



## **THE WISH CENTRE: a local domestic abuse charity's response to the challenges of Covid-19 in 2020**

**October 2020**



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## FOREWORD

Back in March 2020 we faced the unprecedented challenge of maintaining vital and life-saving services for our clients at a time of national and local emergency. And at a time when the needs of our service users were more than likely to be greater and more urgent than ever.

I never doubted our staff, volunteers and trustees for a second and I was not disappointed. They have more than met the challenge, pulling out all the stops. They have collectively transformed the way we have gone about our business and continued to support all our clients with innovation and determination. I could not be more proud of each and every member of our team. They have been magnificent.

This report tries to capture some of those changes; the highs and lows; the pluses and minuses, given the fundamental changes and efforts involved. More changes will no doubt be needed by us all yet as, at the time of writing, the pandemic is still very much with us.

How far the changes we have made so far to our business model are permanent remains to be seen. Yet I doubt there will be a return to all the “old ways” as we gradually work out what our “new normal” will look like.

**Shigufta Khan**  
**Chief Executive Officer, Wish Centre**

## ACKNOWLEDGEMENTS

We would like to thank all our supporters who have continued to make our work possible. These include all our staff, volunteers, trustees and also our service users for their forbearance and understanding during the strange and difficult times we have been living through.

Our funders have also been wonderful, showing both understanding and flexibility throughout and special appreciation must go to our major local commissioners of services, Blackburn with Darwen Council and Lancashire County Council whose support has been immense and highly valued, as ever. Local support from community members, local agencies, groups and businesses has also been fantastic as usual. Our thanks to them all.

Finally, thanks go to our staff team who contributed their time and thoughts to this study and on whose reflections it is based. These are:

-  Julie Ayres
-  Sumaya Bux
-  Lynette Hatton
-  Shigufta Khan
-  Anna Leicester
-  Barbara Martin
-  Alison Partington
-  Rebekah Wilson

The fault for any errors or omissions lies solely with the author with his apologies.

**Bob McDonald, Wish Centre.**

## EXECUTIVE SUMMARY

This report shines a spotlight on the Wish Centre's organisational response as a local domestic abuse charity to the challenges thrown up by the Covid-19 health crisis in 2020. With a national lockdown announced at the end of March along with strict guidelines on social distancing, the Centre needed to make fundamental changes to the way it organised and delivered support to service users.

The same challenges and restrictions were experienced across the country and beyond. In that sense, this report is a snapshot in time, recording one charity's efforts in Lancashire to deal with an unforeseen crisis which engulfed society. The Wish Centre is by no means exceptional in this; nor does the report claim so. We've all been in the same boat.

- i. To keep provision alive, the Centre developed a range of methods to deliver services remotely, minimising face-to-face contact, using different technologies. Staff contact with each other and networking with fellow professionals and agencies was also conducted remotely. The central office was closed and staff worked from home.
- ii. Support and recovery programmes for victims and perpetrators continued but were delivered one-to-one remotely rather than in the usual groups. Remote working online with younger children proved difficult at first but during the summer the Centre staff took the opportunity to work with mums so that they were better able to understand and support their own children, overcoming their experiences of abuse as a family. Work on programmes was naturally resource intensive and more time consuming.
- iii. Safety planning, advice and IDVA support continued, new materials were produced and a specific Covid-19 safety plan was developed and available on the Wish Centre website for other professionals and vulnerable individuals who faced additional risks from the isolation imposed by the lockdown.
- iv. The refuges continued to operate but with strict health and safety protocols in place for staff and residents in a Covid-secure environment. Efforts were concentrated on minimising health risks; new referrals had to agree to a period of self-isolation; and the team built up the knowledge and confidence to maintain their services, and to mitigate the health risks and address the anxieties involved.
- v. The Centre radically upgraded its use of social media, creating a new regular chat-line; a whole range of practical materials and resources online; fundraising challenges; and a Covid-19 Response section to the website. The social media stats have all been positive together with feedback and take-up. The investment and effort involved was a great step forward in the Centre's social media approach, recently enhanced further by a new website.
- vi. One of the greatest and most worrying issues to emerge from the lockdown was the increased risk to victims and safeguarding. Staff reported their concerns about the safety of clients when dealing with them on the phone or by a Zoom session; not being able to see a client in person, observe their body language or know if they are calling from a secure place at home.
- vii. There were both advantages and disadvantages to the changes which the Centre introduced. On the plus side, programmes could be more personalised when delivered 1:1; strong outcomes for service users have been reported; involving and supporting parents more has been a big step forward; and imaginative use of IT has been a positive move for the future. On the downside, the dynamics of group delivery have been a big loss; advice and programme delivery simply takes longer; waiting lists have been building up; and the normal emotional/physical support for clients has been missed.

- viii. The organisational changes also meant profound changes in working styles for staff and a shift away from the traditional commute to the office in the morning and return home in the evening. In a mood of some apprehension at first, staff “just got on with it” but have reflected that the new home-working arrangements can also be a mixed blessing.
- ix. Flexible working meant the work-homelife balance was easier on the whole; time and money saved without the commute; and service users were sometimes more contactable outside of “normal business hours”. This was balanced by staff missing team engagement and interactions; some loss of efficiency; access to other people’s expertise not being so easily on-hand; and the boundaries of work and home running the risk of being blurred.
- x. Central management made use of the Centre’s pre-existing risk assessment and business continuity plans for guiding the organisational changes made, alongside Government’s Covid-19 guidance. A careful balance was struck between ensuring staff health and minimising risk with practical service needs. The goodwill, creativity and determination of staff have been very highly valued and repeatedly praised by the Centre’s management and Board throughout. Lines of communication with Trustees were open throughout the period with regular briefing between the CEO and Chair which was crucial for prompt decision-making in a fast-changing operating environment on the ground.
- xi. The Centre actively pursued the various emergency Covid-19 funding awards which became available during the spring and summer and these made a significant difference in coping with the unforeseen expenditure on staff, additional IT equipment and infrastructure which was needed to achieve homeworking so comprehensively.
- xii. Similarly, the Centre’s experience with existing funders and commissioners was positive throughout this period: the latter showed great flexibility and understanding of the challenges faced by their grantees. The Chief Executive has been proactive in making early contact with funders to keep them well informed of all the steps the Centre was taking to deliver services; the limits to what was proving possible and attempts to mitigate these.

A bit like the Chinese proverb about the French Revolution, the long-term effects of these changes are too early to tell. As suggested by the Wish Centre staff, homeworking carries mixed benefits on mental health, efficiency and economic issues. Various commentaries suggest increased pressures on Third Sector agencies in the immediate future, adding to the demands on an already stretched part of the social economy. While individual agencies may have weathered this storm, medium term financial health issues loom on the horizon for many in the sector.

However, the Wish Centre remains optimistic having addressed the initial problems set by the pandemic’s first wave and dealt with them effectively; and looks forward to dealing with the challenges ahead associated with the Covid-19 health crisis which remains for everyone yet.

Across the staff team, there was broad agreement that whatever happens, the effects of Covid-19 will be with us for the long-term. And that life will not simply return to pre-coronavirus ways.

## 1 CONTEXT AND PURPOSE

The Wish Centre is a medium-sized charity in the health and social care sector, providing specialist provision in the domestic violence and abuse field. We are based in Blackburn with Darwen, Lancashire and this report records – before we all forget! – a sense of how we coped as a service with the impact of the Coronavirus pandemic in 2020 and kept things going. We are not claiming to be unique. The changes affected everyone and every organisation across the country. But this is a snapshot of the Wish Centre’s story.

Our report notes some of the radical changes in working practices which we made in spring and summer 2020 in response to the Covid-19 health crisis which was sweeping across the country with such devastating and deadly effect. The changes were made quickly by staff, guided by the Centre’s management team. They took effect in days rather than weeks in a determined effort to maintain as best we could provision to the Centre’s many service users in the DVA (domestic violence and abuse) sector.

The Wish Centre was by no means alone in facing these challenges. By-and-large, these changes pre-empted the full national lockdown announcement made by the Prime Minister on March 23<sup>rd</sup> and were widely anticipated by business and services across the country.

They affected the whole of society across the country and globally. Their impact was felt by individuals and families domestically; and across the whole of the social, business, employment and economic sectors which influenced the way we all lived.

No real detailed blueprint was available to any organisation to guide the changes they needed to implement. Other than to minimise personal contact, maintain social distancing or self-quarantine at home. How individual agencies might organise themselves to maintain their services to clients was up to them; the clear priority for individual organisations was to minimise or avoid physical human contact, proximity or mingling and thereby slow and break transmission of the Corona virus. With few notable exceptions to keep society functioning at a basic level, this health priority trumped most other considerations across the national social economy.

## 2 METHODS - STAFF PERSPECTIVES

Information and perspectives have been gathered from a range of the Centre’s senior operational and managerial staff via individual telephone interviews and using a semi-structured questionnaire<sup>1</sup>, in keeping with Covid-19 safeguarding guidance.

Staff are all qualified and highly experienced practitioners in the DVA field of work and are longstanding employees of the Wish Centre. All share a profound commitment and professional dedication to this area of work and were determined to keep the service running for the benefit of service users. Staff consulted included:

- Recovery programmes co-ordinator
- Children and young people’s programmes officer
- IDVA service manager and team leader
- Programmes supervisor and Perpetrator support worker

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<sup>1</sup> Appendix 3

- Refugees supervisor
- Volunteer and fund-raising co-ordinator
- Domestic abuse advice worker
- Chief executive

Core information and perspectives from staff were gathered on:

- The main operational changes made
- Their extent and importance
- Perceptions of their effectiveness
- Benefits and difficulties; pros and cons
- Staff attitudes to change and anxieties
- Impact on working and personal lifestyles
- Areas of concern
- Supportive working environment
- Feelings and views about the future

The observations from staff surveyed fell into two broad categories. First, the technical adjustments which staff made to preserve the Centre's services; and second, the personal impact on them in relation to changes in working/domestic lifestyle along with their psychological outlook.

In short: what we did; and how it has made us feel.

### **3 FUNDAMENTAL CHANGES IN DELIVERY**

The changes we made were fundamental to the way we traditionally ran services at the Wish Centre.

Before Covid-19, the Centre's operational model was highly personalised, based on team working, supported by volunteers, along with face-to-face and personalised support for victims, children, young people and perpetrators. Group work with beneficiaries was a fundamental principle in recovery programmes and interventions for all beneficiaries. And all this now had to change.

We closed our main operating base near the town centre until further notice; staff worked from home; management, administrative and financial systems were reconfigured and operated at a distance from home by senior staff; local networking and partnership agency meetings became virtual; all face-to-face contact (group or individual) with clients ceased; and support for beneficiaries was provided remotely over the phone or by other technology.

This represented a 180° turn-around in the way the Centre normally operated. From a one-to-one and face-to-face, personalised service with plenty of group interaction between staff, volunteers and service users to one which had to be remotely organised and delivered at a distance with staff, beneficiaries and partner organisations. This report looks at what happened on the ground as we shifted quickly to a model which was in effect diametrically the opposite of what the Centre had been doing for more than 30 years.

Above all, it has taken staff perspectives on the changes taken to keep services running and effective. This is a record of the operational changes and innovations made at the Wish Centre; the experiences and views of the staff who made them; and how service provision has been affected.

## **4 SERVICE CHANGES**

### **4.1 Recovery Programmes**

At the Wish Centre we provide 3 different sets of therapeutic programmes for beneficiaries. These include those to help the recovery of victims from the trauma of their experiences and to build confidence for their future; age-appropriate programmes for children and young people to counter the toxic impact of abuse in the home which can lead to the early adoption of harmful behaviours; and programmes for perpetrators to help them address their future behaviour.

In the last year ending March 2020, the Centre had 898 referrals on to these programmes which clearly form a huge part of DVA service provision .

### **4.2 Common Changes**

With the Centre's office closed down, fundamental changes were made which are common to the delivery of all these programmes. We radically changed the way therapeutic programmes were delivered.

All face-to-face group work stopped; staff delivered the sessions 1:1 online and work was no longer carried out in community settings. Instead, staff used mobile phones, video calling, WhatsApp and Zoom. Consent forms were amended and paper work for the programmes had to be first posted out to clients prior to delivery; and programmes themselves were adapted for 1:1 and remote delivery. Some of the sessions were shortened because the usual "sharing of experience" elements, for example which would normally happen in group settings, could obviously no longer take place. As a result, in the case of victims programmes, 12 sessions were reduced to 6, covering 2 units per session.

The overall process of programme delivery slowed down (an obvious consequence of having to abandon group work and methodically run sessions for clients one-by-one) but both the victims' and perpetrator programmes were not suspended and key elements continued intact. The Covid-19 effect led to some unexpected changes in emphasis which we describe below.

### **4.3 Children and Young People's Programmes**

The restrictions on face-to-face delivery had massive implications on how we could support children and young people. Changes were needed. The initial assumption that online delivery of programmes for young people would be a simple transition proved not to be the case; zoom, video calling and WhatsApp proved difficult initially (though this has subsequently been addressed with improved online delivery and use of IT). The core programmes we provided were Helping Hands, the Young People's Recovery Toolkit and the Parachute Programme<sup>2</sup>.

With initial difficulties in converting to online programme delivery for the children, we used the early days of lockdown to focus on engaging and supporting the parents more systematically and creatively so that they were better able to help their own children. The concept was extended to working with our mums in refuge. Necessity became the mother of invention and this approach meant that the work we were able to do with the children was ultimately even more effective, as they would be "returning" to mums who were much better aware of the needs of their own children after the trauma of DV.

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<sup>2</sup> Helping Hands age-specific for under 11s; Young People's Recovery Toolkit for young people 11-16 years; Parachute Programme for over 11s struggling with anger and aggression.

This had long been a concern for us and is a good example of how the need to adapt our services because of Covid-19 actually had unforeseen advantages. This innovative work with parents filled an important gap – we had always been concerned that although the children benefited greatly from the age-appropriate support programmes we provided, we feared that this was often diluted when they got home, simply because their parents didn't understand properly how to support their children post-trauma. We have found that doing this work with mums was less stressful for them conducted over the phone rather than face-to-face; was more engaging and we could fit sessions in more flexibly around the mums' domestic timetables and the realities of family life.

In a similar unpredictable way, the enforced use of remote engagement by phone and video calling enabled us to reach and engage with some of those children and young people who under "normal" circumstances would have resisted attending a programme in person.

Being adaptable has been key to making all this happen.

We've not invented masses of new resources but used a bit of lateral thinking, for example, and built on materials for parents by the imaginative use of our Operation Encompass project resources. These had already been developed as a toolkit by the Centre for teaching and pastoral staff in schools to help them with their students if a DV incident at home had been reported. Going forward, we have gradually been working these up into a structured programme with well-organised content and resources that parents can use with their children.

#### **4.4 Adult Victims and Perpetrator Programmes**

The AIM Programme and the Recovery Toolkit<sup>3</sup> are fundamental to our support for victims of abuse. Make the Change is our core programme to help address perpetrator behaviour and delivered to clients across Lancashire. We needed to move away immediately from our normal delivery in groups for obvious health and social distancing reasons and have been experimenting intensively with methods such as zoom, one-to-one phone/video calls and WhatsApp.

We streamlined some programmes so that we covered 2 units in each of 6 sessions with clients, delivering no more than 3 sessions per day to avoid staff burnout – a lesson which the team learned early on. All our programmes operate to accredited Respect Standards now which we were awarded earlier this year and this has been an important step forward in unifying the programmes under a common structure with enhanced quality control and a more personalised approach to recording notes for each service user. There has been a fair amount of work to adapt the programmes delivery to beneficiaries on an individual basis.

Our overall strategy has been to anticipate an eventual return to group delivery on site from September<sup>4</sup> and to work through existing caseloads as effectively as possible in the meantime. We had 90 clients registered on our programmes before the lockdown and we initially finished 60 of those who were mid-way through the programme; we are now starting to work with new clients and currently have a waiting list of 40 but clearly delivery of programmes to service users "one-by-one" is a much slower process than normal group delivery.

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<sup>3</sup> The "AIM" programme (Awareness, Insight, Motivation) is a 12-week course helping victims to understand the beliefs held by partners and looks at the effects of abuse on children and young people, helping women to safety plan. The "Recovery Toolkit" (12 weeks) builds self-esteem and confidence, understanding and ability to deal with victims experiences and move forward.

<sup>4</sup> At the time of writing (August 2020) East Lancashire is subject to additional social distancing measures and spikes in the virus will clearly affect how we organise delivery of services going forward and our plans must remain adaptable.

We also triaged participants on our Programmes according to need and urgency, prioritising those nearing completion and those who needed specialist input and support as they were going through court and/or care proceedings.

#### **4.5 Safety Planning And Expert IDVA<sup>5</sup> Support**

We have continued to offer this vital service during the health crisis, providing support for clients at standard and medium levels of risk along with high risk cases which demand specialist IDVA support. As with other areas of service, all staff worked from home from the end of March and have been providing guidance to clients remotely over the phone or via other technology.

All professional meetings involving liaison with other organisations and agencies have also taken place over the phone, skype and zoom. Our senior staff have also continued to support our local MARAC<sup>6</sup>, again participating and chairing virtual meetings rotationally.

All this represented a major shift in how we operated and in short has meant that service continuity was protected by adopting new forms of communication, internally and externally. Our services are still here but clients access them in a different way – mainly by phone.

We produced a lot of new advisory materials quickly to try and make up for the obvious loss of face-to-face work with clients. We produced a specific new safety plan for Covid-19 with advice on our website which we also shared directly with partner agencies such as Inspire (our local substance misuse and treatment service), outlining the additional risks of abuse which arise from the lockdown and prolonged periods of even greater isolation in the home for vulnerable individuals. We also created a chatline as another route to provide help, reassurance and guidance. These changes have been vital.

In terms of performance, referrals initially dropped but this shortfall was temporary and filled by:

- a) proactive contacting old contacts;
- b) increase in calls following social media campaign;
- c) police referrals on the increase and at pre-Covid levels;
- d) advice and IDVA support are back to the same levels as previously.

The basic overall workflow has again returned to pre-Covid patterns - updating calls from existing clients and providing new clients with advice and linking them into services. In writing up the comments and thoughts of our staff in this report, it was striking that no-one for a second thought that a suspension of the Wish Centre services was ever an option. There was an unequivocal determination to adapt to the new order of things. As several staff said:

“I never had any doubt that our staff would do it.”

“We do what we can and we just get on with it.”

“I always knew the staff could pull this off: adaptability is the Centre’s key quality.”

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<sup>5</sup> Independent Domestic Violence Advisers

<sup>6</sup> Multi Agency Risk Assessment Conference

#### **4.6 Refuge Working and Lockdown**

As part of our service, we also run two refuges in Blackburn with Darwen. Their residential nature and special status, offering support to victims and their children at moments of crisis, presented additional challenges both for residents and our staff.

At an early stage our team worked out some practical ways forward, learning as they went. Some of these changes to our normal working practices were pretty major and in a sense turned how we operate “upside down”. That said, we maintained the service and kept things going. We put this down to a can-do attitude with a good honest team who just gets on with it.

As our refuge manager put it:

“No matter what’s thrown at us, we’ll find a solution.”

We rang the changes in refuge. Here’s a summary.

The first thing was to limit staff operating across our two refuge sites with no cross-site working. This immediately reduced the risks of virus transmission. For an initial period we accepted no new referrals, followed by a period of accepting new clients when full PPE<sup>7</sup> was available for staff.

Support sessions with residents were provided over the phone; the parenting course provided by another community group had to be stopped; and we delivered our AIM therapeutic programme over the phone individually, rather than in groups.

We introduced other measures to reinforce social distancing in communal kitchen areas; and establishing a rota for children playing in the communal areas; we welcomed the local police coming into explain all the Covid-19 measures in such a friendly way and this was also very helpful.

In the main, liaison for clients with solicitors and issues around welfare benefits had to be carried out by the clients themselves now, without the normal close side-by-side presence and advocacy of a staff member which would not provide for adequate social distancing.

New referrals into refuge became subject to the immediate completion and signing of admission forms, followed by strict self-isolation for 14 days which clients had to agree to as a condition for a place in refuge with us. We also all knew that staff from the various agencies we normally liaise with were working from home like us and were therefore subject to the same problems and constraints that we have been.

It has certainly been a difficult time; sometimes quite disturbing and threatening – but our staff have taken the pragmatic approach to “keep calm and keep going”. We’ve focused on minimising the risks of cross-contamination and transmission of the disease – and dealing with the health risks involved first and foremost. This has grown an even greater sense of trust between each other and dealt with possible anxieties. Our team has built up the confidence to carry on providing the service to beneficiaries, despite the exceptional and potentially dangerous circumstances we all find ourselves facing.

#### **4.7 Supporters and Social Media**

We play a very active local role in the community in East Lancashire and have done for many years. This has been reciprocated many times over by our local supporters who have always been so

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<sup>7</sup> Personal Protective Equipment

generous and made such a difference to our services as a DV provider with their donations, fundraising and other forms of help.

But our fundraising and relationships with local supporters - individuals, firms and other voluntary groups - have changed radically in character since March and the Covid-19 Lockdown. Although they've changed, they have not diminished. In fact, in many ways the socially-distanced environment has spurred us on to develop new, imaginative approaches and improvements on previous practice.

In terms of local fundraising, we knew we still needed to bring in revenue but we didn't want to alienate our regular follower-base by insensitive fundraising campaigns at a time when people might be struggling financially and had their own health concerns. We had to get our messaging right.

Social distancing meant that local firms and individuals could no longer hold their traditional fundraising parties, social events and activities to raise cash for us. More imaginative social media proved to be the key. We just had to change the way we communicated with our audience and to understand and respect the risks which they were also facing.

This worked.

We radically shifted the way we used social media to reach out to those who can fundraise for us and support us in some way. We introduced the 2.6 personal challenge which people could engage with via Facebook and donate to; our more regular social media posting seemed to encourage even regular supporters to fundraise and generate materials and cash for us; some local businesses set up a Just Giving page for the first time for their staff to support the Wish Centre. Our "upgraded" social media presence effectively opened up new conversations with our supporters.

Above all, we changed the emphasis and approach on our social media as a whole. We moved away from the traditional "newsletter/sharing news items approach" to one which aimed at engaging with people more meaningfully, providing them with practical and relevant things they could use and take away. It was about building and sustaining relationships, rather than sending lots of emails which people don't have time to read and probably won't read anyway.

It's been a pretty major shift in what we do and how we do it. And entirely new, we have set up a daily online chat forum; we've created a lot of children and young people's resources – and we've even had a few GPs contact us via the Live Chat which is unusual: we will try and develop this contact with GP practices further in the future. We concentrated on sharing resources on social media for DV survivors about managing feelings, managing children's feelings during lockdown in homes which are not happy places along with advice for dealing with risky situations at home – keeping the atmosphere there as calm as possible.

Given that the demand for our services was even greater during the lockdown than before and that we were having to operate under new and very constraining conditions, we just had to find alternative ways of engaging with those at risk and experiencing DVA. We did this directly ourselves and also by equipping other complementary local services with relevant DV advice and guidance. IT and social media were critical.

We upgraded all the information held on our website <https://thewishcentre.org/>

This included updated information on our full range of services, including IDVAs, Outreach, Peer Mentoring, Recovery and Change Programmes, Perpetrator work, Refuge, Children's Support and

Ethnic Minority Support. Beyond this we created a whole body of new resources for sharing which were Lockdown specific which we called our “Covid-19 Response”.

These included contacts for services via telephone, Zoom, WhatsApp, email or a client’s other preference, along with the Live Chat session we established each weekday morning and afternoon. More particularly, we started to develop a new suite of materials and resources which other services could refer to and which victims, those at risk and their children could use to help them stay safe during the Lockdown.

Materials for children included guidance on safety plans, Covid-19 time capsule activity book, a Coronavirus illustrated book for children, various resources to help children think about their safety; downloadable adult resources on safety and self-care when isolating, remaining calm and non-abusive and a raft of fact sheets and useful contacts for residents, employees, employers, frontline professionals, C-19 Test sites and professionals in alternative settings.

We have been pleased with the changes we made and it’s been encouraging to see how our clients engage positively with the resources which are of real utility to them. The considerable amount of work to modify these materials for social media use has been worth it. The social media stats all pointed to this positive effect: in April/May our website hits recorded 34% up in first-time visits; 85% up in page views; and 24% up in pages per unique visits.

## **5 SAFEGUARDING AND RISK**

One of the greatest and most worrying issues to emerge from the Lockdown has been the increased risk to victims and safeguarding. Testimony from all our respondents makes this very clear.

Typically:

“Safeguarding is a very real concern and challenge for staff – it always is – but this has been heightened now.”

Staff reported their concerns about the safety of clients when dealing with them on the phone or by a Zoom session; not being able to see a client in person, observe their body language or know if they can be overheard or are calling from a private and secure place at their home. It was difficult to be sure if the client was alone in the room and as a result it was much harder to identify and judge risk.

These concerns were addressed early on. The delivery of our therapeutic programmes via Zoom revealed that we couldn’t guarantee to manage confidentiality with total confidence. It was difficult to manage risk, if you couldn’t be sure who else was in the house and if they were able to observe sessions in the background. So Group Zoom was abandoned quickly and we found a way forward by using the phone and/or WhatsApp via private conversations and followed protocols of no perpetrators being present and calls at a convenient time for the client.

Despite a client-facilitator agreement being in place before a session has begun, staff still had reservations about risk and remained sceptical about the absence of a perpetrator in the background. Staff found that the safest way to proceed was to risk assess all the time during each session and assume that a perpetrator might in fact be present. The real concern remained that delivering sessions remotely with detailed information and resources risked arming an unseen and unheard perpetrator in the background with key information which they could use for their own manipulation and further control.

This did mean, of course, that the session discourse was not as free and open as normal, conversation could become more guarded and we accepted that this could actually reduce the effectiveness of the session.

## 6 FOR BETTER OR FOR WORSE

Overall staff clearly conveyed a can-do attitude and the new circumstances in which they operated had pros as well as cons. In this early Covid-19 era, we've been ringing the changes to how we work at the Wish Centre. Here is a quick-fire balance sheet of pluses and minuses at an operational level.

### 6.1 Advantages

**Involving and supporting parents:** the opportunity taken to engage more purposefully with parents has added to the effectiveness of our recovery work with their children. It fills a long known gap in our provision. Feedback from parents has been positive: they now understand much better the roles they can play themselves to help their children overcome the effects of abuse.

**Imaginative use of IT:** though the children have missed the group work together, we have been making great strides in using technology in our support work with them.

**Good outcomes:** feedback has been positive. Clients have clearly been making progress and staff have reported strong outcomes for some of our most vulnerable service users.

**Kept things going:** the emphasis has been on maintaining services and this has clearly been beneficial. The major systems shift to deliver via the phone has gone well.

“Service users seem to have adapted to it well.” Senior staff member.

“I'm so pleased that we have been able to carry on supporting clients - psychologically it's much better to be working than being furloughed would have been.” Senior staff member.

**More personalised and tailored:** with more 1:1 work, we can tailor a session to what's going on in the life of a particular client; some clients absolutely flourish in a 1:1 phone call and reveal issues that they normally are far too timid and reluctant to in a group environment.

**More reliable assessments 1:1:** sessions in groups can disguise how much key information individual clients have actually learned – often the more confident group members can dominate and influence feedback from other services users there. Working 1:1 can provide a more reliable picture of how much the participant has absorbed and how far they now understand risk, for example.

**Consistency across programmes:** while looking at our delivery methods overall, we have also standardised our recovery programmes so that Respect principles (at the core of our perpetrator work) are followed by all programmes, with a higher level of detailed and tailored notes for each participant.

**Generosity:** we've certainly been struck by the generosity and support offered by local people, businesses and firms during the health crisis – answering appeals, raising cash and donating goods.

**Service continuity has been achieved:** overall everything has been dealt with and effectiveness maintained. Staff put this down to the “can-do” attitude of the team who just get on with it.

“No matter what's thrown at us, we'll find a solution.”

### 6.2 Disadvantages

**Takes longer:** professional guidance to clients and providing emotional support over the phone, (or via WhatsApp, Zoom etc) takes longer and we have to accept this as one of the negatives on service performance. It takes much longer to get through waiting lists of referrals and complete support programmes.

**Review of outcomes assessment needed:** we've always been very outcome-focused as a service and many funders have shown helpful flexibility during this unprecedented time – albeit that different funders/commissioners require different levels and types of reporting. But we do think there is a need to count success in other ways now; assessment and outcomes need to change and incorporate the fact of homeworking.

**Volume of work:** it's a real concern that numbers and waiting lists are steadily building up and there is a need for more time and staff to provide the necessary service – resources were stretched before and this is much greater now.

**Group dynamic missed on programmes:** with the AIM programme delivered individually and remotely, the group dynamic is missed and becomes quite restricted in value where group interaction and mutual recognition of shared experiences are key to the learning and awareness process. The group dynamic – and absence of peer support which is normally integral to the Wish Centre's model of working – has affected all programmes including those for victims, children and young people and perpetrators.

**Miss seeing facial expressions:** not being able to see facial expressions of clients (over the phone) is very restrictive and introduces some doubt about delivery, quality and relevance. Facial, physical and oral interaction works best – but this has been impaired.

**Emotional and physical responses to clients impaired:** limitations now placed on the emotional physical response we are able to provide both women and children – we simply can't give hugs or hold a hand like we used to. These elements of emotional and physical warmth are so important and their loss is very hard for staff, victims and their children alike.<sup>8</sup>

**Close-by practical support weakened:** very simple, functional support that we would normally provide doesn't flow as normal now. For example we can't handhold a lady to get registered at a GP; can't go and pick up a registration form and picking up prescriptions are now more problematic than previously.

**Missing out on normal agency visits:** Refuge has been receiving far fewer professional visits from social workers (e.g. to high risk families on child protection plans), health visitors and school nurses. Core Groups are taking place over the phone and it has been falling on Refuge staff to challenge and advocate on the issues which emerge – this is an unsatisfactory arrangement and one where it is simply wrong to assume that victims are at reduced levels of risk simply because they are in refuge and have refuge staff there with them.

**Other operational blockages:** the signposting, interaction and liaison with legal and housing support teams for clients has its problems, often because staff there are also homeworking and there are delays in the process which weren't there before to the same extent. The face-to-face legal surgery has also stopped for the time being.

**Need to manage donation giving:** the generosity of local people and partnership support has been great but has raised important issues around refuge privacy and safeguarding. The manager has had to limit donation drop offs (food parcels; children's toys; clothes; bedding etc) to be done only by

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<sup>8</sup> This is especially true in our Refuges where the experience of family groups arriving in refuge (especially out of area) is very isolating and traumatic. Low-mood residents also miss out on that close physical interaction to get through the day with a hug to comfort the children.

employed professionals who are themselves involved in and who fully understand safeguarding policy and practices.

**Effects on counselling:** we've continued to provide a counselling service to clients largely via our amazing student counsellors but some progress has been lost for the time being. Some clients don't want to use phone or Zoom and inevitably have taken a step back. Similarly, providing supervision for our counsellors can be quite difficult when done remotely; counsellors have missed the reinforcement and face-to-face reassurance from the team in a normal office environment.

## 7 CENTRAL PLANNING AND MANAGEMENT

### 7.1 Decision-making framework

The pressures and challenges facing the Wish Centre's leadership team back in March 2020 were daunting but were managed methodically and well. The team (principally the CEO and Operations Manager) took a pragmatic approach, concentrating on dealing with all the logistics involved in creating a Covid-19 secure working environment and practices. As Shigufta Khan, CEO, reflected:

“There wasn't time to panic. We just needed to get things put in place quickly.”

All staff emphasised a determination to keep the Wish Centre's services running as far as humanly possible. The senior management team adopted 4 key principles to guide their Covid-19 decision-making. These provided a structure and a reasonably methodical approach to unprecedented changes in working methods and engagement with service users. The principles were:

- a) Keeping staff adequately safeguarded as a paramount concern and guiding principle
- b) Interpreting and following central government Covid-19 guidance
- c) Using the Wish Centre's pre-existing risk assessment and business continuity plans as templates for Covid-19 related changes
- d) Close engagement and regular communication with the Chair and Wish Centre Trustee Board

There were a lot of unknowns at first and adopting these principles helped overcome some of the apprehensions, providing reassurance at times when the sheer logistics and urgency involved could become overwhelming. Existing Wish Centre policies were helpful guides and were added to quickly with a home-working policy, covering data protection and information sensitivity. The CEO and Board Chair initiated regular weekly meetings or phone calls between each other which streamlined communication with the whole Board itself, keeping them up to speed in a rapidly changing environment. This helped quick decision-making which was vital.

Whilst senior management has stressed that their focus has been on just keeping things going, there can be little doubt that it has also been a draining experience with barely any respite for six months.

### 7.2 Staff goodwill and respecting sensitivities

The CEO stressed how important it has been to strike the right management approach to achieve the organisational changes which were needed. Staff had natural and very justified anxieties about the pandemic as a whole and faced worries operating in a Covid-19 environment about their own safety and contact with colleagues, service users and other professional colleagues.

An authoritarian and hierarchy-driven style was not the Wish Centre approach and would have failed. As Shigufta commented:

“It was really important to let staff talk and share with each other possible ways forward - to make the changes at a pace they felt comfortable with. These have been huge changes and challenges. They couldn't have happened without the goodwill of staff who have been so creative and marvellous throughout.”

An important part of the approach has been to give staff space to try new things, to offload frustrations when they needed to, always to listen to concerns and to suggest alternatives which might work and help – often by encouraging talking to other colleagues who work in different parts of the charity. Staff working with victims, children, perpetrators and refuge all learned from each other who have confronted similar issues in different ways.

Everyone has learned from the experience. At the end of the day the team has managed to balance legitimate staff anxieties with practical service needs.

### **7.3 Funding**

Adequate funding for organisations in the Third Sector is always a concern for senior managers, the Board and practitioners, especially agencies like the Wish Centre which provide local, frontline delivery to local communities. Concerns were initially heightened by the impact of Covid-19 on voluntary organisations' abilities in general to fulfil contractual commitments to their funders.

Such worries were quickly allayed by the understanding approach taken by funders and commissioners across the board who immediately recognised the scale of the problems faced by their grantees during these exceptional and unprecedented times. This flexible response was exemplified by the London Funders statement (02 April 2020)<sup>9</sup> which was adopted by over 250 funders from all sectors, pledging their support for civil society groups affected by the Covid-19 pandemic. Signatories to the agreement included many past and present funders of the Wish Centre and committed themselves to four main ways of working:

- Adapting activities – acknowledging that agreed outcomes may not be achieved in the timeframes originally set.
- Discussing dates – not adding pressure on organisations to meet tight reporting deadlines.
- Financial flexibility – allowing organisations to use money differently e.g. buying equipment and covering staff sickness.
- Listening – encouraging frank conversations between funders and grantees, with funders being supportive of their needs.

The Wish Centre CEO also took a proactive approach with funders, contacting them ahead of time and updating them all on the actions we were taking to cope with Covid-19. They have been reassured that we have been proactive and innovating “around the problem” and providing the best service to clients that we could.

This has been reinforced by completing more formal returns and reports to funders when requested by them for updates on our progress and the approaches we have been taking to overcome any difficulties. The CEO encouragingly has been able to report that service quality in general has not suffered; that IDVA support and the Refuge have had their challenges but not at the expense of any drop-off in quality even though numerical outputs may be down.

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<sup>9</sup> <https://londonfunders.org.uk/our-blog/press-release-more-250-funders-have-signed-covid-19-funder-statement>

Many funders adapted their funding programmes to offer emergency finance to Third Sector agencies, specifically for the purpose of covering the unplanned costs involved in adapting services so that they are Covid-19 compliant. The Wish Centre was very proactive in pursuing these opportunities and has found them very helpful in providing access to specific funding pots for new IT equipment, for example, to facilitate home-working.

So the Wish Centre's experience with funders and commissioners during the corona crisis has been extremely positive. But concerns remain for medium term funding needs into 2021 and beyond which are likely to be very testing for the Centre and no doubt for others too.

#### **7.4 Enhanced local networking**

Despite the suspension of physical meetings between agencies and professionals, the quality and frequency of such networking using zoom technology and equivalents has unexpectedly improved. This has certainly been a notably positive feature of the local Covid-19 experience.

For the Wish Centre (largely represented by the CEO at such meetings) these have included the local Domestic Abuse Board, Children's Services, the Adult Safeguarding Board, the monthly MARAC<sup>10</sup>, a monthly (instead of the normal quarterly) Pan Lancashire DA Board, a fortnightly DRIVE meeting with the police, Police and Crime Commissioner office and perpetrator services; and a nationwide Respect meeting (weekly) with perpetrator organisations from across the country.

These have proved valuable and relevant for the agencies taking part. They have been conducted efficiently with a noticeable reduction in timewasting chit-chat. Participants have been eager and willing to learn from each other, to share information and ideas. And they have been logistically much easier to accommodate in people's diaries with travel time cut out. The technology has also made meetings much more possible for agencies from across the country to take part.

As Shigufta Khan, Wish Centre CEO said:

"I have never felt more connected with people I used to see at best once a quarter, if at all."

The frequency of some meetings has slowed since the height of the early national lockdown but it seems likely that the online method is here to stay as part of the "new normal."

#### **7.5 Thoughts on the future**

The Wish Centre CEO is optimistic. She sees the future as a blend of the traditional face-to-face delivery combined with newer online methods. In spite of medium-term financial challenges:

"The future looks exciting. Covid-19 has stimulated us to explore new ways to deliver services, new ways to connect with victims and to be more creative. We're really looking forward to developing our online platform, a crucial innovation and we want to be at the forefront of this." Shigufta Khan, CEO.

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<sup>10</sup> Multi Agency Risk Assessment Conference

## 8 WORKING LIFESTYLES

We have outlined some of the more technical impacts on services in the previous sections. But how has the introduction of these changes affected the attitudes of staff who have been charged with delivering them? How do they view the changes and their impact on their own work-life routines, balance and effectiveness?

### 8.1. Staff mood at the beginning

In a word – apprehension.

The initial mood described by staff was a mixture of denial about the crisis where the threat still seemed remote; and being oblivious to the massive changes in working practice and home/work lifestyle that were about to happen.

Home-working had not been a part of the Wish Centre’s working practice before and there was a natural concern about how it would work in practice. The team were also worried about their own health and safety. In the weeks and days running up to the official lockdown, staff commented that it was quite a scary feeling – and in the end they said they were actually relieved when they could start working from home.

They had already started to think about the changes which were needed to working arrangements anyway – before the Prime Minister’s March 23rd announcement of full Lockdown. They were concerned to keep services going even under “plague” conditions. But had a worrying niggle that remote interaction with clients might inadvertently cause more problems around safeguarding and other issues.

Our Refuges presented a special case, given the residential nature of service provision there and the “closed environment” in which they operate. The initial mood of staff there was very apprehensive.

At first there was a mood of denial that the Pandemic could really be happening at all. But as the days quickly passed they all started to experience an unpleasant apprehension with schools closing and staff becoming very anxious about physically being in work. The changes they had to make to their normal processes of working felt like a significant loss in the richness and quality of the support they could provide clients. As a senior team member put it:

“It’s been a threatening and disturbing time.”

Taking practical steps to minimise risks of cross-contamination and transmission of the disease – focus on dealing with the health risk first and foremost – helped grow a greater sense of trust between refuge staff. This dealt with those early anxieties so that the team could carry on providing their normal quality service for beneficiaries.

The refuge manager stressed the need for her to get the psychology of the situation right, show strong leadership and take on board all initial staff worries, underpinned by the determination to:

“Keep calm and keep going.”

Staff found this reassuring. Everybody was concerned but they worked their way through it.

### 8.2 Well supported by the organisation

Good and flexible management from the centre of the organisation smoothed the transition and this has been reinforced by staff. Central management successfully pursued numerous external funding

options locally and nationally; these were launched to help organisations across the country deal with the Covid-19 crisis and compensate for the additional, unplanned expenditure involved.

The changes and adaptations to become Covid-19-ready were considerable. Planning started well before and anticipated the government instructions on workplace arrangements and prior to the official announcements. Staff needed new IT equipment/small capital equipment in terms of phones/tablets/laptops and remote access to the Centre's central client databases. A lot of materials needed to be produced quickly to make service continuity as seamless as possible. This helped make working from home more feasible right from the start.

The management team put the systems and equipment in place quickly and helped allay some of the apprehension. Staff have reported feeling they had been well supported, albeit that some felt the transition was too abrupt and quick.

Management was open-minded and flexible to new ideas from staff and though the changes have been significant, the overall process of change emphasised doing the possible rather than overloading staff with unrealistic targets and workloads. There was clear recognition that these were exceptional circumstances and staff should:

“Do what you can do.”

The working lifestyles of staff and how they perform their day-to-day functions changed too. These are the result of the requirements to work from home and social distance from clients, colleagues and fellow professionals. This has inevitably affected homelife. In the following sections we outline what staff have thought: a balance sheet of the good and the bad, the pros and the cons.

### 8.3 Pros

Staff reactions have been positive, reflecting their determination to keep crucial services going for their clients and to do whatever it takes. Advantages highlighted were:

**More flexibility around working practice:** being more able to fit work around the home environment was seen in a very positive light by staff and they enjoyed the trust from management to work from home which was a new working convention for the Wish Centre. Staff hoped that this flexibility might continue.

**Flexibility helps service users too:** not having to stick to 9-5 office hours also benefits some clients, especially those with children, when contact between staff and service user is easier occasionally in the evening.

**Establishing a work pattern at home:** staff quickly sorted out the practicalities of creating a work space in the home, separating themselves from family members as far as possible during working hours.

**Getting better at working from home:** this has been a learning curve for staff; some said how they were learning to prioritise their work better, improve their time management – in a DV sector where demand on services and staff time can be unpredictable. As one team member put it:

“It's amazing how well people CAN work from home.”

**Less commuting:** less time commuting seen as a big time and money saver;

**Everyone is different:** staff reactions to working from home and the social distancing requirements varied, depending on the personality of each team member and how each person works effectively.

Some function better in the office dynamic, while others work quite happily at home and independently. Some colleagues have adapted well; others less well.

#### 8.4 Cons

Nobody pretended that the new work regime was perfect. High among the drawbacks was missing the direct personal interaction with colleagues and some of the losses in operational efficiency which became apparent because of this.

**Missing colleagues:** after 4 months of lockdown staff commented how they were missing come into the office and were starting to get frustrated at not being able to meet up with colleagues.

“I just miss my colleagues. I’ll be glad to be back.”

“I desperately miss the camaraderie.”

**Missing team engagement and efficiency:** staff all commented on how they missed the opportunity to bounce ideas off colleagues in the office. Interacting and discussing case issues from home with each other was much more laborious and time consuming now and used to be done so much more easily and effectively in the office.

“Knowledge and experience used to be much more readily at your fingertips. Now you’ve got to ring them up, email them, send them a message but they’re not always there and you have to wait for a reply. Before, I could just nip upstairs at the office and speak to someone!”

“There is a risk of losing teamwork and team liaison because of the isolation factor – or just missing other people’s expertise.”

**Not a long term solution:** working from home was seen largely as a workable solution, not too bad logistically - but not sustainable long-term without some modification. Staff expressed concerns if the current format continued long-term.

**Team working:** various teams were gradually developing a routine of regular online meetings with each other. But this did not overcome the reality that home circumstances could be difficult for some; they found it difficult to operate as a team and the process was “laborious and exhausting.”

**The remote-working phenomenon:** some staff reported that the current model of working (largely on-line and by phone) would physically and psychologically be OK for a while but a whole future of it would be daunting. They preferred being in the office.

Some commented that being and working alone was simply not good mentally long-term.

**Sharing problems:** staff reported how the impact of remote working on them was “quite significant”. There was a genuine concern that you can’t share the problems conversationally with others as easily as before; and that some staff need the space simply to let off steam occasionally and that opportunity has been lost or significantly reduced.

**Boundaries of work/home blurred:** staff sometimes referred to a tendency to work longer hours at home; it being harder to switch off and that:

“You missed that clear end of the day finishing line, so at times I’ve found it quite difficult and the key quality you need is flexibility.”

**IT practicalities and hiccups:** for some staff the new and different IT demands and learning involved have been big challenges and there have been issues with home signal reception and Wifi boosters, for example. Practical problems which may have been temporary but certainly a source of frustration from time-to-time.

## 9 REFLECTIONS ON THE FUTURE

It obviously depends on who you read and where you read it. But from a national perspective there appear some good reasons to be positive about the future; even if the pandemic and its consequences are going to be with us for the long haul, with fluctuations in local and national restrictions along the way.

In her article<sup>11</sup> of 15 May 2020, Lisa Weaks (Assistant Director, the King's Fund) described the VCSE sector nationally being in a particularly precarious position and:

“facing its toughest-ever test as a result of the Covid-19 pandemic”

And yet despite a bleak picture of rising demand, falling funding and shortage of cash reserves, Weaks saw positive signs for the sector as a whole being agile, flexible and strong, “becoming tech-savvy almost overnight” and moving support services online. She placed a good deal of future responsibility on Third Sector leaders as a “new normal” is gradually created.

In a 2020 survey<sup>12</sup> of 300 charities on the impact of Covid-19, Lloyds Bank Foundation found a mixed pattern of rapid operational adjustments undertaken by the Third Sector bodies; rising demand for services; rising costs; and serious concerns about medium term finances and a drain on charities' reserves. New methods of delivery were proving more resource intensive as the focus shifted towards more one-to-one, online and remote support over group work; the needs of people seeking help tended to be multi-layered; all requiring more resource, time, expertise and equipment.

Lloyds anticipated that the future position of charities could be difficult and will be finely balanced. The last 6 months has seen charities' focus on the immediate challenges of lockdown.

“But the future impact will be felt for much longer.”

A focus on the short-term, responsive and Covid-19 emergency funding has made it harder for charities to plan for the future; many charities will see grants end over the next year and the need to secure replacement income in the medium-term will become urgent.

The biggest adjustment in working life has been the large-scale adoption of flexible working practices and homeworking. Although borne of a necessity to protect health, there is evidence of greater business efficiencies resulting from this change. For Jellyfish Pictures (London-based animation and special effects business), working from home has been a surprise success without any drop in productivity. Reporting in the Guardian<sup>13</sup>, Jellyfish founder, Phil Dobree said:

“Some practices have improved, such as communication, which is more regular and efficient remotely. In the office, meetings often unnecessarily run on, or conversely people don't communicate enough – now they are.”

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<sup>11</sup> Weaks, L (2020) Tough challenges but new possibilities: shaping the post Covid-19 world with the voluntary, community and social enterprise sector. The King's Fund' London.

<sup>12</sup> Lloyds Bank Foundation for England & Wales (2020) Charities Responding to Covid-19. London.

<sup>13</sup> Mark Sweney, business correspondent (2020) The Guardian Newspaper 18 April 2020. London.

Remote working has gone much more smoothly than many companies feared. Admittedly, hi-tech and financial services are very different industries and with different dynamics from the charity sector but we have seen from the Wish Centre's own example that some of the positive effects and efficiencies are comparable. Services have been sustained; professional networking has continued and in some ways improved in quality; working lifestyles for staff have greater flexibility.

A review of the academic research and literature on the longer-term mental, social and economic impact of remote working would no doubt fill a library. This would also require longitudinal studies over a number of years for testing and hard evidence of change. But a quick scoping of "remote working" articles already produces some insights and tentative predictions.

Mental health concerns about remote working were expressed in [Science Magazine, 16 March 2020](#), referring to how our impulses for connection with other people are "evolutionarily hard-wired" and that over long periods, social isolation can increase the risk of a variety of health problems including heart disease, depression, dementia and even death. Social contacts can buffer the negative effects of stress. An analysis of scientific literature (Brigham Young University, U.S.) determined that chronic social isolation increases the risk of mortality by 29%.

The [Guardian's Technology Editor, Alex Horne, March 2020](#) also speculated about Covid-19 causing a "surprising, even if relatively mild, deterioration of mental health". [Stanford Institute for Economic Policy Research, June 2020](#) anticipated that once society had become accustomed to social distancing, even the development of a Covid-19 vaccine may not overcome a reluctance of staff to return to dense offices. There was evidence even back in early 2020 that staff were already starting to question why they had to go in to the office in the first place.

Meanwhile, the [University of Birmingham](#) published a UK study earlier in 2020<sup>14</sup> which separated the positive and negative impacts of homeworking. Benefits included staff flexibility; savings on commuting; reductions in carbon emissions from transport; increased video-conferencing and reduced need for office space. Deficits included stalling productivity; poorer staff training; negative emotional impact, feeling isolated and less part of a team.

Prior to the pandemic, the [Guardian's Holly O'Mahoney, 31 January 2017](#) reported the Chartered Institute of Personnel and Development's (CIPD) positive promotion of flexible working practices which were also backed up by the London School of Economics (LSE). Benefits mentioned were improved staff engagement, motivation and performance; and greater equalities, "chipping away" at the types of issues and traditional inflexibilities in working practices that historically can prevent women from advancing their careers.

The one thing that there does seem to be unanimity about is that the effects of Covid-19 will be with us for the long-term. And that life will not simply return to pre-coronavirus ways.

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<sup>14</sup> Billing, C (7 April 2020) The Long-term impact of homeworking arising from the Coronavirus (Covid-19) Crisis, University of Birmingham.

## APPENDIX 1

### The Wish Centre

The WISH Centre is a registered charity, providing crisis support and recovery services to victims, perpetrators and children affected by domestic violence and abuse (DVA). Volunteers are a crucial part of our organisation, many of whom are former service-users themselves. We are Blackburn with Darwen Council's commissioned DVA service; and Lancashire County Council's commissioned provider for perpetrator services. We are Investors in People accredited; hold the Weston Charity Award for organisational development; and the Investing in Children Award for championing the rights children and young people. We are Respected accredited for our perpetrators.

Founded in 1989 by local women, we provide a holistic range of services: a drop-in centre for practical guidance and emotional support; crisis support and expert safety planning and mentoring from qualified IDVAs (independent domestic and sexual violence advisers); a free legal surgery, two local refuges, providing safe, temporary accommodation for women and their children; and a range of therapeutic and awareness sessions to help the recovery of women victims, couples, children and young people and perpetrators themselves.

Our work supports people from Blackburn with Darwen and Lancashire in the North West and is informed by our core values of respect, equality, social justice and high-quality, non-discriminatory services. Our beneficiaries are from diverse backgrounds by ethnicity, age, faith, socio-economic groups, sexual orientation, disability.

In 2019/20 we dealt with almost 3,300 referrals of whom almost 600 were high-risk cases; over 195,000 Helpline calls; 150 women and children accepted into our refuges; 330 children supported on programmes; 600 adults on separate victim and perpetrator programmes and over 2,000 clients receiving IDVA support or advice; with 26% of our clients being children and young people under 24 years old.

Over the last 30 years, BDDWA has supported a new client every 30 minutes in every working day since we formed. We work holistically, applying a 'whole family approach' (WFA), supporting children/young people and addressing perpetrator behaviour. This means working in partnership with many other organisations locally across the public, voluntary and private sectors, operating centrally from our base in Blackburn and also in community settings across the Borough and Lancashire county.

## APPENDIX 2

### The Covid-19 timeline – from liberty to lockdown

- January 2020 – first confirmed cases in the UK
- March 2020 – local UK elections postponed for a year
- Late March – restrictions tighten: PM Boris Johnson announces wide-ranging restrictions on freedom of movement with stay-at-home orders – national lockdown
- April 2020 – restrictions continue and UK still in a “dangerous situation” (Deputy Chief Medical Officer)
- May 2020 – UK death toll highest in Europe and second highest in the world. New Covid-alert system announced
- June 2020 – non-essential shops reopened
- July 2020 – new regulations and face coverings. New restrictions in north of England banning meetings between separate households
- August 2020 – travel and commerce starting to recover. Test and Trace system heavily criticised.
- September 2020 – schools and colleges re-open. Additional localised restrictions to tighten social distancing. Rates of transmission and infection rising to the concern of Chief Medical and Scientific Officers.
- September 2020 – PM announces extensive national restrictions but falling short of a full national lockdown as per earlier in March. These new measures may be in place for 6 months.

## APPENDIX 3 - RESEARCH TOOL

### WISH CENTRE- RESEARCH OBJECTIVES – COVID-19 SURVEY

1. To document the operational changes undertaken by the Wish Centre so that continuity of services to beneficiaries is preserved, following Covid-19 Lockdown instructions – the changes made.
2. To understand and describe the impact of those changes on services provided – how well have the changes worked – internally from the staff perspective
3. To identify key findings, learning and points for future consideration

**Survey has a balance between adapting the work itself – and the impact on staff faced with big changes to their working lifestyle**

#### STAFF SEMI-STRUCTURED QUESTIONNAIRE USED AS A DISCUSSION GUIDE AND PROMPT TOOL FOR INDIVIDUAL TELEPHONE INTERVIEWS

1. Just tell me what your position is and your role is
2. What changes you've made to the way you work
3. How much work has this involved
4. What's the result of all this change
5. What did you think at the beginning just before you started to make these changes. What was your mood.
6. How important has it been to make the changes
7. Do you think the changes have worked.
8. What areas do you think have worked the best
9. Any difficult areas which have not worked too well
10. Have you been well supported by the organisation during this time
11. How has all this affected YOU an individual
12. How have other colleagues reacted
13. How do you feel about the future
14. Your attitude to the future – your mood
15. Are there any particular areas you are concerned about
16. What's the best thing that's happened
17. What's the worst thing that has changed
18. Would you have done anything different - by you or anyone else
19. Anything you'd like to add

**BobMcD/June 2020**