the inventiveness and creativity that has been necessary, has resulted in some changes which have had real benefit and which we will seek to sustain.

1.4. This report will set out for Members

- The action taken to minimise impact and the additional activity and delivery model during this period
- The evidence of impact and domestic abuse profile
- The gains that we want to take into the future
- The current position and resilience if we face a further period of restrictions.

2. Recommendations

2.1. Children and Families Overview and Scrutiny Committee is recommended to note the contents of the report and provide scrutiny of the response to help and protect children, families and individuals affected by domestic abuse.

2.2. It is extremely positive that the Committee have shown their interest and support for the work we do in responding to domestic and sexual abuse. It is hoped that members continue to support the ambitions we have for further development and innovation of the service to provide an effective whole family response to domestic abuse that keeps victims and children safe and recovered from trauma, and offers an opportunity to perpetrators to change their behaviours.

3. Reasons for Recommendations

3.1 Children and adults affected by domestic and sexual abuse need:

- To be safe – physically and emotionally
- To know it's ok to talk
- To know domestic abuse is never ok
- To have a safety network and plan
- To process what's happened and recover
- To be helped with their own behaviour if needed
- For children to have adults who are able to prioritise their needs

3.2 This will mean something different for each child and adult, depending on the length and severity of the abuse and their social network and resilience, but it is vital that provision is offered as early as possible and in a way that wraps around families, addressing both the effects and the cause of the abuse. Our priority is always safety, but people also need to recover from and/ or to change harmful behaviour. For this reason, we always adopt a whole family approach.

3.3. In order to be successful, we require a strong partnership that can respond together to the whole person within their family and community context irrespective of complexity.

4. Other Options Considered

- 4.1 The options for delivery of the service are managed through the commissioning process. Partners and service users inform the priorities for the Cheshire East Domestic Abuse Strategy and the options for areas of service development come from statistical data, feedback, local practice issues and national legislative changes.

5. Background

- 5.1. Overview and Scrutiny Committee requested an update report on domestic abuse so they can understand and be assured about the arrangements to respond to those whose lives are affected by domestic abuse during the period of the pandemic.
- 5.2. In the response to domestic and sexual abuse there are two things that are critical. These are: the strength of the partnership to respond, and the feedback from clients to inform what we do well and what we need to do better. We have evidence of both of these in **Appendix 1**. It would be true to say that the increase in the severity and level of risk, together with the inevitable rise in mental health needs have characterised the impact for clients during the last 6 months
- 5.3. Cheshire East Council specialist domestic abuse provision comprises of:
- 24/7 immediate point of help, referral, information, consultation – **Cheshire East Domestic Abuse Hub** which sits within the Council's Integrated Front Door to children's services, Cheshire East Consultation Service (ChECS).
 - Council based provision within the **Domestic Abuse Family Safety Unit** to respond to the highest risk victims and their families: this is through **Independent Domestic Violence Advocates (IDVAs)** and the multi-agency process **MARAC** (Multi-Agency Risk Assessment Conferencing).
 - Council commissioned services, provided by **MyCWA**, delivering whole family recovery and change work for adults and children as well as accommodation, peer support and practical help.
- 5.4 Partnership work is critical to effective work and was already strong prior to the pandemic. Most recently, families had benefited from a significant increase and improvement in our joint work with police, partly through their co-ordination of a new way of doing MARAC electronically (eMARAC) and their introduction of specialist domestic abuse officers based in Macclesfield and Crewe. This has been critical in maintaining a strong offer

to those whose lives are affected by domestic abuse in Cheshire East during this period.

6. Briefing Information

6.1. At the point where it became clear that there would be a national 'lockdown' in March 2020, it was necessary to consider how we would continue to operate domestic abuse services differently. The information below sets out what action has been taken and the impact of that.

6.2. Immediate actions:

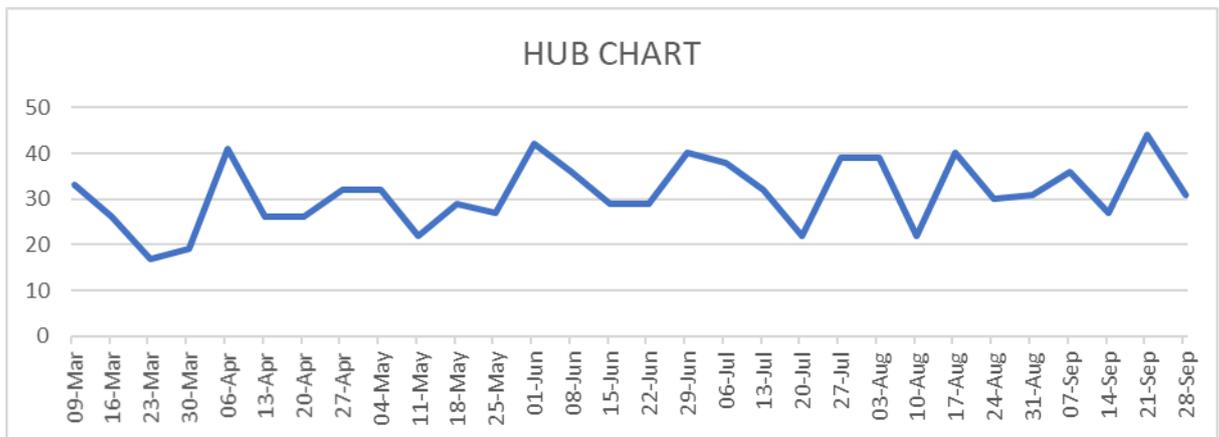
- All staff were required to work from home and enabled and supported to do this with appropriate IT.
- The continued operation of the Domestic Abuse Hub was critical as this is the single point of contact for all support in respect of domestic abuse, so we mobilised the response at home. We then front-loaded our response by moving staff to respond and developed an initial intervention approach, which has been well received by service users and will inform our approach going forward.
- We reviewed our accommodation offer to ensure that we could respond quickly to those who needed to flee to a safe place, but ring fenced this for Cheshire East residents as a priority.
- We reviewed our offer, priorities and how this would be delivered and communicated this with partners and the public.
- As the restrictions continued, we worked to get resources transferred to a virtual medium, so they were accessible for the community, victims, those that harm and professionals.
- We have worked on a sub-regional basis to make application for additional funding and to work with the police to support their 'live' phone-in.

6.3 **Impact:**

DATA

6.4 We are aware that calls to national helplines have been reported to have increased significantly during lockdown. There is limited information as to what this escalation represents in terms of service demand as it has been reported that the increase was related to agency calls to helplines rather than service users.

6.5 In Cheshire East, we have not seen the nationally reported increase in referrals over the last 6 months, although we are aware that victims and their children may still be 'hidden'. In normal conditions we would average 30 calls a week over the year and prior to the pandemic, demand had been greater than average. Demand then dropped in the first two weeks of Covid restrictions in March before escalating again to more expected figures. The trend has been for an undulating pattern of demand but no overall increase. As you might expect, the biggest change was in referrals from agencies who were not offering a service, or a reduced service during the lockdown period.



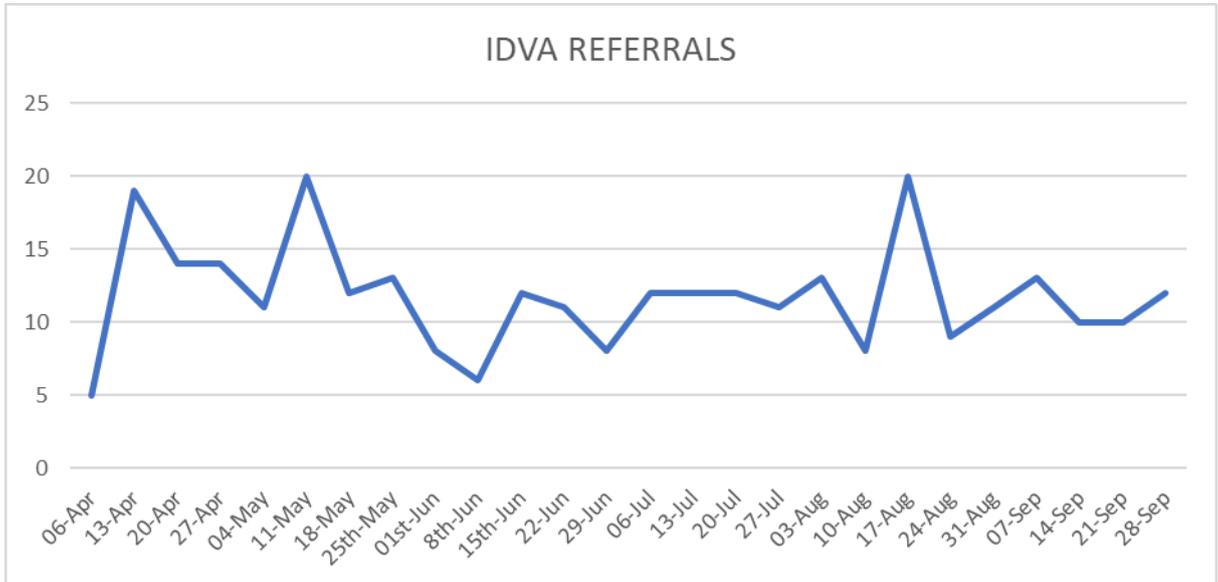
6.6 In anticipation of a potential increase in demand following a lifting in the restrictions we 'front-loaded' the resource at the HUB with qualified specialist domestic abuse staff who were able to offer a initial intervention to meet immediate need. This was well received by service users.

6.7 Overleaf is a chart showing referrals to high risk services – IDVA and MARAC. Normally we average 10 referrals per week. Initially we had been below average numbers but saw a spike around the Easter period and a further spike in August. It needs to be recognised that these are small numbers, but over the 6 month period represented below we had a rise of an average of 12 referrals a week, a 20% increase. There is a likelihood that within this cohort there will also be an increase in the level of repeats. The data would suggest that we have experienced a 25%+ increase in the number of contacts needed by existing clients.

6.8 There are a range of possibilities for understanding this. One is that the level of abuse that is being reported is of a higher risk, or that the level of abuse is the same but the restrictions have removed the safety nets that victims may normally have (relatives/ friends etc) and so their risk increases, or that the police have been very proactive (which they have in Cheshire East) in checking on victims (sometimes daily) and monitoring the activities of perpetrators and this had led to greater visibility, trust and

consequently, reporting. The evidence is hard to unpick, and it is probably a combination of all three. The impact on service is that the MARAC and eMARAC process has continued to function as normal but it has created additional stress on an already over-stretched IDVA service. There is also evidence that IDVAs are responding to victims with greater complexity, and multiple needs which again impacts on the length of time support is required and the pace at which change and safety can be achieved. There has been an increase in clients attempting suicide or identifying suicidal ideation e.g. the last three weekends has seen six clients struggling with mental health crisis. This has been difficult for staff who are working in a more isolated and concentrated way at home.

- 6.9 This is exacerbated with partner agencies having a reduced offer to clients, although all have continued to be engaged with the MARAC process. With the increase in IDVA demand and increased complexity, there is a risk that we may have delay in response although we are monitoring this to ensure that victims' immediate safety is still addressed as the priority. It does raise the problem we have faced year on year of insufficient IDVA provision and temporary posts due to time limited grant funding. A priority across the partnership will need to be to have necessary funding for the IDVA service we require to meet the demand on a permanent basis.



CEDAS Demand - Monthly total referrals to the Domestic Abuse Hub – during the pandemic								
Source	March	April	May	June	July	August	September	Total (%)
IDVA/MARAC referrals by police	19	20	27	26	26	35	22	52%
IDVA/MARAC referrals from Hub/DAFSU or self	2	8	11	10	4	4	7	14%
IDVA/MARAC referrals from myCWA	2	7	2	0	2	6	7	9%
MARAC referral only from myCWA	1	3	3	2	0	2	0	3%
IDVA/MARAC referral from Hospital IDVA /Hospital	2	5	3	0	4	5	2	6%
IDVA/MARAC referral outside area	1	2	2	2	3	4	4	5%
IDVA/MARAC referrals by local partner agency	2	7	8	5	8	5	3	11%
Total	29	52	56	45	47	61	45	

6.10 Recovery work:

6.11 We have evidence of escalation in frequency and seriousness of abuse in cases already known to our services and that clients are seeking support more frequently, particularly in relation to anxiety. We do offer contact with mental health services but inevitably clients prefer to speak to someone they know rather than repeat their story, so staff are providing much more emotional and psychological support and holding cases open for longer

which adds pressure to their workload. Most recent data would suggest that 89% of clients are also experiencing mental ill health.

- 6.12 We have not seen an increase in the demand for emergency safe accommodation, and so far, we have been able to respond to the need in Cheshire East. We are working with colleagues in housing to ensure we can continue to respond if demand spikes. There was a delay for a period in clients being offered permanent accommodation to move to, which 'blocked' emergency provision, but we were able to manage this and it has become less of an issue since lockdown ended. The most significant pressure is on providing the level of support that those fleeing domestic abuse to emergency accommodation require. However, myCWA have been creative and relentless in their approach and support to ensure that victims and their families have the right response.
- 6.13 Other areas covered by the Cheshire Police footprint are reporting the same picture in terms of demand for domestic abuse services as ourselves.
- 6.14 Police incidents reported have on occasion been higher than for the equivalent period last year across Cheshire. We see these figures fluctuate anyway so it would be difficult to suggest that this represents a trend. The police are clear that initially, crime overall was down 38% so domestic abuse cases will represent a higher proportion of the total.
- 6.15 Sexual offences were down 35%, and those of rape equal to last year. The crime incidents are up for domestic abuse in Cheshire East, but after examination, one incident can result in several crimes, and we have been informed that domestic injury crimes are the same as last year, so this is not a useful indicator of demand. It does illustrate the proactive approach that the police have had, particularly when married with their figures for the ratio of arrests and those that proceed through for charge which are all increased. This is extremely positive and is now one of the highest rates in the country.
- 6.16 Work with children and families**
- 6.17 The IDVAs already work closely with social workers on cases where high risk domestic abuse is a safeguarding concern. It was IDVA practice to sit within social work teams in Macclesfield and Crewe. While physical co-location has not been possible, IDVAs continue to liaise and inform social workers so that any plan is responsive to known risks.
- 6.18 We also continue to report to and attend any Initial Child Protection Conference and reviews where domestic abuse is a feature of family life in order to advise on and broker specialist services where needed.

- 6.19 While MyCWA is not conducting as much face to face work with clients as previously, they are providing individual and joint family work, some of which is delivered by video link. More recently the centres have been open to offer pre-booked 1:1 counselling and clinics, but the response from clients has been small. We will continue to review and respond to what clients are saying suits and supports them best.
- 6.20 There have also been virtual groups run which have had some surprising positive results, particularly for the behaviour change programme. We plan to review the reasons for this and take the learning into our future offer (see below). MyCWA have also sent out practical tools to help families and children be safe and manage behaviour and promote self-efficacy and resilience.
- 6.21 In addition, we have a child concerns log which identifies children who are not visible to social workers and for whom we have some concern, because a parent may not be engaging with services or the child has an additional need which places them at some level of vulnerability. MyCWA are liaising with our Family Service about such children while those known to high risk services are shared with the strategic manager to collate emerging concerns from other agencies. This has enabled us to coordinated support to avoid escalation.
- 6.22 There has been significant sharing of resources not just with parents but with professionals supporting families, this includes the dissemination of 'Monkey Bob' toolkit. These have been positively received. There has also been a conversion of many tools to virtual toolkits which have been launches thematically and have been well-received. These can be viewed at the website <https://www.mycwa.org.uk/self-help-tools>.
- 6.23 Work with those who harm**
- 6.24 During the lockdown period, we noted an increase in self-referrals from people who know their behaviour is unacceptable. This is again extremely positive. MyCWA had provided some basic resources for people to check their behaviour in the heat of a stressful moment and to consider further help seeking and this has clearly worked.
- 6.25 The latest data for Q2 had 34 referrals for intervention for those that harm. This compares with 59 for the whole of 2019/20 and 69 for the first 2 quarters of 2020/21. If this continues at the same rate for the rest of the year it would mean an increase of 130%. Many of these referrals are for adults where children are already known to Children's Social Care.

6.26 However, we are now in a situation where our resources to respond are extremely stretched as it is not easy to deploy staff to cover perpetrator work due to the level of knowledge, training and experience that is necessary to identify and manage risk. To meet need we have had to offer additional hours to a specialist worker to respond. This will have an adverse impact on the budget. This will need to be reviewed again this month as we cannot balance the demands with the resource we have.

6.27 In one sense this is a 'brilliant problem' but underscores again the need for support for those who harm to become as normal a response as support for victims and we have a long way to go to get the level of funding required to make this regular practice. This will be a priority for our work going forward, it is where, as a partnership, we need to make more difference and develop and this has started at a strategic level.

6.28 Business Continuity During Covid-19

6.29 As outlined previously, specialist and partner services mobilised quickly to facilitate safe working with most staff working from home or deploying appropriate distancing strategies where work was needed face to face.

6.30 We agreed to target our resources at our 'front door', the Domestic Abuse Hub, in anticipation of a rise in demand and the commissioned service who already seconded a worker daily to contact those who were referred, added two more staff to this team.

6.31 While high risk victims continue to be referred immediately to the IDVA team this has meant that all other clients are being offered a more thorough piece of work at the Hub at the first point of contact, with the aim of minimising the number requiring longer term support, as the usual menu of options delivered from MyCWA community bases could not safely be delivered.

6.32 We recognised however that some clients would continue to need more intensive support and agreed a set of agreed criteria to allow prioritisation for onward referral including complexity, children on plans, people intending to separate which is known to increase risk.

6.33 One of the real and unexpected successes of the changes to the way of working has been the positive feedback and impact of running some of the group work virtually. This has necessitated the re-writing of the material and much smaller groups but it has been very successful in victim recovery work (Gateway) and for behaviour change work the impact has been that those in the group have been more honest and reflective. We will look

towards including the most successful elements within our offer as we resume more usual patterns of working.

6.34 Informing partners and the community

6.35 We have released a series of briefings outlining the continued provision of specialist services and help from statutory and commissioned services aimed both at partner agencies and those who might need our services.

6.36 These have included advice and resources to manage safety during lockdown, as well as to promote health and wellbeing, as stressors both for victims and those who harm are known to be increasing.

6.37 Our commissioned partners, MyCWA, have been particularly proactive in getting these messages out on social media and online, and this has gained a national profile.

6.38 Sub regionally the Police and Crime Commissioner also developed resources, linked to the existing 'Open the Door' Cheshire wide campaign, with a focus on supermarkets which may be one place where victims might be able to seek help.

6.39 Additional Funding

6.40 During the lockdown period, the PCC offered small pots of money to meet specific needs e.g. extra publicity or mobile phones, but has also led a sub-regional bid to government for more substantial funding, particularly to meet the demand which we expected once lockdown was eased. We were successful in this and this has meant we have had an additional IDVA post for 3 months and been able to provide mobile phones to victims as part of their safety plan.

6.41 Additionally successful bids to Ministry of Housing, Communities and Local Government, Ministry of Justice (via PCC), Lottery, Steve Morgan foundation and Cheshire Community Foundation have supported our commissioned service myCWA to:

- Increase staffing to the Hub, delivering an immediate comprehensive piece of work to those in crisis and significantly reducing waiting times.
- Temporarily increase IDVA capacity to the DAFSU by the equivalent of a full time IDVA until December (34 cases).
- Respond to out of hours crisis calls. For example - a client attempts suicide on a Friday evening, staff respond to crisis, liaise with emergency services, liaise with hospital, plan discharge with hospital, support return home, follow up all weekend. Hours worked 15 – this small additional staffing is important and significant.

- Shift all 1-2-1 and group work onto Zoom (accommodated and high need clients have continued to receive face to face interventions). All group content had to be re-written.
 - Deliver 11 complete recovery programmes via Zoom
 - Deliver perpetrator programmes via Zoom
 - Deliver groups to children and young people via Zoom
 - Mental health support group moved to Zoom.
- Produce new resources to support adults and children as well as new resources for other professionals.
- Deliver 309 care packages, feed 49 local families and provide nappies and/or toiletries to 35 families.
- Support local professionals with virtual 'lunch and learn' sessions.
- Provide support via social media to 186 people.
- We have opened four new refuge spaces - 2 in Crewe and 2 in Macclesfield to increase capacity.
- Telephone and video call check in with vulnerable families and individuals.
- Provision of technology (phones and tablets) to ensure clients can get online.
- We have created cartoons and video material to support adults and children under strain.
- Supported young people, adult victims and perpetrators to tell their stories.

6.42 Partnership Work

6.43 We appreciate the many ways that partner agencies, businesses and members of the community have responded flexibly and creatively to offer help to victims of domestic abuse. For example, a member of the public offered her Air BnB accommodation for a family needing to flee, and one of our businesses donated all the food at the closedown of their canteen for families in need.

6.44 We would like to highlight the work of three key partners – our local police, the Council's Prevention and Early Help Service and Housing. As other agencies have reduced face to face contact the police have increased their offer of visits to victims and to alleged perpetrators where specialist services have flagged up that such an intervention is safe and supportive. This has resulted on two occasions in supporting a family to access safe emergency accommodation and in other instances has reassured victims that they are not forgotten. The specialist officers have worked flexibly with us to promote trust with victims and hold to account those that harm. The impact of this local approach has been recognised when Cheshire East

were shortlisted and won the Partnership category for the police ACE awards.

6.45 The police have led a sub-regional Q&A on domestic abuse which is designed to provide a platform to raise awareness, this has positive potential in the future and we have worked to support this initiative.

6.46 We have been given the very practical support for a period of an administrator to help with processing Hub referrals as we were midway through recruitment to this post when lockdown started. This was provided by the Council's Prevention and Early Help Service and supported the response at a critical time when we had a gap in staffing.

6.47 The Council's Strategic Housing manager has also helped us address accommodation concerns by offering a forum to action target hardening and alternative accommodation should our 'refuge' properties become full.

6.48 Sexual Violence

6.49 Acute Services for people subject to sexual assault continue to be provided at St Mary's Sexual Assault Referral Centre in Manchester. Aftercare support, to which the Council contributes, is commissioned sub regionally through the Police and Crime Commissioner and is provided by the Rape and Sexual Abuse Support Centre (RASASC).

6.50 RASASC report a reduction of almost 50% in referrals since lockdown. Unlike domestic abuse, where we believe occurrence is under-reported, the cessation of the night time economy is likely genuinely to have reduced rates of sexual violence. However, assaults that occur at home and in the context of domestic abuse are likely to have increased and RASASC expect an upturn as we emerge from this period of restrictions.

6.51 They too have been sending messages to say support is available in a range of ways so that victims know they can access help when they are able to do so.

6.52 We have been notified of a change to their arrangements to provision for children intended to increase and improve access to services for children and their families. This is not Covid related but gives us an opportunity to reinforce messages to staff in children's services in particular about use of their therapeutic support to enable children to recover from abuse.

6.53 Summary

6.54 Services and partner agencies are working well together to offer support to individuals, families and communities affected by domestic abuse. This is a

mix of 'business as usual' and adapted services to safely support those who need our help. There have been some positive and unexpected benefits as a result of the ways of working.

6.56 Whilst we have not seen an increase in victim demand we have seen greater severity of harm and risk, and an increase in the demands for perpetrator work. Sadly some of the stories are harrowing and we have had two clients take their own life. It is our hope that the need for appropriate and sufficient funding for the IDVA service will be provided in a timely way to meet such need and to continue to safeguarding some of Cheshire East's most vulnerable residents.

6.57 We believe some of the changes we have made will place us in a strong position to ensure continuity of service as the local restrictions change. However we remain vulnerable in meeting demand particularly in respect of the funding for the IDVA service for victims most at risk and in responding to the needs of those who harm.

7. Implications of the Recommendations

7.1. Legal Implications

7.1.1. The support offered to victims' children assists the Authority in meeting its statutory obligations under the Children Act 1989. The new Domestic Abuse Bill is currently open for consultation and subject to amendment and consultation will come into force in April 2021. From that time, local authorities in England will likely have a duty to assess, provide support and safe accommodation to victims of domestic abuse and their children. It is clear that at the moment significant work is already being done to assess, provide support and safe accommodation to victims of domestic abuse which puts the Service in a good position with this additional duty.

7.2. Finance Implications

7.2.1. The Council's budget for 2020/21 includes £0.7m for Domestic Abuse Services. This Budget is summarised below:

Service Area	£m
Domestic Abuse	0.1
Childrens Commissioning	0.6
	<hr/>
	0.7

7.2.2. The current forecasts are that expenditure will match budget levels. There is a particular issue with the contribution to IDVAs where the Council's and partner contribution do not meet current costs. The Local Authority currently funds 65% of the costs of the IDVA service as well as 100% of the costs of the recovery service covered by the commissioned service MyCWA. If sufficient funding for 2021 onwards cannot be secured it will mean that we would need to reduce the IDVA service by two members of staff to remain within budget. This would be a reduction in service of 34% with no reduction in demand. This would have significant risk for victims and their families. A budget report is going to the Partnership in October for consideration.

7.3. Policy Implications

7.3.1. None

7.4. Equality Implications

7.4.1. There are no equality implications. Services have a proactive outreach policy to sectors of the community from whom referrals are frequently received.

7.5. Human Resources Implications

7.5.1. There are no Human Resource implications currently. There would be such as outlined in the financial section, if insufficient funding was available for the high risk IDVA service.

7.6. Risk Management Implications

7.6.1. A Risk Management plan regarding funding for Council based specialist domestic abuse services is in place and reviewed quarterly.

7.7. Rural Communities Implications

7.7.1. The commissioned provider is using formal and informal community networks as well as digital means to widen access to all support services

7.8. Implications for Children & Young People/Cared for Children

7.8.1. Adoption and achievement of the recommendations will improve support services to children and young people affected by domestic abuse.

7.9. Public Health Implications

7.9.1. There are no direct implications for public health, although of course Domestic abuse is a public health issue, and our colleagues in public health have been working in partnership with us on the JSNA and the strategy for working with those who harm.

7.10. Climate Change Implications

7.10.1. The Council team follow council recommendations regarding environmental impact and this is a requirement of the Commission also e.g. minimising the requirement to travel by making full use of digital media such as the newly developed eMARAC system.

8. Ward Members Affected

8.1. Domestic abuse is not confined to any particular ward and resources are deployed in response to need.

9. Consultation & Engagement

9.1 Not applicable

10. Access to Information

10.1 There are links to supporting information on the Council's LiveWell website within this document

11. Contact Information

11.1 Any questions relating to this report should be directed to the following officer:

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Job Title: Head of Service: Safeguarding Children and Families

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Appendix 1:



The voice of service users during Covid restrictions

‘It was important to have continued **phone access** to MyCWA during the lockdown period and during the ongoing Covid restrictions. I contacted MyCWA about counselling during the lockdown period and **received a copy of the Look After Yourself’ booklet**, which I found helpful. A much needed **virtual Coffee and Chat group** was set up via a Facebook page. The **webpage has been helpful for keeping in updated with My CWA news and for some contact between other service users who engage with the page.**

The worst part of my divorce process continued during the lockdown period, with two court hearings taking place. **My solicitor has been excellent**, and although he is very supportive, he is not a counsellor and it would have become very costly to continue turning to my solicitor for non legal advice.

My GP has been very supportive. She kindly gave me a contact for a private Counsellor who specialises in trauma , but I couldn’t afford to pay privately due to the ongoing divorce and legal costs. My GP then referred me to the Delamere Resource Centre and from there, **I was referred to RASARC for trauma counselling.** I have also been invited to participate included in **RASARC’s bi-weekly support group**, via video call. The first session was on dealing with anxiety, which I found very helpful. **RASASC got in touch within 24 hours** and have offered counselling via zoom, they are going to call me weekly until I get an appointment and are sending self help stuff by email, I’m really impressed.

My GP also set up a referral to the Well-being Coordinator at the **GP Practise who put me on to another local charitable organisation called Survive.** I have joined a **bi-weekly craft group** with them, which is held on site with social distancing measures in place. I might also receive trauma counselling through Survive, but I’m awaiting the initial assessment. **‘Been on phone to Collette police lady for half hour well good call she's top**, truly...am made up have spoken to her after it being a good fair few weeks.’

The **availability of specialist’s counselling has been a big issue for me.** I haven’t had any counselling support for over a year and although the counselling I received previously was helpful, it wasn’t specific enough to meet my needs. **I feel I have fallen between the gaps in this area, and I’ve been quite desperate at times.**

I've sought out other services and sources of support myself. I have **completed a couple of online self development courses**, many of those are free. Most recently, I completed a 16 week course in Dementia Care Level 2 course via the blind study. **These courses have helped to distract my mind, whilst learning about something completely new.**

I also participated in a **28 Day Challenge in Positive Thinking** during the lockdown period. This was **free at the time** I participated and it was delivered via nightly Zoom meetings every weekday evening. It involved guided and self hypnosis, some of the language and techniques were new to me, plus there was homework. It turned out to be a brilliant programme, and the guy who ran it was excellent and very supportive. Most of the participants in the pilot re-joined the second revamped version. It was offered for free again, and the second time round it was invaluable for learning strategies around reframing negative thinking.

I also found a couple of online conferences based on Trauma and PTSD. They were also **free and were delivered via a schedule of pre-recorded podcasts by experts and specialists in this area.** I watched a number of the podcasts and all were really interesting and helpful for me and my circumstances.

I have **made use of Facebook for some other support groups.** I've never been a fan of Facebook or used it before, but I found some really good sites which suit my needs. I contribute to these as best I can to support other people, and likewise, if I've been having a tough time, others will jump in to support me. I have **made some good friends over the summer**, in the UK and USA as a result of engaging in those groups. **I think the availability of online support during the lockdown both to replace services previously provided face to face and for delivering completely new initiatives have been critical.** Many individuals who needed practical, emotional and psychological support before the lockdown still needed ongoing support during the lockdown and many other people needed help as a result of the Covid restrictions.