

# Respect

## Responding to the challenges of Covid- 19

Guidance for Online Service  
Delivery

January 2021

## **Introduction**

The coronavirus pandemic has impacted significantly on organisations working with domestic abuse perpetrators, victims and survivors. The limitations placed upon face-to-face programme delivery as a result of the national lockdowns, rolling lockdowns and firebreaks which we have experienced has led to a growth in online service delivery. Whilst online delivery is not new its delivery has been limited and often undertaken in response to engaging geographically isolated communities. Examples of work that do exist have tended to be in Australia and North America. Research and the development of best practice in online work is still in its infancy and therefore those working online have had limited sources of support and advice.

This guidance seeks to address some of the basic principles and considerations essential in the development and delivery of online programmes for domestic abuse perpetrators. As with in-person interventions safety and wellbeing for survivors and children remains of paramount importance and any decision to proceed with the offer of an online intervention for perpetrators must consider whether it is safe to do so and how the safety of those at risk can be managed.

Respect recognises that whilst not all referrals are considered suitable for in-person intervention the same can be said for an online alternative. The suitability of the client to engage in an online intervention may require additional considerations such as their access to WIFI or a suitable device through which to access the service. It has been heartening to see that since March 2020 the need to provide clients with tablets and phones to access services has been recognised with money having been made available in some areas through local authorities and philanthropic funders. This has allowed people from less privileged families to continue to access support whilst not placing additional financial burden upon them in accessing these online interventions.

Across the Respect Accredited Membership there have been significant developments in online delivery. The support that these services have provided one another has been invaluable and some of this guidance is a reflection of discussions Respect has had with them. In this instance we would like to credit and acknowledge their contribution to work with those who experience and perpetrate domestic abuse.

## **Suitability Screening and Assessment**

The assessment of client suitability is not entirely focused on their motivation to engage or risk considerations. Other factors to be considered are their access to the equipment required to undertake this intervention. Potential clients will need to have access to:

- Tablet or laptop with a forward-facing camera
- Consistent Wi-Fi signal or a data plan with sufficient capacity to stream video

- Safe, consistent and appropriate space to undertake sessions where they can give assurance of being alone.

As the practice evolves our learning about the requirements for clients is also evolving. The following points are guidance and should be considered. You may choose as a service to make certain allowances to clients but being aware of the following points will minimise challenges in facilitation as you move through the sessions.

Mobile phones are not considered suitable for these interventions owing to their smaller screen which makes it difficult for the participant to view the facilitators or others engaged in the session. They may be more appropriate for an individual programme but difficulties remain and Respect does not support their use for online interventions. Facilitators may struggle to manage the delivery if they are troubleshooting ongoing technology challenges and therefore it is important to refer to your client participation agreement which will have been undertaken at the point where the service is offered or not.

It is recommended that a specific online intervention participation agreement is developed which will cover the following points:

- Clients have an appropriate device and Wi-Fi/data signal to engage in all sessions
- Clients must be alone and in a safe space with earphones/headphones
- Survivors, family members & children must not be in the same room as the participant
- Consent to record sessions for service development and practice management must be given
- Participant confidentiality must be upheld and covert recording of sessions is prohibited

Prior to each session it is recommended that clients log on and test that their equipment is working so the delivery of the session is not inhibited for themselves or others. If this is a consistent challenge for the client a further discussion regarding their suitability for the intervention should be considered and where necessary this should be communicated to the referrer.

Clients will need to elect a safe and appropriate space to undertake the sessions. It needs to be quiet and not prone to the client being interrupted by other members of the household. Arrangements will need to be made for children in the household to be appropriately supervised. If clients disengage from a session without notice and/or sufficient reason the facilitators should make attempts to contact the client by phone and establish whether they will be re-joining the group. Re-introducing the participant should be done at a point where there is a natural break in delivery. This can best be undertaken using the "waiting room" function of the software.

It is essential the client is sitting upright in a chair and is not lying down or on a bed for example. The intervention should where possible seek to replicate the configuration of an interview room as though the client was undertaking an in-person session. This includes the participant being appropriately dressed and not smoking or eating during the session.

Clients should have a headset available to use during the sessions, this will help to ensure the client is not affected by peripheral sound and will also support the confidentiality of other men engaged in the group sessions. Clients should not use a blurred or picture background unless agreed by the facilitator ahead of the session. The ability for the practitioners to monitor the environment the client is in may help to identify changes in the clients surroundings, unknown persons and to ensure if necessary, they are alone.

These considerations will need to be addressed through the initial assessment and engagement sessions, with each client having a clear understanding of the requirements to participate as well as a plan on how they will manage their environment. Their inability to manage these requirements could jeopardise their place on the programme and in the worst cases will inhibit the ability of other participants to engage in the sessions.

Covert recording of sessions is a known concern with in-person and online interventions. The motivation for a client to do this may vary from case to case. Facilitators should address this at an early stage with the client in their individual sessions and it should again be covered in the group rules. It should be made clear to the participant that a breach of this condition could immediately result in their removal from the intervention.

There are many identified factors which can inhibit the engagement of perpetrators during the interventions, the impact of peer influence within groups is acknowledged as a positive vehicle for change. However, the research into online service delivery is still limited with few studies available, all of which lack longitudinal data. Practitioners should be aware of the emergent research into Online Disinhibition Effect. There is some evidence that clients who engage in services online are less likely to minimise their behaviour and therefore delivery through this medium might result in greater depth of disclosure. This should be considered if running this model in a group-work approach as clients may become difficult to manage and significant disclosures could have an impact on group culture.

### **Integrated Support Service (ISS)**

All interventions with perpetrators of domestic abuse must include an ISS for respondents, ex-partners (at risk) and current partners. Pro-active contact with those at risk should be made with records kept of all interactions and efforts to identify and offer support.

Risk management prior to and during this intervention is a high priority. Where participants have failed to attend sessions, left a session without notice or turned their camera off for any period of time the service provider should consider this as something to explore with survivors. This is

particularly important if you are aware that the participant is living with a partner or if there are children in the home. Respect is aware that perpetrator programme can be used as a means for furthering abuse and opportunities to address this and monitor risk must be undertaken.

All requirements for ISS outlined in the Respect Standard (3<sup>rd</sup> Edition) continue to be considered essential in-service delivery.

### Facilitation and Delivery

In review of work undertaken thus far there is a recognition that group delivery online will need to engage a smaller group of clients. Where an in-person delivery model might see a group comprise of 8-12 participants the online groups are better delivered to 5 or 6. More participants than this becomes challenging to manage due to participants speaking over one another. Services may also choose to deliver individual work online but recordings of sessions observed by Respect across a number of services underlines the ongoing value of the group model and peer challenge/support.

All group sessions should be delivered where possible by a co-gender facilitation pair, in this instance Respect would advocate that best practice for group delivery would incorporate an additional third facilitator. The role of the "third" would be to manage the software and features used in delivery of the session. To follow up with clients who unexpectedly disengage from the session and to give attention to clients who may need additional support (via a breakout room).

It is recommended that the sessions delivered are of a shorter duration with a recognition that there is an additional level of fatigue experienced through extensive periods in online meetings. Respect would recommend that session whether for a group or individual are designed to last between 75 and 90 minutes.

At the commencement of each session the facilitators should complete a checklist to consider whether it is appropriate to engage the client in the session. All aspects must be met for the session to commence. It is recommended that this informs part of the initial discussion with the client as to whether they should be offered a place in the intervention.

Checklist	Y/N
Practitioner is sitting somewhere private, with minimal distractions.	
Participant is sitting somewhere private, with minimal distractions.	
Participant is not – and/or does not appear to be – under the influence of drugs/alcohol.	

Practitioner and participant are both using headphones.	
Other people in the home are aware that the participant is going to be on the call and understand the need for privacy, as well as the approximate length of the session.	

### **Client Participation**

Clients who consent to participate in online interventions will need to agree to attend all sessions, there should be no consideration for an alternative intervention if they choose to de-select themselves. If a client is struggling with the technology then the service should have the knowledge and experience to guide the client through the use of the necessary functions as required. It is easy to make an oversight and assume all clients will be familiar with video conferencing software.

The service should ensure the client understands that if they fail to attend sessions without reasonable cause they will be considered for de-selection as with any other kind of service. Where they are able to provide a reasonable and acceptable excuse for non-attendance on a given session it is recommended that participants undertake catch up sessions. A catch-up session should be a review of the content in the missed session in which the client meaningfully engages. It should not simply be a review of what took place. This will ensure programme integrity but will also reduce the impact on other group members own engagement with the session. Clients periodically and without notice disengaging from online sessions is a recognised challenge for facilitators. During induction participants must be made aware that if they disengage from a session without notice this could count as a missed session. Respect would advise that where they are not present for more than 10 minutes this will need to be recorded as a missed session. Incidents such as attending to a caller at the door, answering the phone or speaking to others in their home are not acceptable. Again, the expectation for participants is that they will need where possible to engage in this intervention as though they were undertaking an in-person programme.

### **Platforms and Features**

There are a range of different platforms available which can be used to deliver online interventions. Microsoft Teams and Zoom are the most popular choices being employed in this sector. There are obvious cost implications to be considered but these platforms of all of those available provide the most helpful functionality. It is essential to consider some of the dynamics in delivering online interventions such as the need to manage cross talk, background noise, distressed or upset clients as well as showing videos and other resources to participants. Considering how your

intervention might work and what is necessary to deliver it successfully will lead you to make the appropriate choice.

There are a number of key features of video conferencing software which practitioners will need to be familiar with. Programme which function well will be employing a range of features to engage participants and make the session as interactive as possible there may include but are not limited to the following:

**Chat**, the management of an online group may be challenging and there is a risk of cross talk which can become disruptive. The chat box allows the facilitators to deliver questions to the group and for participants to raise questions or comments themselves whilst allowing space for the current speaker.

**Hand raising**, it is essential that during induction clients are advised of the importance of using the hand raise button if they wish to raise a comment or to speak during a group session. This reduces the potential impact of cross talk in the group and evidences a level of discipline on behalf of the client to wait a turn.

**Breakout rooms**, the use of this function is two-fold in the delivery of the programme. During small group discussion the facilitators can assign certain group members to a breakout room this allows for the creation of two distinct spaces for small group exercises and discussions. The second aspect of this feature is to manage clients who become distressed during a group session or who have left and then re-joined without notice. As identified the management of clients who leave group sessions without notice will need to be closely managed.

**White boards**, virtual white boards are a useful feature of the software. The facilitator is able to type and scribe on the whiteboard or in some instances share a PowerPoint or slide. It is not recommended that PowerPoints are used to deliver the session as they inhibit the participants in engaging with their facilitator or their peers.

**Video Clips**, the use of short clips or vignettes can be useful in providing variety in a session. All platforms allow the inclusion of video but facilitators will need to be aware of how the software allows for this.

### **Safe Places and Support for Staff**

Practitioners delivering the intervention will also need access to an appropriate space, much like the requirements for the client it is important that for those delivering the intervention from home they are comfortable and can manage their own confidentiality. This can be achieved through the use of a blurred background or inserting a picture following the instructions below:

## **Case Management (CM)**

Frequently and robust Case Management sessions bringing together facilitators and ISS practitioners with a service manager will be an essential component of risk management. Undertaken a minimum of monthly, the ongoing scrutiny and review of work being carried out with clients provides a space for the consideration of risk information, client participation & engagement as well as the review of actions to safeguard children. This should be undertaken with "live" input from all parties, it is recognised that where delivery is being undertaken from remote locations due to the coronavirus pandemic it may not be possible to hold the meeting in person. The Respect Standard provides guidance on features of CM but the service should focus on the safety and wellbeing of children and survivors of domestic abuse.

One area of focus considered essential in the risk management of intervention is an understanding of the dynamic of the perpetrators current home. Therefore, it is recommended that CM contains a standing agenda item focused on changes in the home. Where it is identified that the perpetrator is living with a new partner or that there are children in the home, their safety and confidentiality should be considered a high priority. If it is safe to offer a service through the ISS this should be undertaken.

## **Treatment Management (TM)**

In line with the Respect Standard (3<sup>rd</sup> Edition) Treatment Management is an integral component of the development of practice. Video Conferencing platforms have a feature which allows sessions to be recorded. It is still recommended that TM is undertaken at a frequency of one feedback sessions for every five sessions facilitated however, this frequency may be higher if this is a new method of service delivery for the practitioners.

## **Conclusions and Next Steps**

Respect advocates that online delivery of perpetrator interventions should and can continue to be delivered in adherence to the Respect Standard. What we know is that there are additional consideration which must be taken into account when offering an online service. Services should consider carefully the composition of the home; relationship dynamics and the nature of abuse being reported. Where there is an absence of information in any of these areas caution is advised.

The evidence available does not indicate that online intervention is any more or less effective than in-person service delivery but we know from speaking to practitioners and managers alike the delivery looks and feels different. This guidance is designed to offer an overview of the considerations that should be taken into account when delivering online or planning the development of an online intervention.

Where work with perpetrators is survivor led and engagement with those at risk is effective the decision to offer service will be clearer. Each individual organisation should have their own decision-making process and

requirements for recording defensible decisions. Considering how risk can be managed is as much part of online work as the intervention itself.