Ministry of Justice

# Research into Safeguarding Processes in Child Contact Centres in England

## Final report

**Cordis Bright**

Ministry of Justice Analytical Series

2023

Data and Analysis exists to improve policy making, decision taking and practice by the Ministry of Justice. It does this by providing robust, timely and relevant data and advice drawn from research and analysis undertaken by the department's analysts and by the wider research community.

**Disclaimer**

The views expressed are those of the authors and are not necessarily shared by the Ministry of Justice (nor do they represent Government policy).

First published 2023



Any enquiries regarding this publication should be sent to us at researchsupport@justice.gov.uk

This publication is available for download at http://www.justice.gov.uk/publications/research-and-analysis/moj

ISBN 978-1-911691-05-1

# Contents

# List of tables



# List of figures

# Executive summary

## Overview

This report presents research into safeguarding processes in child contact centres in England, conducted by Cordis Bright and commissioned by the Ministry of Justice (MoJ), to meet the requirements of Section 83(1) of the Domestic Abuse Act 2021. This states:

> "(1) The Secretary of State must, before the end of the relevant period,[1] prepare and publish a report about the extent to which individuals, when they are using contact centres[2] in England, are protected from the risk of domestic abuse or, in the case of children, other harm." **Section 83 (1), Domestic Abuse Act 2021**

This executive summary presents the key findings and recommendations from the research that has been conducted to meet this commitment.[3]

## Key messages

**Contact centres provide an important service and enable thousands of parents/carers to have contact with their children safely.** Findings indicate several aspects of current processes which contribute to effective safeguarding of adults and children. These include strong commitments to safeguarding and child protection, thorough approaches to risk assessment at point of referral, supportive staff networks, comprehensive recording processes, and preventative measures which are generally able to promote the physical safety and security of parents/carers and children.

**There is scope to improve both emotional safeguarding and the provision of specialist domestic abuse training for staff.** Victim-survivors and children stated that

1 "The relevant period" means the period of 2 years beginning with the day on which this Act is passed. The Act became law on the 29 April 2021.

2 "Contact centre" means any place that is used for the facilitation of contact between a child and an individual with whom the child is not, or will not be, living (including the handover of the child).

3 This is based on survey responses from 190 contact centres and services in England, a review of 111 safeguarding policies, and interviews with 76 contact centre stakeholders, parents/carers and children.

they do not feel protected from trauma and distress before and after contact sessions, and interviewed staff did not feel confident managing disclosures, or recognising and responding to incidents of emotional abuse or coercive control. Only 11% of surveyed staff and volunteers had received specialist domestic abuse training over the last 12 months.

**Findings highlight the importance of a system wide approach to safeguarding adults and children from the risk of domestic abuse and other harm.** Evidence suggests that contact centres are increasingly used by referral organisations, particularly family courts, as a key protective factor to mitigate the risk domestic abuse. However, stakeholders stated they are not a standalone solution, and that there is a need for (1) ensuring referrals to contact centres are appropriate and form part of a network of support from specialist services, and (2) multi-agency approaches to risk assessment, which are regularly updated both on an ongoing basis and as contact arrangements are reviewed.

## Recommendations

These findings have led the research team to make six evidence-led recommendations:

1. Introduce robust, mandatory safeguarding and domestic abuse training for all contact centre staff and volunteers.
2. Ensure robust, system wide approaches to risk assessment and risk management, including the provision of specialist support for parents/carers and children.
3. Establish processes to centre the voice and experience of the child and parent/carer at all stages of parental involvement, i.e. from referral through to contact progression.
4. Establish mechanisms to support and develop the role of contact centres in multi-agency risk assessment of families and children at a local level.
5. Support greater exchange of learning and good practices, to improve consistency across contact centre practices and policies.
6. Review funding and investment into contact centre provision to ensure locally accessible and affordable provision across England.

# 1. Introduction

## 1.1 Background and context

This report presents research into safeguarding processes in child contact centres in England, conducted by Cordis Bright and commissioned by the Ministry of Justice (MoJ). This research was required by Section 83(1) of the Domestic Abuse Act 2021. During the passage of the Act, the Government committed to building the evidence base on the robustness of current safeguarding policies and practices across contact centres. This report presents findings from the research conducted to meet this commitment.[4]

Child contact centres provide a place or service to enable children to spend time with their non-resident parent(s) or family members.[5] They are used in both private law proceedings and by local authorities during public law proceedings. The National Association of Child Contact Centres (NACCC) manage a voluntary accreditation process for contact centres. NACCC has agreements with Cafcass, the Law Society and the judiciary to ensure that referrals are only made to accredited centres and services. Local authorities and NACCC do not have a similar agreement, however provision delivered or commissioned by local authorities falls within statutory social care provision and is therefore subject to regulations as outlined in the Children Act 1989, The Care Planning, Placement and Case Review (England) Regulations 2010 and local authority guidance for assessing contact.

## 1.2 Research aims and objectives

This research had the following key objectives:

1. To understand the safeguards and processes in place to manage allegations and incidences of domestic abuse and harm whilst in the contact centre or place of contact.

[4] This report follows the statutory definition of domestic abuse as per Section 1(2-5) of the Domestic Abuse Act 2021. This definition includes physical, emotional and economic abuse, and is set out in Appendix C.

[5] Contact can either be supervised or supported. Supervised contact is observed on a one-to-one basis by a trained professional (a social worker or trained contact supervisor) who makes detailed notes. Supported contact takes place with other families in the room, and is appropriate for families with lower levels of risk.

2. To make an assessment of the extent to which current processes adequately protect those at risk of domestic abuse and/or harm (for children) and make any recommendations for change.

Objective 1 is addressed in Chapter 3, and Objective 2 is addressed across Chapters 4 and 5. Research questions linked to each objective are provided in Appendix B.

## 1.3 Research methodology

This report presents findings from the following sources of evidence:

1. **Survey responses from 190 contact services in England**, of which 111 (58%) also submitted safeguarding policies. The survey was disseminated to accredited services via NACCC; non-accredited centres via Cordis Bright; and local authority run services via the Association of Directors of Children's Services (ADCS). Of 190 survey respondents, 172 (91%) were contact centres, 14 (7%) were contact services, and four (2%) provided both a contact centre and service. The majority of respondents (184, 96%) were not run or commissioned by a local authority.

2. **In-depth qualitative research with 76 key stakeholders, parents/carers and children**. This consisted of research with:
   a) Eight contact centres and one contact service. This included 28 interviews with contact centre staff/volunteers and 17 interviews with parents/carers. Of the 17 parent/carers, nine were resident (i.e. with care) and eight were non-resident.
   b) Eight members of the Family Justice Young People's Board ("children" hereafter).
   c) Six Cafcass Family Court Advisers (FCAs).
   d) 17 system wide stakeholders from 14 organisations across the domestic abuse sector, national children's organisations, and services for separated parents.

A more detailed description of the research methodology, interview participant characteristics (including a full list of system wide organisations)**,** survey respondent characteristics and methodology limitations is provided in Appendix A.

# 2. Safeguarding processes

## 2.1 Key messages

- **Safeguarding policies across contact centres.** Stakeholders were confident in the robustness of safeguarding policies and processes in use at accredited centres and non-accredited, local authority run centres. There was limited evidence on the prevalence of non-accredited contact centres which are not run or commissioned by local authorities, or on the robustness of the safeguarding policies they have in place.
- **Referrals to contact centres.** The majority of surveyed contact centres (89%, n=139) reported receiving at least one referral with a history of domestic abuse over the last 12 months. Individual thresholds for accepting these referrals vary substantially.
- **Risk assessment processes.** Risk assessments at the point of referral appear to be thorough and broadly consistent across contact centres. The extent to which these are routinely updated on an ongoing basis vary, and findings did not identify processes to consistently update risk assessments before contact arrangements are reviewed.
- **Preventative policies.** Contact centres implement a broad range of preventative operational policies which promote the safety of the child, parents/carers and staff. However, there is significant variation in the ways in which they do this.
- **Safeguarding incidents.** Findings indicate that contact centre staff have a high threshold for what is considered a safeguarding "incident", and that they are more likely to regard physical altercations as safeguarding incidents than other forms of abuse including emotional abuse or coercive control.
- **Staff training, knowledge and confidence.** The majority of surveyed staff (92%) and volunteers (86%) have received safeguarding training over the last 12 months. However, only 11% had received specialist domestic abuse training, and interviewed staff did not report feeling confident managing emotional abuse and coercive control.

## 2.2 Safeguarding policies across different types of contact centres

Figure 1 provides an overview of how the requirements for safeguarding policies and processes differ across type of contact centres or service.

**Figure 1: Safeguarding policies by type of contact centre or service**

| | |
|---|---|
| **NACCC accredited contact centres and services** | Under NACCC standards, all accredited contact centres and services should have safeguarding policies and a designated safeguarding lead. These policies should:<br>• be in line with Local Safeguarding Children's Board guidelines<br>• explicitly discuss both adult and children safeguarding<br>• cover processes for responding to safeguarding concerns and incidents<br>• state requirements for annual staff and volunteer safeguarding training |
| **Local authority run contact centres and services** | Local authority run contact centres should operate safeguarding policies in line with statutory regulation, including the Children Act 1989 |
| **Non-accredited, independent contact centres and services** | Non-accredited, independent contact centres do not have specific safeguarding requirements beyond standard legal obligations for working with children |

### NACCC accredited contact centres or services

There are approximately 350 NACCC accredited contact centres and services in England, all of which should follow NACCC national standards for either supervised or supported contact.[6] 91% of surveyed accredited contact centres reported that they have a safeguarding policy, and 96% reported that they have a designated safeguarding lead. Stakeholders were generally confident in the robustness of the safeguarding policies and processes in place across NACCC accredited contact centres.

[6] Contact centres and services either hold NACCC accreditation for supported contact, or enhanced accreditation for supervised contact. Contact centres are subject to review every three years. If they do not meet minimum standards following review, accreditation is suspended and/or removed.

### Local authority run or commissioned contact centres or services

Local authority run or commissioned contact centres or services should operate safeguarding policies in line with statutory regulation, including the Children Act 1989. Both contact centre and system-wide stakeholders agreed that the safeguarding processes in place at local authority run or commissioned contact centres were sufficiently robust.

### Non-accredited, independent providers of contact centres or services

It is challenging to quantify the prevalence of non-accredited providers of contact centres or services which are not run or commissioned by local authorities. 131 surveyed contact centres (90%, n=145) reported that they either did not know, or thought the prevalence of these centres was very rare, quite rare, or not very common. This was also reflected in qualitative research, where only a small number of stakeholders gave examples of unaccredited contact centres and services, including informal providers of supported contact operating from settings such as churches and community centres.

There are no specific safeguarding regulations or requirements in place for non-accredited independent providers of contact centres or services, beyond standard legal obligations for working with children.[7] Evidence on both the safeguarding processes and the nature and frequency of safeguarding incidents at these contact centres and services was limited. However, stakeholders were concerned about the potential for harm should high-risk families self-refer to these centres without professional oversight or robust safeguarding processes in place.

> "The prospect that a contact centre could be managing risky, dangerous and difficult cases without an oversight framework or regulatory requirements is really worrying. There aren't many other settings that deal with high-risk parents and children where that would be allowed." **Domestic abuse sector stakeholder**

## 2.3 Contact centre referrals

### Referral sources

Surveyed contact centres reported receiving referrals from a broad range of sources. Over the last 12 months, the highest proportion of referrals reported through the survey were

[7] For more information, see Working Together to Safeguard Children (2018).

self-referrals (36%),[8] followed by Cafcass (21%) and Local authority/children's services (18%). Contact centres which provide supported contact only received higher proportions of referrals from self-referrals (44%) and family courts (21%), while centres which provide supervised contact only received most referrals from local authority/children's services (73%). Table 9 in Appendix A provides further information on referral sources for contact centres and services which provide different levels of contact.

**Regional variation across access to contact centres**

Interviewed parents/carers who self-referred to contact centres reported a variety of different referral procedures. Some reported using the NACCC website to find an accredited contact centre, while others reported that centres had been recommended to them by social workers or through word of mouth. However, there appears to be strong regional variation in access to contact provision, particularly for those in the North of England, where parents/carers reported travelling for several hours to access an accredited supervised contact centre. Parents/carers also reported that their decisions were ultimately determined by cost, rather than safeguarding considerations. They stated that supervised contact can range from £40 to £100 per hour, which is inaccessible for many families.

> "Contact centre provision is really patchy. There are lots of local authorities who don't even have their own contact centre - we need consistency in provision and accessible contact centres across the country." **Children's stakeholder**

The lack of affordable, locally accessible, accredited contact centre provision was a key concern for system-wide stakeholders. They stated that this increases the likelihood that parents/carers who self-refer without professional input opt for cheaper, more accessible provision, which may not have sufficient safeguards in place to manage their level of risk.

**Referrals with a history of domestic abuse**

There is a high prevalence of referrals to contact centres with a history of domestic abuse, according to both interviewees and survey respondents. The majority of surveyed contact centres (89%, n=139) reported receiving at least one referral with a history of domestic

[8] Some self-referrals may include families with local authority or family court involvement, who arranged the referral to the contact centre themselves, i.e. they were not directly referred by another organisation.

abuse over the last 12 months. Contact centre stakeholders also reported that there have been increases over the last 12 months in the number of high-risk domestic abuse referrals where the perpetrator is not also engaged in behaviour change interventions. They stated that, following the decision to cease court-ordered referrals to Domestic Abuse Perpetrator Programmes (DAPPs) from 30 June 2022,[9] contact centres are increasingly viewed as a key protective factor by family courts where there is risk of domestic abuse.

Contact centre policies for accepting referrals with a history of domestic abuse vary substantially. Examples ranged from not accepting referrals with a history of domestic abuse unless the perpetrator is engaging in a DAPP, to not accepting if there is a proven history of domestic abuse (i.e. with a criminal conviction), to accepting all referrals. These policies appear to be driven by the level of risk each individual contact centre feels that they can manage based on available staff, levels of training, facilities, and levels of risk aversion.

## 2.4 Risk assessment processes

Qualitative research and the review of safeguarding policies indicated the following risk assessment processes across NACCC accredited and local authority run contact centres and services:

**At point of referral**

Information provided through the referral form is used as the basis for the initial risk assessment, and this should cover all key risk factors including domestic abuse. Contact centres are expected to reach out to all relevant professionals who are working with the family (including Cafcass FCAs, social workers or solicitors) to verify the information that

[9] The effects of the pandemic included delays to developing an alternative design and model of delivery for perpetrator interventions, further erosion of provider capacity to deliver face-to-face programmes (much of which did not and has not reopened) and increased delay for children waiting for decisions about safe family time. In addition, there was no facility under procurement rules for Cafcass, who commissioned the service on behalf of MoJ, to further extend existing contracts, as they had already exhausted the flexibilities allowable during Covid-19. MoJ is now working to develop interim arrangements, including a potential new family support offer and referral mechanisms, ahead of a full recommissioning process for a new model of delivery following recommendations from the MoJ Expert Panel on Harm in the Family Courts (2020). For more detail, see Cafcass' Annual Report and Accounts 2021-22.

has been provided.[10] Following this, both parents/carers and the child should engage in a pre-visit, where they are told about safeguarding procedures, and explicitly asked about any worries or concerns they might have. Risk assessments and contact plans should be agreed and signed off by all parties, and any necessary preventative practices (see section 3.5) should be agreed.[11]

**On an ongoing basis**

Findings did not indicate that risk assessments are regularly reviewed and updated. Some contact centres reported updating these proactively, with local authority run contact centres more likely to conduct regular reviews for each supervised case. Other contact centres reported that this would only be done reactively, i.e. following a safeguarding concern or incident. This was particularly the case for contact centres and services which provide supported contact or handover services. Multi-agency risk assessment discussions did not appear to be held consistently past the point of referral in accredited contact centres which are not run or commissioned by local authorities.

**At contact progression**

Findings also did not identify processes to consistently update risk assessments before contact arrangements are reviewed (i.e. as parental involvement progresses from supervised contact to supported contact to handovers in the community). While some contact centres reported conducting a review with both parents/carers and the child before contact progresses, this was not consistently mentioned by all stakeholders. Stakeholders stated that this is often due to systemic factors beyond the control of the contact centre. For example, if a court order specifies six sessions of supervised contact followed by supported contact, it is unlikely that a risk assessment would be conducted once the six sessions are complete.

[10] Local authority run contact centres reported that they also have access to social care case management systems such as Mosaic to conduct their risk assessments. However, they are unable to access this information for families who reside in other local authorities.

[11] For contact services, place-based risk assessments should also be conducted at this stage, with the location and process for handovers in the community agreed upon and included in the contact plan.

## 2.5 Preventative operational practices

All accredited and local authority run contact centres should implement a range of preventative operational practices to ensure the safety of parents/carers, children, and staff. These are either universally applied to all cases or implemented on a case-by-case basis to mitigate risks identified through risk assessments. Table 1 provides examples of the types of preventative practices contact centres implement, reported through interviews.

**Table 1: Examples of preventative practices**

| Preventative operational practice | Examples |
|---|---|
| Parent/carer or child behaviour | Staggered arrival times; mobile phone restrictions; restricting topics of conversation; safe words or actions for the child. |
| Building features | Separate entrances for resident and non-resident parents/carers; audible CCTV in all rooms; safe waiting areas; double locked doors. |
| Actions of staff | Staff carrying radios; having a floating member of staff; ensuring that staff are never left alone with a child. |
| Other | Drug and alcohol testing; escorting; confiscating passports. |

There did not appear to be set minimum standards for these preventative practices, and qualitative research suggested significant variation between contact centres in terms of the practices that are implemented. This variation is typically due to differences across contact centre policies, limitations to building infrastructure, or challenges to resources and staffing. The implications of this variation are discussed in more detail in section 4.5.

## 2.6 Safeguarding incidents

**Responding to safeguarding incidents**

Qualitative research and the review of safeguarding policies found a consistent process for recognising, recording, responding to and referring safeguarding incidents across NACCC accredited and local authority run contact centres and services. This process includes:

1. Pausing the contact session and contacting the Designated Safeguarding Lead, who is typically the centre manager, while ensuring that parents/carers or children at risk do not leave the centre or, for contact services, public location.

2. Recording all details of the incident to be either logged internally, either through social care case management systems and/or submitted to the NACCC safeguarding support line.
3. Referring onwards to other support services as appropriate. For local authority run centres, this includes escalating to the allocated social worker. For accredited, non-local authority run or commissioned centres, this involves referring onwards to Children's Services, the NACCC safeguarding contact line, local police or emergency services or other local support agencies.
4. Reflection meetings with staff and volunteers to share learnings and consider how parents/carers and children could be best supported following the incident.

While the overall process was broadly consistent, safeguarding policies varied substantially in the extent to which they included sufficient detail on escalation procedures at a local level, or on processes to incorporate learning and reflection on an ongoing basis.

**Frequency and nature of safeguarding incidents**

Contact centres self-reported through interviews and the survey that safeguarding incidents occur infrequently, and that the most common types of incidents involve physical altercations. Over the last 12 months, the majority of surveyed contact centres reported that there had not been any safeguarding incidents (84%, n=153), and that they have not had any cases with a safeguarding alert due to risk of domestic abuse (83%, n=143).

The most commonly reported types of safeguarding incident by both survey respondents and interviewees were child physical abuse and violent or threatening behaviour. However, several parents/carers reported safeguarding concerns which do not appear to have been identified by contact centre staff. These included victim-survivors inadvertently coming into contact with abusive ex-partners with non-molestation orders in the contact centre, and the child being asked inappropriate questions during the contact session which was not noticed or prevented by contact centre staff.

These findings suggest that contact centres may have a high threshold for what is reported or logged as a safeguarding incident, and are more likely to categorise physical altercations as safeguarding incidents than other forms of abuse such as emotional abuse or coercive control.

## 2.7 Staff training, knowledge and confidence

### Safeguarding and child protection training

Under NACCC standards, all staff and volunteers at accredited contact centres should receive safeguarding training at induction, followed by annual refreshers. This is the case for both supported and supervised contact services. All staff at local authority run and commissioned centres should receive safeguarding training in line with statutory guidance and, for social workers, professional standards. The majority of staff (92%) and volunteers (86%) from surveyed contact centres reported that they have received safeguarding and child protection training over the last 12 months.[12] Staff and volunteers indicated that they would benefit from more regular safeguarding training, with emphasis on how to broach challenging topics with parents/carers and children, and how to manage disclosures and act and respond effectively.[13]

### Specialist domestic abuse training

Staff and volunteers stated through interviews that they would find specialist domestic abuse training beneficial. Under NACCC standards, contact centre staff and volunteers should receive this "as required". Social workers should receive training on the impact of domestic abuse as part of their initial induction, with continued domestic abuse training as necessary. Currently, only 11% of surveyed contact centre staff and volunteers have received specialist domestic abuse training over the last 12 months. Staff and volunteers identified a need for training around recognising and responding to coercive control and emotional abuse, and victim-survivors voiced concerns that staff members did not have sufficient training or understanding around the manipulative and coercive nature of domestic abuse.

[12] This reflects the period October 2021-October 2022.

[13] Around half of surveyed staff and volunteers (53%) received NACCC safeguarding training over the last 12 months, followed by "Other" safeguarding training (24%), and local authority safeguarding training (9%).

# 3. Views on effectiveness of safeguarding processes

## 3.1 Key messages

- **Safeguarding policies indicate a strong commitment to safeguarding and child protection**. However, there was significant variation in the robustness and comprehensiveness of safeguarding policies across contact centres which provide the same level of contact.

- **Private law referrals to contact centres may prioritise contact over safety.** Stakeholders stated that these referrals are increasingly viewed as a key protective factor to mitigate the risk of domestic abuse. However, interviewees highlighted that contact centre referrals are not a substitute for support from local authorities and specialist support organisations.

- **Risk assessment processes at point of referral appear to be thorough and consistent**. However, stakeholders reported a need for specialist input into quality control and moderation procedures for supervised contact, and for risk assessments to be updated on an ongoing basis and before contact arrangements are reviewed.

- **Preventative approaches to safeguarding place strong emphasis on physical safety and security, but less on emotional safeguarding for children and parents/carers**. Victim-survivors and children did not report feeling protected from trauma and distress, and staff reported that did not feel confident identifying and responding to instances of emotional abuse and coercive control.

- **The voice and experience of the child is not consistently centred at all stages**, according to parents/carers and children. They stated that there should be clear mechanisms for children to voice concerns at all stages, both at the pre-visit and beyond. It should also be made clear that safety is prioritised over contact, with clear steps and actions provided to all children who do not feel safe.

## 3.2 Quality of safeguarding policies

Most of the 111 safeguarding policies reviewed demonstrated strong commitment to child safeguarding and child protection**.** Policies clearly highlighted the importance of training and supervision, and steps to take in the event of a disclosure or safeguarding incident. However, there was significant variation in the robustness and comprehensiveness of policies. Safeguarding policies for providers of supported contact were considerably shorter and less detailed than providers of supervised contact. However, there was also variation across providers of supervised contact. The most robust safeguarding policies had clear diagrams, escalation procedures, and contact details, while the least detailed were one to two pages long, with limited information on risk factors, operational policies, or domestic abuse. As such, key areas for improvement from this review were ensuring that all policies demonstrate annual review, include sufficient detail on escalation procedures at a local level, clearly highlight all relevant risk factors and corresponding operational practices, with policies to promote learning and reflection on an ongoing basis.

## 3.3 Referrals to contact centres

**Balancing contact with safeguarding from domestic abuse**

Section 1(2A) of the Children Act 1989 requires family courts to presume the involvement of a parent in a child's life, unless there is evidence to suggest that this would put the child at risk of harm. Stakeholders reported that this presumption can mean that contact centre referrals are prioritised over safeguarding considerations. They emphasised the importance of conducting robust risk assessments, ideally with input from domestic abuse experts, when courts consider whether a case is appropriate for contact, and ensuring that fact-finding hearings are consistently held for all cases with a history of domestic abuse.

> "We very often hear from survivors that a proper risk assessment or fact-finding hearing hasn't taken place from the family courts. Either there hasn't been a risk assessment at all, or it's been done without an understanding of the ongoing nature of domestic abuse post-separation and ongoing risk to children. We'd want to see fact-finding as part of risk assessment, as well as ensuring the child and survivor have sufficient support as part of ordering contact in supervised and supported settings." **Domestic abuse stakeholder**

Domestic abuse stakeholders highlighted that, though in theory fact-finding hearings should be held before orders to contact centres are made, this does not always happen consistently. Central to these decisions should be consideration of whether victim-survivors and children can be sufficiently safeguarded from emotional abuse and coercive control, and stalking and harassment to and from the contact centre.

In addition, system-wide stakeholders reported that family courts often view supervised contact as a temporary intervention, and that there is a strong assumption that families will inevitably progress to have parental involvement independently. However, they were clear that this assumption will not always be appropriate, that it does not always consider the ongoing risk of harm and safeguarding considerations, and is not always communicated to victim-survivors before they agree to attend contact centres.

> "We see a very strong pro-contact culture within the family court. Sometimes contact is prioritised above safeguarding, and there is always a push for supervised contact to journey towards independent contact. That push can go against the harm that the child or survivor may experiencing."
> **Domestic abuse stakeholder**

Importantly, stakeholders reported that referrals to contact centres are not a substitute for referrals to local authorities, support from a network of specialist agencies and perpetrator interventions. Where there is history of domestic abuse, there should not be an assumption that contact will progress without robust evidence that support has been implemented to manage the risk of ongoing harm to the child and victim-survivor, verified by risk assessments conducted by domestic abuse specialists.

### Information provided by referrers

Contact centre staff and volunteers stated through both the survey and interviews that they can only conduct risk assessments on the information they receive, and that referrals often require requests from the contact centre for additional information before they can accept them. They stated that referrals tend to vary by referral source in the following ways:

- **Referrals from Children's Services** tend to be thorough and provide sufficient detail to support risk assessments. This was reported as a particular strength by local authority run or commissioned contact centres. However, this appears to vary

depending on the strength of the individual relationship between the contact centre and Children's Services, with scope to build stronger relationships between contact providers which are not local authority-run or commissioned and children's social care.

- **Referrals from family courts and Cafcass.** Staff and volunteers reported that there is scope for improved understanding from family courts on the services offered by contact centres. Contact centre staff suggested that the sufficiency of information would be improved through the implementation of robust information sharing agreements between contact centres, local authorities, family courts and Cafcass, and by ensuring that court orders consistently stipulate that court orders, Section 7 reports[14] and safeguarding letters can be shared with contact centres.
- **Private law self-referrals.** It can be particularly challenging to receive and verify information provided through private law self-referrals who may not have input from other professionals. In these situations, contact centre staff and volunteers reported reaching out to solicitors where possible,[15] but relying predominantly on pre-visits to elicit information from parents/carers. One local authority-run centre reported that they no longer accept these referrals as they do not feel that they can access sufficient information to adequately conduct risk assessments.

Currently, the responsibility for ensuring contact centres receive sufficient information appears to lie with the contact centre and be dependent on individual contact centre policies for acceptance. While contact centres appeared to feel confident pushing back on inappropriate referrals, several system-wide stakeholders highlighted that it should be the responsibility of both the referrer and the contact centre to ensure that referrals are made with sufficient information. This would minimise the likelihood that centres accept referrals with a higher level of risk than they are equipped to manage, and reduce delays to contact proceedings and the burden on the time and resources of contact centre staff.

[14] A Section 7 report is a report prepared by Cafcass or a social worker in cases where an application has been made to the court under Section 7 of The Children Act 1989.

[15] Many private law applications are made by litigants in person, in which case it would not be possible to consult a solicitor in risk assessment proceedings.

## 3.4 Views on effectiveness of contact centre risk assessment processes

**Thorough risk assessment processes at the point of referral**

Thorough risk assessment processes carried out by the contact centre at the point of referral were felt to be a particular strength by survey respondents and contact centre stakeholders. Multi-agency approaches to risk assessment appear to work particularly well, although stakeholders from non-local authority run or commissioned contact centres highlighted that there is scope to conduct these more systematically. However, neither interviews nor the safeguarding policy review indicated standardised processes for conducting risk assessments, including standardised referral forms, clear timescales for risk assessment procedures, or consistent moderation or quality control procedures.

**Conducting ongoing risk assessments and feeding back to relevant organisations**

System-wide stakeholders emphasised the importance of contact centres conducting risk assessments on an ongoing basis, and ensuring that there are clear mechanisms through which they can report findings to family courts and children's social care if the level of risk changes and the level of contact is no longer appropriate. They suggested that involved professionals including Cafcass, contact centre staff and social workers are well placed to take a more active role in assessing whether the level of contact is appropriate on an ongoing basis. They recognised that this can be challenging where the level of contact has been court-ordered, and agreed that contact centre staff should receive legal training on managing these situations, which may involve feeding concerns back to either Cafcass or the courts directly, to request a variation of the court order. However, stakeholders noted that it is vital that victim-survivors and children are not mandated to attend contact sessions where they no longer feel safe due to fear of repercussions from family courts, and that the burden is not placed on the victim-survivor to initiate these discussions.

> "There needs to be a robust route to dynamically reflect concerns that contact centres have back to the court and back to Cafcass. Revising court orders can be long, costly and complex, and subject the survivor to further abuse. We'd like Cafcass to take a much more active role in this, so that the burden isn't on the survivor to do it." **Domestic abuse stakeholder**

**Risk assessment at the point of exit and/or contact progression**

As described in section 3.4, risk assessments do not appear to be routinely reviewed or updated before contact progresses. Several victim-survivors reported feeling fear and anxiety that they might be encouraged to progress to lower levels of contact, such as handover or facilitating contact in the community, without sufficient consultation or risk assessment. Stakeholders recognised that this is often beyond the remit of the contact centre, as decisions around contact progression are often determined by court orders, which dictate whether and when contact should progress. Nevertheless, stakeholders agreed that is vital that decisions made by family courts around contact progression are subject to updated risk assessments and balanced against safeguarding considerations.

## 3.5 Views on preventative approaches to safeguarding

**A strong focus on physical safety, and less on emotional safeguarding**

Findings suggest a strong focus on ensuring physical safety and security of parents/carers and children across contact centres, with most preventative measures focussed on ensuring physical separation between parents/carers and promoting the physical safety of the child. However, findings indicated less of a focus, through both practices and attitudes, on emotional safeguarding. There appears to be less emphasis on or recognition of the ways in which contact can be weaponised as a form of ongoing coercive control, and the distress and trauma victim-survivors and children may experience in the build up to and following the contact session. Stakeholders recognised that this may be beyond the remit of the contact centre, whose purpose is to facilitate the contact session safely and not to provide therapeutic interventions. However, it is important for staff and volunteers to ensure that they are communicating effectively with parents/carers and children both before and after the contact session, and for referrers to consider the limitations around emotional safeguarding when assessing whether a case is appropriate for contact.

**Variation across preventative operational practices implementation**

As described in section 3.5, there is significant variation across the preventative practices that contact centres are able to implement. Qualitative research indicated particularly significant variation in the building features across non-local authority run, accredited contact centres, which are more likely to operate from settings such as community centres or office buildings without separate entrances or safe waiting areas. Several victim-

survivors reported how inappropriate building features had resulted in safeguarding concerns, giving examples of encountering perpetrators with non-molestation orders in the hallway due to a lack of safe waiting area, or being able to hear perpetrators speaking through the walls, which was described as triggering.

> "Contact centres shouldn't just focus on providing a room for contact within the centre, they also need a safe space for the resident parent. The architecture of the centres should take into account how to manage the risk of domestic abuse."
> **Domestic abuse stakeholder**

As the implementation of preventative measures may vary substantially, stakeholders were clear that contact centres should only accept cases with a level of risk that they are able to manage. As discussed in section 4.3 above, while contact centres reported feeling confident pushing back on referrals where the level of risk was too high, stakeholders agreed that there is scope for referrals from family courts, social care and Cafcass to more routinely consider individual contact centre capacity to manage risk at the point of referral.

## 3.6 Responding to safeguarding incidents and concerns

**Recording and sharing information**

Strong recording processes were a key strength identified through interviews. Contact centre staff noted that the information captured both during supervised contact sessions and following incidents is thorough and comprehensive, but that there is scope for this information to be better utilised by other agencies involved with supporting families. If cases have children's social care involvement, then case files and information may be shared with social workers. However, more broadly, contact centre staff and volunteers reported uncertainty around who they were and were not allowed to share information with, and that they would benefit from clearer policies around information sharing with other agencies to ensure the information that they capture can be utilised effectively.[16] Improved information sharing should be coupled with an increased focus on and awareness of emotional safeguarding, as discussed in section 4.5, and a greater understanding of thresholds for safeguarding incidents, as discussed below.

[16] Guidance on information sharing for practitioners.

**High thresholds for identifying safeguarding concerns and intervening in sessions**

Findings outlined in section 3.6 suggest both a high threshold for what is reported or logged as a safeguarding incident, and indicate that contact centres may be more likely to categorise physical violence as a safeguarding incident than other forms of abuse such as emotional abuse or controlling or coercive patterns of behaviour. The point at which contact centre staff would intervene in the contact session also appears to vary, and several staff did not report feeling confident managing or responding to safeguarding concerns relating to emotional abuse. This was reflected in interviews with resident parents/carers, many of whom were worried that staff and volunteers would not actively intervene in the contact session if the non-resident parent said something inappropriate.

> "Staff need to feel strong enough to intervene if necessary. The job isn't to sit there, make a note and say nothing, it's to actively intervene and respond. Contact requires an active safety model and shouldn't rely on observing." **Children's stakeholder**

System-wide stakeholders and contact centre managers emphasised the importance of contact supervisors understanding that their role is to intervene, and having the confidence and skillset to stop the session if necessary, and refer concerns onwards to other staff members or agencies as appropriate.

## 3.7 Ensuring victim-survivors are safe, protected and heard

**Adapting processes and reversing assumptions to combat power dynamics**

Both domestic abuse stakeholders and victim-survivors highlighted the importance of adapting referral processes and assumptions where there is a history of domestic abuse. They stated that there is often an assumption in private law children's proceedings that power and control lies with the resident parent, who may be expected to compromise around contact frequency and duration. However, if there is a history of domestic abuse, this was described as highly inappropriate, and stakeholders reported that it is key to adapt referral processes to combat unequal dynamics of power and control. This can include allowing the victim-survivor to select the contact centre so that they are comfortable with the location and safeguarding processes, and ensuring that they do not feel pressure to compromise on contact frequency or duration.

**Prioritising safety over contact**

Interviews with parents/carers, children and domestic abuse stakeholders provided accounts of both children and victim-survivors experiencing pressure to attend contact sessions, despite not feeling safe or protected. Both parents/carers and children stated that they feared repercussions from contact centre staff, Children's Services and family courts if they voiced their concerns.

> "We often hear from survivors who feel scared and guilty that they're putting their children through further harm in contact, but that they feel powerless about it. Contact centres often give the impression that contact should be prioritised, and if there is a court order then survivors are legally required to adhere to it. We hear that they feel unsafe, but have no other option." **Domestic abuse stakeholder**

Stakeholders agreed that it is essential that all agencies involved in supporting parental involvement, including family courts, Children's Services and contact centres prioritise safety over contact, and that this is communicated to both parents/carers and children from the point of referral. The actions that are available to them if they do not feel safe at the contact centre should be made explicit, including clear routes and actions if the contact is court-ordered, which will not result in adverse consequences from family courts.

**Effective communication and instilling a culture of ongoing dialogue and trust**

Central to ensuring that victim-survivors feel safe, protected and heard at contact centres is instilling cultures of ongoing dialogue and effective communication. Victim-survivors stated that they had not been asked directly by contact centre staff about their history with the perpetrator, and that they felt concerned that staff and volunteers were uninterested or did not understand the nuance and complexity of their cases. They also reported uncertainty around whether preventative measures would be implemented each week as agreed, highlighting that ongoing communication via text or phone call is key to reassure them that processes are happening as intended. These findings reinforce that effective communication between contact centre staff and parents/carers is central to building trusting relationships, minimising anxiety and fear in the build up to and from contact sessions, and enabling victim-survivors to disclose concerns and support risk assessment on an ongoing basis.

## 3.8 Centring the voice and experience of the child

Few staff members identified the involvement of children in risk assessment processes. Neither parents/carers nor most staff and volunteers described consistently engaging with the child from the pre-visit onwards to explain what spending time in a contact centre entailed, or to gain an understanding of their views or concerns and ensure that they felt safe before and after each session. This was reflected in qualitative research with children, many of whom stated that they had not been given enough information about the sessions were going to involve before they attended the contact centre, and that they did not feel as though staff had tried to build a rapport with them to ensure that they felt safe and comfortable. Some children described feeling pressure to attend contact sessions from contact centre staff, despite not feeling safe. Most children who had attended supported contact sessions said that they had not been provided with a safe word or action but would have found this helpful.

> "I was so uncomfortable. I was scared of Dad but also scared of the consequences if I said anything. The person supervising needs to identify that you're nervous and don't want to carry on. Otherwise, if anything happened I had to put my big boots on and go and tell someone, or if not just deal with it for two hours." **Child**

Children's stakeholders emphasised the importance of recognising the voice and the experience of the child throughout the contact journey. This includes ensuring that they are able to feed into risk assessment processes, both at point of referral and on an ongoing basis; that they do not feel pressured to attend contact sessions if they say that they do not feel comfortable, and that contact centre staff and volunteers effectively communicate with them in an age-appropriate, child-centred way.

## 3.9 Developing staff knowledge, skills and confidence

**Safeguarding training**

While most surveyed contact centres reported that the majority of staff and volunteers had received safeguarding training over the last 12 months, staff and volunteers reported through interviews that they would benefit from additional training, with a particular focus on managing disclosures and broaching challenging topics with parents/carers and children. Staff and volunteers also stated that there is a strong reliance on prior knowledge

and expertise, e.g., in social work or social care, and that the baseline training that all staff and volunteers are required to take is less robust.

> "We need better safeguarding training. Unless you're coming from a background where you already know the procedures, you just wouldn't know. We only get the very basic training." **Contact centre staff/volunteer**

**Domestic abuse training**

Stakeholders agreed that without a trauma-informed understanding of the impact of domestic abuse on children and victim-survivors, including on male victims, LGBTQ+ relationships, and people from different ethnic-minority backgrounds, there is a risk that victim-survivors' concerns are dismissed, and the information that is fed back to family courts and Children's Services is inaccurate. Importantly, training gaps around how to manage ongoing risk of harm may also limit the ability of staff and volunteers to implement appropriate safeguarding procedures and effectively support victim-survivors and children.

> "Domestic abuse in the form of coercive control is hard to understand and you need a level of expertise, experience and skill to identify that risk and manage it. Without appropriate training in place, contact centres won't have that expertise." **Domestic abuse stakeholder**

# 4. Discussion of findings and recommendations

## 4.1 Discussion of findings

Contact centres provide an important service and enable thousands of parents/carers to have contact with their children safely. Both survey analysis and qualitative research indicated several aspects of current safeguarding processes which contribute to effective safeguarding of adults and children, including strong commitments to safeguarding, supportive staff networks, comprehensive recording processes, and preventative measures which are generally able to promote the physical safety of the adults and children while at the centres. Evidence suggests that contact centres are increasingly used by referral organisations as a key protective factor to mitigate the risk domestic abuse. However, findings show that contact centres are less able to provide emotional safeguarding and welfare support to victim-survivors and children who are experiencing ongoing trauma and distress, and are not a substitute for robust risk assessments from referrers or support from specialist organisations. This highlights the importance of ensuring all relevant system stakeholders take responsibility for effectively safeguarding adults and children from the risk of domestic abuse and other harm.

## 4.2 Recommendations

**Recommendation 1: Introduce robust, mandatory safeguarding and domestic abuse training for all contact centre staff and volunteers.**

All contact centre staff and volunteers should receive domestic abuse training, delivered by specialists, which focusses on developing 1) awareness and understanding, to ensure that staff and volunteers understand the different forms of domestic abuse and the specific impact it has on children, male victims, people in LGBTQ+ relationships and people from different ethnic minority communities; and 2) skillsets and competencies, such that staff feel confident supporting and broaching challenging topics with children and victim-survivors, responding to different forms of domestic abuse, and managing perpetrator behaviour and risk of harm. This is important to ensure both the safety of victim-survivors

and children at the centres, and that contact centres feedback accurate information about the risk of harm to Children's Services and family courts.

**Recommendation 2: Ensure robust, system wide approaches to risk assessment and risk management, including the provision of specialist support for parents/carers and children.**

A referral to a contact centre is not a standalone solution or substitute for a system wide approach to effectively safeguarding adults and children from domestic abuse and other harm. Safeguarding processes across contact centres should be supplemented by 1) robust risk assessments by referrers, including consideration of whether or not parent/carer involvement is appropriate; 2) clear understandings of the long-term purpose of involvement; 3) specialist input into screening referrals, particularly self-referrals without existing professional input; 4) parallel referrals to specialist support for victim-survivors and children, which should be both trauma informed and practical, i.e. including any logistical support they may need to access the contact centre safely; 5) widescale provision of and referrals to perpetrator interventions, and 6) robust, multi-agency risk assessment, both on an ongoing basis and as contact arrangements are reviewed.

**Recommendation 3: Establish processes to centre the voice and experience of the child and parent/carer at all stages of parental involvement.**

All children and parents/carers should feel safe, heard and protected at all stages of parental involvement i.e. from the referral to the contact centre, to the pre-visit, to the contact sessions, through to contact progression. Contact centre staff should ensure there are clear processes to centre the voice and experience of the child at each stage, and that these processes are implemented consistently. This should include recognition that the build up to and following the contact session can cause emotional distress, and steps to provide support either side of the contact session. Children should be provided with safe words and actions to enable them to pause or stop the contact session at any time. All contact centre staff and volunteers should feel confident taking appropriate steps for cases where contact is mandated by the court, but the child or parent/carer has indicated that they do not feel safe. These steps should be communicated to all children and parents/carers, so that they do not attend contact sessions where they do not feel safe due to fear of repercussions from family courts, social services or other professionals.

**Recommendation 4: Establish mechanisms to support and develop the role of contact centres in multi-agency risk assessment at a local level.**

Contact centres capture key information about families and children, often on a weekly basis, and as such hold great potential to meaningfully contribute to decisions being made by Children's Services and family courts. This could be further enhanced by 1) multi-agency risk assessments both at point of referral and on an ongoing basis, held between all relevant professionals and supported by robust information sharing agreements; 2) ensuring dynamic feedback loops between contact centres and local authorities, Cafcass, Children's Services and family courts, supported by provisions in court orders which allow contact to be adapted as necessary; and 3) consistently including contact centres in local multi-agency safeguarding models, such as Local Safeguarding Partnerships and Multi-Agency Safeguarding Hubs.

**Recommendation 5: Support greater exchange of learning and good practices, to improve consistency across contact centre practices and policies.**

There is significant variation in safeguarding processes and operational practices across contact centres, and scope to improve consistency. Contact centres may benefit from developing learning networks across their region or local authority to exchange examples of learning, training opportunities, and good practice. This would support standardisation of operational policies and procedures across contact centres in a similar area and improve the parent/carer experience of choosing contact centres.

**Recommendation 6: Review funding and investment into contact centre provision, to ensure locally accessible and affordable provision across England.**

The substantial variation across regional contact centre provision and high cost of contact sessions limits the accessibility of local, affordable contact centres for many families, and increases the risk of parental involvement occurring in an inappropriate setting. To improve the accessibility of appropriate contact services across England, funding and investment into contact centre provision and accreditation bodies should be reviewed, including access to means-tested grants to facilitate access to supervised contact as necessary. This will ensure that families do not opt to have parental involvement in settings without robust safeguarding structures in place due to cost and availability limitations.

# Appendix A
# Research methodology

The methodology for this research was developed and agreed collaboratively between MoJ and Cordis Bright. It consisted of two main strands:

1. Qualitative research with key stakeholders, parents/carers and children.
2. A survey of contact centres and services in England, including a request for and review of contact centres' safeguarding policies.

This appendix presents further information for each strand, and provides an overview of challenges, limitations and ethical considerations.

## Qualitative research

The research team conducted semi-structured, in-depth interviews and focus groups with 76 key stakeholders, parents/carers and children. This consisted of interviews across eight contact centres and one contact service, system wide stakeholders from the domestic abuse sector, children's organisations and separated parent support services, members of the Family Justice Young People's Board, and Cafcass Family Court Advisers. This section provides more information about research conducted with each group.

### Qualitative research sample

*Contact centre interviews*

The research team conducted 45 qualitative interviews across eight contact centres and one contact service. These contact centres and services were selected based on information provided by NACCC. They were selected to ensure a range of regions, level of NACCC accreditation, local authority run and commissioned providers, level of contact, and number of staff and volunteers. Table 2 summarises key characteristics of these centres. Across the contact centres and services, the number of staff ranged from 5 to 39, and number of volunteers ranged from 0 to 5.

**Table 2: Case study characteristics**

| Case study number | Contact centre or service | Level of contact provided | Region | Local authority run or commissioned? | Level of NACCC accreditation |
|---|---|---|---|---|---|
| 1 | Contact centre | Supervised | North East | No | Enhanced |
| 2 | Contact centre | Supervised | London | Yes | Enhanced |
| 3 | Contact centre | Supervised | London | No | Enhanced |
| 4 | Contact centre | Supervised | North East | No | Enhanced |
| 5 | Contact centre | Supported | Central | No | Accredited |
| 6 | Contact centre | Supervised | East | Yes | Enhanced |
| 7 | Contact centre | Supervised | North West | No | Enhanced |
| 8 | Contact centre | Supported | Central | No | Accredited |
| 9 | Contact service | Supported | Central | No | Accredited |

Once selected, contact providers were contacted by Cordis Bright, with the support of NACCC and MoJ, to introduce the research and ask for participation. Following this, the research team liaised directly with contact centres and services to arrange the receipt of contact details and to schedule interviews. Case study contact providers were asked to submit contact details for all their staff and volunteers, all of whom were then invited to interview by Cordis Bright. Contact centres were also provided with an information sheet for parents/carers which explained the purpose of the research and what taking part would entail. Contact centre staff were asked to identify up to 5 parents/carers who would be interested in taking part in the research, share the information sheet with them, and gather their consent to have their contact details shared with the research team. The research team then invited these parents/carers to interview. All parents/carers gave informed consent to participate at the start of the interview.

In total, the research team conducted 28 interviews with contact centre managers, contact co-ordinators, contact supervisors, support workers and volunteers; and 17 interviews with parents/carers, of which nine interviews were resident and eight were non-resident.[17] Interviews with contact centre staff and volunteers was conducted via video call and lasted up to an hour. Interviews with parents/carers lasted up to half an hour, and were conducted either via video call or phone call. All contact centres and services have been treated anonymously throughout this report.

*System-wide stakeholders*

The research team invited 31 organisations to take part in the research. These organisations spanned across the domestic abuse sector, national children's charities and organisations, and support services for separated parents. Of the 31 organisations invited to interview, 17 organisations either declined or did not respond to the invitation to participate. 17 stakeholders were interviewed from the 14 organisations who agreed to take part. These organisations are presented in Table 1 below. These interviews were conducted via video call and lasted up to an hour, and explored safeguarding processes in place across the contact centre sector, and the sufficiency of safeguards in place.

[17] Non-resident parents include both separated parents in private law contact arrangements, and parents of looked after children.

**Table 3: Organisations interviewed**

| Domestic abuse sector | Children's charities and organisations | Support services for separated parents | Other |
|---|---|---|---|
| • Domestic Abuse Commissioner's Office.<br>• IKWRO.<br>• Member of Resolution's National Committee and Domestic Abuse Committee.<br>• Rights of Women.<br>• Safe and Together<br>• Women's Aid. | • Barnardo's.<br>• Cafcass.<br>• NACCC. | • Dad's Unlimited.<br>• Match Mothers.<br>• Our Family Wizard.<br>• Parenting Apart Programme. | • Nuffield Family Justice Observatory. |

*Cafcass Family Court Advisers*

Cafcass stakeholders circulated a call for research volunteers to Family Court Advisers who operate in the same regions as case study contact centres and services. The research team received contact details for eight volunteer FCAs, and conducted six interviews.

*Family Justice Young People's Board*

The research team conducted a focus group with eight members of the Family Justice Young People's Board (FJYPB),[18] who were selected by the FJYPB co-ordinator based on relevant experience of attending contact centres or services.

**Approach to qualitative research**

All interviews were conducted between October 2022 and January 2023. Interviews with contact centre staff and volunteers, system-wide stakeholders, and Cafcass FCAs were conducted by video call lasting approximately one hour. Interviews with parents/carers were conducted by either phone or video call, and lasted up to half an hour. All parents/carers and members of the FJYPB received a high street voucher as a thank you for participation.

[18] More information about the FJYPB is available here Family Justice Young People's Board - Cafcass - Children and Family Court Advisory and Support Service.

Interviews and focus groups were conducted by five members of the research team, and were anonymous and confidential, with interviewers taking detailed notes. The decision not to record and transcribe was made to ensure interviewees felt comfortable speaking openly, and to maximise the resource available to conduct interviews. Interviewees were reminded before the interview that the research was independent from MoJ and that their responses were anonymous.

### Approach to qualitative analysis

The qualitative evidence obtained from interviews and focus groups was recorded in a matrix, which maps responses to key questions. Interviews were analysed using thematic analysis to identify recurring themes relating to current safeguarding arrangements and their effectiveness. This involved a process of coding using a mixture of a priori codes which corresponded to key research questions and priori codes to take account of emerging, unexpected findings. These responses were drawn together, exploring key themes, and commonalities and divergences in responses.

Key themes were reviewed and discussed across the research team, subject to internal challenge and review, triangulated against evidence from survey data and safeguarding policy review, and robustly quality assured by senior members of staff. All members of the research team carried out this process collaboratively, and any differences in interpretation of the data were discussed and agreed on collectively. This collaboration mitigated any potential biases that individuals may have held when conducting the analysis and interpretation of results, through inbuilt internal and external challenge.

## Contact centre survey and safeguarding policy review

### Survey design and dissemination

The contact centre survey was designed by Cordis Bright and agreed collaboratively following review and feedback from MoJ and Department for Education (DfE). The survey gathered evidence on safeguarding procedures, training, safeguarding concerns, knowledge of unaccredited centres, basic information about the service the respondents' centre provides, and included a request for safeguarding policies. The survey was designed to receive one response per contact centre or service.

The survey link was distributed to all NACCC accredited contact centres in England via NACCC, and to non-accredited contact centres via Cordis Bright. The survey was also shared via an ADCS bulletin for Directors of Children's Services to disseminate to local authority run contact centres.

### Approach to analysis

Survey responses were received from a total of 190 contact centres and services, of which 111 contact centres also submitted safeguarding policies. Survey analysis was conducted in Excel. Safeguarding policies were reviewed thematically to draw out key themes, identify variation across policies and procedures, and to make an assessment of overall quality and robustness.

### Survey respondent characteristics

Of the 190 survey respondents, 172 (91%) were contact centres, 14 (7%) were contact services, and four (2%) stated that they provide both contact centre and services. 184 contact centres (96%) reported that they are not run or commissioned by a local authority and six (4%) reported that they are run or commissioned by a local authority. 119 (63%) provided supported contact, and 67 (35%) provided supervised contact. Table 4 to Table 11 below present survey respondent characteristics in more detail.

**Table 4: Level of contact**

| Level of contact | Number of contact centres and services | Percentage |
|---|---|---|
| Supported contact only | 119 | 63% |
| Both supervised and supported contact | 54 | 28% |
| Supervised contact only | 13 | 7% |
| Other[19] | 4 | 2% |
| **Grand total** | **190** | **100%** |

[19] "Other" included: 'Supported, Indirect, Hire and Handover Contact;' 'We sometimes offer a venue for supervised contact for LAs, if they provide their own supervisors;' 'Handover facility;' and 'Cafcass commissioned Improving Child and Family Arrangements and private supervised'

**Table 5: Type of contact**

| Type of service | Number of contact centres and services | Percentage |
|---|---|---|
| Onsite contact | 181 | 95% |
| Handover services | 157 | 83% |
| Preparatory work / assessment | 81 | 43% |
| Virtual contact | 62 | 33% |
| Community based contact | 59 | 31% |
| Indirect contact | 39 | 21% |
| Mediation between parents | 24 | 13% |
| Life story and identity contact | 14 | 7% |
| Other[20] | 8 | 4% |
| **Grand total** | **190** | **100%[21]** |

**Table 6: Staff and volunteer levels at each contact centre**

| Number of staff/volunteers | Number (%) of contact centres with each number of staff | Number (%) of contact centres with each number of volunteers |
|---|---|---|
| 0 | 44 (23%) | 41 (22%) |
| 1 to 5 | 106 (56%) | 45 (24%) |
| 6 to 10 | 21 (11%) | 36 (19%) |
| 11 to 15 | 5 (3%) | 25 (13%) |
| 16 to 20 | 9 (5%) | 28 (15%) |
| More than 20 | 4 (2%) | 13 (7%) |
| **Valid total** | **189 (100%)** | **188 (100%)** |
| Not known | 1 | 2 |
| **Grand total** | **190** | **190** |

[20] 8 respondents provided 'other' responses which included: 'ICFA'; Interviews for self referrals'; 'Letter box contact'; 'Community service and funded contact'; 'Co-parenting but not formal meditation'; 'Supervised contact sessions'; 'Child centred sessions / reviews.'

[21] Percentages do not sum to 100% as contact centres could select more than one type of service.

**Table 7: Referrals over the last 12 months**

| Type of referral | Number (%) of contact centres with at least one referral for each level of contact | Total number (%) of referrals |
|---|---|---|
| Supervised contact referrals | 65 (40%) | 2,886 (42%) |
| Supported contact referrals | 139 (85%) | 2,960 (43%) |
| Other referrals | 25 (15%) | 1,098 (16%) |
| **Valid total** | **163 (100%)** | **6,944 (100%)** |
| Not stated/not known | 27 | - |
| **Grand total** | **190** | **-** |

**Table 8: Referral sources[22] over the last 12 months**

| Referral source | Number (%) of contact centres with at least one referral from each source (n=163) | Total number (%) of referrals received over the last 12 months (n=6,916) |
|---|---|---|
| Self-referral | 147 (90%) | 2,459 (36%) |
| Cafcass | 68 (42%) | 1,494 (21%) |
| Local authority / children's services | 121 (74%) | 1,256 (18%) |
| Family court | 83 (51%) | 811 (12%) |
| Solicitors | 108 (66%) | 787 (11%) |
| Family Support Service | 21 (13%) | 45 (1%) |
| Family mediators | 12 (7%) | 64 (1%) |

**Table 9: Number (%) of referrals from each source over the last 12 months, broken down by type of contact provided**

| Referral source | Supported contact only | Both supervised and supported | Supervised contact only | Total |
|---|---|---|---|---|
| Self-referral | 1,252 (44%) | 1,084 (32%) | 77 (15%) | **2,413 (36%)** |
| Cafcass | 262 (9%) | 1,183 (34%) | 9 (2%) | **1,454 (21%)** |
| Local authority/ children's services | 249 (9%) | 627 (18%) | 381 (73%) | **1,257 (18%)** |
| Family courts | 588 (21%) | 190 (6%) | 20 (4%) | **798 (12%)** |
| Solicitors | 427 (15%) | 322 (9%) | 33 (6%) | **782 (11%)** |
| Family mediators | 47 (2%) | 17 (0%) | (0%) | **64 (1%)** |

[22] Percentages do not add up to 100% as contact centres receive referrals from multiple sources.

| Referral source | Supported contact only | Both supervised and supported | Supervised contact only | Total |
|---|---|---|---|---|
| Family support services | 30 (1%) | 9 (0%) | 4 (1%) | **43 (1%)** |
| **Totals** | **2,855 (100%)** | **3,432 (100%)** | **524 (100%)** | **6,811 (100%)** |

**Table 10: Number (%) of cases provided with contact services over the last 12 months**

| | Number (%) of contact centres with at least one case | Total number (%) of cases across all contact centres |
|---|---|---|
| Supervised contact cases | 46 (30%) | 10,035 (76%) |
| Supported contact cases | 128 (83%) | 2,586 (20%) |
| Other cases | 15 (10%) | 285 (2%) |
| **Valid total** | **153 (100%)** | **12,944 (100%)** |
| Not stated/not known | 37 | - |
| **Grand total** | **190** | **-** |

**Table 11: Accreditation status**

| Accreditation status | Number of contact centres | Percentage |
|---|---|---|
| NACCC accreditation | 116 | 63% |
| NACCC enhanced accreditation | 58 | 31% |
| Awaiting NACCC accreditation | 7 | 4% |
| The centre is not and has never been NACCC accredited | 2 | 1% |
| The centre is not currently NACCC accredited but has been previously | 1 | 1% |
| **Valid total** | **184** | **100%** |
| No answer | 6 | - |
| **Grand total** | **190** | **-** |

## Ethics

The research conducted for this report received MoJ ethical approval. There were a number of ethical considerations associated with this research. These were:

- **Potential for disclosures from parents/carers.** Given the research topic and scale of data collection, the most significant ethical consideration was the risk of disclosure

within qualitative interviews with parents/carers, and ensuring that all research participants were effectively safeguarded. These considerations were addressed from the inception of the project in discussions between Cordis Bright and MoJ. All research was conducted in accordance with robust safeguarding policies and procedures, with experienced, trained researchers responsible for conducting fieldwork. Clear disclosure protocols were implemented both within the research team and with MoJ, and topic guides were designed to mitigate this, with clear steps and actions to take in the event of a disclosure.

- **Wellbeing of research participants.** The second, linked consideration was the wellbeing of research participants, given the sensitivity of the research topic and the fact that contact centres are often used in stressful contexts. This was addressed in the following ways: 1) all parents/carers gave informed consent to take part in the research 2) parents/carers were not directly asked about experiences of abuse, to mitigate the risk of re-traumatisation through participation, 3) parents/carers were reminded that taking part is voluntary, that they do not have to answer any questions they do not want to, and that they are able to pause or stop the interview at any stage, 4) all researchers were trained and experienced with managing challenging, sensitive conversations and responding to signs of distress and discomfort, and 5) any participants who expressed distress or discomfort were signposted to additional support as required.
- **Wellbeing of researchers.** Given the nature of the topic and likelihood of challenging conversations, the wellbeing of researchers conducting the interviews was also a key consideration. This was addressed through robust structures put into place by the research team to support wellbeing, including 1) regular discussions to monitor wellbeing between a) the research team b) researchers and line managers, and c) researchers and senior members of staff, including Directors; 2) clear processes in place for researchers to transfer an interview to another member of staff if required; and 3) regular discussions of findings to assess whether significant wellbeing concerns were emerging through interviews.

## Challenges and limitations

The following key challenges and limitations should be taken into account when considering the findings presented in this report:

- **Scale of case study contact centre/service research.** This research has conducted in-depth qualitative research across nine contact centres/services in England. It is therefore challenging to assess how generalisable these findings may be to other contact centres and services. The research aimed to mitigate this through the approach to selecting a range of case study contact centres (as detailed above), and to exploring experiences of multiple contact centres and services through research with parents/carers and contact centre staff and volunteers, as well as exploring the insight of stakeholders from organisations who support parents/carers, children, and victim-survivors. This enabled thematic analysis of differences between contact centres. However, additional research without time and resource constraints would be able to explore these differences in more detail.
- **Limited evidence across non-accredited, independent providers of contact.** As discussed in the report, it is challenging to quantify the prevalence of non-accredited, non-local authority run providers of contact. This research sought evidence on these centres in two ways: 1) through the survey, where all accredited and local authority run contact centres in England were asked about their knowledge of the prevalence of these types of centres and the robustness of their safeguarding policies and processes in place, including the use of a snowballing method, and 2) through in-depth qualitative research with system-wide stakeholders, contact centre staff and volunteers, and parents/carers, which explored their knowledge and insight of these centres and services. However, most respondents had extremely limited awareness on the prevalence of these types of centres and the robustness of the safeguarding processes they have in place. As such, this research has not elicited robust evidence on the types of safeguarding policies and processes that these centres are likely to have in place. This limits the extent to which conclusions can be drawn around the safeguarding policies and processes in place across all types of contact centres.
- **Risk of self-selection bias.** As described above, due to time and resource constraints the sampling strategy for contact centre qualitative research recruitment involved several elements of self-selection. While contact centres were selected based on

robust sampling strategies, they agreed to participate of their own volition, and acted as a trusted gatekeeper for the 5 parents/carers who they identified and recruited to take part in the research. This introduces the possibility of positive self-selection bias to the findings presented in this report. It is likely that the contact centres and services who consented to take part in qualitative research were those who were most confident in their safeguarding processes and practices, and that the parents/carers they recruited were more likely to be satisfied with their experiences of the contact centre than the parents/carers they did not recruit. There is therefore a risk that these findings are skewed towards contact providers with stronger safeguarding processes, and parents/carers with more positive experiences. This limits how generalisable the findings from qualitative research are to parents/carers who were not recruited for the research, or contact centres and services who did not agree to take part.

- **Self-reported survey data.** As discussed above, findings related to the nature and frequency of safeguarding incidents, staff and volunteer training, and referral sources were based on self-reported data which contact centres submitted via the survey. This has been mitigated through triangulation with qualitative research with parents/carers, children, system-wide stakeholders and the review of safeguarding policies. However, it is challenging to independently verify the accuracy of the data that has been collected through this method. As per the point above, it is also possible that the contact centres and services who did not respond to the survey were more likely to have weaker safeguarding processes and policies. This would also skew the survey findings towards contact centres with stronger safeguarding policies and processes, and introduce self selection bias to survey findings.

# Appendix B
# Research aims and objectives

**Objective 1:** To understand the safeguards and processes in place to manage allegations and incidences of domestic abuse and harm whilst in the contact centre or place of contact.

- What safeguarding processes do contact centres have?
- What proportion of parents come from different referral sources?
- What level of accreditation do contact centres have?
- What level of staffing, and what training arrangements do contact centres have?
- How frequently are there incidents that require safeguarding intervention?
- Do referees consider safeguarding and harm when making when referring parents?
- Do victims of domestic of abuse and other harm feel protected at centres?

**Objective 2:** To make an assessment of the extent to which current processes adequately protect those at risk of domestic abuse and/or harm (for children) and make any recommendations for change.

- Are the safeguarding processes contact centres have adequate?
- Are incidents that require safeguarding intervention dealt with suitably?
- Are victims of domestic abuse and other harm properly protected?

# Appendix C
# Statutory definition of domestic abuse

This report follows the statutory definition of domestic abuse, set out in Section 1 (2-5) of the Domestic Abuse Act 2021. This is provided in full below.

### Section 1 (2-5) of the Domestic Abuse Act 2021

"(2) Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if -

a) A and B are each aged 16 or over and are personally connected23 to each other, and

b) the behaviour is abusive.

(3) Behaviour is "abusive" if it consists of any of the following -

a) physical or sexual abuse;

b) violent or threatening behaviour;

c) controlling or coercive behaviour;

d) economic abuse (see subsection (4));

e) psychological, emotional or other abuse;

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

(4) "Economic abuse" means any behaviour that has a substantial adverse effect on B's ability to -

a) acquire, use or maintain money or other property, or

b) obtain goods or services.

(5) For the purposes of this Act A's behaviour may be behaviour "towards" B despite the fact that it consists of conduct directed at another person (for example, B's child)."

[23] For the meaning of "personally connected" see Section 2 (1-3) of the Domestic Abuse Act 2021.