

The impact of COVID-19 on Circles of Support and Accountability: Process, impact, and legacy

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COVID-19 has affected the risk management and community integration of people convicted of a sexual offense and has particularly impacted the work of Circles of Support and Accountability (CoSA). This chapter will focus on empirical research conducted in two stages, first during the initial lockdown in 2020 and follow-up research conducted during the lessening of restrictions and the return to “normal” in autumn 2021. The data were gathered in online surveys via Qualtrics and disseminated by Circles Europe to various international projects. Findings highlighted the effects of the COVID-19 pandemic on the delivery of Circles and resulting impacts on Core Members (individuals convicted of sexual offences), volunteers and staff. This chapter discusses both the challenges and new opportunities that have emerged for delivering circles during pandemic public health precautions, with a focus on how service provision has adapted in the face of a "new normal" and what practices, and policies, will be retained or adapted.

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This Chapter will focus on the impact of the COVID-19 pandemic on the community integration and risk management of people convicted of a sexual offence by examining the impact upon Circles of Support and Accountability (CoSA). The chapter will outline the research evidence base for CoSA before going on to outline the research that was conducted during the COVID-19 lockdowns international to understand the impact that they had on the functioning, durability, and lived reality of providing a circle. These findings will be discussed regarding the past literature and emerging ideas about the future of community engagement post lockdowns. It is important to state that we at no point refer to research taking place post-pandemic as COVID-19, at time of writing, still exists and there is still an ongoing booster program as well as talk of recurrence (xxx ref xxx).

Circles of Support and Accountability: Beginnings and Proliferation

In the summer of 1994, an individual at high-risk for future sexual reoffending was about to be released from prison in Ontario, Canada. Due to a nuance in sentence administration in Canada at that time, this individual would be released at the completion of his sentence, due to him having previously been denied release at the normal junctures because the National Parole Board regarding him as being highly likely to fail while under supervision.

The process of detention, as it has been colloquially named, allows for the NPB to hold individuals – overwhelmingly persons who have sexually offended – for the full duration of their sentences. This process had been applied to the individual above and he was due to be released with no aftercare or other services beyond those available to all Canadian residents. However, as a person with such a high-risk profile, it would likely have been wiser to have allowed his

conditional release earlier, so as to ensure he had the benefit of parole supervision, treatment services, and other accommodations intended to reduce risk and promote reintegration. Alas, that was not to be.

By the time this individual arrived in Hamilton, Ontario, the community had already been warned by the police and the media of his intended city of residence, and they were not pleased. The police put him under 24/7 surveillance and the local news media had regular updates as to his status and location. The city was in uproar. Behind the scenes, however, several employees of the Correctional Service of Canada (CSC) had been strategizing how to best manage this individual's release. Because he was to be a private citizen, no longer serving any sentence, he could not be held to account by CSC, nor could any of CSC's employees provide him services that were earmarked for individuals still under its umbrella. Notwithstanding these difficulties, everyone involved knew that this was a very delicate situation and that something needed to be done, both to assuage the fears of the community and to ensure reintegration options for the released individual.

Ultimately, it was decided that the individual in question would be referred to the community arm of CSC's Prison Chaplaincy group who, fortuitously were contractors and not actual employees of the federal government. The individual was thus "encircled" by an urban Mennonite pastor, Reverend Harry Nigh, and senior members of his congregation at the Welcome Inn church in downtown Hamilton. Although not known of as such at the time, this was the first Circle of Support and Accountability (see Wilson & McWhinnie, 2017). Initially, the individual was housed in the basement of the church, with Rev. Nigh and his group providing guidance, support, escort on trips into the greater community, and advice on where he would ultimately live and how he would ultimately meet his financial needs.

For his part, the individual in question had engaged in repetitive acts of sexual violence against minors, boys and girls, which started when he was also a minor himself. His rating on an early actuarial risk assessment instrument suggested that reoffending was almost assured, and likely in a short period of time. From many many years of incarceration or other secure hospital placement, the individual was quite institutionalized and generally opposed to people meddling in his life. However, he seemed to understand that, this time, he needed the help. Local residents were picketing the Welcome Inn and issuing death threats to him, Rev. Nigh, and any others who were working with him.

Ultimately a common understanding was reached between the “circle,” the police, and the local community, such that Rev. Nigh and his elders would be allowed to work with the individual to assist him with reintegration and remaining safe. Days became weeks became months and the individual did not engage in new acts of sexual violence and the community began to come to terms with his presence. About 70 kilometres to the northeast, in the city of Toronto, CSC officials were again presented with the impending release at sentence completion of another individual at high-risk for sexual offending against minors. This time, however, they had a fledgling model to consider. As with the individual in Hamilton, a faith community was pressed into service to provide a similar circle-like process to, again, ensure community safety while promoting the safe reintegration of the individual.

Based on the successes of these two initial circles, CSC and the Mennonite Central Committee of Ontario (MCCO) undertook a memorandum of understanding and approached the federal Solicitor General to provide seed funding for what was then known as the Community Reintegration Project (see MCCO, 1996). With a small contract and a lot of hard work by volunteers, local professionals, and a variety of other concerned parties the project ultimately

grew to be what is now known as Circles of Support and Accountability (CoSA). Concurrent to the development of the model, researchers were also keen to explore the efficacy of community members in the safe and secure reintegration of persons at high-risk for sexual reoffending (see Cesaroni, 2001; Hannem & Petrunik, 2007; Wilson, McWhinnie, Picheca, Prinzo, & Cortoni, 2007a; Wilson, Picheca, & Prinzo, 2007b,c). On the strength of that initial research base, the CoSA model proliferated to the United Kingdom, the United States, Europe, and Oceania and has become a respected model of community support and accountability for persons convicted of sexual violence.

Currently, there are a variety of scientific investigations of the CoSA model, focusing on quantitative outcomes *vis a vis* comparative rates of reoffending with both matched and random assignment groups, as well as qualitative inquiry into the mechanics and implementation of the model. Quantitative studies have generally found that men in CoSAs typically reoffend in all domains – but, most importantly, sexually – at a substantially or statistically significantly lower rate than those in matched comparison groups (Bates, Williams, Wilson, & Wilson, 2013; Wilson et al., 2007c; Wilson, Cortoni, & McWhinnie, 2009) or those in randomized controlled trials (RCT – see Duwe, 2018). However, critics of the quantitative literature (see Clarke, Brown, & Völlm, 2017) have correctly highlighted the limited extent of the research base, as well as its tendency to report effects in small samples with relatively short follow-up periods.

The qualitative literature base regarding CoSA has done much to explore the inner workings of circle processes, linkages to restorative justice concepts and implementation, and the effects of community volunteering on sexual reoffending and community-building. Research indicates that CoSA is able to support the recovery capital of its Core Members (McCartan & Kemshall, 2020) to enhance their likelihood of community integration which results in their

desistence from sexual offending (McCartan & Kemshall, 2020, 2021: McCartan & Richards, 2021).

In summary, the CoSA model began organically as a grass-roots, community-based response to a difficult scenario – an individual at high-risk for sexual reoffending released to an unenthusiastic community. Over that past nearly 30 years, the model has grown to be one of the more potent options available to communities as they strive to maintain safety amid the inevitable release of persons of risk to their midst (see Richards, Death and McCartan, 2020 for a more detailed and up to date overview)

The CoSA Model

The general model of CoSA, as it is currently understood, is represented by two concentric circles of individuals. The inner circle is comprised of a Core Member (the person-of-risk) and 3-5 trained community volunteers, while the outer circle includes community supervision personnel, local experts (e.g., psychologists, social workers, law enforcement officers), members of victims' advocacy groups, and other concerned parties. Between the two circles is typically a CoSA project coordinator who facilitates the circle process and ensures that the two circles talk to one another to address successes and potential failures. A majority of CoSA projects worldwide remain linked in some way to faith communities, but this is not always the case, with some projects being housed in academic or other institutional settings.

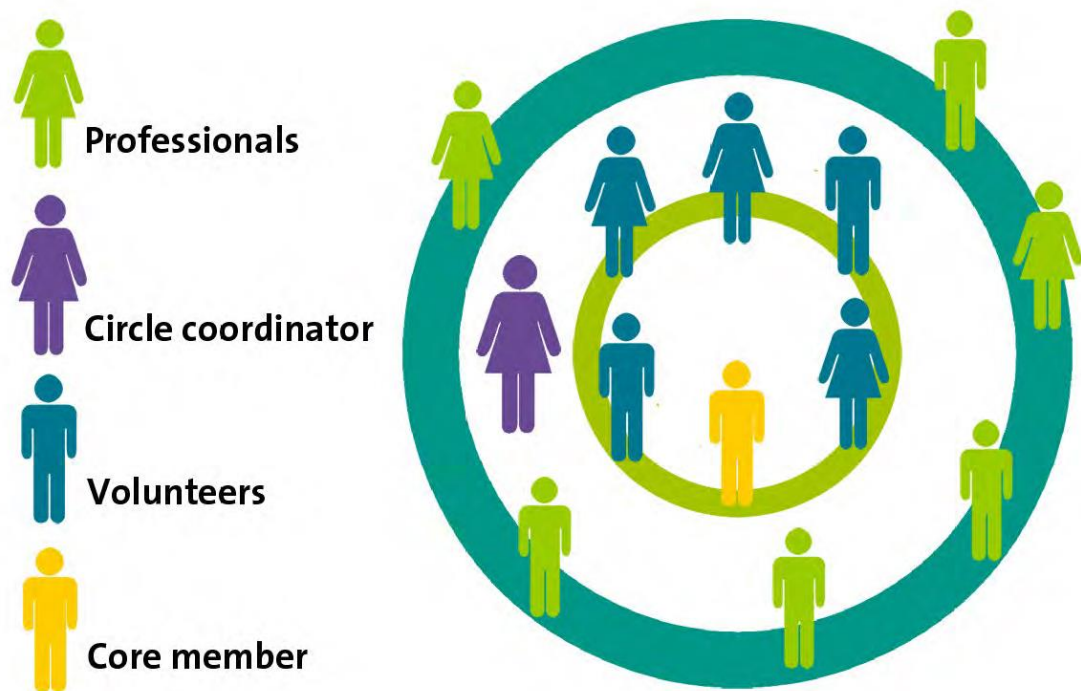


Figure 1: The Twin Circles of CoSA (adapted from the original Canadian model by our colleagues in the Netherlands)

CoSA and COVID-19

As was noted earlier, it is quite likely that the “magic spark” of the CoSA movement is the intentional community built as citizens with common interests gather together to address an issue fraught with fear, misunderstanding, and other concerns. The common aphorism, “no one is an island” appears to be at the core of the CoSA movement. For nearly 30 years, community members with a common interest in ensuring that support and accountability have existed for persons-of-risk as they attempt to safely reintegrate have admirably shown that, working together, our shared goal of “no more victims” is furthered. Indeed, when we canvass Core Members for their thoughts on their involvement in a circle, they overwhelmingly refer to the guidance and support – freely given – by virtual strangers without payment or other accolade

other than knowing that they were contributing to public safety (see Wilson et al., 2007b). In short, it is the strength of the relationships in CoSA – social engagement and inclusion – that likely contributes most to public safety and individual reintegration potential (Hoing, Bogaerts, & Vogelvang, 2013). People meeting with other people to talk about community building is that magic spark. But, what happens when those people are unable to meet with one another?

People in general are more successful when socially connected and receiving of warm positive regard, and criminals (including those who commit sexual offenses) are less likely to reoffend when they have a strong prosocial support network. (Wilson, 2020; see also Bonta & Andrews, 2017; Hanson, Harris, Helmus, & Thorton, 2014; McCartan & Richards, 2021;).

The late winter and early spring of 2020 began without much fanfare, but that would be short-lived as the entire world learned of the emergence of the COVID-19 virus that would ultimately lead to the most serious medical and, arguably, political scenario in more than 100 years. No country was spared the social distancing, lockdowns, and heated arguments associated with the coronavirus pandemic that, even today, holds great sway in contemporary society. Almost every aspect of our lives have been touched in some way by the various responses to this public health emergency. Programs and other initiatives relying on personal contact have, perhaps, suffered most with social isolation, mental health, and other aspects of life we may previously have taken for granted having been affected. This includes CoSA.

As noted, CoSA relies on close – sometimes daily – connections between core members and volunteers. Although CoSA is not specifically a criminal justice initiative and, as such, is not a “supervisory” endeavor, there is a certain need for an eyes-on and sometimes hands-on approach. It seems that the support and accountability, freely given without remuneration or

external reward, does not work as well when people are unable to meet with one another. In response to the myriad social distancing requirements in most CoSA nations, project coordinators sought new innovations in maintaining those connections. As with many endeavors based on human connections, CoSA projects explored alternative methods of meeting with one another, using videoconferencing, greater reliance on social media, and creative ways of meeting face-to-face that respected the two-metre and other public health requirements of many communities. Wilson (2020) explored the effects of social dis-connectedness in primarily Canadian and American settings finding, similarly, that most projects had found a way to maintain contacts and keep circles intact. However, Wilson noted that project coordinators expressed concerns regarding long-term implications of a drawn-out pandemic.

The current research builds upon the work of Wilson as it examines the lived impact of the COVID-19 pandemic, specifically the lockdowns, on CoSA projects internationally. The current study is two stage empirical project, where stage 1 occurred between July – August 2020 (this has already been published see Kitson-Boyce et al, 2021 for more detail) and stage 2 taking place between January to March 2022. The current research addresses the following questions.

1. What was the ongoing impact of COVID-19, specifically the lockdowns, on CoSA projects internationally?
2. Where the expected implications (predicted at stage 1) borne out post lockdown (at stage 2)?

RESEARCH METHODS

This research investigated the potential impact that COVID-19 has had on CoSA provision and providers internationally and was conducted in partnership with Circles Europe.

Circles Europe is a professional network of CoSA providers internationally, not just limited to the European footprint, which enables Circles providers to come together to train, upskill, network, as well as share research and practice. The current research was disseminated through the Circles Europe distribution list with all member countries and CoSA providers, as some countries have more than one provider, having an equal opportunity to participate. The English language survey designed and distributed online via Qualtrics. The survey, at both stages, asked the providers about the impact that COVID-19, particularly the lockdowns and the public health mandates, had on their ability to deliver their service, both in terms of delivery and outcomes, and its impact on their service users (Core members), staff and partners. Stage 2 of the research also asked participants to reflect upon the distance travelled post lockdowns and any lasting implications.

In Study 1 sixteen providers responded to the initial survey, but when the follow up study took place there was a more limited response with only 7 providers responding, 6 of which had completed the first survey (table 1); therefore it's important to note that not all data will be comparable or demonstrate a follow on.

Ethical approval to conduct this study was provided by the Research Ethics Committee of the University of the West of England. The data gathered reflect the individual experiences of the providers giving responses regarding their CoSA experiences and the effects of coronavirus-related public health precautions.

TABLE: XXXX

Timestamp 1	Timestamp 2
UK (3),	UK (2)
Netherlands (5),	Netherlands (1)
Canada (3),	-
Belgium,	-
Ireland,	Ireland
Latvia,	Latvia
Spain	Spain (2)
USA	-

Initial findings (Study 1)

The findings from the Study 1 (Kitson-Boyce et al, 2021) revealed that Circles of Support and Accountability remained a viable adjunct to statutory community risk management services for persons who have sexually offended throughout the initial lockdowns with Circles projects taking place in various international locales, including Canada, USA, UK, Europe and elsewhere in a variety of different formats. Throughout the lockdown periods normal operations for CoSA projects, which are highly reliant on social engagement, had been impacted by public health restrictions resultant from the global coronavirus pandemic. The data from timestamp 1 indicated that all the 16 surveyed CoSA providers had been impacted by public health precautions; with a majority being adversely affected during lockdowns. The impacts of COVID-19 precautions on Circles provision were noted both within (for those with multiple providers) and between

countries. CoSA providers highlighted effects on staff, volunteer and Core Member health and wellbeing that ultimately affected critical aspects of social engagement and inclusion important to the model (Höing, Bogaerts and Vogelvang, 2013). Circles providers adapted in the short term to continue providing support to all involved parties during the pandemic but were concerned as to how these adaptations would impact future funding, volunteer recruitment and CM engagement. Ultimately, all providers expressed a wish for Circles delivery to return to face-to-face provision. Many expressed uncertainties, however, as to whether this was possible and identified a lack of clarity regarding the possibility of this return. The research highlighted the importance of ingenuity and creativity. Perhaps most importantly, CoSA providers have had to both anticipate and prepare for a “new normal” that has yet to be fully enunciated or understood. As providers consider innovative ways of implementing Circles, a hybrid model has emerged with face-to-face meetings accomplished virtually, more outdoor activities and an increased reliance on online services for training and professional consultation. In addition, an acknowledgment of a need for continued commitment from all stakeholders, including funders and new partners emerged during the pandemic.

Most importantly, CoSA providers across international jurisdictions have managed to continue to provide at least some level of support to Core Members in spite of the challenges of the pandemic. The findings reported herein show that employing alternate forms of support (over and above the traditional in-person services) can work, at least in the short term; although longer-term research is needed. These new virtual and remote methods of ensuring social engagement appear to work best with already-existing Circles.

Follow up findings (Study 2)

From those that responded, four providers reported that the number of active circles that had been directly affected by COVID since Summer 2021. Figures were reported by two of the providers (UK 1a – 17%, Spain 1b – 56%), however, it was unclear for the others as to whether these affected circles were running in some format or not at all (UK 1b, Belgium). None of the providers reported Covid as currently impacting staff apart from one provider (Spain 1b) who reported 6 out of 12 (50%) staff members had been affected by COVID since summer 2021.

The group that was reported as still being currently affected by COVID the most was the volunteers. Four of the providers stated that they currently had less volunteers than they would have normally: UK 1a -16%, Belgium -33%, Spain 1a -23%, Spain 1b -53%.

At time point 2 none of the providers stated that any ongoing CoSA had been permanently closed down, although three providers had to temporarily suspend circles (UK 1a, Belgium and the Netherlands). In Ireland, all 5 CoSAs transitioned to a virtual/ remote format and remained that way. However, in the Netherlands 54 out of 62 CoSAs resumed to face to face delivery as soon as it was possible as they believed it '*[had] much more impact*'. Likewise, 6 CoSAs in UK (1a) transitioned back to face to face as they experienced circles where the core member was a young person or had intellectual disabilities as being the most impacted when they had to go virtual. The same provider acknowledged however that '*virtual worked well in the main and some vulnerable volunteers could continue by mixing virtual and face to face [delivery]*'.

None of the providers had to turn down a referral for a new CoSA with many starting face-to-face due to restrictions ending. This is an improvement from the previous time point when 22 circles across five providers were not taken up. Like the previous data however, some start dates scheduled since Summer 2021 were postponed, for example in the Netherlands they *‘waited until restrictions ended and quickly started circles who were in waiting, quickly started them, in the hope they would be running smoothly before the next lockdown’*.

Out of all of the providers only 3 staff members were reported to have left since Summer 2021, and this was due to ambition rather than Covid (The Netherlands). Only 8 were furloughed/suspended but had since returned (UK 1a) and five out the providers were able to employ at least 1 new member of staff.

Core member health and well-being was reported as still somewhat impacted by four of the providers (UK 1a, The Netherlands, Spain 1b, Ireland) and not impacted at all by three providers (Spain 1a, Latvia and Belgium). For those that were affected still it seemed that their *‘feelings of isolation [were] exacerbated even if [the] circle was face to face’* (UK 1a). This is an improvement from the first time point though when all providers stated that core member health and well-being had been impact somewhat or significantly.

Compared to core member health and well-being more providers reported that of the volunteers as being somewhat impacted (6 providers). The reasons stated for this were falling in to the ‘vulnerable’ category and therefore being cautious (UK 1a), having Covid (Spain 1a), struggling with motivation and feeling limited if still online (Spain 1a) and missing the benefits of having

down time when travelling home from a CoSA (Ireland). Fatigue of volunteering online was also observed by one provider (Latvia).

The same six providers also reported that staff health and well-being was still somewhat impacted. This was again due to experiences of online fatigue (Latvia) and not being able to meet core members and volunteers face to face as often as would have been liked (Ireland). A similar impact had been reported at the first time point where five providers reported that staff health and well-being was affected to some extent. One provider had also stated a severe impact due to the increased strain of supporting the mental health concerns of some of the Core Members.

At time point two, three providers reported some continued impact on core member engagement (UK 1b, Spain 1a, Ireland). This is a reduction from the first time point when six providers reported some impact and one provider noted a significant impact. At that time the reasons given evolved around a lack of the necessary technology and/or a familiarity in using it, along with a lack privacy to speak virtually.

Four providers acknowledged that since summer 2021 volunteer engagement was still somewhat impacted (UK 1a, UK 1b, Spain 1b and Ireland) with one provider explaining how for them volunteer engagement had been significantly impacted:

'Some volunteers did not know how to keep in contact with CM, they stayed out of contact with CM. Coordinator needed to coach severely. Some volunteers were fine and some volunteered were having their own crisis because of Covid and stayed out of contact' (Netherlands).

This is a slight improvement from time point 1 where the majority of CoSA providers had reported that COVID-19 was somewhat impacting on volunteer engagement.

From those that responded at time point two, three providers reported some impact with co-operation and stakeholder working and one a significant impact. Although the ease of attending meetings virtually was noted by some providers, for another, stakeholders were less able and/or less willing to engage. In terms of Circle funding, however, none of the providers reported a significant impact and only two reported some impact. Despite this, five of the providers believed that funding would be the biggest issue the project would face in the next 12 -18 months.

All but one provider stated that covid was not having any continued impact on the feedback between circles staff, volunteers, and members, which is a clear improvement from time point 1 where three providers noted some impact and one a significant impact.

Since summer 2021 the mechanisms for ending a circle were somewhat impacted for three providers, with some ending sooner than planned (UK 1b) and others reporting that it was *'difficult if not face to face to have a nice ending'* (UK 1b). In addition, one provider experienced

significant impact due to the *'ending [being] postponed, because lockdown can be a higher risk, [the] ending [of] circles [was] therefore postponed until after lockdown'* (The Netherlands).

Some providers recognized that staff training and development may not have been as beneficial virtually (UK 1b, The Netherlands). In addition, volunteer recruitment/ training was somewhat impacted for two providers (UK 1a, The Netherlands), with one provider reporting a significant impact due to not being able to hold any face-face dissemination events in community spaces (Spain 1b). For this provider, a significant impact on volunteer retention was also documented, which they believed was due to *'changes in training meetings, typology of activities, decrease[s] their motivation'*.

Looking forward, providers were asked if they thought that the traditional method of CoSA delivery would change, following all the adjustments made due to Covid. Four providers stated that it would not, believing instead that *'face to face is best and [should be done] wherever possible'* (UK 1a) and that the *'power of CoSA is in human contact'* (The Netherlands). Like at the previous timepoint, however, providers acknowledged that COVID had enabled the flexibility of online meetings to be recognized. Five providers stated that they would continue to use this method for meetings between staff, generic training, and supervision/ review meetings and none of the providers intended to remove the Covid related changes and adjustments altogether.

Discussion

The findings indicate a return to pre-pandemic operations, engagement, and practices for the bulk of the circles providers that participated. The data indicates that there is a return to the old normal rather than a shift to a new normal, and a desire from all concerned (i.e., core members, volunteers, CoSA staff and, stakeholders, and criminal justice partners) that circle activities return to what they were before the pandemic. This shift back to pre-covid working is evidenced through circle providers return to traditional circles meetings, activities across the board, coupled with an increasing expectation that the traditional circles model is adhered to. This is like a broader movement across society, not only in the UK but globally as well, with a desire to return to social interactions and a call from employers to be “in the office” more and at home less (xxx ref xxx). Which is interesting as during study 1 a lot of the providers desired this return to the old ways of working but were concerned that this may not happen and again and were buying into a new, virtual approach to circles, which seems like a blip or a point in time rather than a new way of working.

In addition, to the desire to get back to the core model from an organizational point of view the pandemic and the lockdown also highlighted the emotionally, mental health and well being toll that working remotely, virtually, had on Core members and volunteers particularly. The research supports broader findings from other COVID-19 lockdown studies (xxx ref xxx) which highlights the feeling of isolation and brought on by the lockdowns and the negative impact that had on communities and individuals (xx ref xxx). The research, especially study 2, highlighted that one of the main reasons the Core Members, Volunteers and circles staff became disengaged

with the circle activities was because the online/virtual experience could not replicate the in person human connection that is central to the circles experience (xx ref xxx). Which meant that a return to in person circles was seen not only as desirable from an organizational point of view, but also from a health and wellbeing perspective. If Core Members and Volunteers were finding the experience, because of the medium, challenging to engage with it means that they would be less willing to fully participate, and the impact of the circle would be reduced, which in turn raises partial risk management issues and concerns for criminal justice organizations. Which was emphasised by the CoSA providers in study 2 when they indicated that not being able to meet with Core Members at the end of their circle was an issue and concern, because it meant that the circle was not able to close properly. Which reflected experiences of other frontline professionals during the pandemic, especially the lockdown, that not being able to see clients face to face raised questions about their engagement in activities, as well as eventual “success”. As they were not able to see and engage with the client and therefore were unsure of how much of their “success” was real (xxx ref xx). This is particularly important with Cosa given the risk management dimensional of the model and the importance of being able to communicate risk concerns to the statutory bodies, if volunteers and circles staff are not confident in their ability to engage with, as well as read, the core member online then they might miscommunicate risks to the authorities.

The study also reinforces the fidelity of the original circles model and underpinning theory which puts the Core Member at the center and builds an engaged community around them (xxx ref xxx). Which is important as it strongly advocates that the more engaging and effective way of working with the core member is in person, as it's easier to convey the messages, role model,

communicate, and support their desistence. Which means that although the virtual, or hybrid approach, was needed for the purpose of being able to offer a circle during COVID, especially in lockdown, it's not a sustainable model moving forward. However, the question must be asked how much adaption and development was done in the transition to remote circles and where they every fully developed, or conceptualized, as an ongoing fit for purpose model or, like with a lot of other industries, an emergency reaction to a dire situation? The short answer is that we do not know, but given the answers provided across the research we could a hazard a guess that it is the latter rather than the former., except for Irish providers where the move to virtual circles seems to be more definitive. Therefore, it would be interesting to delve more into the development of virtual provision in Irish circles to see what, if any, additional points of learning there are.

One of the biggest shifts that has occurred in staff development and training cross culturally since the pandemic has been the increase in online training provision, which has been as relevant for circles providers. Pre-pandemic there was an informal recognition, despite the pedagogy debates (xxx ref xxx), that people and organizations wanted in person training and that you needed to be in the room to effectively learn material (xx ref xx). During the pandemic, especially the lockdowns, this has to change because we were all working remotely and therefore, we had to move to virtual training. There has been lots of debate about the pros and cons of online training, with benefits including reduced cost saving, time saving, comfort, reduced impact on the environment, and it being an enabling environment for the learner (i.e., they can engage in a way that suits them, in a place that suits them, and at their comfort). However, online training is often not seen as engaging, with less ability to network, question, find support, and has more opportunities to become distracted and zone out. As we move out of

the pandemic industries across the board are debating about whether to return to in person training or remain conducting it online. The study, especially study 2, seems to advocate for a return to in person training because of the benefits that it brings for the learning community and for the learner with the recognition that online training has its place and that it is a good reserve approach to use, but that it should not be the main way of training to be used by circles providers. However, unbeknownst at the time of the research Russia would invade the Ukraine which would have an impact on gas and electric prices across Europe triggering a cost-of-living crisis, meaning that travelling to as well as hosting in person training becomes more expensive, and therefore unviable. The continued use of online training, whether its desired or not, may remain an necessity for the foreseeable future or at least the bulk of training may remain online with reduced trainings, based on content or skill base, in person.

Conclusion

The current research highlights that

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