Building Bridges? Expectations and Experiences of Child Contact Centres in Scotland

Legal Studies

BUILDING BRIDGES? - EXPECTATIONS AND EXPERIENCES OF CHILD CONTACT CENTRES IN SCOTLAND

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CHAPTER ONE INTRODUCTION

1.1   This chapter sets out the background to the study, describing the broader policy context, and discussing the role of child contact centres. It then outlines the objectives of the research. Specific methods are described in the following Chapter.

BACKGROUND TO THE STUDY

1.2   The Scottish Executive commissioned research into Scottish child contact centres as part of its ongoing research programme into the Children (Scotland) Act 1995. The research was carried out in 3 stages: Phase 1 collected basic demographic information on the families using contact centres in Scotland, while Phase 2 was a survey of the contact centre workforce. Findings from these 2 phases are reported separately[1], but are referred to in this report, which focuses on the findings of Phase 3 of the research. The overall aim of Phase 3 research was to investigate users', referrer and staff expectations and experiences of contact centres, and to highlight any areas of convergence or divergence. The research for Phase 3 was conducted by a research team from the National Centre *for* Social Research, in collaboration with Kay Tisdall from Children in Scotland / University of Edinburgh, during 2001 and 2002.

The policy context

1.3   Child contact centres do not have a legal definition within Scottish law, and their development to date has been on an ad hoc basis. Nonetheless, despite their non statutory basis their primary function (promoting and supporting contact between children and parents or other family members) supports a key principle of Scots law.

1.4   The promotion of contact between children and their parents (subject to this being in the children's best interests) has a firm basis within Scottish law. At an international level, this principle is strongly influenced by human rights conventions – the UN Convention on the Rights of the Child (UNCRC) and the European Convention on Human Rights (ECHR) - and is now specified in Scottish family law itself within the Children (Scotland) Act 1995[2] (the 1995 Act)

1.5   The Scottish Office explicitly acknowledged the incorporation of key principles of the UNCRC into the 1995 Act, including the child's welfare as the paramount consideration, and the requirement to listen to children's views.

1.6   Of particular relevance to contact centres is the key principle of continued relationships and contact with children. Article 9 of the UNCRC promotes the rights of children who are separated from parent(s) to 'maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests'[3].

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[1] Legal Studies Research Team (2003). Scottish Child Contact Centres: Characteristics of Centre Users and Centre Staff. Edinburgh, Scottish Executive.
[2] However, contact centres pre date the 1995 Act, with the first centres being opened in 1988.
[3] Article 9 (3)

Scots law assumes that it is beneficial to a child that they maintain links with both parents. Under the 1995 Act, a parent has both the responsibility and right to maintain personal relations and direct contact with their child[4], although once again this is always subject to consideration of the child's welfare. In making a contact order, the court can regulate the arrangements for *"maintaining personal relations and direct contacts between a child … and a person with whom the child is not, or will not be, living"[5]*. Such arrangements may include a requirement that contact takes place in a contact centre.

1.7   Incorporation of the ECHR into UK law under the Human Right Act 1998 has also highlighted the importance of the recognition of the right to continued contact between children and absent parents. Article 8 of the ECHR provides for respect for a person's 'private and family life', and has been interpreted as including the right to contact with children.

1.8   The Scottish Executive more recently re-endorsed the importance of continued relationships between children and absent parents, with each parent being seen as having active responsibility to promote their child's continued relationship with the other parent in the event of separation or divorce[6]. In the 2000 White Paper 'Parents and Children', the Executive outlines the policy objective of assisting organisations which 'support families affected by difficulties in parental relationships or dealing with the consequences of parental separation and divorce' – contact centres are explicitly mentioned as being able to 'provide protection for children from parental conflict resulting from separation and divorce' (para 5.2)

1.9   Contact centres also feature in discussion in the White Paper on the effect of domestic abuse on parental rights and responsibilities, and contact in particular. In an earlier consultation, responses has suggested that wider provision of contact centres would allow a parent to have contact with a child without risk of confrontation with the other parent or other members of the family, such as a new partner[7]. Although ultimately the Executive decided that there was no agreement that an amendment to the Children (Scotland) Act 1995 should require courts to take domestic violence into account in all cases, the White Paper supported the work of contact centres, stating:

> *"We recognise the value of contact centres and support the work of the voluntary sector in making them available as widely as possible.". (para 10.21)*

1.10   More generally, there are certain obligations on local authorities to consider services such as child contact centres. Local authorities must consult, prepare, publish and review children's services plans for all 'relevant' children's services (S.19 of the 1995 Act). These

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[4] 1995 Act, ss 1(1) (c) and 2 (1) (c)
[5] 1995 Act (S.11(2)(d)
[6] Parents and Children: The Scottish Executive's proposals for Improving Scottish Family Law http://www.scotland.gov.uk/justice/familylaw/pac-00.asp
[7] Since the completion of this research, there has been substantive research focusing on contact centres and their role in situations involving domestic violence in England and Wales – for further reading see Aris, Harrison, and Humphreys ' Safety and Child Contact: an analysis of the role of contact centres in the context of domestic violence and child welfare concerns' LCD Research Paper 10/2002 at http://www.lcd.gov.uk/research/2002/10-02es.htm

include services for children affected by matrimonial proceedings such as divorce. Further, under Section 20, local authorities must publish information on 'relevant' children's services in its area, both provided by itself, another local authority or when considered 'appropriate', voluntary organisations and others. How these duties are being implemented, in regards to child contact centres, has not been formally researched.

1.11   Thus, while having no formal legal status, the work of contact centres can be seen to reflect key principles of Scots law, and their role is recognised at a policy level. More detailed discussion of the role of contact centres now follows.

The role of child contact centres

1.12   Child contact centres are neutral venues that exist to promote and support contact between parents, guardians or other family members and children who do not live together. Ultimately, the goal of a contact centre is to 'protect children from parental conflict so that the time parents and children do spend together is not spoiled by display of hostile feelings between parents'[8]Contact centres are used for a variety of reasons. Families frequently seek support with contact where there has been conflict in establishing a relationship between a child and both parents, or other family members, or where acrimony exists between parties. Common reasons for seeking contact centre services include domestic violence, child abuse or fear of abduction However, not all contact centre usage is founded upon acrimony between parents. For example resident parents may seek services when there has been a long absence of contact between the child and the non-resident parent. Contact centres place the well-being of the child at the core of their activities.

1.13   The centres provide *supported contact* where the venue itself is supervised, but where there is no supervision of the parents. *Supervised contact* is not provided formally by staff at the centres although provision can be arranged for the child to be accompanied during the contact by a mutually agreed third party. The third party is usually a family member or family friend but not a member of staff. In some cases staff may also provide supervised contact if the contact is defined as requiring 'high vigilance'.

1.14   The first child contact centres were opened in 1988. At the time of the research undertaken for stage 3 of the research programme, there were 28 contact centres operating in Scotland. As with most voluntary sector provision, there is a certain degree of fluidity in the provision of contact centre services in Scotland.   For example, new services may be opened whilst other established centres have to close down, perhaps because of funding problems. The majority of child contact centres are run by Family Mediation and the Women's Royal Voluntary Service (WRVS). They are staffed by a combination of paid organisers and voluntary workers, who are provided with training on the impact of separation and divorce on children, the legal process, and conflict management. Child contact centres are located in local communities and are not statutory agencies.

1.15   Families are referred to centres from a variety of sources including courts, solicitors, social workers, self-referral and health workers. Phase 1 and 2 research found that three quarters of families were referred to contact centres by solicitors and / or the courts and about

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[8] Scottish Network of Child Contact Centres Information Leaflet 15/3/leaflet/aims June 1998

one half of families using contact centres had court orders in place. The research found that in the majority of cases the resident parent was the mother and the contact parent was the father.

1.16   Contact centres see themselves as a stepping stone to families organising contact arrangements independently. They do not seek to make judgements on parenting, nor do they provide any reports to any outside agencies. Contact centres are open to all, and do not carry out universal screening procedures before 'accepting' a family, although practices vary between centres.

1.17   There is no single model for a contact centre nor prescriptive directives on how they should function. All centres are affiliated to the Scottish Association of Child Contact Centres (SACCC) who have produced a set of guidelines for their operation.[9] They provide services to families at different times during the week. The dominant pattern is of contact centres opening once a week on Saturdays for family use . However, some centres offer more comprehensive opening hours throughout the week. A single contact centre might see, on average, 10-12 families on any one day although this will vary depending on location, funding and staffing.

1.18   The range of contact available in the centres comprises:

- contact solely within the centre, where the child cannot be taken away;
- contact mainly within the centre, but where the child can be taken out for short periods of time (for walks, etc);
- exchange supervision – where the child is picked up and dropped off at the centre but the contact takes place outwith the centre;
- exchange supervision – where the child is picked up at the centre but returned to the resident parent's home.

1.19   Since the SACCC is deliberately non-prescriptive in its contact centre guidelines, there are differences between centres in the way they function. The running of a centre is influenced by a number of factors, for example: the amount of funding available, the organisation running it, and the availability of paid or volunteer staff. Phase 1 and 2 contact centre research hypothesised that if there is diversity in services offered by centres, then this could lead to confusion for referrers and families and to the potential for inappropriate referral. This potential diversity across contact centres in Scotland was a key factor in the design of this phase of the research.

AIMS AND OBJECTIVES OF THE RESEARCH

1.20   At the time of the study, there was no in depth research into contact centre provision in Scotland. Research on provision in England and Wales was underway but as yet unpublished. The overall aim of the present research was to examine users' and workers' expectations and experiences of child contact centres, and to highlight any convergence, or discrepancy, between the two. In order to obtain a comprehensive picture of expectations and experiences, it was important to involve all user groups, and other stakeholders, in the study. Therefore, the study included the views and experiences of the following groups:

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[9] *Scottish Contact Centres – Guidelines for Contact Centre Procedures,* produced by a Working Party drawn from the Scottish Network of Child Contact Centres (October 1999)

- staff (both paid and voluntary) providing contact centre services
- referrers (including solicitors, social workers and Sheriffs) involved in recommending contact centres to families in transition
- families (including both resident and contact parents and their children) who were currently using, or had previously used, a contact centre

1.21   The primary research objectives were to explore, with each group:

- expectations about the nature and role of contact centre provision
- experiences and views of the referral process
- experiences of using, providing or referring to contact centres
- views about outcomes from the use of contact centres

1.22   It is important to note that the study did not set out to evaluate the quality of contact centre provision. Nevertheless, an integral part of finding out about people's experiences of centres was to ask them their views on the services available, what they found to be effective and what they thought could be improved. These findings provide useful feedback for all organisations providing contact services in Scotland (not just those directly involved in the research).

CHAPTER TWO   **METHODOLOGY AND CONDUCT OF RESEARCH**

2.1   The research was conducted between July 2001 and April 2002.   The research strategy was qualitative, rather than quantitative in design as it sought to explore, in-depth, the expectations and experiences of those involved in using or providing contact centre services.   Qualitative approaches are ideal for exploring and untangling complex conceptual and personal issues.   Whilst depth interviews allow participants to present their own personal accounts and experiences in great detail, discussion groups are an ideal forum for the sharing of views and comparing of attitudes and experiences.   For this reason the research design incorporated both depth interviews with parents, children and referrers and group discussions with staff and referrers carried out amongst a *purposively selected* sample. The study involved an iterative design aimed to allow decisions about each stage to inform the sample selection and research design for subsequent stages. In broad overview the research comprised:

STAGE ONE – MAPPING EXERCISE

2.2   During the summer of 2001 the research team conducted a comprehensive audit of the range of contact centre provision in Scotland. This research was completed using a combination of primary data collected via a short telephone questionnaire with contact centre staff and secondary analysis of the information already existing about contact centre provision in Scotland. The key outputs from this stage of the research were:

- a profile of the types of families who are using / have previously used contact centres
- a classification of contact centres based on their location, client group, organisational processes and services offered
- the identification of referrers and associated agencies / other professionals using contact centres

STAGE TWO – RESEARCH WITH STAFF AND REFERRERS

2.3   Staff and referrers from 15 child contact centres were involved in this stage of the research.   Ten discussion groups were conducted, 5 with contact centre staff and 5 with referrers (predominantly solicitors). Two additional interviews were conducted with referrers unable to attend group discussions. A further set of interviews were conducted with nine Sheriffs between November 2001 and January 2002.

STAGE THREE - RESEARCH WITH FAMILIES

2.4   Twenty-nine depth interviews were conducted with resident and contact parents. Eleven children were also interviewed at this stage.

Recruitment

2.5   The recruitment for the study was conducted in collaboration with members of the Scottish Association of Child Contact Centres. Initially, all contact centre managers or representatives were sent information detailing the aims and objectives of the study. They were informed that a member of the research team would telephone them to gather data for the mapping exercise.

2.6   Once this information had been gathered, those centres selected to take part in stage two of the research were asked to nominate solicitors or other associated professionals who had referred families to the contact centre previously. A purposive sample of referrers was then selected in each area and individuals were invited to attend a group discussion at a convenient location. The sample was chosen around key dimensions to ensure diversity in relation to professional role, agency represented and contact centre referral experience.

2.7   At stage three, the same contact centres were approached for assistance in identifying families to participate in the research. Letters were sent to a mixture of current and former users of the centre explaining the research and asking parents whether they would give their consent to participate. Of those parents whom centres were able to contact, few refused consent for their details to be passed to the research team. The exceptions to this were those parents who refused on personal grounds or who had already been approached by researchers working on another project.

2.8   Once consent had been established the research team contacted parents directly and arranged interview appointments. Either at this stage, or post-interview, resident parents with children, of an appropriate age[10], were asked whether they would be happy for their children to take part in the research. If parents gave their consent, the researcher then spoke with the child and provided them with further information before arranging a time to interview them. Explicit consent was sought from both resident parents and children before interviews commenced. Consent was not sought from non-resident parents given the difficulties in contacting these parents, particularly where the family circumstances involved high levels of animosity or dispute.

The sample

2.9   As qualitative research seeks to provide explanations of attitudes or behaviours rather than quantify their extent in the population, it requires a specific approach to sample design. It is neither necessary nor desirable for qualitative samples to be as large as survey samples or to be statistically representative. Instead, in order to provide robust explanations from which wider inferences can be drawn and to generate conceptual frameworks applicable to the broader population, it is essential that qualitative samples are selected purposively to encompass the range and diversity present in the target population(s). The robustness of qualitative research and the ability to draw wider inference from qualitative studies are dependent on rigorous purposive sampling.

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[10] Given the sensitive nature of the research and the need to be able to engage verbally children under the age of 6 were not included in the interviews. Decisions about whether or not to ask children if they would like to participate were made on a case by case basis, in collaboration with the resident parent, taking into account the child's maturity and family circumstances.

2.10   Purposive sampling facilitates the production of a coherent and comprehensive map of circumstances, attitudes, behaviours and experiences. This enables the generation of salient explanations to answer research questions. Within this study purposive sampling was used to ensure that the study could explore and explain different experiences and expectations of contact centres between, and within, different groups of families, workers and professionals. The following tables display the composition of each of these samples.

Table 1.1   User families

Parental status				
	Gender		**Former or current user**	
Resident	Female	15	Former user	8
	Male	2	Current user	9
Contact	Female	-	Former user	4
	Male	12	Current user	8
Total parents interviewed: 29				
	• Parental age ranged between 28 and 52 years			
	• Ethnicity: 27 white British, 1 Mediterranean-European, 1 South Asian			
	• Length of use of contact centre ranged from 5 months to 6 years			
Children	**Total children interviewed: 11**			
	• All aged between 7 and 15 years			
	• 7 female, 4 male			

2.11   It was hoped that a significant proportion of these interviews would constitute case studies (that is that both resident and contact parents and children from the same family would be interviewed). However, difficult family circumstances and the young age of many children in the sample meant that only seven complete case studies were conducted. Despite the lower than anticipated numbers of complete family case studies, the findings underline the importance of this type of approach in providing multiple perspectives on contact centre usage. It was found to be particularly useful in highlighting the often divergent views of resident and contact parents, or parents and their children, about the contact centre experience. Similar diversity was sought in relation to ethnicity but the constraints of the available sample of users meant this was not possible to achieve.

2.12   Nevertheless, significant variety was found in relation to family circumstances, reasons for using the contact centre, housing status, employment status, age and length of usage. This diversity is fully explored in Chapter 3.

2.13   Given the focus on hearing the voices of children in the family law arena, for example in relation to discussions about residency and contact orders, it was felt to be important that children were included in this study as they form a key constituency of contact centre users. However, the practical, methodological and ethical issues associated with interviewing very young children meant that the research team decided to include only children aged 6 years or over, As the statistical population of children using contact centres is dominated by those under the age of 5 years this limited the number of children available to participate. Nevertheless, those children who did participate were able to provide an important perspective to the research.

Table 1.2   Contact Centre staff

Gender		
Female	26	
Male	2	
Voluntary worker	18	
Paid worker[11]	10	
Length of service	Ranged from 8 months to over 10 years	
Total interviewed	**28**	

Table 1.3   Referrers and associated professionals

Professional role[12]	
Solicitor	17
Social Worker	4
Sheriffs' Clerk	1
Mediator	1
Sheriff	9
Gender	
Female	20
Male	12
Length of time referring to contact centres	Ranged from 6 months to over 15 years
Total interviewed	**32**

Conduct of interviews and discussions

2.14   As the study was exploratory the research team sought to encourage participants to discuss their views and experiences in an open way without foreclosing issues which might have proved important to the study. Therefore, unlike survey or semi-structured interviewing the questioning was responsive to the interviewee's own comments and situation. Questions were not pre-set, and the order in which issues were addressed and the amount of time spent on different themes varied between interviews. All interviews and discussions were conducted using topic guides designed in collaboration with the then Central Research Unit of the Scottish Executive (now Social Research). These guides were used as signposts during the groups and interviews allowing researchers to respond to participants' own accounts of their experiences and attitudes.

2.15   All interviews and group discussions were conducted by members of the research team, all of whom had extensive experience of conducting research with staff, families and professionals.

2.16   Interviews with parents and children were conducted, where possible, at an individual's home although some took place at other locations chosen by the person, for example some took place in rooms set aside at the contact centre. Interviews with staff, referrers and associated professionals were conducted at their place of work. Group discussions with staff and professionals were held in a range of venues, for example a room in a local contact centre or local hotel. Parents who participated were given a gift of £15 as a

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[11] Few paid workers were full-time employees

[12] Amongst this sample professionals had experience of contact centres in a number of different roles, for example as both a mediator and solicitor, they are recorded here by their primary role.

token of appreciation for their participation, and to cover any expenses incurred in taking part. Children who participated were provided with £10 gift vouchers or drawing materials as was appropriate to their age. Fieldwork was conducted between August 2001 and February 2002.

2.17   In the case of children, explicit parental consent was sought from the resident parent, regardless of the age of the child. The form used is shown in the Technical Appendix. Once the parent had given their consent the study was carefully explained to each child and they were provided with a leaflet explaining the study (also shown in Appendix) and given the opportunity to ask questions and discuss their participation with the researcher. All children who participated gave their own consent in addition to the parental consent already obtained.

2.18   All interviews and discussions were tape recorded for subsequent transcription. This is essential for the form of analysis used (see below) and allows full concentration to be given to exploratory questioning.

Analysis

2.19   Verbatim transcripts of all the interviews and discussion groups were analysed using 'Framework'. 'Framework' is an analytic technique developed by the Qualitative Research Unit at the National Centre. The method involves ordering and synthesising verbatim data within a series of thematic charts. The structure of the framework used for this study is shown in the Technical Appendices, further classificatory and interpretative analysis was derived from these analytic charts.

2.20   As the study was qualitative in design it is possible to describe the range and nature of perspectives held by those who participated in the research. It has also been possible to identify the factors which have contributed to differing expectations and experiences of Scottish child contact centres. However, this research cannot provide any statistical data relating to prevalence of views or experiences; nor does it seek to infer any general patterns relating to different groups within the wider population who may not share similar characteristics to this sample. Where suggestions of sub-group differences are suggested by the data, they are presented only as hypotheses to be tested by later research. Where sub-group differences were found, for example differences relating to gender or socio-economic group, they have been identified in individual chapters.

2.21   The report uses verbatim quotations and case studies throughout. Where necessary the details of the contributors or their subjects have been moderately changed to protect anonymity. Pseudonyms have been used for all quotations and in all case studies.

REPORT OUTLINE

2.22   This report consists of six further chapters. Chapter 3 examines the nature and diversity of contact centre provision in Scotland.   Chapter 4 explores the range of expectations that were held by parents, their children and referrers about the nature of contact centre provision.   It also examines how individuals understand the role of child contact centres in relation to the legal process.   Chapter 5 explores the process of referral, how families come to use contact centres and what are the key elements of successful referral processes.   Chapter 6 details the experiences of contact centre users, both parents and children, and explores the fit between expectations and experiences.   It also reflects the views and experiences of the staff providing those services.   Chapter 7 considers the range of outcomes experienced from using contact centres, based upon the perspectives of staff, referrers and families. In particular, it examines the experiences of families who have ceased using a centre and explores the range of potential impacts on parents and children who have made use of child contact centres.   Finally, Chapter 8 summarises the key findings, draws conclusions and identifies ways in which the evidence might inform policy and practice relating to contact centres in the future.

CHAPTER THREE   CHILD CONTACT CENTRE PROVISION AND USAGE IN SCOTLAND

3.1   The provision of child contact centres across Scotland is variable. In this chapter the range of provision offered at the time of the research, and families using that provision, are reported. These findings are drawn from data collected during stage one of this research in combination with earlier findings from the two previous phases of child contact centre research conducted by the Scottish Executive.

THE NATURE OF CHILD CONTACT CENTRE PROVISION IN SCOTLAND

3.2   During the period of this research study there were 28 contact centres in operation across Scotland. Although earlier research into contact centre provision had been conducted by the Executive in the first stage of the research, the changing nature of funding and support for centres indicated that a full update of provision was required at the outset of this project.

3.3   The audit of contact centres undertaken in the first stage of the research sought to map the range of child contact centre provision being offered across Scotland. It was hoped that this exercise would identify models of contact centre provision, focusing on dimensions such as the facilities offered, number of staff and volume of cases. Similar data was sought on the families making use of centres, and in relation to referral patterns. It was hoped that models of provision and usage which could classify centres on a multi-dimensional basis would prove to be a useful tool for the design and conduct of the qualitative study. Identifying models would assist the research team in ensuring that the full diversity of contact centre provision could be explored through in-depth research focused on a smaller number of contact centres, their staff and users. However, the audit of provision and usage revealed that there were no discrete models of provision by which contact centres could be classified sensibly.

3.4   As this section focuses on reporting findings from an audit of all contact centres operating in Scotland during 2001, quantitative terms and language are used with validity. Later sections report upon findings from qualitative research with a sample of centres and therefore do not have the same statistical inference as the data derived from the centre audit.

Location, funding and size of contact centres

3.5   Contact centre provision across Scotland was found to differ in relation to the geographical location of centres, the funding and management of centres and their size. Each of these issues is discussed below.

3.6   Contact centres in Scotland were predominantly located in, or near to, urban centres. There were few exceptions to this. Similarly, the majority of centres were located in the Borders or the south, east and west Lothian regions. As a result large areas of the country were not served by contact centres within their local communities; this was particularly true for the upper Western and middle belt of Scotland. The exceptions to this were two of the Scottish isles where local contact centres were situated.

3.7   The centres themselves were all organised and led by voluntary organisations or bodies. The largest single provider of contact centres is Family Mediation; other providing organisations include the WRVS and smaller voluntary organisations such as church based organisations and local family support organisations. Centres varied in the length of time they had been providing contact services from less than a year to almost twelve years.

3.8   Contact centres are funded in a variety of ways. The following list demonstrates the range of different funding sources relied upon by the centres. The sources are :

- Family Mediation Services
- local authority grants
- local authority social work department grants
- charitable donations and grants (from a range of national and local bodies)
- centre based fundraising
- individual funding

3.9   It was not unusual for a single centre to be funded by a combination of the above sources. For example, rental costs for the premises for the centre might be paid for through the use of a central government or local authority grant, as might the services of a paid volunteer co-ordinator. The same centre might then rely upon its own fundraising or small charitable grants to acquire, update and expand its toy library.

3.10   The size of centres can be described according to a variety of different factors, for example physical facilities, number of staff or volume of use. For the purposes of the audit, centres were classified by the number of staff and volume of cases. Staffing issues are dealt with below.

3.11   Centres varied in the volume of cases they had listed at the time of the audit. The lowest number of families recorded was one, whilst the highest was 28. The varying volume of cases was directly linked to the location of the centre. Urban centres recorded higher volumes than those located in rural areas. Although some large urban centres recorded lower numbers this could be attributed to the fact that these cities have more than one centre serving the local area, when taken in combination the total number of cases across the city reflects higher volumes of cases than those in rural areas.

Physical features and types of contact

3.12   Due to the diverse nature of the organisations providing centre services, and their individual needs, centre facilities and service provision varied.

3.13   Centres were commonly located in buildings or venues owned or controlled by other organisations. Centre venues tended, therefore, to be used primarily for purposes other than providing contact. The one exception to this was a primary centre in a major urban location, this centre was open on most days and its primary function was to provide contact. In contrast, other centres shared their locations with a variety of different providers including: family mediation, play centres, nursery schools and churches. Nevertheless, it was exceptional to find that centres did not have a dedicated space within the location they used which generally meant that volunteers were not required to remove toys, posters and other facilities from their space at the end of sessions.

3.14   Physical provision varied between centres, whilst some offered an open plan contact venue, others had access to more than one room for contact to take place and some provided access to private rooms for families to use during contact centres. Facilities within the contact venue also varied, in some a wide variety of toys, activities (for example pool tables), computers and TVs were available, and others had more basic toys and activities. Whilst some centres had access to outside spaces (both private gardens or yards and close public park areas) others did not. Physical access to the centres varied, with a number being located on the first or second floor of a building. This was highlighted as a problem for parents using pushchairs, and clearly has implications for disabled users.

3.15   The range of facilities available was largely determined by the accommodation provided through the host organisation. For example, in some centres certain rooms remained locked during contact sessions and were not made available to centre users, others were restricted by funding available to them in relation to buying toys and games. In some cases physical facilities were constrained by the design of the venue, for example, some venues had only one room available.

3.16   Centres described themselves as providing two main types of contact:

- contact within the centre – centres described this contact, during the mapping exercise, as 'supported' and 'supervised' (however, centres do not actually provide *supervised* contact, although they will sometimes facilitate it by providing the venue for it to take place)
- facilities for exchange or handover for contact sessions outwith the centre. This included facilitating handover for weekly or bi-weekly contact sessions outwith the centre as well as providing similar facilities for handover where children would be spending overnight residential visits with their contact parent.

3.17   Chapter 4 provides a detailed discussion of the different forms of contact provided by centres and also explores the differing interpretations of terms such as supported and supervised contact.

3.18   Sessions were predominantly held at weekends, mainly on Saturdays either during the morning or afternoon. The dominant pattern was the provision of contact sessions lasting between two and four hours. Some centres offered similar provision but only on alternate Saturdays. Fewer centres were able to offer more flexible or extensive provision. For example, one centre offered daily weekday access to the centre during morning sessions, another centre stated that its provision responded to user need and where possible staff would facilitate contact as and when required by user families.

3.19   Whilst the families using contact centres predominantly resided in close proximity to the centre, geographical range varied depending upon the specific circumstances of individual families. For example, where a contact parent lived some distance from the centre then they frequently travelled large distances for contact sessions.

Staffing

3.20   Contact centres were largely staffed by volunteers during sessions. Nevertheless, almost all centres employed one, or more than one, paid co-ordinator. These co-ordinators do not necessarily work full-time but do provide essential support by co-ordinating volunteer rotas, training and providing support to referrers, volunteers and user families. Three centres did not have paid workers, all three were rurally located centres and all three were run by the WRVS. As WRVS employ a single organiser to manage their contact centre provision this explains the staff composition in these centres.[13]

3.21   Centres reported varying levels of volunteer support. Volunteer support workers provided a key role in the functioning of centres. Although their roles varied during contact sessions (see later chapters) they typically provided a range of practical and emotional support to user families. The number of volunteers reported ranged from 3 to 30 at any one centre. Where centres drew on a base of more than three volunteers they tended to report organising their staffing through a rota system.

3.22   Further background information on the staff and volunteers providing contact centre services are reported in the findings from earlier research conducted by the Executive[14].

Factors accounting for variation in provision

3.23   The centres, whilst demonstrating individual diversity along a number of dimensions, did not fall into clear groups. Despite there being few patterns in referral or usage of the centres, certain key factors did appear to account for the range of provision being offered. Staff identified the following factors at the second stage of the research as constraints on the provision or facilities which could be offered to families using their centres:

- the level of funding
- the level of staffing, specifically centres' ability to recruit and maintain a rota of volunteers
- goodwill of host organisations to facilitate sessions on their premises
- the physical location of centres and access for families.

Each of these factors will be examined in more detail in later chapters.

REFERRAL PATTERNS

3.24   Families are referred to contact centres through a variety of different routes. As this was another potential area of difference between centres, the mapping exercise asked centre staff to describe the differing ways in which families accessed their centres. Chapter 5 examines in detail the experiences of the families, staff and referrers taking part in the later stages of this research. It is useful to note here however that although families come into contact with centres through a wide variety of sources, the actual service offered by the

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[13] op cit, Legal Studies Research Branch 2003
[14] Ibid

centres is only offered on the basis of the parents' definition of their need and their agreement to the rules of the centre.

3.25   Staff identified a range of referral sources:

- courts – including referrals from solicitors and orders imposed by Sheriffs[15]
- social worker referrals
- referrals from mediation services
- health worker referrals
- self referral (sometimes prompted, or informed, by the advice of professionals in the above groups)

3.26   Centres reported different levels for the various types of referral. For instance, some centres had experienced few, if any, self-referrals whilst others reported higher frequencies of self-referral. From the audit findings it was difficult to establish the factors accounting for the varying patterns of referral. Despite this, later chapters will demonstrate that individual patterns of referral were found to be closely tied to a range of factors relating to the awareness of local professionals about the facilities offered by centres in their area and by the existence of strong referral sources such as Family Mediation and their local style of working. For example, an area with Sheriffs who are highly aware of the existence and role of the local contact centre might display greater referrals than an area with lower awareness amongst Sheriffs. Similarly, some mediation services prefer to refer families directly to contact centres, others encourage self-referral.

USER PROFILES

3.27   The profile of families in transition making use of child contact centres is critical in understanding both the expectations and experiences of those families. This section draws upon previous research and the findings from this study in describing the characteristics of user families.

Findings from the contact centre audit

3.28   Research[16] conducted by the Executive established the following characteristics of user families:

- 75% of families were referred through solicitors and / or the court process
- around half of the families had court orders in place, the majority of which referred to contact arrangements
- 20% of families using centres reported allegations of domestic abuse, predominantly these allegations involved a contact father abusing a resident mother.
- Drug and alcohol misuse and mental problems were not uncommon.

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[15] It is important to note that centres do not automatically provide places to court ordered referrals. The process of identifying parents' needs and their agreement to accept the rules of the centre still applies to court ordered referrals. Contact centres may and do decline to offer places to such referrals.

[16] Ibid, Legal Studies Research Branch (2003). The base being the 26 contact centres who participated in this stage of the research.

- the families were almost exclusively white, equally likely to have been cohabiting as married, and the majority of children using the centres were aged 0-5 years old
- contact parents were predominantly male whilst resident parents were predominantly female.

3.29   The audit at stage one sought to update and extend the information obtained through the previous research. By doing this it was hoped that the research team could ensure that the families selected for later stages of the research reflected the widest diversity of users as possible.

3.30   Evidence from the contact centre audit confirmed the existing profile of user families, revealing that a typical user family would be a resident mother and contact father, both white, with one or more children aged between 0-5 years old.

3.31   Despite the predominance of these characteristics, centres reported how user profiles occasionally varied.   Exceptions to the dominant pattern included: resident fathers and contact mothers (generally reported as forming fewer than 10% of cases), regular contact being made by other family members with children (for example with grandparents or aunts and uncles), and finally, occasional '*one off*' contact visits with step parents, older siblings, aunts and uncles or foster parents.

3.32   Similarly, whilst the profile of user families was mostly white, several centres reported that they had current experience of user families from minority ethnic groups. One centre in the north-east of Scotland reported up to 50% of its user families as being from minority ethnic groups, however such high levels of minority ethnic group use were exceptional. Although centres with minority ethnic user families were included in the research, success in achieving interviews with these user families was limited. Therefore, there is clear scope for future research looking specifically at the experiences and expectations of user families from minority ethnic groups, although the practical difficulties of locating these users have been highlighted by this study.

3.33   The nature of families using the centres reported from Phase one research suggested that a significant number of families in transition were affected by drug, alcohol or mental health issues (whether ongoing or previous to centre use). The audit again sought to confirm this portrait of centre usage. Centres reported that a significant number of their cases involved either drug or alcohol abuse on the part of the contact parent. However, as centres do not routinely screen families for these issues prior to contact commencing, these findings reflect workers' perceptions of the issues faced by user families rather than statistical evidence. Centres were divided about the extent to which user families had experienced domestic violence or child abuse in their case background. Differences in reporting this as a characteristic of user families can be explained by the range of views about whether or not centres are able, or wish to provide, any form of '*supervised*' contact. These issues will be fully explored in Chapter 3.

3.34   Once the mapping exercise was complete a smaller number of centres were purposively selected for inclusion in the later stages of qualitative research with staff, referrers and professionals. The final sections of this chapter provide a profile of the user families who took part in this stage of the research.

Families in transition – a profile of participating families

3.35   The families who participated in the qualitative stages of this study were selected to represent the diversity of contact centre users. As the sample was purposively chosen to ensure diversity the following description of the sample profile holds no statistical significance. In the following sections we describe the socio-demographic characteristics of these families, the circumstances surrounding their use of the contact centre and other key issues related to contact between children and their non-resident parent.

Socio-demographic profile

3.36   The families involved in the research were in all but two cases white. Whilst efforts were made to recruit minority ethnic group users there was limited success. Parents ranged in age from 28 years to 45 years old. The children of these families ranged in age from under one year to 16 years old. Those children interviewed for the research were aged from 7 to 15 years old. With the exception of two families the resident parent was female. All contact parents involved in the research were male. The families using centres had experienced different forms of family formation.   Although predominantly previously married or cohabiting, some families had not experienced significant periods when the entire family (both families and children) had lived together as a family unit.

3.37   Resident parents' current family circumstances varied, they included those living alone with their children, those living in second families (both married and cohabiting) and those residing with extended family networks. In the case of those parents living in second families some had had further children whilst others had not. Similarly, contact parents were living in a variety of different circumstances ranging from those living alone to those who had formed new relationships; some had become parents with new partners since their first family had ended.

3.38   The children for whom contact was being disputed ranged in age from 5 months to 16 years old. Some of these children had more than one sibling who was also currently, or had previously, been the subject of a contact dispute.

3.39   Parents differed in their employment circumstances.   They ranged from those currently in full-time employment or education to those who were unemployed.   Those parents not working were unemployed for a variety of reasons. Childcare pressures were a key factor shaping employment experiences amongst resident parents of younger children. In these cases parents either chose not to work in order to parent their children until they reached school age or faced childcare obstacles when seeking employment. Childcare difficulties were described as particularly acute for those parents living alone with more than one child under the age of five. Other factors accounting for unemployment amongst contact and resident parents included: disability, injury or ill-health, local labour market barriers and personal barriers (such as drug or alcohol addiction, histories of criminal offence).

3.40   Housing circumstances also differed. Families included in the research had a variety of tenure from home ownership, private rental and social housing (both local authority and voluntary sector).   Generally, resident parents and their children lived in the immediate vicinity (i.e. within five miles) of the contact centre they made use of. Exceptionally, this was not the case. These families tended to be those where previous instances of violence or abuse meant the resident parent preferred for the contact parent to have contact away from

their current address. In some circumstances, acrimony between the contact parent and the wider extended family meant that contact was best undertaken away from the children's home locality. For those resident parents living in rural communities, a local absence of contact centre provision sometimes meant that considerable travelling was required to reach the nearest contact centre.

3.41   While a minority of resident parents travelled considerable distances to the centre, it was more common for the contact parent to be the one that travelled. This was particularly true for those who had moved away from their original place of residence following the breakdown of their relationship, whether to find work or for other reasons.

Previous family circumstances and issues leading to family breakdown

3.42   The families involved in this stage of the study had experienced a broad range of family circumstances. Not all parents were willing to discuss the specific features of the breakdown of their relationship with their ex-partners or, in the case of contact parents, with their children, which reflects the high level of sensitivity surrounding this issue. As the research was specifically focused on the experiences of contact centre use it was not appropriate to probe issues relating to family breakdown where parents displayed hesitancy or reluctance, unless there was clear relevance in providing a context for the decision to use a contact centre. Nevertheless, some parents were prepared to describe the background to their relationship and contact difficulties.

3.43   Previous relationships between the two parents differed. It was common for parents to have had long-standing relationships (whether married or cohabiting) lasting over three years, generally these involved the parents and children living together as a family unit. More exceptionally, the parents had had fleeting relationships and had never formed a residential family unit either before or after the birth of their child.

3.44   Factors attributed to the eventual breakdown of the relationship reflected a wide range of issues:

- infidelity, one or other partner building a new relationship
- financial difficulties relating to a range of circumstances resulting from e.g. redundancy, gambling addiction, repossession
- emotional distance developing between the parents
- physical or emotional abuse from one parent to the other
- fears or experience of emotional of physical abuse by one parent towards the children

History of child contact arrangements within families

3.45   The families included in the study were reflective of the diverse, and sometimes fluctuating, nature of child contact arrangements. As stated in the previous chapter, child contact arrangements can be placed on a continuum from unsupported, negotiated contact to court ordered supervised contact. The families who participated in this research reflected this diversity. Patterns of child contact found amongst these families during the transition typically included the following range:

- initial unsupported contact followed by a range of different forms of supported or court ordered contact
- no contact immediately following the relationship failure followed by supported contact
- initial supported contact with varying outcomes ranging from unsupported contact to cessation of contact

3.46   Families who began with unsupported contact which then broke down described a series of reasons for the cessation of unsupported contact:

- ongoing, or new, animosity between parents
- ongoing, or new, resident parent concerns about the safety (both physical and emotional) of children during contact visits. Often these related to concerns about the contact parent being under the influence of drugs or alcohol during the visits. Other concerns included apprehensions about the parenting skills of the non-resident parent or fears relating to the mental health of the contact parent
- geographical factors: for some families unsupported contact broke down as a result of geographical difference between the location of contact parents and their children. This was a particular feature for contact parents who had moved away from their original homes to seek work or to remove themselves from local issues such as neighbourhood or family hostility.

3.47   Other families started with supported contact either through the court system, family mediation or other referrals.   At the time of interview this supported contact was continuing for some, whilst in other families contact had ceased or contact had progressed to unsupported contact. The cases included in the study further underline the unpredictability of contact cases. One obvious pattern in contact centre use was the manner in which families left supported contact for unsupported contact only to return several months later following a breakdown of relationships within the family. As a result the duration of time that families had been using contact centres was variable. The longest reported period of sustained use without breaks in use was six years, the shortest five months. Yet other families had been using centres on and off for almost a decade, beginning when the child was very young.

The range of outcomes in contact cases will be discussed further in Chapter 7.

SUMMARY

3.48   This chapter has provided a profile of contact centre provision and usage in Scotland at the time of the research.

- During the period of this research study there were 28 contact centres in operation across Scotland. The centres are predominantly located in, or near to, urban centres. The majority of centres are located in the Borders or the south, east and west Lothian regions. As a result large areas of the country are not served by contact centres within their local communities; this was particularly true for the upper Western and middle belt of Scotland.

- The centres themselves are all led by voluntary organisations or bodies. The largest single provider of contact centres is Family Mediation; other providing

organisations include the WRVS and smaller voluntary organisations such as church based organisations and local family support organisations. Centres varied in the length of time they had been providing contact services from less than a year to almost twelve years.

- The volume of cases varied between centres (from 1-28) with the highest figures tending to be in the urban centres.

- Physical provision varied between centres, some centres offered private rooms for contact while others offered only a shared, open plan venue.

- Two main forms of contact were provided - contact within the centre and facilities for exchange or handover for contact sessions outwith the centre. Most contact centre sessions occurred on a Saturday. Centres varied in the extent to which they were able to be flexible in their opening hours to meet user needs (constraints included funding, availability of volunteer staff, and availability of venue).

- Contact centres were largely staffed by volunteers during sessions. Nevertheless, almost all centres employed one, or more than one, paid co-ordinator.

- Staff identified a range of referral sources:

  - courts – including referrals from solicitors and orders imposed by Sheriffs
  - social worker referrals
  - referrals from mediation services
  - health worker referrals
  - self referral (sometimes prompted, or informed, by the advice of professionals in the above groups)

- The most common referrers to all centres were the courts and / or solicitors. Centres differed in the extent to which cases came to them through other routes. For example, one of the rural centres did not allow self-referrals, and social workers only played a part in referring in one centre (again a rural centre).

- The families involved in the study had experienced a broad range of family circumstances. Domestic abuse, drug and alcohol misuse and mental problems were not uncommon.

- The majority of children involved in contact centre cases were young (aged under 5 years).

- Contact parents were predominantly male, while resident parents were predominantly female.

CHAPTER FOUR   KNOWLEDGE AND EXPECTATIONS OF CHILD CONTACT CENTRE PROVISION

4.1   The research identified varying levels of awareness of the services and provision offered by Scottish child contact centres amongst referrers and families. There was a similar level of variation in how users, staff and referrers viewed the role of the centres in relation to the legal process and resolving contact disputes. This chapter explores levels of knowledge and awareness and identifies key expectations about contact centre provision.   It also discusses the problems which can arise from confusion or lack of knowledge about provision which impact upon user, staff or referrer experiences.

UNDERSTANDING 'CONTACT'

4.2   Understanding how parents, children, referrers and staff understood the form of contact which was available through a contact centre was a key goal of the study. This section examines what 'contact' meant to families, staff and referrers.

The scope of child contact in Scotland

4.3   Contact between parents and their children is viewed as a fundamental right for children under Scottish and international law. Parents are therefore expected to seek to maintain contact between their children and an absent parent where possible, and in circumstances which do not place the children at risk.

4.4   The different forms of contact that a child may have with a non-resident parent fall into three distinct types: unsupported, supported and supervised. There is no authoritative legal definition of these different forms of contact, however the following terminology is commonly used in legal, policy, and research literature.

- *Unsupported contact* occurs where a child sees their contact parent without assistance or monitoring from external agencies.

- *Supported contact*, the type most commonly provided at a contact centre, involves a role for someone outside of the immediate family or friendship / community network. That role may vary from providing a safe venue for contact to take place to a more active role assisting either parents or the children in maintaining contact.

- *Supervised contact* can occur in two forms – *formal supervision* and *informal supervision*. Formal supervision by social workers or other statutory workers can be ordered by the court and is usually ordered in cases where it is felt the child is at risk from contact with the parent. Sessions are monitored and professionals play an active role assisting with parenting skills and ensuring the child's safety. Scottish child contact centres do not offer this form of statutory supervision. Informal supervised contact, however, does occur within contact centres and usually involves the resident parent, or another adult (a family member or friend, for example) remaining present during the contact visit. In some cases, the

research found that informal supervision also involved contact centre staff, although this was by no means standard practice.

4.5   Where unsupported contact is not possible because of family circumstances, parents may recourse to law to find a solution to the contact dispute. Scottish courts can make an order specifying the amount and nature of contact a child should have with the non-resident parent where parents are unable to agree contact themselves outwith the legal progress. For example, a Sheriff might order contact to take place twice monthly, for a period of two hours, at a specified contact centre. Or, in cases where the child is feared to be at risk, a Sheriff can order a Reporter to assess the case, or that supervised contact should take place.

Knowledge and awareness of different forms of 'contact'

4.6   *Supported contact*, the term favoured by the Executive, SACCC and legal system to describe contact which takes place via a contact centre was little used by staff, referrers or families. In this section we consider the varied ways in which contact was understood by the parents, staff and referrers who took part in the study.

4.7   On the whole, resident and contact parents understood that contact could either happen with outside intervention or support, for example from a contact centre or other professional, or through their own agreement of the terms and conditions. There was a recognition that if these two options were not feasible then contact might cease.

4.8   *Supervised contact* was a term persistently used by parents and referrers to describe the provision available at contact centres. The study established that considerable confusion existed about this term amongst the staff, referrers, and families using the centre and understandings of what *'supervision'* might entail were varied. In itself the use of different terms by different parties does not necessarily imply difficulties, for example many parents continue to use the now defunct legal terms custody and access without this impacting upon their experiences. Nevertheless, the research found that confusion around the form of contact being offered at centres had the potential to lead to misunderstandings, unfounded expectations and, potentially, mistaken referrals.

4.9   By and large, staff at contact centres were very clear that they did not offer any form of formal supervision. Formal supervision was seen as a form of contact provided solely within the legal system and by representatives of the court (for example social workers or child psychologists). Nevertheless, confusion over the term 'supervised contact' was recognised as problematic:

> *"This is the tricky one... People will say 'Do you provide supervised contact?', what we will provide is contact when there is somebody constantly in the room with the person but we don't report back about it, we don't go back to the person that's referred and say 'This contact is bad and this is what happened' or anything like that. Unless we have concerns we won't go back to the referrer. And if we have concerns then we might call somebody in but we don't refer back. The [referrers] know that but they still call it 'supervised contact' which is not what is generally meant by supervised contact... I think the term supervised contact normally means a report is done on how contact has gone, and we don't do that but we will actually have somebody with a*

family all the time contact is taking place. At least one person if not two people." (Contact centre staff member, rural location)

4.10   As this quote illustrates, referrers and staff had varying interpretations of what informal supervision might entail. Moreover, there appeared to be variation between the centres in the extent of 'vigilance' involved in their role, for example centre staff described that informal supervision could mean that they, or a third party, would:

- remain in the same room as the contact parent
- remain in visual range of the parent and child (i.e. ensuring doors remain open)
- take an active role in the session (playing with the child, speaking with the parent)
- monitor verbal exchanges between the parent and child

4.11   There were no clear patterns to explain variation in the differing degrees of 'informal supervision' offered by the centres involved in the research. The evidence suggests that individual staff members make decisions based on the specific circumstances of individual families. Nevertheless they are guided by protocols, and resource constraints, operating within each centre. For example, a centre with several separate rooms felt able to make a single room available for a 'supervised session' with a member of staff remaining with the family throughout the session. In contrast, staff from another centre operating on an 'open plan' basis did not feel able, physically, to offer this service, although some thought this would be a useful amenity to offer in certain situations.

4.12   Regardless of this diversity, centre staff were adamant that any form of informal supervision was undertaken for a single primary reason: to safeguard the welfare of the child. None felt that their informal supervision should, or did, constitute a formal component of the ongoing legal process which families were involved in**.** All felt that any form or formal feedback into the legal process would compromise their neutrality, the only condition to this being that staff would report, primarily to parents, if they felt the child was at risk during a contact session. The importance of a position of 'neutrality' to contact centre staff and, to varying degrees, referrers and parents is discussed below in Section 3.2.1.

"When the families come in we don't write reports for court, we don't pass comment on the quality of the contact, we're just there to facilitate the contact – I think that's it in a nutshell, isn't it?

"[Agrees]If parents want supervised contact, basically they have to provide their own supervisor, and that can be pretty contentious " (Contact centre staff, urban location)

4.13   However not all were opposed to the idea of providing more than they did at present by way of supervision:

"I think it would open a whole new issue. I'm not against the idea, I think that we could provide a report which is not Social Work based, it's not Court based, it's perhaps more person based. But the other side of that, it might compromise the neutrality of the whole thing." (Contact centre staff member, rural location)

This point was emphasised by one solicitor, also involved in family mediation work, who explained the difficulties that confusion over the nature of contact that child contact centres could provide might pose for staff and families:

> *"My understanding of supervised contact whether there is somebody in the room with the child, constantly supervising the contact, ...I don't think of contact at contact centres as being supervised contact, I see it as being in a neutral venue. There are staff there to keep an eye on the situation and to keep it relatively controlled but I don't view that as supervised contact... I always make a point of stressing to my clients that that's not the case because I wouldn't, if a mum is putting her children into that situation she needs to clearly understand that nobody is going to be watching them all of the time and it's important that she's aware of that before she consents to it because if she feels that that's appropriate, that's not the facility that the Contact Centre is offering and similarly I think if it's a dad that's going along to have contact at the Contact Centre, I think he needs to understand that he's not going to be watched intensely as well and that there will be an opportunity for him to relax and interact with the child. ['Should supervision at contact centres be available?'] I think that opens up another can of worms; to be honest... you're then placing a lot of responsibility on the person who is doing the supervising. If the only way contact is to be organised is through a supervised arrangement then there must be very specific concerns about the person who is seeing the child and that places an onus on the staff to be able to interject at some point if something inappropriate is happening."* (Referrer, solicitor, urban location)

4.14   In contrast, other referrers in a range of different professional roles had greater expectations about what supervision entailed. In some cases, this went so far as to expect that supervision could produce outputs (such as written reports or verbal commentary to solicitors) which would, or should, be fed into an ongoing legal case. Solicitors and Sheriffs varied enormously in their understanding of the form of 'supervision' which could be offered by centres, as the following quotes show. Whilst some saw a difference between supervision of a court order and supervision of a contact session, others saw less of a distinction. Analysis showed that those with less exposure to family law cases, or those with less direct personal knowledge of the provisions offered at centres, were more likely to expect monitored supervision to occur:

> *"They're not supervising the order, they are supervising the contact. They are there to see that contact takes place in the best interests of the child and avoiding conflict between the two [parents]"* (Sheriff)

> *"Supervision and monitoring can range from just keeping an eye on things in case wee Johnny gets bored – and it's going to ruin something that's been going quite well really for twenty minutes, but the child's got a short attention span, so someone who will come along and help a little bit, maybe someone helping because the absent parent just doesn't quite know what to say, if a child asks the demanding question, at other times it may be more supervision, and … the contact centre there sometimes does do this, and they watch quite carefully, albeit the child's in a setting with others... it may be that the mother has said that the other person has been using inappropriate behaviour, saying*

inappropriate things, distressing the child, so I'm looking out for someone to watch for that."   (Sheriff)

4.15   The confusion surrounding what 'supervision' means in practice was attributed partly (by both staff and solicitors) to poor awareness amongst Sheriffs of the services available at their local centres but also, more commonly, to the fact that that there were varying interpretations about what 'supervision' meant in relation to contact centres.   The implications of this confusion were demonstrated by the following exchange from a group discussion with staff:

"[Do parents expect it to be supervised when they come to contact centres?]"

"It depends on what has gone on before with them and how well the situation has been explained but 'supervised' is a word that's used a lot and it doesn't actually mean what is said. A lot of sheriffs are inclined to say supervised when they mean supported which causes confusion and it is just really a case of making sure that before parents come we're all singing from the same hymn sheet but we need the time at the beginning to do that groundwork with the parents and explain that to them." (Contact centre staff, urban location)

4.16   In the context of confusion surrounding the terms used to describe the nature of contact available at centres it was unsurprising to find that parents had similarly mixed expectations. Importantly, parents persistently described how they had expected that what would take place at the centres would be supervised contact. For some, notably resident parents, this was a source of great anxiety and apprehension (see Section 3.3.2 for further discussion of the impact of these concerns on feelings about using the centre):

"...the lawyers, they were told - they agreed on the contact centre, which was an order by the court, for it to be supervised access and contact centre, so that's a Court Order, which I have to follow just as much as he has to... [What did you understand by supervised access?] There'd be somebody there to make sure he didn't do anything, harm the children in any way, and that he could'na take them away or anything like that. [Did you expect that that would be someone there all the, all the time watching what was going on, or ...]... I thought actually it was supervised contact that, that they would actually report on the parent who was getting access to the kids, like some form of report to the court to say, you know, how he was reacted to the kids, how the kids were reacted to him, sort of like a report. But when I got to the contact centre, I thought well, 'cos it said supervised, all that came into my mind. Anyway, when I got to the contact centre she says: 'We don't take sides'. I thought: 'Well what's the point?'... I suppose it is like them taking sides if they were to do a report on him, but I thought how can - if it goes back to court - how can the court judge that he is being a responsible parent if they don't know what's going on - they're only going on what he says and what I say." (Female, resident parent, urban location, court referral)

4.17   Finally, for children interviewed the question of what 'contact' meant was far less complex. In all cases, children described that it simply meant that they would be seeing their father or mother. For some this was a source of happiness, for others a cause for concern. They had minimal knowledge of the legal process involved although some were more aware

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than others that proceedings has taken place or that difficulties existed between their parents (these tended to be older children or those whose parents had discussed the process with them). Children's perspectives on the process of referral and decision-making around contact centre use are examined further in Chapter 5.

UNDERSTANDING OF THE ROLE OF CONTACT CENTRES FOR FAMILIES IN TRANSITION AND THE LEGAL PROCESS

4.18 Contact centres are not a statutory arm of the legal system in Scotland. Nonetheless, they are recognized by legal professionals working with families as playing an important role in providing safe, neutral venues for contact to take place. One aim of the research was to examine how families, staff and referrers understood the purpose and role of contact centres in relation to the legal system. In this section we consider the differing roles which were expected to be played by the centres and views about the relationship between the centres and the legal process.

Views about the status of contact centres in relation to the legal system

4.19 Contact centre provision was highly valued by referrers and their contribution to the peaceful resolution of contact disputes was recognised. The facilities provided by the centres were seen as an important support to the formal legal process for families experiencing difficulties in agreeing contact arrangements. The professionals interviewed for the study were unanimous in their recognition of the crucial role that contact centres can play in cases where contact discussions have reached an impasse.

> *"They're part of it [the legal process] they're a resource available to me. It's a similar resource to community service or probation… it's a very valuable resource that I have… if you are of the view, in terms of the of [Children's] Act that it's in the best interests of the child that there should be contact, without the contact centre it is exceedingly difficult." (Sheriff)*

4.20 The voluntary and neutral status of Scottish child contact centres was highly commended by staff and some referrers. Regardless of opinions about the 'neutral' or 'objective' status of the centres there was universal recognition that this was the status that centres strived to maintain. The expectations of neutrality or otherwise from the centres by parents were more mixed and are discussed below. Despite this neutral status, referrers noted the important role that the centre network played in supporting formal legal processes.

4.21 Staff and referrers believed that contact centres provided two important functions in relation to ongoing contact disputes, providing both a physically safe environment for contact, and reassurance for hesitant parents. Centres were valued for providing a safe environment for contact to occur where acrimony or fear exists between either the parents or contact parents and their children. Greater importance, however, was accorded to the role that the contact centre facility was expected, and seen, to serve in providing reassurance to reluctant or fearful parents. In this way, centres were seen as crucial in defusing the fears which some resident parents might have about contact between their children and the non-resident parent. Both Sheriffs and solicitors were keen to stress the important way in which

the opportunity to use a centre could act to reduce tensions and encourage reluctant parents to consider this as an alternative to unsupported contact to which they were wholly opposed.

4.22   Contact centres were not viewed as a first option by referrers; indeed it was clear that parental agreement for some form of unsupported contact was felt to be the most desirable outcome in contact disputes. Yet, neither was use of a contact centre always perceived of as a *'last resort'* in the process of conflict resolution. Rather the centres were viewed as one *'useful tool'* or solution available to referrers (whether Sheriffs, solicitors or mediators) seeking to resolve disputes.

4.23   Referrers and staff were asked who they thought contact centres benefited. Was their role to serve the families, children or the courts? The overwhelming response was that centres were in place to provide support for children and their families, to provide a safe environment in which children could begin or continue contact with a non-resident parent.

4.24   However, as respondents discussed this question other responses began to emerge. It was apparent from analyzing the data that the child-focused ethos of the centres, whilst welcomed, was not always thought to be the primary motivation in cases being referred to centres. For instance, Sheriffs and solicitors argued that a contact centre resolution might not always benefit the child (for example, because they felt the child might be bored or prefer contact outwith the centre). Instead, they suggested that, in its basic form, the child contact centre network existed primarily for the benefit of the courts and parents in order to provide an alternative form, perhaps albeit temporary, of dispute resolution outwith the court process.

4.25   Parents and children expressed greater uncertainty about where the contact centre fitted into the legal process. Children did not generally associate the centre with the court or legal dispute existing between their parents. In contrast, the research found high levels of anxiety amongst both contact and resident parents about just exactly where the centres sat within, or outwith, the legal process. Parents had received varying levels of information about the role of the centre before use which will be discussed further in Chapter 5. To a great degree, their expectations about where the centres sat in relation to the legal process were based on the extent to which they had received information explaining the relationship between the two.

Expectations about the role of contact centres in contact disputes

4.26   Contact between children and non-resident, or contact, parents can be viewed as a spectrum which ranges from formal supervised contact at one extreme to unsupported contact at the other. As stated in their own aims the SACCC see the services which they provide as: *"stepping stones to parents making their own [i.e. unsupported] arrangements outwith the centre"[17]*. The research sought to clarify whether or not this opinion was shared by contact centre staff, referrers and parents.

4.27   The view of contact within the centre as a *stepping stone* towards unsupported contact was commonly held amongst staff, parents and referrers:

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[17] op cit, Legal Studies Research Branch (2003)

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"I don't think the non contact parent feels it's positive until they get to the stage where they feel ... 'I've been doing this for long enough and I want to move on.' And from the resident parent, generally they come to quite accept it, are OK with it. But then ...we've got the problem of persuading them that they should move on from that. [In what way is it a stepping stone, moving onto what?] Just the non contact parent having time with the child, either on a residential basis or non residential. Spending a day with child, or an afternoon... what I usually say to clients is it is a gradual thing that perhaps you might help you if [the] sessions at the contact centre are working out OK, then you can maybe move on to picking up from the contact centre. Now that's fine. Then, an afternoon or morning and if that's working out, the whole day. And just build it up gradually and do it that way. That's really how I see it as part of the process of the non resident parent having longer and longer time with the child." (Referrer, urban location)

However, the speed at which progression towards unsupported contact was expected to occur varied and for some, predominantly resident, parents there was an expectation of continued use of the centre until such a time as the child was old enough to make their own decision about whether or not to continue with contact. For those parents with very young children, therefore, there was an expectation of the use of the centre for a number of years. This contrasted markedly with the expectations of staff and referrers that contact centre usage should be a transitional phase. Commonly, contact centre use was not expected to last for longer than 18 months although staff and referrers explained how the nature of contact disputes meant that families might well move on from centre usage only to return at a later date if unsupported contact has broken down. Nevertheless, there was a clear difference between this expectation of sporadic use and that of those parents who expected to continuously use a centre for a sustained period of years.

4.28   For example, Jenny the resident parent of Alison (aged 7) was very clear that she saw the centre as the only way to maintain relations between Alison and her father:

"It gave Alison the chance to meet him without any undue force put on her that she was in the same room as a person she didn't know and she had to get on with them ... I can't image it having happened if the contact centre wasn't there at all, at all. Well not until Alison's of age to make up her own mind anyway, which was what I wanted when I went to court. I wanted it left until she could decide for herself because ... at seven years old you can still be hurt, still be hurt, you're only a wee girl." (Female, resident parent, court referral)

Parents like Jenny who expected the contact centre to provide a permanent, rather than transitory, solution to their contact difficulties formed two distinct groups. In both groups, the families shared similar circumstances which they felt endorsed their wish to use the contact centre as a permanent form of supported contact. For the first group, permanent use of a contact centre was viewed as necessary because of an entrenched level of conflict, sometimes including emotional or physical violence, between the parents. Although predominantly consisting of resident parents this was also a view held exceptionally by contact parents. These parents described how the level of acrimony towards them seeing their children from the resident parents meant that using a centre would be the only avenue

available to them to see their child as the resident parent would cease, or seek to frustrate, any contact attempted outwith the centre.

> *"I definitely see it as an intermediary place, ... a very important one, probably, but I certainly see it as like a stepping-stone to something else, not something permanent... [So it's not a end – not an end in itself?] No... there's no way it can be... what's been thrown at me for so long, about [a lack of commitment], and I think that over the period of time that we've been going to the centre, I think that has proved it [that it has] always been a load of rubbish." (Male, contact parent, urban/rural location, court referral)*

4.29   A history of domestic violence was not uncommon amongst parents falling into this group. Both resident and contact parents in this group argued that child contact disputes were often a tool used to perpetuate or play out long standing, ingrained acrimony between parents, a factor well recognised in previous research[18].

4.30   In the second group of families, resident parents wanted supported contact because they feared for the safety of their child in an unsupported contact environment. Reasons for this fear included previous instances of emotional or physical abuse of the child by the contact parent, suspicions about the risk of sexual abuse, and concerns about the contact parent's ability to care for the child either because of poor parenting skills or drug / alcohol addiction (both previous and ongoing).

4.31   Sheriffs, solicitors and other associated professionals were far less likely to hold this long term view of contact centre use. Contact centres were commonly seen as a transitional stage in the progress towards to unsupported contact as one Sheriff described:

> *"The ideal is, of course, where the parties agree to contact taking place [without legal intervention]. The next stage down from that is sometimes they're referred to mediation and efforts are made at mediation to sort out the contact arrangements, or appropriate arrangements for contact, but there's got to be an element of agreement. Normally, if it's agreed through the mediation service, it probably doesn't come back to me, or if it does come back to me it comes back by way of agreement. Often the situation is one where allegations are made by both parties, and perhaps, if mediation doesn't work I might order a report by a reporting officer who's normally a solicitor appointed by the court to conduct an investigation and report back to the court, and everybody sees what's in the report and then there is sometimes agreement as to how contact is to take place and if there isn't agreement then that's when I would make a decision [to refer or not to a contact centre]." (Sheriff)*

4.32   The study established that the extent of information available to both parents and referrers was critical in shaping expectations of what role a contact centre might play. In the case of parents, expectations were also found to be shaped by personal feelings about the

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[18] See for example: Woodfield K, Radford L, Hester M, Pearson C , & Humphries J (1994) :   Domestic Violence & Child Contact - The Impact of The Children Act 1989 in Children Living With Domestic Violence: Putting Men's Abuse of Women On the Child Care Agenda, Mullender, A & Morley, B Eds., Whiting & Birch, London

impact of a commencement or continuation of contact visits. Chapter 5 will explore these issues in more detail.

KNOWLEDGE AND EXPECTATIONS OF CONTACT CENTRE PROVISION

4.33 The level of knowledge about the facilities offered by contact centres varied greatly amongst families, staff and referrers. In this section we examine what people expected and what factors accounted for those expectations. Finally, families' feelings about making use of contact centres are discussed, as are the reasons underpinning both positive and negative reactions to using the centres.

Expectations about the type and range of provision offered

4.34 Expectations about the type and range of provision offered differed depending upon parents' prior knowledge and the extent to which they were given information during the referral process. The type and extent of information during referral is discussed in detail in Chapter 5. Overriding expectations about centre provision were that the centre would be:

- safe
- child friendly
- staffed by experts in childcare

4.35 The safety of the contact centre was a key concern and expectation for the parents interviewed. Both resident and contact parents expressed the view that the safety of the centre for the child was a paramount consideration. Through this, parents expressed concern primarily for the emotional and physical safety of the child. Similarly, there were high expectations that the centres would be 'child friendly', that is equipped appropriately with toys and facilities suitable for children of different ages.

4.36 Finally, a persistent expectation was that the centres would be staffed by experts in child care able to safeguard the children and to understand and respond to the complex emotions involved or triggered by contact visits.

Staffing and the role of staff

4.37 Referrers and parents differed from contact centre staff in their expectations of who the staff would be and what their role should be. On the whole contact centre staff were consistent in describing their role as that of a *neutral facilitator* providing support to families and safeguarding the well-being of the children during visits. This description was echoed amongst some parents and referrers; the evidence suggests that these were those referrers and parents who had received full and comprehensive briefings about the role and nature of contact centre provision.

4.38 Nevertheless, other parents and referrers had greater expectations of the staff. In these cases, staff were expected to be formally trained and to be performing a monitoring function above and beyond safeguarding child welfare. Here, staff were expected to play an active role in monitoring contact sessions and reporting the content of sessions either to the court or to solicitors.

4.39   There were similar differences expressed around the professional status of staff. Whilst some parents and referrers were aware that centres were staffed predominantly by volunteers, others were not. A lack of knowledge about the composition of staff often meant that referrers and parents expected staff to be professionally trained child care workers. As will be seen in later chapters this should not imply that there was dissatisfaction with the service eventually received, but simply that there was sometimes a disparity between expectations and experiences.

4.40   Where parents and referrers were aware that staff were volunteers there were mixed expectations about what this might mean for the experience of using the centre. Some were concerned that the centres would be staffed by *'good minded busybodies'*, whilst others were comforted by the thought that the staff would be *'normal'* people rather than social workers or court officials.

Physical environment

4.41   Expectations of the likely physical environment of the centres related both to the physical facilities available and to the toys and equipment expected to be provided for children's use. Contact parents varied in relation to their expectations of the physical environment, some (usually those most apprehensive about the contact) had hardly considered it all prior to the visit. Others, in contrast, had very fixed ideas about what the centre and its' facilities would be like:

> *"I didn't think I would be in with loads of other families, obviously, you build a picture up, and once I had notification that I was going to go to the centre, I've obviously got to sit and think about what it's going to be like, and some things were – I was right, and some things was totally wrong... [what was the picture that you built up of what it might be like?] I thought it would be me – me, my son and [my ex] in one of these rooms at [the centre] with someone monitoring us, ..."* (Male, contact parent, urban/rural centre)

4.42   Parents and referrers generally expected the centre to have lots of space, separate rooms and facilities such as a kitchen, toilet and garden. Expectations were variable as some parents had previously visited the centre they were to use and some referrers had visited the centre. As a result, some parents knew from firsthand experience what to expect in relation to physical amenities. None of the premises used for contact centres involved in the study at the third stage were wholly dedicated to their child contact centre function. Instead they provided a variety of functions during the course of the week including acting as the location for mother and toddler groups or acting as a local nursery. However, most were provided with dedicated facilities by the host organisation (meaning, for example, that posters or toys could remain in the room throughout the week). Those parents with limited prior knowledge of the centres were unsure as to what to expect. A common expectation was that the centre would provide a *'nursery'* or *'playgroup'* environment. Others were more apprehensive and worried that it might resemble a *'prison'* environment; this was particularly acute for contact parents who feared that the centre staff would be monitoring their visits with their children.

4.43   All parents and referrers expected the centres to provide a range of toys and activities appropriate to the child's age, this ranged from baby activity toys through to pool tables or computer games for older children.

4.44   The children were less sure about what the centre might be like inside. One child expected it to be *'full of baby things'* whilst another hoped that there would be a *'TV and video'* and *'something fun to do'*. Generally children were looking forward to seeing their contact parent and did not speculate about what the likely environment would be.

4.45   One element of the physical environment which frequently surprised parents was the presence of other families at the centre during visits. Apprehensions about this element of using the centre are dealt with below.

Feelings about using a contact centre

4.46   In this final section we examine how parents and children felt about the prospect of using a centre. Parent and children's feelings about using a contact centre ranged from high levels of anxiety and apprehension to optimism that the centre would provide a resolution or solution to existing difficulties around contact. The extent to which parents or children expressed positive expectations depended upon their personal feelings about making use of a centre, their knowledge or expectations about what the centre could offer, and their specific family circumstances.

4.47   Apprehension and anxiety around using the centre were related to the following issues:

- concerns about the partiality or impartiality of contact centre staff
- anxiety about the impact of using the centre on ongoing contact disputes
- concerns about child welfare and the impact of renewed contact on family relationships
- fears and apprehension relating to seeing children or parents after long or significant absences

4.48   Parents were concerned about the neutrality of centre staff, though this was less heightened where parents had been given full introductions to the centre and their status concerning the legal process. Chapter 5 looks in more detail at the range and content of information given to parents prior to the start of centre visits. Despite information given, parents (both resident and contact) had some apprehensions about the neutrality of staff and potential impact of using a centre on later legal decisions about contact. Confusion about the nature of potential 'supervision' heightened this anxiety in some cases with parents fearing that the centre would be *'formal'* and *'strict'* with staff making judgments about parenting skills:

> *"I expected it to be military... everybody drilled. And these people were going to be there and they were going to be watching everything that I did and everything that he did. And if the wee ones weren't dressed right they were going to report me..." (Female, resident parent, urban centre, solicitor referral)*

4.49   The circumstances of some families meant that parents, particularly non-resident parents, were concerned that staff would be reporting back to the court and that in some way their behaviour during contact visits would come to play a pivotal role in the future decisions made about their opportunity to visit and have contact with their children.

"I thought it would be me, my son and [his mother] in one of these rooms ... with someone monitoring us... I felt like a bloody criminal thinking about that, and I thought we'd be on our own, I was never made aware that there was going to be loads of other families coming in and out, and children ... it was really a clinical way that they [the solicitor explained it] like a controlled environment... where they're looking, checking that everything was ok. ... but I felt quite angry about that I felt I did'nae need anybody to monitor me, but I was willing to accept it as the first stages of seeing my son again." (Male, contact parent, urban centre, solicitor referral)

4.50   Apprehensions included concerns about child safety both in relation to the physical environment of the contact centre and in relation to protection from contact parents, or other parents' behaviour.   Parents expressed considerable anxiety about other user families. Concerns were voiced by some that the centre would be populated by families in crisis situations and that this might infringe on the safety of their child. Specifically, resident and contact parents expressed concerns about the presence of fathers who might have abused either the children or the mother.

4.51   For contact parents who had experienced long periods of absence from their children then nervousness stemmed from fears about seeing their children after long periods with no contact. This nervousness was both practical (for example, concerns about knowing how to care for and behave with a 2 year old when they had previously been in contact with a baby) and emotional.   Some fathers described their fears about seeing their children and their worries about how both they and the children might react.

"I hadn't seen them for a long time so it was quite nervy... and [my first daughter] I'd seen in the street, [to] sort of a glimpse from a distance, it was a couple of months before I'd actually seen her again in the centre, so like I knew she had grown in size and I was quite nervous to be honest with you" (Male, contact parent, mediation and court referral)

4.52   Despite these apprehensions, parents also expressed positive feelings that the centre would be a safe and child orientated venue which could provide a protected environment where the child would be happy to see their absent parent. The extent to which apprehensions could be overcome by optimism about visiting the centre varied. Often, as will be shown in Chapter 5, sufficient information and briefing prior to the initial visit could act to overcome parental apprehensions. However, in some cases, individual parents' anxiety about the idea of contact meant their apprehensions countered any reassurance that prior information could offer.

4.53   The children interviewed during the course of the study described a range of expectations. These included, that using the centre might encourage parental reconciliation, or reduce the disruption they, as a family, were experiencing around contact issues or, simply, might lead to a reduction in family tension.

SUMMARY

4.54   This chapter has explored levels of knowledge around contact centres including their intended purpose and the expectations of user families and referrers in relation to provision and facilities.

• *Supported contact*, the term favoured by the Executive, SACCC and legal system to describe contact which takes place within a contact centre was little used by staff, referrers or families. *Supervised contact* was a term persistently used by parents and referrers (and some staff) to describe the provision available at contact centres and there was a good deal of confusion around this term.

• Staff at contact centres were very clear that they did not offer any form of formal supervision. Confusion over the term 'supervised contact' was recognised as problematic. Many staff saw the centres as providing informal supervision – to safeguard the welfare of the child. None felt that their informal supervision should, or did, constitute a formal component of the ongoing legal process. There was variation between centres in the extent of 'vigilance' involved in their role, with a range of examples given as to what informal supervision might mean in practical terms.

• Solicitors and Sheriffs varied enormously in their understanding of the form of 'supervision' which could be offered by centres. The confusion surrounding what 'supervision' means in practice was attributed partly (by both staff and solicitors) to poor awareness amongst Sheriffs of the services available at their local centres but also, more commonly, to varying interpretations of what 'supervision' meant in relation to contact centres

• Despite the recognised neutral status of contact centres, referrers noted the important role that the centre network played in supporting formal legal processes and contact centre provision was highly valued by referrers.

• In the context of the confusion surrounding the terms used to describe the nature of contact available at centres it was unsurprising to find that parents had similarly mixed expectations. Importantly, parents persistently described how they had expected that what would take place at the centres would be supervised contact. For some, notably resident parents, this was a source of great anxiety and apprehension. For children, the question of what 'contact' meant was far less complex. In all cases children described that it simply meant that they would be seeing their father or mother. They had minimal knowledge of the legal process involved.

• Contact centres were not viewed as a first option by referrers - parental agreement for some form of unsupported contact was felt to be the most desirable outcome in contact disputes. Yet, neither was use of a contact centre always perceived of as a *'last resort'* in the process of conflict resolution. Rather the centres were viewed as one *'useful tool'* or solution available to referrers (whether Sheriffs, solicitors or mediators) seeking to resolve disputes.

- The view of contact within the centre as a *stepping stone* towards unsupported contact was commonly held amongst staff, parents and referrers. The speed at which progression towards unsupported contact was expected to occur varied. For some, predominantly resident, parents there was an expectation of continued use of the centre until the child was old enough to make their own decisions about contact. For those parents with very young children then there was an expectation of the use of the centre for a number of years. This contrasted markedly with the expectations of staff and referrers that contact centre usage should be a temporary phase.

- The study established that the extent of information available to both parents and referrers was critical in shaping expectations of the role of contact centres. Parents' overriding expectations were that the centre would be: safe, child friendly and staffed by experts in childcare

- Whilst some parents and referrers were aware that centres were staffed predominantly by volunteers, others were not. A lack of knowledge about the composition of staff often meant that referrers and parents expected staff to be professionally trained child care workers.

- There were two key expectations, from parents, about centre facilities which did not always match the reality. The first was that some parents expected privacy, and were surprised to find that they would be sharing a room with other families. The second, was that that the size of the centre was smaller than expected. Children were less sure about what the centre might be like inside. Generally children were looking forward to seeing their contact parent and did not speculate about what the likely environment would be.

- Parent and children's feelings about using a contact centre ranged from high levels of anxiety and apprehension to optimism that the centre would provide a resolution or solution to existing difficulties around contact. Despite information given, parents (both resident and contact) had some apprehensions about the neutrality of staff and potential impact of using a centre on later legal decisions about contact. Confusion about the nature of potential 'supervision' heightened this anxiety in some cases with parents fearing that the centre would be *'formal'* and *'strict'* with staff making judgments about parenting skills: non resident parents were particularly worried that staff would report back to courts.

- The children interviewed during the course of the study described a range of expectations. These included that using the centre might encourage parental reconciliation, or reduce the disruption they, as a family, were experiencing around contact issues or, simply, might lead to a reduction in family tension.

CHAPTER FIVE   THE REFERRAL PROCESS

5.1   Understanding how families come to use child contact centres was fundamental to the research question. In this chapter, we describe the way in which families found, and made use of, child contact centres and explore the key issues identified by referrers and families which were found to complicate or ease the referral process.

UNDERSTANDING THE NATURE OF THE REFERRAL PROCESS

5.2   Analysis of the referral process demonstrated little variation, the following sections describe the typical routes families travelled in arranging contact sessions, as well as identifying why exceptions to this pattern occurred. While analysis explored potential differences between professional groups (for example, solicitors compared with sheriffs), any differences between referrers (for example in terms of awareness or views of centres, or referral patterns) tended to be on an individual basis or between different centres.

The referral process

5.3   The most common situation was for the contact parent to initiate the process of contact, but, in some cases, the resident parent set the proceedings in motion. Once initiated, the nature of the referral process ranged from a completely *'top down'* process, whereby the use of the contact centre, and the way in which it would be used, was determined by the court; through to an autonomous process, in which the individual contacted the centre, and made the decision on the specification of contact. The former scenario was more common. But in between the two extremes, it was typical for the referral to come from a professional (e.g. a solicitor or social worker) but for the parents to agree, normally with the professional as mediator, on the details of contact. The pattern of referral varied between centres. For example, some centres (specifically, those run by the WRVS) did not allow self-referral, and social workers only played a role in the rural centres included in the study.

5.4   The first stage in the referral process involved hearing about the centres. Since they were more likely to be the instigator of the process, typically, it was the contact parent who first heard that such a service existed. Alternatively, both parents heard about the centres at the same time, at a court hearing. As well as through the courts, families heard about the service through the following 'professional' channels: solicitors, sheriffs, Family Mediation Scotland, and social workers. In certain cases, there was a more informal source of awareness through friends or colleagues or via the local media. In one particular rural centre, an advert in the local paper seemed to be the major route through which people heard about the centre. However, it was not common for centres to advertise, and one of the reasons for this was a concern that publicising the nature of the venue might jeopardise the anonymity and privacy of users.

Moving towards contact

5.5   Once parents were aware of the centre, and its use had been agreed (or directed by the legal process), the next stage was for an initial approach to be made to the centre. Clearly,

who made this initial approach depended on the particular circumstances of the referral, but again could be a solicitor, FMS, social worker or self-referral. Generally, this process was reported as straightforward and quick, involving nothing more than a telephone call to the centre to give the details of the new case and to check on availability of space. Nevertheless, in some cases, particularly those involving smaller centres with less available contact sessions, waiting lists were reported as problematic (discussed in Section 4.4). In one centre, referrers complained that it was very difficult to get hold of the coordinator and that this could delay the process (also discussed in Section 4.4).

5.6   Once the process had been initiated, the centres themselves were described as taking the main responsibility for the subsequent stages: collecting the details of the families and of the type of contact required, in most centres arranging for agreement (sometimes termed a 'contract') to be signed by both parents, and, again in most centres, arranging for a visit to the centre before the first session. As previously mentioned, there was no universal procedure for screening out families. The centre staff said that the referral process should mean that cases that were *'inappropriate'* for the service (e.g. cases of sexual abuse) would not be passed onto the centres. This is summed up in the words of a member of staff at an urban contact centre, in discussing cases where there was danger of the child being abused:

> *"Well we are saying that the referrers should have figured that one out before it even got as far as us, I mean that's true, we should never –*

> *"Up to a point that's their responsibility for appraising themselves of what we actually do and what we stand for so in a way it's perhaps a lack of knowledge on the referrer's part about our role" (Staff, urban centre)*

5.7   Similarly, referrers themselves stated that, since supervised contact was not available, it would not be appropriate to refer cases where the child might be in danger (for example, of physical or sexual abuse) to contact centres. Despite the fact that such cases ought not be referred to centres, *'for safety's sake'*, centre staff did still collect background details from their user families, particularly with regard to any history of domestic abuse, since this was seen as relevant for the case and, particularly, whether or not the parents should, or could, come into contact with one another.

5.8   Moreover, staff and referrers reported that there were clear rules, endorsed by the SACCC, of conduct during contact sessions, and that these were clarified before the first session. Staff explained that centres often displayed posters in the centres to remind people of these rules. The rules were few, but described as inviolable, they ruled out, for example, alcohol and drug use, and the use of cameras or video cameras (to protect the anonymity of other families using the centre).

5.9   Though not standard at all centres, a visit to the centre by both parents before the first contact session was described as best practice. This was endorsed by the SACCC in their own guidelines. An initial visit by parents (whether resident or contact) was described as reducing the anxiety associated with the unknown element of the process. It was also described as reassuring parents that the centre was friendly and welcoming. In addition, it was felt that such visits gave parents the opportunity to take in important information, for example on the role of the centres and their staff. The alternative, whereby the parent visited the centre 20-30 minutes before the first session, was described as less than ideal. In these

cases, parents described how their apprehensions surrounding the contact visit itself *'got in the way'* of their capacity to absorb the information given to them about the centre.

> *"That [a visit to the centre before the first session] might – that might have helped, because I was quite anxious on the initial day and I don't think I was taking in everything that she was saying ... I was in early, I'd went in a wee bit early, obviously for her to show me round, so probably if I'd been shown through the week before, maybe I wouldn't have been – I'd have taken it in a bit more, do you know what I mean?" (Contact parent, rural location)*

However, it should be remembered that there is no guarantee that the offer of a visit to the centre, in advance of the first session, will be taken up.

5.10   As previously mentioned in Chapter 4, the time taken for from the instigation of contact through to the first contact visit ranged from less than a week through to around 6 months. The research found that this depended, primarily, on the availability of places at the centre. In addition, the amount of disagreement between the parents concerning the contact arrangements affected the period of time which families waited to begin their contact sessions. The issue of waiting lists appeared to be more of a problem in the smaller, more rural (and non FMS) centres. At the extreme end of the range, (i.e. 6 months), the delay was often the result of ongoing disagreement between parents. In these cases families, particularly contact fathers, described how such delays were upsetting, and some described how they felt they were *'missing out'* on their child's life.

INFORMATION AVAILABLE ABOUT CHILD CONTACT CENTRES

5.11   The flow of information between centres, referrers, and families was subject to some variation. There was a clear consensus across families, referrers and staff, that information was both necessary and desirable for families using the centre, as well as for referrers, and this was endorsed by SACCC guidelines. However, there did not appear to be a standard procedure, across centres or referrers, for the way in which this information should be disseminated to families. Both referrers and the centres were found to have individual approaches.

5.12   Families obtained information in a variety of different ways, and at differing points during the referral process. In some cases, the referrer would explain the centre and further information would then be given by the centre staff – in written, leaflet form, and / or verbally during an early meeting. In other cases, the information on the centre would be obtained gradually, over ensuing contact sessions.

5.13   In the case of referrers, a common concern, expressed by families and centre staff, was their lack of knowledge about the role and practicalities of centres, and this was acknowledged by some of the referrers themselves. Additionally, as has already been described, the level of knowledge by referrers (for example, in relation to the types of contact provided by centres) varied considerably between individuals. In some cases, lack of knowledge was attributed, by referrers, to lack of information they received from the centres. The following quote illustrates these frustrations:

... the problem I had initially was actually finding a contact centre, all the information we had was out-of-date ...

"I have a kind of, a very old leaflet and maybe it's just because I haven't requested an updated one but mine is the kind of, almost a hand written thing, it'd got a big hand in the middle and I just keep photocopying that and handing that out. Does anyone else have a more up to date one?"

"I don't, I don't have any leaflet, I look up the Yellow Pages for the number (laughter)" (Referrers, urban centre)

5.14   However, other referrers stated that they were very happy with the amount of information they received. Where information was imparted to referrers, from the centres, it was disseminated either through informal discussion (face to face or over the telephone) or, more formal 'open days' at the centre, whereby referrers were invited to visit and to find out more about their role. It should be noted, however, that centre staff persistently complained that referrers seemed reluctant to attend these open days, as shown by the following quote:

"Well we did try it once and one person came. All the solicitors were written to and invited to come to have a chat and cup of tea. And the volunteers turned up and we made some cakes and things and had coffee and things ready, and one person came. I think it's a terrible thing." (Staff, urban/rural location)

5.15   This was reinforced by evidence from Sheriffs who were divided about whether or not they should acquaint themselves, personally, with child contact centre provision in their area:

"I think you should [go and see them] ...what's the point of referring them [families... if you don't]... as a Sheriff, I think I would go incognito and ask if I could talk to some of the parents, because then I can find out what is happening, what is the perceived view, and I can give some of that information – at the moment I can only go on a sort of vicarious experience of people who have been sitting before me, who have told me how it went, because I will ask them, I might say to a Mr So-and-so 'and how did you get on', you see, when it comes up at a child welfare hearing 'what did you do', I'm interested for him, but I'm also interested for my own sake, because I can't go and see it, so there are some people you know that the contact centre might not work for." (Sheriff)

"I have never visited – and that's intentional, to be quite honest. [Why is that?] I know what they do, and I have faith in what they do, and I think my attendance there wouldn't assist them. You've got to remember, they're only open at certain times, and for me to go along on a Saturday afternoon, for example, when other people were using the contact centre, I think would be totally wrong, because they might get the wrong impression that I'm there to check up, 'cos I'm not there to check up." (Sheriff)

5.16   All parties described the importance of consistent information being provided to families, particularly as they are often given information from different sources, both from referrers and centre staff. In seeking to avoid any confusion, one urban centre described how it provided referrers with guidelines of *'do's and don'ts'* to tell clients about the centre. Among those referrers who had actually visited this centre, there was consensus that it had been a useful experience, summed up in the words of a female solicitor:

> *"And [the coordinator] likes you to go and see it. So you can actually kind of describe it to your client and say what kind of things are there. And you have a better idea of – I think it really helps because you have a much better idea of what they're going to go along and expect, and I think if you're able to convey that to them, then they have a better idea of, you know, what they're facing. I think sometimes there's maybe a fear of, am I going along to this room where I'm going to sit with my children and be observed. And you're able to say to them, 'Look' – you know – 'No, that's not what's going to happen'."*
> *(Referrer, urban location)*

5.17   Whilst, on the whole, parents were happy with the amount, and nature, of the information given to them, there were exceptions to this. There was also some evidence that resident parents felt that they needed more familiarisation with the centre, and that, perhaps, the emphasis was on informing the contact parent since they would be the ones spending time within the centre. For example, one resident parent explained their concerns at visiting a centre:

> *"Maybe I was just not assertive enough at the time… it was just really from what the kids said that I had information back. I didn't really know what food was available there, there was biscuits or juice but they didn't seem to ever get any. It would have been nice … to see what happens like for me to spend an hour there with them, see how its run,… I briefly put my head in when I think it was the day we started using it and I had a quite look around, a quick look in the coffee place… the settee, and that was it. I think an hour sitting with your kids playing with them in there would do anybody who loved their kids because then you would relate to what the kids were saying when they were coming back." (Resident parent, urban location)*

5.18   A persistent recommendation amongst staff, referrers and parents was that contact centres should be better publicised, and that the referral sources should be widened to include other professionals such as teachers or GPs:

> *"People like for example teachers who are always picking up about conflict at home. And maybe a teacher might feel to say to a parent in the playground 'Well have you thought of …'"*
>
> *"[or]GPs." (Staff, rural location)*

5.19   Another suggestion, made by both referrers and parents, was that leaflets publicising centres should be more professional in appearance. For example, one resident parent described how her impression of the centre, when looking at the rather *'shabby leaflet'* was a negative one, but that when she actually visited, she was impressed with its professionalism and efficiency. Whilst recognising that the format of the leaflets was probably affected by a

lack of funding, she felt it was important that written information from centres should create a good impression and reassure parents about their professionalism.

MAKING DECISIONS ABOUT CONTACT

5.20   This section examines the relative influence of the parties involved in terms of establishing the details of contact, where contact happens, when contact takes place, and what type of contact occurs.

5.21   Overall, families and referrers reported that they felt the main *'power'* lies with the resident parent – that is, the person responsible for the child on a daily basis. However, families reported varying degrees of input from the referrer, the contact parent, and, occasionally, the child themselves. The background to the case and the existence of fear on the part of the resident parent regarding herself (as resident parents were predominantly female) and the child were most important determining factor in the decisions around contact arrangements. This fear was reported both in terms of physical safety, and the prospect of the contact parent disappearing with the child.

5.22   Other more practical decisions, such as the location of the centre to be used, and the times of contact, were also described as primarily convenient for the resident parent and the child – so that the child would not have to travel far (although as previously mentioned, some contact parents travelled considerable distances). A repeated point made by both resident parents and children was that the opening times of the centres (typically on a Saturday afternoon) were inconvenient for the children, for example in terms of Saturday jobs, socialising with friends, and playing or watching sport. As previously described, the centres varied in the extent to which they were able to be flexible around opening times (see Chapter 4).

5.23   Often, families had experienced a complete communication breakdown prior to using the centres. As a result, the decision-making process was frequently problematic, and it was typical for the court and / or solicitors to be involved in every issue surrounding the arrangements. Contact arrangements were fluid and reported as evolving and changing over time. Mostly, change was viewed as occurring in a positive direction, with more contact being agreed as trust and familiarity developed. Despite this dominant pattern, in exceptional cases contact remained fixed throughout the period, became less regular, or broke down altogether (see also Chapter 7). The nature of contact arrangements meant that any changes needed to be agreed by both parents, and so parents and referrers tended to describe the decision-making process as on-going:

> *"I think the strength of the contact centre … is that it is a process. They can start with one set of arrangements and that can evolve into something else. Whereas they come back for Children's Hearings I believe the Court make decisions. They go through a process to come to a decision, and that decision may not be valid in 6 months, 9 months, a year, as people move on and things. I think that's the essential difference between the contact centre and the very formal decision making processes... the contact centre, through their process, contact can evolve and grow and change and modify as the adult's position grows and changes and modifies, and the children grow and develop and their needs change as they get older." (Staff, rural centre)*

5.24   Analysis revealed that a typical pattern in the development of contact was for the contact parent to ask for an increasing amount of contact over time, and, often, for them to ask for this contact to be allowed to take place outwith the centre. A common viewpoint of contact parents is illustrated below in the words of a male centre user (when asked how much longer he envisaged using the centre):

> *"Not much longer, because there is not much more we can do at the contact centre than we've already been doing. We seem to do the same things every Saturday. There's a park up the road there. I mean I wouldn't have him in the house for the whole 4 hours or 6 hours or whatever. But we could go outside. We could go up to the park. We could go into the town and then come back to the house. I know he'll start throwing my CDs about and everything and making a mess... the centre does get monotonous after a while if you've been there for a long period of time. And as I've said before, I think it's a starting point to get to know the child." (Male, contact parent, urban centre)*

5.25   Despite these strong views from contact parents, evidence from the study revealed that some resident parents were keen to resist this progression. In some instances, this resistance did result in recourse to the legal system. In these cases, contact parents described using the court system as a lever, in that they would communicate with the resident parent via solicitors, threatening court action, and that this would be sufficient to agree a change in arrangements. Where the resident parent was unwilling to agree, however, parents tended to return to the courts, and this process could persist for a number of years. In the words of another parent:

> *"Every time you want to vary anything it's a matter of going through the court. (Male, contact parent, rural location)*

Similarly, when asked to describe his experiences, a male contact parent said:

> *"...It was all within the centre aye, all these times had to be done, everything had to be in the centre, I'd asked actually for the kids to be out of the centre because as they were going to extend our times I thought well to get them out of the centre would be a nice thing and you're in one building, you can do x amount with the kids but after two or three hours they can get a bit bored and I went and asked for contact outwith the centre and it was always no, it was flatly refused right away. So I thought the only way to do it is to gradually, I mean gradually do it, work our way in, take them for a bit longer in the centre, spend the time with them that way... and as I said, as we went along through it, the only time was to do it is to sort of keep threatening her with a court case." (Male, contact parent, urban location)*

5.26   The cost of fighting contact cases was significant for some of those who were interviewed. Although staff and referrers argued that the majority of contact centre users were eligible for legal aid, some families had not been eligible. In these, fee-paying cases, any protracted legal case was costly, and presented a significant barrier to the contact parent in seeking continued access to contact with their children. For example, one contact parent explained how he would have to make do with the current arrangements in the foreseeable future, but that he was saving up for another court case.

5.27　Although it was common for longer term decisions on contact arrangements to be made and communicated through the courts and solicitors, on a more day to day basis the centres were described as communicating changes in arrangements to either party on a regular basis. For example, if one parent was unable to turn up for a particular visit, the other parent would be notified through the centre staff (although this was not always a failsafe solution, since the centre staff often reported receiving this information *'too late in the day'*). Interestingly, there was repeated evidence of the contact centre coordinator acting, beyond their role, as a *'go-between'*. In these instances, the staff member had been perceived as encouraging parents to change contact arrangements *'over and above the court agreement'*. Where this happened it typically increased the amount of contact between contact parents and their children. It was not always clear that the coordinator was acting in an official mediator role in these scenarios.

5.28　In one case, the impact of this *'encouragement'* by the centre staff was for the parents, eventually, to discuss and agree arrangements together. Sue, a resident parent who no longer used the centre, described how Jane, the coordinator, suggested that both parents contact each other to discuss their children. Sue said that she resisted for 5-6 months, but once she did contact her ex-partner she explained that "*it's got us onto a different path now*" Her ex-partner echoed this when he described how the process had evolved:

> "*I think the contact centre were making suggestions to my partner, who for whatever reason was giving as little away as possible until we actually went and spoke to each other, that was the only progress that was made, any real progress was made through talking to each other*" (Male, contact parent, urban centre)

5.29　In addition to the formal legal system, and the more informal role of the centres themselves, mediation played an important role in the agreement of decisions relating to contact. Since a number of the centres are run by FMS, the family's mediator was often the organiser of the contact centre. The fact that a relationship had been established through both routes appeared to facilitate mediation and contact.[19] In rare cases, decisions were made throughout between both parents, without recourse to any external mediation. And in one case, whilst contact was ordered through the courts, the use of the contact centre was agreed by the parents and was described by the child as having been "*voluntary on both sides*".

5.30　There was limited evidence of children's views being taken into account at this stage in the process. Staff, referrers and parents all felt this was due to the young age of the majority of the children using the centres. In rare cases, usually involving older children, the child had a solicitor of their own. For example, three children in a rural location, living with their father, described how they wanted to continue seeing their mother within the centre, although she wanted the contact to take place outwith. They expressed this through their solicitor, which saved them the discomfort of having to tell their mother themselves.

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[19] The FMS- run contact centre organizer is an integrated member of the family mediation centre staff with knowledge of the range of services it provides and working within the principles of mediation. This may lead to a greater emphasis on conflict management and easier access to mediation where appropriate.

5.31   There were a few cases in which the child interviewed in the study expressed a reluctance to see the contact parent, and yet contact had continued (at least for a time). For example, an 11 year old girl (former centre user), described how 2 hours of contact was too long as far as she was concerned, to spend with her father (whom she called Steve

> *"Personally I thought it was far too much – half an hour's fine for me. I liked going to the centre, but I didn't really like who I was going to see, so as little as time as possible, 'cos like – but the centre kind of made it more fun. [What was it at the centre that made it more fun?] … There was lots of rooms – I could go into one room and Steve couldn't find me, that's it, so I didn't have to stay all the time with him."(Child, rural centre)*

In contrast, an 8 year-old child described telling "*mummy over and over again*" that he wanted to see his father outside the centre, but that at first "*she wasn't having it*". Contact subsequently moved to outwith the centre.

DIFFICULTIES IN THE REFERRAL PROCESS

5.32   On the whole, the referral process was reported as being relatively straightforward, smooth, and quick. Nevertheless, problems were reported. It is important to note that these were not always difficulties which parents, staff or referrers felt fell within the power of the centres themselves to resolve.

5.33   One rural centre was described as having difficulties resulting from the limited availability of places. Parents and referrers both described the difficulties arising from the resulting waiting list. The difficulties were felt to stem from the fact that the centre was small, had limited opening hours, experienced problems with maintaining a sufficient rota of volunteers, and had a lack of core funding. Referrers also complained that they had problems contacting the coordinator in order to instigate the referral process, since her job as a coordinator was part time, and she was rarely available on the telephone. As previously mentioned, such delays were described as upsetting for the contact parent, and contact parents were unhappy to be missing out on their child's life. Conversely, resident parents sometimes complained that the length of time between referral and the first contact session was not long enough for them to adjust to the change in circumstances:

> *"I really wanted some time to basically get my head round what was going to be happening and to really think about it and to prepare myself I suppose. It was I would say about 3 weeks or maybe a fortnight when the contact started and it was really quite daunting, for all the reasons that I've given you as well and that I'd had no contact with Simon during that time apart from the few Court appearances for many, many things…" (Female, resident parent, urban centre, court referral).*

5.34   A persistent problem described by parents was that the opening times of the centres were inconvenient, and that they did not always allow for visits close to occasions such as birthdays and Christmas. Analysis showed that the centres varied a great deal in this respect. It was not the case that rural centres were, as a rule, less flexible, as for example, one rural centre was described as offering the most flexible arrangements by parents.

5.35 Another problem, previously discussed, was a lack of knowledge among referrers. This lack of awareness was demonstrated by referrers being unaware of:

- the existence of contact centres at all,
- the location of their nearest centre,
- the types of provision available (particularly with regard to a misapprehension around the concept of 'supervised contact' discussed in Chapter 3),
- opening times,
- being unclear about whether or not waiting lists were in operation.

5.36 Also mentioned by some parents was the problem of lack of information, from referrers and the centre, about the role of the contact centre and what was expected of them. Centres which did not allow self-referral were sometimes criticised by parents who would have liked to have referred themselves.

5.37 Finally, problems at the referral stage were continually described in terms of the circumstances of the family in transition. It was common to find that the contact parent was resentful about being *'forced'* to use the centre (rather than having contact outwith), and that the resident parent was apprehensive and fearful and reluctant for contact to occur at all. While these strong feelings were described as problematic during the referral process by parents and referrers alike, they were not perceived as issues which could be resolved by referrers or contact centre staff.

SUMMARY

5.38 In this chapter, we described the way in which families found, and made use of, child contact centres and explored the key issues which complicated or facilitated the referral process:

- Patterns of referral varied from *'top down'* referral, whereby the use of the centre was determined by the court; through to an autonomous process, in which the individual contacted the centre, and made the decision on the specification of contact. The former scenario was more common. But in between the two extremes, it was typical for the referral to come from a professional (e.g. a solicitor or social worker) but for the parents to agree, normally with the professional as mediator, on the details of contact.

- A range of sources were cited as providing initial knowledge about contact centre provision. Families frequently first heard of the existence of contact centres via the legal process. In addition, families heard about the service from: Family Mediation Scotland, social workers, friends or colleagues or via the local media.

- Before the first contact session, a number of formalities had to be met, involving: collecting the details of the families and of the type of contact required, in most centres arranging for agreement (sometimes termed a 'contract') to be signed by both parents, and, again in most centres, arranging for a visit to the centre before the first session. A visit to the centre by both parents before the first contact session was described as best practice, but it was not a universal feature of families' introduction to the centre.

- The time taken from the instigation of contact through to the first contact visit ranged from less than a week through to around 6 months. This depended, primarily, on the availability of places at the centre. The issue of waiting lists appeared to be more of a problem in the smaller, more rural (and non FMS) centres. A final factor which delayed the instigation of contact was where parents had ongoing differences about the form and timing of contact sessions which needed to be resolved prior to contact starting.

- Families obtained information about the contact centre in a variety of different ways, and at differing points during the referral process. In the case of referrers, a common concern, expressed by families and centre staff, was their lack of knowledge about the role and practicalities of centres, and this was noted by some of the referrers themselves.

- A recommendation amongst staff, referrers and parents was that contact centres should be better publicised: for example, referral sources should be widened to include other professionals such as teachers or GPs, and that leaflets publicising centres should be more professional in appearance.

- In terms of decision-making regarding the contact arrangements, families and referrers reported that they felt the main *'power'* lies with the resident parent – that is, the person responsible for the child on a daily basis. However, families reported varying degrees of input from the referrer, the contact parent, and, rarely, the child themselves.

- Often, families had experienced a complete communication breakdown prior to using the centres. As a result, the decision-making process was frequently problematic, and it was typical for the court and / or solicitors to be involved in every issue surrounding the arrangements. In addition to the formal legal system, and the more informal role of the centres themselves, mediation played an important role in the agreement of decisions relating to contact

- A key finding was that, in most cases, contact arrangements were fluid and reported as evolving and changing over time. Mostly, change was viewed as occurring in a positive direction, with more contact being agreed as trust and familiarity developed. Although it was common for longer term decisions on contact arrangements to be made and communicated through the courts and solicitors, on a more day to day basis the centres were described as communicating changes in arrangements to either party on a regular basis.

- On the whole, the referral process was reported as being relatively straightforward, smooth, and quick with few problems. Exceptionally centres were described as having difficulties, especially in relation to waiting lists and opening times. Other problems identified by both parents and staff were: a perceived lack of knowledge among referrers about contact centre provision; a lack of information, from referrers and the centre, about the role of the contact centre and what was expected of parents.

- Finally, it was common to find that the contact parent was resentful about being *'forced'* to use the centre (rather than having contact outwith), and that the resident parent was apprehensive and fearful and reluctant for contact to occur at all. While these strong feelings were described as problematic during the referral process by parents and referrers alike, they were not perceived as issues which could be resolved by referrers or contact centre staff.

CHAPTER SIX   MAPPING THE CONTACT EXPERIENCE

6.1   The experience of families, referrers and staff of using the contact centre system are described in this chapter. As previously discussed, the ways in which the centres were used, in terms of the type of provision, were twofold: exchange supervision and supported contact, the latter being the more commonplace. There were very few exceptions to this rule, and the pattern was the same across all centres. Although many parents and referrers believed that supervised contact was available, this was not in fact the case. At the time of the research SACCC were setting up a pilot scheme to develop and test the option of supervised contact.

6.2   One of the major findings of the study, which should be borne in mind when reading this chapter, is that contact arrangements were not fixed. For the families involved in the research arrangements had evolved and developed over time – frequently starting with minimal contact and proceeding to more. This concept is effectively summed up in the words of a member of staff in an urban centre.

> *"Or the other reason might be because they've progressed to that level of increased contact. You know, perhaps it started off as an hour or two hours, and then it's gone well and either the non-resident parent has asked for more contact and the resident parent has agreed to that, or the resident parent sometimes even offers more contact. So different reasons really, I suppose. But I think what we try to get across to parents is that contact centres can be used flexibly, and according to their needs, and their needs may change over time, as trust is built up again." (Staff, urban centre)*

Only in exceptional cases did contact remain stable over time. These cases shared certain characteristics: families had been using a centre for a number of years, contact was relatively minimal and both parents described being relatively satisfied with the arrangements in place. Families expected that these arrangements would remain stable for the foreseeable future.

6.3   This chapter explores the contact experience as described by families, staff and referrers. However, since the referrers clearly have less direct experience of contact itself, the emphasis focuses on the experiences of the former two groups.

FIRST IMPRESSIONS

6.4   In this section we report upon how families felt upon first visiting the centre. Initial visits varied, in some cases the first visit took place a few days in advance of the first contact session, others took place on the same day of the first contact session, usually a few minutes before the session was due to begin.

6.5   As previously noted the first visit was often described as preceded by tension and apprehension on the part of both parents, and children. Nevertheless, parents described being taken, on the whole, by the *'friendliness'* and informality of the centre. First impressions of the staff were, in almost every case, highly positive.

6.6   The safety of the venues was an important factor for resident parents, and one that was noted during their first visit to the centres. For example, it was highlighted by resident

parents, in centres with an entry phone, that this was reassuring from the point of view of their child's safety. One resident parent described the centre as *"like a jail, with a lock on the door"* which reassured her that *"the kids are OK here, he can't leave with them"*.

6.7   The decoration and facilities were also viewed positively. Parents commented on the extent to which the centres were obviously designed to make children feel comfortable – for example, in terms of the pictures on the walls, and the amount of toys available. They also said that their children felt immediately at home.

> *"It's a friendly place, can see immediately the children like it. Even older ones... found something suitable to play with when we were there, just sat down and got on with it - that can be an indicator that a place is comfortable for children - she didn't have to be told, just did it naturally...they've got something right." (Female, resident parent, rural centre)*

6.8   Having said this, expectations and first impressions did diverge in two key respects for some families. The first was that there were other families sharing a room, when the parents had expected privacy. It should be noted, though, that this was not always viewed in a negative light, as discussed later. Nevertheless, contact parents particularly expressed surprise at the presence of other families and children.

6.9   Secondly, for some the centre was smaller than expected, and in some cases parents and children said that the physical space made them feel claustrophobic. Of course, families' responses to the environment at the centre were inextricably related to their attitudes towards using it. It was notable how sensitive the children were to their parents' feelings about using the centre. One girl, aged 8, described the centre as *'stuffy'*, and also touched upon her father's desire to have more contact with her and her brother:

> *"It was very annoying because since there is not a lot to do we did just like make do. He is very stressed when we were there. There is barely any windows to open so it is very stuffy as well. He just kept asking my Mum, can we have more time, can we more time? But she disagreed". (Female child, aged 8, urban centre)*

6.10   Safety was a key priority for some families, especially those where there had been violence or emotional acrimony between parents previously. Whilst safety measures were often commented upon favourably (for example, keypad controls for entry doors) one resident parent commented on the *'cloak and dagger'* approach which had taken her slightly by surprise. This involved her and her ex-partner being shown into separate rooms on their arrival, and leaving the centre at different times, and was done to protect her from coming into contact with him. Others also described being surprised by the level of attention paid to safety measures.

6.11   Though it was more difficult to tap into what children's expectations had been before they used the centre, it was clear that, in some cases, there was a mismatch between their first impressions, and what they had expected. For example, in the case of Rachel (8) and Joe (11), the facilities available were described as disappointing, although the evidence from their interview suggested that was this heightened by the fact that they would have preferred not to have to use the centre to see their father:

[Can you remember what you thought when you heard that you were going to go there?] F1: We weren't seeing our Dad or anything before that so we thought 'Oh yes' and were really excited but when we got there, there was mostly babies' toys so there was nothing much for me to do. He just played with the cars and everything. The only thing I could do was draw... [Were you excited too Joe, what did you think when your Mum said...] M1: I thought this would be great but when I got there it wasn't as good as I thought it would be. [What did you think it was going to be like?] ... I thought it was going to be different - action man and stuff but there was quite a lot of babies' toys. Like Rachel just said." (Children, urban centre)

TYPE OF CONTACT

6.12 As mentioned earlier, there were only two types of contact centre provision available: exchange supervision and supported contact. These are described, separately, below. There were exceptional cases which varied slightly from this pattern. For example, in one rural centre, the contact father took his child to a park across from the centre, where the staff could *'keep an eye on him'* from the window. At the same centre, there was a case in which exchange supervision happened in the car park of the centre, when the centre itself was not open, with a member of staff in attendance. Similarly, in an urban location, the exchange took place in the car park of the centre, but without a member of staff in attendance. A final exception to the norm was a case where, in a rural location, a member of staff accompanied the contact parent and his child to the local shops during visits.

Exchange supervision

6.13   Exchange supervision was less common than supported contact, but was offered, and taken up, in most of the centres. Basically, this involved the child being dropped off at the centre by the resident parent (or possibly a friend or relative) and picked up there by the contact parent. At the end of the contact, which could be for a few hours, or could be over several nights, the reverse happened. A referrer gave an example of this type of contact:

"I know that the Centre offers a pick up and drop – so you don't necessarily need to have it as contact in the centre. It can just be a place where the child can be picked up and dropped off without the people having to meet one another – and that can be useful". (Referrer, urban location)

6.14   Where parents did not wish to come into contact with each other, separate rooms were used within the centres for the father and the mother. In these cases the child would go from one to other with the exchange supervised. In these cases centre staff were described as being on hand to take the child to their contact parent, and to ensure that the exchange ran smoothly.

6.15   Staff and referrers described the circumstances in which exchange supervision is recommended and used. Typically, this would be for families where the contact parent was allowed to see their child outwith the centre, but where acrimony between the parents meant that handing over the child elsewhere is likely to result in arguments or upset. Clearly, these situations were described as likely to upset the child. The following quote illustrates families'

experiences of this type of situation. This contact father had previously experienced problems when picking up his children from his ex-partner before the family began using the centre, in that there were arguments and accusations. When asked about using the contact centre, he replied:

> *"I found that much better 'cos the people here sort of know how to handle the changeover. It's all monitored and obviously she cannae make any false accusations" (Male contact father, urban location)*

6.16   Despite the fact that the centre itself was only used in these cases for a short period of time during each contact visit, nevertheless there seemed to be a degree of familiarity between parents and staff, and between children and staff. This level of familiarity was felt to be important by parents and children alike and was important in overcoming anxieties.

Supported contact

6.17   Supported contact, within the centre, was the most common form of provision. There was some variation in terms of who was involved in this. For example, in some cases, both the resident parent and the contact parent were in the same room with the child, and in others, another relative (of the resident parent) was also in the room, or in another room in the contact centre, to provide support. More common, though, was the scenario where the resident parent spent the contact session either in another room in the centre, or somewhere else entirely, and contact involved just the contact parent and child(ren). This depended on the extent to which the resident parent was concerned about their child's safety, and whether they felt the need to be on hand. Parents did though describe how their concerns changed over time, often as trust develops between the parents. For example, in the following interview with the contact parent – Jack and his son Bob - the initial sessions (on the request of both parents) involved Bob's mother, Sue. But, over time, Jack was keen for this to move on:

> *"She was in the room as well, she was in the room. Lynn [the coordinator] had said to – said to me 'we'll take – we'll just leave you with Bob and Sue could come through and have a cup of tea with us', initially kind of on the very first one, but he was – I said 'Lynn, look, if you don't mind, I think it would probably be better, as long as Sue agrees to it, if she goes in the room with us', and she says 'oh, of course I'll say that to Sue, and she mentioned it to Sue – Sue said 'yes', she wanted to be there anyway, you know, because she felt he would be quite scared about it, so – you know, she agreed to that, and that's – well, she was always in the room or if we went out into the garden and that, she came out as well – yeah." (Contact father, urban location)*

6.18   As with exchange supervision, if required (and it is a common requirement) the centre staff will go to great lengths to ensure that the parents do not come into contact with each other. Staff described various means of ensuring that this happened. For example, parents were given separate arrival and departure times, or were ushered into separate rooms during their time in the centre. On the whole, these safeguards seemed to work effectively and there were very few incidents where the parents had accidentally met. One potential problem arose from the turnover of staff, which was described, in turn, as resulting from varying availability of volunteers. In exceptional cases, resident parents reported arriving at the centre and the

new member of staff not knowing the details of their case (i.e. whether they were happy, or not, to meet their ex-partner). It should be noted that staff reported that all such arrangements are routinely recorded, and should be checked by the staff member on duty, before the arrival of the parents, but there appeared to be exceptional cases where this had not happened.

6.19   On the other hand, since the use of the contact centre often results in an improvement in the relationship between the parents, there were other cases where parents began by not wishing to meet, but, as trust developed, their requirements changed. This type of progression was described by one group of staff:

> *"I think one of the remarkable things... but the number of times we see on the referral form: 'These parents do not wish to meet', but after they've been to the centre for a week or two, they realise that the atmosphere is such that there doesn't need to be conflict, and they end up either making coffee for each other, sitting in the room, or finding that they can talk to each other without all the aggro. I think that's the most striking thing that happens at the centre – don't you – you get these forms saying: 'These parents do not wish to meet', and within weeks the whole situation has changed."*

> *"Yeah, you try your best to sort of keep everybody apart, and then at the end of the contact they'll be –*

> *… together"*

> *… Walking away together – yeah, that's right." (Staff, urban location)*

Privacy versus shared space

6.20   Centres differed in terms of whether or not supported contact sessions took place in shared, or private, rooms. Clearly, this was directly related to the size and physical layout of the centres, and to the demand for places. While some contact parents said that they preferred privacy to interact with their child, others said that they appreciated the company and the atmosphere awarded by others, and commented that their children enjoyed the opportunity to play with other children as well as just spending time with the contact parent. It was even noted that contact parents provided reassurance and support to each other during visits, and that friendships were often forged in this way. For example, one father, when asked whether it was a good thing to have other families in the room, answered:

> *"Yes it is, because you begin to have a relationship with some of them. You start talking to them after 2 or 3 weeks, and obviously because you're in the same situation as them you begin talking to them about their circumstances.*

> *[Does that help or not?] Yes it does, aye. I remember the very first time I went – the very first time I went, one of the fathers who was only there for a couple of weeks after that because his situation must have got sorted out, he could see what was happening with John and he said to me, 'Don't worry about it.' He says, 'It's always like this at the beginning. They always cry."* (Male contact parent, urban location)

6.21   On the other hand, some contact parents were uncomfortable sharing a room with other families. They described how this interfered with their interaction with their children, and that they felt that other people were listening in to their visit. These feelings appeared to be most marked among fathers who had not yet achieved a strong degree of familiarity with their child, and who described being ill at ease in their relationship. For example, in the excerpt below, a father speaks about his feelings of unease during contact sessions where other families were present in the same room as himself and his son:

> *"It's just because ... he's only six years of age, but you can converse with the wee man, you can have conversation with him, I mean he'll ask me about Jeremy, Gran and Granda, I just feel that there's other – just as close as you are, you're speaking to them other people, I mean other people are like [close] – cos I can hear what other people are saying, so I'm just no comfortable with it, as I said to you... I just can't have a lot of conversation with him, he asks me a lot of things and people are listening, and there are some things I don't want to answer – you know, say like 'why – ', just like 'why won't you come home', I mean – and other people – why, what can I say, what can I say, but mummy and daddy don't love each other, that's – it's hard to say when other people are about, just that – that's a perfect example."(Male contact parent, urban location)*

6.22   Parents' accounts indicated that the ideal situation would be one in which their individual choices about privacy could be taken into account, however this would clearly be restricted by the size, layout and funding of the centre in question.

6.23   A reluctance to forego privacy was also associated with the stigma that some parents felt about using a centre. Related to this was the fear held by some that somehow using a centre meant they were being judged by others (both other user families and staff as well as their own friends and family). Although fears about stigma were not a major issue for families generally, the findings suggest that it might be a particular problem in cases where the contact parent is female, and therefore in the minority in terms of gender; unfortunately we were unable to include any female contact parents in this study (see Chapter 2 relating to sample composition). Despite this the parents we did interview spoke about the whole issue of stigma and centre use. For example, this father discussed his thoughts on whether or not families using the centre judged each other.

> *"I did that as a parent there myself with other families there. I used to sit there and think well okay – there was, I mean don't get me wrong, I was very much a hands on, it was like a long, I spent a lot of time like one to one with the kids….there was other families there that certainly as much as to see the kid it was to see their ex-partner, so you know what I mean, which may sound a bit brutal but that's how I judged other people so I presume other people, they come and judge each other."(Male, contact parent, urban location)*

FREQUENCY AND LENGTH OF VISITS

6.24   The number of supported contact sessions, per family, ranged from two per week, through one per fortnight, to one per month. The frequency of visits was normally decided by the parents or the legal process, but in exceptional cases was described as having been

restricted by the opening hours of the centre or the availability of spaces. In rare cases, for example, families wanted to have greater contact, but this was reported as impossible due to the limited availability of contact slots at the centre.

6.25   The length of time of an individual session ranged from one hour through to four hours. It was common for the length of the session to start off short and to develop over time. It was pointed out by contact parents that visits, particularly the first visit, could seem long, and that entertaining the child for that length of time was sometimes difficult. For the resident parent, too, the length of the session could feel too long. This feeling is summed up in the words of the following parent, Bob, who admitted to some problems in terms of interacting with, and entertaining his child during early visits. It is important to note that Bob felt, over time, he had been able to overcome these problems with the support of the centre staff).

> *"I'd say the first visit it was – I think it was the longest two hours of my life, you know." (Male contact parent, urban location)*

6.26   Of course, the alternative view was also strong – that the time was not sufficient, and this was particularly so for fathers who wanted increased contact, and contact outwith the centre. For children, too, the attitude towards the length of the visit, varied. Unsurprisingly, this was often found to be related to the quality of the relationship between the contact parent and child although this was not always true- in some cases the child reported being perfectly happy to spend time with their parent, but became bored after using the contact centre for a period of time. In these cases, the children reported that it was the lack of diversity in the activities they could participate in, or the limited physical space at the centre which they found boring. These varying children's views are illustrated by the two quotations below:

> *"2 hours and then it went to about 3. I think it was from 12 to 3. It went so quick when we were in there." (Female child, aged 8, urban location)*

> *"Right now it's all right, if we were here for any longer we'd get more bored, there's nothing to do".(Male child, aged 15, urban location)*

ATMOSPHERE AT THE CENTRE

6.27   The atmosphere at the centres was described in a number of different, mostly positive, terms by families. For example, parents, children and staff described the centres as: *'relaxed', 'friendly', 'informal', 'like a front room', 'like a normal house', 'like a nursery', 'like an extended family', 'like a little playgroup', 'clean and tidy', 'cosy and clean and welcoming'.*

6.28   Families felt that centres aimed to create an atmosphere that was as homely as possible. Staff and parents felt that this was easier for those centres located in former residential properties. Differences were also apparent between centres where the location was primarily used for contact purposes and those which were primarily used for other purposes. For example, centres falling into the former group found it easier to decorate the venue with pictures and posters (sometimes the children's own) aimed at welcoming families and reassuring the children. In venues used for other purposes, staff described how it was more difficult to create the desired effect, although where this use was similar to the contact centre provision (for example, where the venue was primarily a nursery or playgroup) this was less

problematic. Two members of staff, in a rural location, described the atmosphere at their centre:

> " We're all do-gooders (LAUGHTER) and they're [families] I think somewhat taken aback at the easy attitude of the place, it's not judgemental, as Sally said. I mean there are times when there have been some families that have tested us to the Nth degree, but I think it is quite a neutral venue. There are rules and controls but they're not very rigid, you know, you're not sort of regimented into things and things like that. We encourage them to try and make it sort of homely."

> " It is a kind of simulated domestic environment. So they perhaps bring sandwiches and go and make tea." (Staff, rural location)

6.29   Whilst it was typical for parents to talk in positive terms, there was a significant contrasting viewpoint. This was persistently found amongst contact parents and related to concerns that the environment within the centre was *'artificial'*. However, it should be noted that it was generally appreciated that this was not the fault of the centres themselves, and parents often expressed this view where they had a strong desire for contact to take place outwith the centre. Referrers also expressed concerns about the *'artificiality'* of centres:

> "   I think it's hardly ideal because it's not a natural way to interact with your children to be in an enclosed space. It's not the way you interact with, I mean you can't, I mean obviously when parents separate the parent who has care all the time is the has most chance of continuing the sort of relationship they had before separation. The parent who's out of the house is in an artificial situation, we all know fathers who have to try and find things to entertain their children with when they have contact. What they can't have is just a normal relationship where they're just, you know, being alongside each other in a house, not necessarily the child being the focus of attention for two hours. I think that's one of the problems [at] the contact centre and it's very intense. But as I say that, in some cases, it is the only way and sometimes it's a stepping stone, if you can get sort of that established it's a stepping stone to contact outside the centre or it's often very useful as a, as a hand over, but it's not often that happens and, but it has to be artificial". (Solicitor, urban location)

6.30   Some of the children also commented that they felt restricted by having contact within the centre, and would prefer it to take place outwith. For example, the case of the two children below, Rachel and Joe, who were no longer using the centre but reflected that they had preferred the contact they had with their father before and after using the centre.

> "Joe: He used, before going to the Contact Centre, he used to pick us up for a few hours I thought that was better than the Contact Centre. [Can you say what you thought was better about that because that's important for us to try and understand what it is that would make the difference..]. Rachel: Taking us out. Just that we could do whatever we wanted really instead of being cooped up.[Is that what it felt like, being cooped up?] Rachel: Yes"(Children, aged 8 and 11 years old, urban location)

THE CONTENT OF CONTACT SESSIONS

6.31   During the interview, respondents were asked to describe exactly what happened during their contact visits in terms of the way that the time was spent. Clearly, families and centre staff were able to describe this in far more detail than the referrers, so the data presented in this section is primarily from the accounts of the former two groups.

6.32   The specifics of the use of time depended upon the exact facilities available in each centre, but, on the whole, activities were similar across centres and included watching TV / videos, playing games, drawing or painting and playing with toys. In some cases, the contact parent brought toys along as a gift for their child, and these were occasionally left at the centre between visits. In addition, there were also a number of toys and games available at the centre for public use. Centres with access to a garden were described as providing an important facility for families, offering more variety in terms of activities and more space for the children to play in. Most centres had kitchens, and this too was viewed as an extremely important facility, especially for contact parents who appreciated the opportunity to prepare drinks and snacks for their child. Tom, who (along with his two siblings) met with his mother at the centre, described what the children attending did during sessions:

> *"So that is a safe environment, there's a place at the back they can play like a car park - well, it's not a car park, but concrete area - there's a grass area where they can sit and play outside, or there's a - there's places inside they can play pool, have a sit with the bairns and play games, and stuff like that - it's a really nice place like." (Child aged 15, urban location)*

6.33   The lack of facilities and activities for older children was constantly identified as a problem with centre provision by families, staff and referrers. The facilities available were generally described as being targeted at younger children, with less provision for older children (although exceptionally some centres did have video recorders and pool tables). Whilst it could be argued that this reflects the dominance of younger children amongst families using centres, children falling into the upper age groups described being dissatisfied with the limited activities for them. Alison, the 12 year old sibling of Tom described how she felt that the centre was aimed at younger children (in her terms, those aged under 10):

> *"Sometimes it's boring though because there's nobody my age there, it's usually like younger, and there's just nothing to do. And you're not allowed to bring anybody else 'cos they won't allow people in.   But it's usually boring......I don't know, I go there, but when I first went I thought it was OK, but then I started to go every week and it just got total boring".(Girl, aged 12, rural location.)*

THE ROLE OF STAFF

6.34   The role of staff was described as forming a crucial element in the contact centre experience of families. Once referral had taken place, and the staff had introduced the families to the centre, and explained their role (see Chapter 4), their role ranged from welcoming families into the centre, making cups of tea, through to teaching parenting skills, educating parents regarding the role of contact, and mediating between acrimonious parents. Parents, and children, described developing strong bonds with the centre staff and this often

continued after the use of the centre had ceased. Appreciation of the importance of the staff was almost universal, and the views of both resident and contact parents about staff are captured in the words of the resident parent below:

> "The, the thing that is totally important about the centre is the staff. The facilities to us are completely second importance, but it's the quality of the staff, and the centre leader in our one is excellent, she's excellent, and I'm heartbroken at the prospect that, you know, she might go away, and you know, whoever – she would be replaced, but you know – and it's getting quality staff that is what it's all about, you know"…(Resident parent, rural location)

Staff training

6.35   As noted in Chapter 4, there was considerable difference in what parents and referrers expected by way of staff training. At one end of the spectrum, referrers and staff expected very little, if any, training. At the other extreme there were strong expectations that staff would be trained in childcare, social work, child psychology and legal issues. It was clear, however, that parents were less clear about the nature of any training experienced by staff, and that this was not necessarily a key issue for them, as summed up below:

> "I think I had thought it might have been trained social workers, I think maybe that came into my mind, but at the time, I mean there's so many things going through my mind… it's hard to be exactly sure." (Contact parent, urban location)

6.36   Some, but not all, parents recognised that there was a difference between paid centre coordinators and volunteer staff. They also perceived that along with this distinction appeared to go something of a difference in roles, with the coordinators being involved in the more formal organisational tasks, and liaising between parents, while the volunteers were more involved in the day to day 'supporting' of contact. In some cases, there was also perceived to be a difference between the two in terms of their confidence in doing the job:

> "I think there was younger members of staff coming in…I think they were probably volunteers or just work experience or whatever it may be but like the core staff who are presumably like the full-timers.. the difference with the core staff and actually the other staff that come in and you see now and again is the core staff are really confident and quite comfortable as well and you can see the difference 'cause the other ones can be a bit quieter, a bit more withdrawn to a degree so it's probably – as I say they're all quieter – it's like as if they're a help for the full-time members of staff more then anything and they probably find it a bit harder to get into the sort of the mode. It's difficult, if you've been doing it for a long time I suppose it's easier for them but if it's new it must be quite difficult because there's loads of issues that parents have and it's quite difficult to stand back and not get – take any standpoint through it."(Female, resident parent, urban location)

Being unobtrusive

6.37   Families and referrers reported the *'unobtrusiveness'* of centre staff as fundamental to their role in supporting families.   Whilst their presence was reported as reassuring, particularly to resident parents, it was also thought important that the contact parents were left, as much as possible, to interact with their child, without intrusion by the staff. This distance was described in a number of different terms by respondents, both parents and staff, but is essentially summed up in the following quotation.

> *"[Did you feel at all that you were being watched or judged or anything like that?] No, you know I certainly felt like not under pressure, but definitely that they're there, I mean, that's the way it is isn't it, you are there and why the people are there, so even if they weren't watching you they would be, sort of thing, because they can't help it, but they notice you when they're walking through the room ...but no, they weren't, they were very good at being there but not being there. They did, they were involved with other kids more than mine, that I noticed, I dunno, maybe that's because some fathers find it harder – I don't know about individual cases where they don't see the kids all that often, but yeah we just sort of did our own thing, well as much as they'd let us." (Male, contact parent, urban location)*
.

6.38   Being unobtrusive was described as ensuring that, where possible, the staff left the contact parent and child alone, but *'kept an eye out'* to make sure the contact was going smoothly. Typically, staff and parents described this as involving staff being, mainly, in another room from the contact visit, but with the door open, and *'popping in and out'* from time to time. Staff from one centre described their role as a *'watching brief'*.

> *"You've a watching brief really, I think you're watching what's going on but you're not interfering. You're just really watching to make sure ... "*

> *"It's sort of just loitering with intent." (Staff, rural location)*

6.39   One 17 year-old female, who used to meet her father at a contact centre, pointed out how much she had appreciated the unobtrusiveness of the staff, even though she recognised that this might not have been the case for all children using the centre:

> *"I prefer it that there's not somebody sitting in because I'd feel like they were intruding even though they're not, it seems like they're keeping an eye on everything you do, keeping watch on you ... but other people might prefer it if there is somebody else there, so it's more comfortable." (Female child, 17, urban location)*

6.40   As this quote recognises, some children, particularly younger ones, were reassured by the presence of the staff, and were aware that they were there to help them. This was illustrated by the case of one 8 year old girl, who had been distressed by her experience of contact with her father and the fact that centre staff were not always in the room with them:

> *" Usually they were with me, but there was this once and I went into the sitting room, I put on the telly and he followed me and he closed the door behind me. That was the one time when he wouldn't let me out.... but after*

that they usually were. Once or twice maybe they go out, but they were usually in range of calling. [Did you ever feel like you needed to call them?] Yeah, loads of the time – I was very uneasy when I was with him... Well what I usually did was I'd go into the room that they were there and I'd just sit down and then see if they were to go somewhere I just went straight after them. I even went into the office, but I think that was OK with them." (Female child, aged 8, rural location)

Being neutral

6.41   In addition to being unobtrusive, it was also seen as fundamental, both to staff and parents, that they were impartial (between parents) and non-judgmental (in terms of the circumstances of the case or the parenting skills of either parent). Staff neutrality was seen as critical, not least because of the unique positioning of contact centres outwith the legal process.

6.42   Being impartial was not always described as easy for contact centre staff, and as discussed later in this chapter, parents can be dissatisfied by staff impartiality. In these cases, parents sometimes viewed impartial stances as indifference, or a failure to take sides. For staff this was a common difficulty. The difficulties that they encountered while liaising between two parents (who often had very different aims in terms of the contact situation) were summed up by this member of staff:

> *"Sometimes too, the resident parent doesn't want you to be too active in enabling the contact to happen...sometimes they're bringing the child along to a contact centre because they feel they've been ordered to do so, and they're complying with that. But they really, they aren't really committed to it – for what they see as for lots of good reasons, to do with the history of their situations, and seeing organisers working hard to try and make contact happen and be positive for the child, is sometimes not what they want. So contact centre organisers have a very difficult job of kind of walking along that tightrope.(Staff member, urban location)*

6.43   Whilst staff neutrality was seen, on the whole, as an extremely positive characteristic of contact centre provision by most families, there were exceptions to this, and these are discussed later in the chapter. Generally however, parents, particularly contact parents, were appreciative of the neutrality, in that they believed it afforded them the opportunity to relax and not feel judged during the contact sessions. It was important, too, for many resident parents. For example, the mother quoted below, described how the exchange supervision within the contact centre was far preferable to possible alternatives, both for her and her child:

> *"I mean I suppose a third party, a friend or a relative or anybody could do it, but the fact that they're completely objective, neutral – not my relative and not his friend, or something, means that there's no kind of messages going backwards and forwards, there's no attempts to negotiate – it is just very straightforward, and for people in my situation that is priceless, absolutely – before we had that, the whole thing was totally fraught and it was having a knock-on effect on the child." (Female resident parent, rural location)*

Staff roles in liaising for families

6.44   Staff had a number of different roles in relation to liaison between family members. For example, it was described as ranging from contacting parents to inform them of a last minute change of arrangement (if one parent was unable to make the appointed time for a contact visit) to a more substantial role in terms of advising / counselling parents and influencing contact arrangements. Where a more substantial role was taken by staff there appeared to be a pattern with the centre coordinator *'doubling up'* as a trained mediator, and having an existing involvement in the family's case. Nevertheless, not all cases involving substantial staff involvement included staff who were mediators.   One contact parent described how the centre coordinator liaised between himself and his ex-partner:

> *"Oh she's [the coordinator] quite helpful you know if I say like 'there's a holiday weekend on such and such a day' then she might suggest it to her but obviously she can't force her to do it. Sometimes if Linda [the coordinator] suggests it there's more possibility that I might get the children. I mean quite a lot of the time I had them last year…and if I phone the contact centre saying it was a suggestion I get them that weekend then they would do it officially and write to the mother and write to me so it's agreeable to us both so that's helpful"(Male contact parent, urban location)*

Teaching parenting skills

6.45   On the whole, staff took a passive role in the contact sessions. In some cases, however, the staff were more proactive in terms of facilitating the contact. This involved, in their terms *'teaching parenting'*, for example by helping the parent and child to play together by taking the lead in a game. This form of involvement often occurred where the parent and child had had little, or no contact, in the past, or where their separation had been lengthy.

> *"[We] teach them… how to parent. In some cases you have to almost teach them how to play …*
>
> *"How to play with the children. For some of them they think they're in to watch the television and the children just sit there."*
>
> *"Sit there, and that's contact." (Staff, rural location)*

6.46   Despite the emphasis given by staff and resident parents to the problems associated with poor parenting skills from contact parents it was rarely mentioned by contact parents themselves. Exceptionally, contact parents did report an element of difficulty in interacting with their child but even in these cases staff were described as playing a minimal role:

> *"It sounds weird but I don't think they actually have – as I see it they don't actually do a lot but as much referees but they don't have to referee, do you ken what I mean? I think they're there as assurance more than anything because I think if anything the whole centre situation, you'll only get out of the centre what you – you only get from the centre what you put in ... I just think they prod you along a wee bit and help you along, if you're no as confident with your kids… I've seen it when new people come in, they just get*

you in the mode you ken, they just get you into, there's this here, there's that there, the juice kitchen's here, and I think they look as well and keep an eye and just to sort of say, if you need any help they'll just come over and no actually do it, no do it blatantly but do it subtly as if to – oh do you want to try a bit of this – just wee stuff like that, it's not actually in your face with the centre staff, it's very much, they take a background, they take a step back and let you do as much as you want, but if they think you maybe need a bit of prompting, I think to a degree they are there to help you on that side of things.(Male, contact parent, urban location)

6.47   Children's accounts of the contact experience suggested a relatively variable role for staff.   In some cases children described the staff role as relatively passive, yet in other circumstances they described staff becoming actively involved in their contact sessions. Where this was perceived as assisting the process the children welcomed it as Susan, who had been having difficulties with her father, explained:

"I felt they were there just to keep an eye on us, that's all I thought from the start. But when I got more older, when I got more older and more mature I thought that they were there for more than that, they were there to help try and get me to like him, 'cos they were always saying things like: 'Why don't we go and play a game or something?' But then they would just say: 'Why don't you and Steve play something?' And then I just went: 'No'. So I think, in the end I think they were trying to help.(Female child, aged 10, rural location)

6.48   In contrast, in other families the children described the staff role in more straightforward and functional terms:

"They were very nice, if you needed help they would just come and help you, stuff like that... [What sorts of things did they help you with?] Well if you wanted stuff out the cupboard, toys to help you with. They needed, you could just go and like ask them if they needed help at the end, stuff like that, tidy away the toys they'd be grateful. Just happy people really. There was 2 of them." (Female child, aged 8, urban location)

Parental concerns regarding the remit of staff

6.49   While the overwhelming view of the role played by contact centre staff on the part of families was positive, there were exceptions, both from contact and resident parents. Some resident parents, particularly those who were fearful of their ex-partner's behaviour, felt that the staff should be more proactive in terms of monitoring the contact. This finding relates directly to those cases where there had been a clear mismatch between expectations and experiences of 'supervised contact'. Most notably resident parents were unhappy when they had expected contact to be 'supervised'. For example, Mary, a resident parent at a rural location felt that an incident that happened during the contact visit at the centre should not have been allowed to happen, and she had expected staff to have been *'more forceful'* in preventing it.

6.50   The difficulty in the role of the centre staff – previously described by staff as akin to *'walking a tightrope'* was illustrated by the comments of Mary's former partner, Bill. In contrast, to Mary's viewpoint, he expressed dissatisfaction with what he felt to be the staff's intrusion into his time with his child:

> *"An observation not criticism' .....I noticed that when it was a different volunteer present ...because they didn't know what my relationship was like with my daughter, they would take a little bit more interest... as if she needed to be encouraged to come and speak to me. After the contact session I mentioned 'discreetly and politely' that it really wasn't necessary, and I got the impression that the staff were a little bit wary. But once they were all aware of overall situation ... then they seemed to be more happy and take a more passive presence" (Male contact parent, rural location)*

6.51   Mary's view was echoed by another resident mother, who felt that the staff should be more proactive in monitoring contact, and disciplining children, as described below. She used the term 'supervision' to describe the role she had hoped centre staff would carry out, and she clearly felt that they did not go far enough in this role.

> *"[When you say supervision, what do you mean because it is quite important for us to ..] Interacting, just maybe for it to be a bit more open plan with maybe the women who run it should have been sitting in the vicinity of a playroom you know, just a bit more interacting but whether we could have got to know the children just keep an eye out for what was going on. You sometimes get feed back about you know one of the other parents has swore and things like that you know or one of the other kids had hit one of my kids. You know, just things like that that you kind of wish in a way there was a supervisory role there that would be able to deal with any situations that arose.(Female, resident parent, urban location)*

6.52   Similarly, other resident parents expressed concern over what would happen in extreme circumstances, for example if the ex-partner became violent, or if they did not return the child after contact outwith the centre. Under such circumstances, they believed, the ability of the staff to overcome the problems was limited.

> *"I often think about if he didn't come back quite how they would deal with it. Because, you know, with it being late in the last few weeks quite often and it's gone quarter-past and we don't know - and I am thinking - Now what is this poor soul going to do (laugh) you know if he doesn't appear at all. You know hopefully that will never happen but you know, I suppose they would deal with it - they know if they have got something to deal with they have got a system (laugh). But I still, sort of, worry about what they might have to deal with."(Female, resident parent, rural location)*

6.53   Some contact parents were clear that they would like to see the staff role expanded. For instance, one parent commented that it would have been useful to have been able to talk to the staff after the first few visits, as he was left in an emotional state. This father did not appear to have obvious support from other areas, and would have appreciated feedback from the centre staff after the contact visits, particularly the first few:

"as far as support from – I suppose in my case there wasn't any mediation going and so it would probably have been better to – even at the end of every session, there's someone there that you could talk to at the end, to ask you how it's gone already and going"(Male contact parent, urban location)

6.54   If staff were to take on such roles then they would extend their current role beyond their existing remit and potentially, this could conflict with the expectations of referrers and parents that the staff remain in a neutral and non-intrusive role. Nevertheless, on the part of contact parents, there was a frequent desire for centre staff to provide reports on the contact sessions which could be fed into the legal process in order to support their cases for increased contact. Or, more rarely, resident parents expressed a wish for feedback to support their desire to cease or reduce contact. On the whole parents were clear that reports were not written by staff, beyond a simple recording of whether or not each contact session had taken place, and that there was no feedback from the centres to the legal process. Despite this it was common for parents to express confusion, or misapprehension about the staff role vis-à-vis the legal process, as illustrated in the excerpts below:

"I think there must have been, I think there was a report that went back to the court from the contact centre and – I don't really know. (Male contact parent, urban location)

6.55   Whilst the idea that reports were written and fed into the legal process was often cited by contact parents, some resident parents also had similar unease about the role of the contact sessions in the legal process. For instance, this resident mother expressed a certain amount of dissatisfaction in that she had been told that she would have regular reviews with the centre staff, but that that this had proved not to be the case:

"Cos they're, they're sitting and, and I know that they're going to write reports - they're sitting writing reports about my kids as for the contact centre - so there's things written down about my kids that I don't even know - I've no had the review." (Female, resident parent, urban location)

6.56   Even where parents were clear that such reports were not written there was still a persistent call for such a process to be available to families using centres. This view was repeatedly given by contact parents who were dissatisfied with the amount / nature of contact they were allowed and felt that a report on the quality of their contact at the centre would lend support to their case. This is clearly illustrated in the following case:

"I don't know whether if they could have wrote a report – no for me but from the wee ones point of view. Then maybe that might have helped. You know what I mean, if they could have had a more – because it's alright a judge sitting up there and saying – Well your kids are going for two hours, or your kids are going for four hours – At the end of the day they are not actually seeing, they are not actually there for the two hours or the four hours or whatever, actually seeing it. But these people that's in the contact centre, they might only be here once a fortnight or once every three weeks but they are actually witnessing, where a parent and a child don't have a bond they witness that. They see that the parent is sitting in there and the wee ones are playing in there on their own, they see that. You know what I mean and a judge doesn't see that"(Male, contact parent, urban location)

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6.57   It was not just contact parents who believed that the remit of the centre staff could be expanded, and involve a more evaluative, or sometimes counselling, role. Resident parents, too, in some cases, expressed some dissatisfaction with the neutrality that the centre staff had communicated to them, which was occasionally perceived as distance. For example, one mother felt that that the contact centres were '*geared*' towards the contact parent, and that her ex-partner's needs were prioritised above her own:

> "*I think it's because I felt well, if they're not taking sides, how can I come out with them how I feel. You know, it's like - it was like an instant barrier: 'We don't take sides'. How do you tell somebody that you feel is not on your side when you're feeling so angry, upset, frightened, you know, thinking: 'Well I hope my kids are OK in there - I hope this does'na warp how they feel'. You know, if somebody says that to you, how can you relate to them and say to them: 'This is how I feel - this is what's going through my head - this is how I feel - this is how I feel about my kids'. 'Cos I feel like it was just like in one ear and out the other. (Female, resident parent, urban location)*

6.58   At the same time as expressing the view that the staff should be more involved in their individual cases, parents also appreciated that this could detract from the neutrality of the centres, and might alter the atmosphere of the centres. Potentially some argued that a change in staff roles could undermine the quality of the contact taking place within them. Staff, referrers and Sheriffs also identified this as a problem which requires consideration by those organising contact centre provision.

Staff turnover

6.59   Finally, a persistently reported problem concerning the role of staff was the high degree of turnover, particularly among volunteers. This was seen to cause a number of potential problems, not least if the parent had developed a bond, and a high degree of trust, with a particular member of staff. Another potential result which concerned staff, parents and referrers was that new staff were not always fully aware of the logistics of an individual case, and that this could result in parents bumping into each other at the centre (as previously discussed). This was picked up as an issue by children as well as parents, as illustrated below when one child was asked what she felt about the staff:

> "*They're nice. There was Betty – I think there was only the one man that I was ever with – I can't remember what he was called. But it's just there's Betty and there's just loads of other ladies. Usually I had about – there would be a new lady every two months or something, 'cos I usually saw a new face there, and then I'd go to that one."(Female child aged 8, rural location)*

6.60   While staff turnover was pointed out as an issue in the running of contact centres, at the same time, it was recognised that this was not a fault of the centres themselves, and was likely to be related to funding and the availability of volunteers, as summed up below:

> "*Overall it's very good. It's a really, really good place to have and it should be developed and looked at because although it's got some short comings but it's not a complaint sort of thing it makes the way it is, it's not black and white, is it, there are so many things to consider within it, and so you have to*

tread so carefully in certain situations, but on the whole the people that work there, they're there for the right reasons I think, yeah, most of the time their hands was tied, you know, I don't think there's – yeah, continuity I think, you get the same people working there and pay them something it might be a bit better, and that's not taking anything away from the volunteers, no but in the interests of the people there, there should be the same faces there" (Female resident parent, urban location)

SUMMARY

6.61   In this chapter we have mapped the contact centre experience from the perspective of users and staff:

- The ways in which the centres were used, in terms of the type of provision, were twofold: exchange supervision and supported contact, the latter being the more commonplace. There were very few exceptions to this rule, and the pattern was the same across all centres.

- One of the major findings of the study is that contact arrangements were not fixed. For the families involved in the research, arrangements had evolved and developed over time – frequently starting with minimal contact and proceeding to more.

- On the whole, families' first impressions of the centres were positive. An overriding impression was that they were friendly and safe. Having said this, expectations and first impressions did diverge in two key respects for some families. The first was that there were other families sharing a room, when the parents had expected privacy. The second respect was that the centre was smaller than expected, and in some cases parents and children said that the physical space made them feel claustrophobic. It was more difficult to tap into what children's expectations had been before they used the centre. However, it was clear that, in some cases, there was a mismatch between their first impressions, and what they had expected.

- Centres differed in terms of whether or not supported contact sessions took place in shared, or private, rooms. Clearly, this was directly related to the size and physical layout of the centres, and to the demand for places. While some contact parents said that they preferred privacy to interact with their child, others said that they appreciated the company and the atmosphere awarded by others, and commented that their children enjoyed the opportunity to play with other children as well as just spending time with the contact parent. It was even noted that contact parents provided reassurance and support to each other during visits, and that friendships were often forged in this way.

- The number of supported contact sessions, per family, ranged from two per week, through one per fortnight, to one per month. The frequency of visits was normally decided by the parents or the legal process, but in exceptional cases was described as having been restricted by the opening hours of the centre or the availability of spaces. In rare cases, for example, families wanted to have greater contact, but this

was reported as impossible due to the limited availability of contact slots at the centre.

- The atmosphere at the centres was described in a number of different, mostly positive, terms by families. Whilst it was typical for parents to talk in positive terms, there was a significant contrasting viewpoint. This was persistently found amongst contact parents and related to concerns that the environment within the centre was *'artificial'*. However, it should be noted that it was generally appreciated that this was not the fault of the centres themselves, and parents often expressed this view where they had a strong desire for contact to take place outwith the centre. Referrers also expressed concerns about the *'artificiality'* of centres. Children equally described feeling restricted by having contact within the centre, and described their preferences for contact to take place outwith.

- The lack of facilities and activities for older children was constantly identified as a problem with centre provision by families, staff and referrers. The facilities available were generally described as being targeted at younger children, with less provision for older children (although exceptionally some centres did have video recorders and pool tables). Whilst it could be argued that this reflects the dominance of younger children amongst families using centres, children falling into the upper age groups described being dissatisfied with the limited activities for them.

- The role of staff was described as forming a crucial element in the contact centre experience of families. Once contact sessions had been organised, their role ranged from welcoming families into the centre, making cups of tea, through to teaching parenting skills, educating parents regarding the role of contact, and mediating between acrimonious parents. Parents, and children, described developing strong bonds with the centre staff and this often continued after the use of the centre had ceased.

- Key terms used to describe the staff were 'unobtrusive', 'passive', 'impartial' (between parents) and 'non-judgmental' (in terms of the circumstances of the case or the parenting skills of either parent). Staff neutrality was seen as critical, not least because of the unique positioning of contact centres outwith the legal process. While the overwhelming view of the role played by contact centre staff on the part of families was positive, there were exceptions, both from contact and resident parents. Some resident parents, particularly those who were fearful of their ex-partner's behaviour, felt that the staff should be more proactive in terms of monitoring the contact. This finding relates directly to those cases where there had been a clear mismatch between expectations and experiences of 'supervised contact'. Most notably resident parents were unhappy when they had expected contact to be supervised.

- Interestingly, there was a more frequent desire among non-resident parents for centre staff to provide reports on the contact sessions which could be fed into the legal process in order to support contact parents' cases for increased contact. On the whole parents were clear that reports were not written by staff, beyond a simple recording of whether or not each contact session had taken place, and that there was no feedback from the centres to the legal process.

- A persistently reported problem concerning the role of staff was the high degree of turnover, particularly among volunteers. This was seen to cause a number of potential problems, not least if the parent had developed a bond, and a high degree of trust, with a particular member of staff. Another potential result which concerned staff, parents and referrers was that new staff were not always fully aware of the logistics of an individual case, and that this could result in parents inadvertently meeting each other face-to face at the centre.

CHAPTER SEVEN   THE IMPACT OF CHILD CONTACT CENTRES ON FAMILIES

7.1   This chapter examines the impact of the use of contact centres on the families, by describing both the outcome (in particular what happens with contact once use of the centre has ceased) and the perceived impact on family relationships more generally. Inevitably, the chapter draws, mainly, upon the data from the former users in the sample, however, current users were also asked to speculate on the nature of contact in the future, and these findings, too, are touched upon.

7.2   Where use of the contact centre had ceased then four main outcomes were reported either directly, from families included in the study, or through staff and referrers reporting the outcomes of other cases they had dealt with:

- a move to unsupported, self-organised contact outwith the centre (including residential contact, where the child stayed at the former contact parent's home overnight);
- a move to contact supported by a third party (but outwith the centre) for example a friend or relative;
- cessation of contact, pending further court action. This cessation was usually initiated by the resident parent, but this was not always the case;
- cessation of contact altogether. Such a breakdown of contact was relatively rare. The two causes given for this breakdown were either that the contact parent stopped attending the centre, or that the children refused to have any further contact with them.

7.3   These four outcomes are described in more detail below, along with their perceived impact on the families involved. Clearly, the first of two of these fit most closely to SACCC and referrer notions of what constitutes a '*successful*' outcome, in that they uphold the '*stepping stone*' aim of contact centre provision. However, 'positive' outcomes were not always described as involving ongoing contact, since the main concern is for the welfare of the child, and where this was felt to be put at risk by contact then a positive outcome might be regarded as the cessation of contact. For example, where the child did not want contact to continue, then the most positive outcome (from their point of view) was for the contact, having been tried out, to cease. Among the former users in our study, cessation of contact altogether was relatively rare. More common was for some arrangements to be made outwith the centre, and this reflects the statistical patterns amongst user families.

7.4   Outcomes and impacts are described in three separate sections in this chapter, dealing, in turn, with the views of each separate 'user' group: families (both parents and children), staff, and referrers.

OUTCOMES AND IMPACTS – THE FAMILIES' PERSPECTIVE

7.5   This section explores the circumstances surrounding each of the four types of outcome outlined above, using illustrative examples from the study and examining pivotal factors accounting for different outcomes.

The role of children's age in determining outcomes

7.6   A crucial factor in determining outcomes for former users, and in the projected views of current users, was the age of the child involved. It was a clear finding that parents, both resident and contact, were keen that the views of their child should be taken into account, once they were deemed old enough. For example, in the case of a family currently using the centre for exchange supervision, both parents were happy for their children (aged 7 and 5) to make their own decisions in the future:

> *"I think I will carry on unless the kids are grown up you know, when they can handle their self and then probably change you know, some day, but at this time, at the moment they are still young so keep going, yeah, I don't think they have a problem anyway the people there with contact continuing" (Female resident parent, urban location)*

7.7   However, when asked whether or not she could envisage contact taking place outwith the centre, she replied: " *- why not just keep going ...I think I['d] like to use the contact centre*". In contrast, her ex-partner was extremely keen for contact to increase, and was saving up in order to go back to court in the future. In order to give them a voice in the process as early as possible, he hoped to be able to get his children their own legal representation:

> *"What I'm considering doing is actually getting them a solicitor because I think they have a right to be represented themselves." (Male contact parent, urban location)*

How conflict between parents affects outcomes

7.8   The scenario described above, where the resident parent was happy to continue using the centre, while the contact parent was keen for contact to move on, was a common one and was persistently used as an illustrative example by referrers and staff. However, as will be discussed later in the chapter, there were also cases where both parents were described as happy to carry on with the *'status quo'* and saw no reason to stop using the centre. Such viewpoints are clearly at odds with the remit of centres in providing temporary or transitional support to families, and perhaps compound the problem of limited contact slots being available at some centres.

7.9   One illustrative example of this, in an urban centre, was one in which the resident mother feared that the contact centre would *"go away"*, and that her ex-partner would take the case *"back to court to ask for unsupervised access"*. It was clear, however, that she felt that contact within the centre was a very different scenario from contact outwith, and that she was worried about his potential behaviour if the contact became *"unsupervised"*. The mother described how originally contact within the centre had taken place with her sister in attendance, but that as time went on she decided to allow contact to take place without her sister there, in the hope that this would a) prolong the use of the centre, and b) allow her children to get to know their father better, in the event that contact might have to take place outside of the centre.

"But I made a conscious decision because my daughter was getting older and, you know, she was noticing things...and I done it for my daughter and my son, not for him, that the best thing is to say to my sister, you know: 'I don't want you to go in the room now, I think it's best just in case he takes me back to court and he gets unsupervised access - what if the kids don't know him, and while you're in the room they're not gonna get to know him'. So that was quite a hard decision - I thought about it and thought about it, and I thought well it still - I still get that sick feeling when I think about that night - I can never trust him, and I think if it wasn't for the contact centres then - you know, that wee, that wee fear that it's gonna, the contact centre's gonna go away, he's gonna go back to court and he's gonna ask for unsupervised access, and they're gonna say: 'Well he's done all this, he's been a good boy'. It's very easy when you've got somebody watching you to be on your best behaviour - what happens behind closed doors, nobody knows. And I think now my children are getting older as well, I think that fear will get a wee bit worse if the contact centre got took away - but I know it can't go on forever, I mean I'm not silly enough to think that until they're 16 they're gonna be able to go to the contact centre, I know that's, that's gonna change, but I don't think I'm ready yet, I don't think I'm ready to say that's OK". (Female resident parent, urban location).

7.10   As the above quotation shows, a commonly voiced view was that once the child was old enough to make up their own mind, then the need to use the centres would cease. And while this was seen in a positive light by contact parents, some resident parents were more apprehensive (as illustrated above). It was not uncommon for resident parents to describe their satisfaction with continuing to use the contact centre for the foreseeable future, and their unease about what would happen if they were unable to continue to use the centre. This view is underlined by the case of a resident parent with two teenage children (currently using the centre):

"In the future I'm not very sure because they're gonna be in a situation where they're gonna have to deal with their dad in a different way I think because he's not gonna be under supervision. They're gonna have to deal with maybe him turning up drunk and various things, so I think life's gonna be a bit more difficult in the future for them and they're gonna have to make up their minds a lot about what they want to do and deal with him without having to confide in myself and a lawyer. I think it is gonna be quite difficult for them." *(Female resident parent, urban location)*

Moving to contact outwith the centre

7.11   In one of the 'rare' (according to staff and referrers– see Sections 6.2 and 6.3) cases in which the contact centre acted as a stepping stone to regular contact outwith the centre, the impact on the whole family was described as extremely positive. The contact centre had been used for around a year, and the family had stopped using it a few months before the interview. The resident parent described the situation now, in which they did activities together *"as a family"*, and that the father would take the children for a week at a time. The resident parent commented on how the contact centre had been *"like a safety blanket"* in the progression towards this outcome, and that she would *"never have dreamed that this would*

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happen". They had "*nothing to do with*" the contact centre any more, and all of the contact was self-regulated - all arrangements were made between the two parents, with no other party involved; in her words:

> *"The arrangements now are there are no arrangements which is brilliant."*
> *(Female resident parent, urban location).*

7.12   Solicitors had been involved in an earlier stage in this case, and both parents reflected that they had expected to end up in court, but that they were extremely relieved that this had not been the case. Both parents, too, attributed the success of their current situation to use of the contact centre, and to mediation (which took place with the centre coordinator). The success of the centre, and mediation, was attributed by the mother to the fact that *"the centre made me realise that I have to work with him and not against him"*.

7.13   Though there was no further contact with the centre, the staff had made it clear to both parties that they could "*keep in touch*" and go back if there were any problems. But the resident parent knew:

> *"that she was saying 'we won't see you again'. I can't see how we would need to see them again, now our differences have been resolved. And it makes me laugh to think how scared I was at the beginning. But I suppose I had to go through all that, and the centre was there for me, any misgivings and they were there for me and I could phone them up".(Female, resident parent, urban location)*

7.14   The father was similarly positive about the role of the centre, and was optimistic about the future. He felt that the situation would improve as the children got older (they were aged six and four when using the centre):

> *"I think it can only get better as they get older and they're able to say what they want more. That's the problem before - they weren't given a voice because they were too young ." (Male contact parent , urban location)*

7.15   In another 'successful' case, where arrangements were made entirely by the parents and outwith the centre, the relationship between the two parents was less positive than the one described above. Nevertheless, the contact continued on a regular basis, although a court case was ongoing (addressing the father's desire to have increased contact and residential stays, to which the mother was reluctant to agree). A curator was appointed to represent the child's views in the court case (this seemed to be a factor that was quite common to this particular court) and more unusually, this curator supervised a contact session at the centre, and wrote a report which was fed back to the courts. (As Chapter 4 describes, such supervised contact was extremely rare). The curator also spoke to both parents. This report was referred to in the accounts of both parents, and was seen to have had at least some input into the outcome of their case. Nevertheless, there was a certain amount of discrepancy between the accounts of the two parents concerning the reason why use of the centre had ceased. When asked by the interviewer, the mother said that she believed it to be as a result of a court order:

> *" I think it was just an order of the court. But I think it was – I think there must have been, I think there was a report that went back to the court from the*

contact centre and – I don't really know. I didn't even know why"(Female resident parent, rural location)

7.16   In contrast, the father described how the court system had been a leverage, but that the cessation of contact had been agreed before the court hearing, although he added that it would, in his view, have been ruled anyway. He attributed less influence to the supervised visit than his ex-partner had done, although he mentioned that it had been helpful in his case. When asked what had happened as a result of the supervised contact, he answered:

> *"To be quite honest with you, no a great deal happened at all. It was a little while later that I then went back into court requesting that contact no longer required the contact centre. And again mother disagreed. So they come - so he was actually of use in that - at that time, because the curator, the opinion that he voiced was that the contact - um - that contact no longer needed supervision and no longer needed to be in a contact centre."(Male contact parent, rural location)*

7.17   While the mother still maintained informal contact with the centre, the father did not, though he did not rule out the possibility of using it again in the future. It seemed that the mother was in two minds about whether she would prefer to still be using the contact centre. In response to this question, she answered:

> *" I don't really know…..You know, I think, I think it's better for her – I mean I still have concerns about him and I don't think he's a good parent, but maybe – it's easier for her to go with him and be in his home and he can take her to the park, or they can go and have something to eat or they can do - go swimming or do whatever they do, instead of being in there and – . So, in a way, it's more of a kind of normal situation. Although – so I think – if he was being really difficult and if, you know, I think it would be better that she would go there. But I think it's better for her if he can just behave himself and that he can see her on a more normal, kind of – because it's not – I don't think it's fair, I don't think it's – not right for children to be in that – especially maybe older children who understand what – this is not normal circumstances to be seeing you and that. I don't think it's – but no I don't think – I think the way things are now I think it's better that he sees her the way he does"(Female resident parent, rural location)*

7.18   As mentioned above, the mother maintains informal contact with the centre, and continues to visit and discuss her case with the coordinator, who had asked her to keep her updated with the case, *"I would go to the centre to tell [the coordinator] what has been happening - she was somebody I could talk to."* She reflected that it would have been preferable to use mediation rather than the court process, and that the lengthy court proceedings (4 years to date) were tiring for her. Her view on the contact centre was that, despite her positive relationship with the staff, it had not been successful in her case: *"I think it's a good thing but it just didn't work for me"*. This seemed to be because the court dispute regarding contact was still going on. In contemplating the future, her hope was that *"I won't have to go back to the contact centre"*, and this seemed to be due to the fact that she felt that her child was happier seeing her father outwith the centre (see quotation above).

7.19   Another case illustrated the potential conflict felt by the resident parent if they feel happy using the contact centre, but the contact parent, and the children, would like to see each other outside of the centre. In this family the resident parent with two children (aged 11 and 8) described how contact had progressed, from visits within the centre, to using it for exchange supervision, through to the current situation where the father picked up the children from her house. This situation had developed as her trust increased, but she clearly still had some reservations, and would not agree to residential contact:

> *"Never, they have never stayed over. I think he would like to have them overnight and certainly the kids would like to but there are some issues which haven't been dealt with so I am not very happy to do that." "(Female resident parent, urban location)*

7.20   This case was exceptional in the respect that it was the resident, and not the contact, parent who had instigated the contact initially, which she now regretted

> *"I just kept forcing the issue and telling him that it was his kids and he had to see them which if I was truthful, I regret doing now. I wish I hadn't of forced the issue. I should have let him walk away." (Female resident parent, urban location)*

7.21   While the mother clearly had concerns about the contact between the children and the father, their view was very different. They were very clear that they preferred to see their father outwith the centre, and that, for this reason, they had not been happy using it. They explained how they had asked their mother for more time with their father. When asked by the interviewer if there had been times when they did not want to go to the centre, they answered:

> *" M1: Every day. [Every time, really?] F1: Yes, we just wanted to be with him somewhere else, even if it was a hall, a bigger hall.... a lot better." (Children, urban location)*

7.22   It was clear too, that the mother recognised her children's reluctance to use the centre, and, as described previously, this appeared to have had a good deal of influence in the process of moving on from its use. She described the reasons why, in her view, they were not happy using the centre:

> *"They were just so bored. Really, really bored. I did give them a lot of expectations about what was outside the centre and just that, I'd say at first it was a novelty and then it just really didn't like it at all. I hope when they're older they'll realise why I did it. You know, I'll tell them all the reasons but you know, you do what you think is best at that time."(Female resident parent, urban location)*

7.23   For her, as with other families, the existence of the centre appeared to be a great reassurance to her. She maintained informal contact with them, for example donating old toys, etc. But since she knew that they had not been happy there, she was reluctant to use it again, except for exchange supervision:

"No, not necessarily, I know where it is and I know that in future, if there's any big problems, with going to the house or whatever, I can use it as a drop off place, and I could use it if need be in the future. But hopefully it won't have to come to that again because I know the kids were unhappy and it's not something I want to put Emma through again." "(Female resident parent, urban location)

7.24   In another case where contact was continuing, but where the relationship between the parents remained acrimonious, a third party (a relative) was used as a place for the child to be picked up and dropped off. In this case, where there was no court dispute, the reason for stopping using the contact centre was, according to the resident parent, because her ex partner had caused 'scenes' at the centre (which had caused her embarrassment), and had simply not turned up one day. Therefore, she preferred to try to continue contact outwith the centre. She felt that the centre could have been used, by them, more effectively had her ex-partner been less reluctant to use it.

7.25   Contact for this family, while using the centre, had been relatively regular, and the contact parent had been fairly reliable. The resident parent attributed this to the fact that he '*felt obliged*' to attend. However, once they stopped using the centre the mother claimed that:

"...after they even stopped going to the centre, I mean I think they've seen him once in a blue moon – I mean he always promises them, he's always gonna come and see them, or gonna phone them and come and see them, but he never does, you know, he just lets them down all the time". (Female resident parent, urban location)

7.26   While this case does not represent a particularly successful outcome in terms of increasing the amount of contact between the father and his children, nevertheless, there was a successful aspect (for the family as a whole – including the mother and her new partner) to the experience of using the centre, as described by the resident parent below.

"I feel that I have moved on a wee bit because I mean as I say, I mean the kids nay longer go on about wanting to see him – you know what I mean. Before it was, it was quite an issue because they kept going on – well, Terry kept going on and on: 'I want to see my dad, I want to see my dad', and I mean it scared the thought of me just letting him go to see him. But I had the centre, I knew they were fine there, and that was great. But as I say, with Terry getting older, and basically Karen just does'na ask" "(Female resident parent, urban location)

7.27   Another case in the study illustrates potential problems with contact once the family stops using the centre. In this example, a court order decreed that the contact parent could see his children outwith the centre. The contact parent described how they (he and his ex-partner) decided to drop off and pick up the children '*in a public place*'. He pointed out that it was not possible to use the contact centre for this, as their opening times were not long enough (he had his children for the entire day every Saturday). However, this arrangement did not work out as his ex-partner would turn up drunk, and there would be a '*scene*'.

7.28   However, though there were clear problems around contact outwith the centre, he was reluctant to go back to using it again, since this would mean that he would have less contact

with his children and his ex-partner would be *'winning'*. None of the families in the study had returned to using the centre once they had stopped, and this father's views could be one of the factors accounting for that. For him, going back to using the centre was regarded as a *'backwards'* step. When asked whether he considered it, he answered:

> *"Yeah, I did but then I was thinking to myself that if anything I'm just losing more contact with the kids here and I thought as well, I said to myself, it's probably wrong to think this but I thought well she's winning, she's winning through it all because I'm having to cut all my time with the kids and all and I just felt at the time as well, it took me ages to come to this point, actually through all the hassle because everybody was telling me today what I should have done but I never, I sat back and let things sort of probably get out of hand to a degree, yeah, where I should have been a lot firmer at the start and said no, this is not happening, the social worker will be called right away, instead of actually leaving things to sort of grumble on and let her think she could do whatever she wants, you know what I mean, so." (Male contact parent, urban location)*

7.29   This contact parent was extremely positive about the service provided by the centre, despite an obvious desire to move on. And he maintains informal contact with the staff there *"popping in with the kids to say hello"*.

Cessation of contact

7.30   Few of the families included in the study had experienced a complete cessation of contact rather than some kind of continuing arrangements outwith the centre. As already mentioned, cessation of contact was not always perceived as a negative outcome, particularly in terms of the welfare of the child. One exceptional case in the study involved a child who clearly did not want to see her father. The case had been referred to the centre by the court, but during the contact sessions the child did her best to hide from him, and described being uncomfortable in his presence. Her mother said that the girl was keen to have her own voice in the proceedings:

> *"Well as I said she couldn't wait until the time that she was old enough, you know to go to court and say, you know she didn't want to see him" (Female resident parent, rural location)*

7.31   Contact had broken down completely, after a few months, due to the contact parent failing to turn up at the centre one day, two years ago. Since then, the father had made two attempts to contact his child, by writing letters via the centre. However, the child described being happy that contact no longer takes place:

> *"Well a while ago, Steve, he sent a letter to me – well he had to do it through the Mediation Centre because he doesn't know our address here …the second I got into the Mediation Centre I ripped it up and put it in the bin. Next thing when I got home that night I ripped up the entire letter and the envelope and I chucked it in the fire. And then [the coordinator] had asked me whether I want – what I want to do, and I said to her: 'I don't want to see him any more." (Female child, aged 8, rural location)*

7.32   While the experience of contact had clearly been a negative one for the little girl, she said that there was nothing that the centre could have done to improve the contact sessions for her, she added: *"I didn't like the person I was going to see"*.

7.33   Though the outcome did not lead to continuing contact between the father and his daughter, nevertheless the mother pointed out that it had been positive in some ways, in terms of allowing her daughter to get to know her father (in a similar vein to the case previously described, in which contact had practically broken down since use of the centre had stopped).

> *"What that, if the court had said to him, you can't have contact? Would have been positive for me, it would have been positive for her family life but it would have been negative in the long run because I would be the bad one, you know that was keeping her away from him. But now she see it for herself what he's like and the only person that knew was me, nobody else, not the sheriff, not the social worker, not my husband, not my parents knew what he was really like. Maybe my parents a bit but it was just me that was saying all these things, you know the reasons why I didn't want him to have access but now they can all see it for themselves because he just, he stopped coming up. He just stopped and dropped her, so, just stopped. So it worked both was, worked both ways." "(Female resident parent, rural location)*

Continuing use of contact centres

7.34   As discussed throughout this report, the typical cycle of child contact arrangements will evolve and develop over time, increasing in the amount of contact and its level of autonomy. There were, however, a few cases in which the arrangements appeared to have stagnated to an extent, and become fixed. While in some cases, both parents appeared quite happy with this state of affairs (see above 'Conflict between Parents'), it was more likely to cause frustration – on the part of the contact parent. Such cases, where the same arrangements continued over time, were persistently highlighted as problematic by both staff and referrers (Sections 6.2 and 6.3).

7.35   An illustrative example of this was one in an urban centre, where the situation of contact within the centre had, in the father's view, dragged on. Though it was not clear exactly how long he had been using it, he commented: *"So I think I'm the longest that…[the coordinator] says I'm the long – I've been there for a long time now."*. He voiced his frustration over the lack of development, and his resentment at what he saw as his ex-partner's role in this. A major concern of his was the fact that he would like his son to be able to visit his other relatives. His solution was to take the situation back to court, but the cost of this was currently preventing him from doing so:

> *"And nothing's changing, you would think – you would think that she would say now – my ex-partner would say 'now, well he's done well, he's never missed a Saturday', and that – and I'm not even getting him at Christmas, I'll get him the Saturday before Christmas, I've already asked my ex-partner 'can't I even get him the day before to take him to his gran's – ', and his – I mean he's got brothers and sisters there, who he was close to, he's not got them any more, she's doesn't want them to have anything to do with him .. ."*
> *(Male contact parent, urban location)*

Ongoing contact with the centres

7.36   A notable finding among former users, common across centres, was the extent to which families kept in touch, informally, with the centre and its staff. And this was true both of cases where contact had continued outwith the centre, as well as some where it had ceased altogether. Moreover, both resident and contact parents reported remaining in contact with the centres. Former users of the centres also commented that they had been made aware, by the centres, that they could go back and use them in the future, if necessary. Though there were no cases in the study where a return to contact centre provision had occurred, nevertheless this appeared to be a reassuring possibility for parents and a way to ease the transition into life 'post contact centre' regardless of the outcome in relation to the contact itself. This feeling is summed up in the words of a resident parent whose family no longer used the centre, and for whom contact had broken down altogether:

> *"But, yes, I wouldn't like them not to be there. I mean they were a part of her [daughter's] life for so long. No I wouldn't like them not to be there at all."*
> *(Female, contact parent, rural location)*

OUTCOMES AND IMPACTS – THE STAFF PERSPECTIVE

7.37   It was acknowledged by staff across all of the contact centres that there are no formal mechanisms in place for obtaining feedback on outcomes once families stop using the centre. While centre staff often know what happens to families immediately afterwards, they do not tend to find out about long term outcomes, except informally (in cases where the parents keep in touch with them). Gaining informal feedback was more common among rural, and therefore smaller, communities. Lack of feedback was also an issue that arose in the groups with referrers (discussed later in this chapter). Both 'professional' groups commented that it is common not to hear about cases where families move on to arrange contact themselves. And, as shall be seen below, this could result in a slightly biased, and pessimistic, view about outcomes, since the positive results are not heard about:

> *"A lot of the families just disappear without telling us what's going on – they do as well, so that could be a success story". (Urban location, contact centre staff)*

'Successful' outcomes

7.38   The audit of centres found that feedback was not collected systematically across all centres therefore, it is impossible to get a sense of the relative ratio of the different outcomes. One centre, however, had done their own survey of former users, and had found that about a quarter had moved on from the centre to make their own contact arrangements. While the member of staff in question pointed out that this was not a particularly high proportion, she also raised the question of how many of those cases would be in that situation without having used the contact centre:

> *"Well considering only 25% in the survey did move out to make their own arrangements, I suppose you could say that's not a figure to really shout about, you know. But at the end of the day we think well if we weren't there,*

how many of these families would – but whether, it's whether it's sustained – I mean we get at the point they stop using our centre, them saying they're making their own arrangements, but we have no idea if that's sustained for as long as the child is a child, or whether it breaks down after a while. But if it breaks down, often families come back to us". (Staff, urban location)

7.39   A common view among staff, as well as referrers (see section 6.3) was that successful outcomes (where contact arrangements are self-regulated) were rare. As suggested earlier, this could be, in part, a reflection of the fact that they often do not hear about such cases. Terms such as '*amazement'* and '*miracle'* were used to describe such cases, as described below:

"The odd miracle happens. And suddenly they'll start communicating. And sometimes it is a complete bolt out of the blue. They've maybe just had enough of this caper and one of them will make the move and say 'I've had enough of this' and that's it. And sometimes it's end of the Court order." *(Staff, rural location)*

7.40   Though the view that such successes represented a minority was pervasive, it was not universal. In one group discussion, staff commented that the aim was for the centre to become 'redundant' for the family, and one member of staff said that this happened "more often than not". It should be added, however, that this view was not echoed by the other members of the group.

7.41   As illustrated in the previous section, use of the contact centre, even if it does not result in self-regulated contact, can often have more general positive effects on relationships within the family, improvements that the families themselves had not expected. And this, even if contact remains in the centre, can be seen as a successful result. In the words of a member of staff in an urban centre:

"The contact usually goes a lot better than they expect – they have no expectation of speaking to their ex-partner when they, when they arrive, and frequently they do end up speaking to their ex-partner, and having a much better relationship with them afterwards. People come with an expectation of hating their ex-partner – but they're usually a lot happier in that respect."(Staff, urban location)

7.42   Another possible outcome described was where the referral stipulated a certain number of visits to the centre, and that use stops once these visits come to an end. This was described as relatively rare, in that most referrals were open, and did not stipulate a particular number of visits (giving the families the opportunity to see how the contact visits turned out). However, in one rural location, the court was perceived as more prescriptive:

"There'll be a limited number of … you know Sheriff B might say 6 visits. So the 6 visits take place and that's the end of it. And then they go back to Court and presumably some other order is made saying that contact can take place from the home or whatever have you." *(Staff, rural location)*

7.43   Similarly, as well as the courts, other referrers were responsible for changing contact arrangements, as illustrated below:

> *"the Social Work Department decided on a new care package for them and the children were put somewhere else and the contact was done in a different way. So the referrer might decide to alter the situation." (Staff, rural location)*

7.44 A further option, also discussed by referrers, was the use of mediation. This was reported as being used at different stages, either before using the centre, alongside the centre, or afterwards. In the latter scenario, mediation could be seen as an alternative if contact at the centre had broken down. More likely though, since mediation requires both parties to be (at least to an extent) willing to communicate, was the scenario described below:

> *"I think if the families came originally, and as most of them do, through the sort of formal process, then if they actually get to the stage of mediation then that's normally a sign that at least they've agreed to talk to each other, you know, so I would say that's, hopefully that's a progression" (Staff, urban location)*

Cessation of contact

7.45 Staff also described less positive outcomes, such as cessation of contact altogether, which were also described by referrers. The reasons given for this outcome are outlined, briefly, in this section. According to staff, cessation of contact could be due to a variety of reasons, for example, one or other parent moving to another part of the country, the father being incarcerated, or the child stopping the contact themselves (or at least influencing the process where contact is ceased). Also described by staff was the situation in which contact was stopped due to a *"breakdown of communication"*, with contact becoming a *"casualty"* of that process.

7.46 It was rare for the contact centres themselves to report having had an active say in contact arrangements / outcomes. And, though they were reluctant for families to have long term use of the centre (since this is counter to their aim), where places were not limited families were usually able to continue to use the centre for as long as they wanted. One or two cases were mentioned by staff, however, where the staff had terminated the use of the contact centre. Since they did not get feedback it was not possible to tell whether or not contact had continued outwith the centre, but it seemed that one of the reasons for ending the use of the centre was in order to act as a catalyst for the situation to move on.

> *"Aye, there can be circumstances, distance and so on, I mean we've had one, one family who we've actually pulled the plug on it and nothing terrible was happening...The child wasn't going through and there were no prospects, you know, through between the parents and there was no prospect of that changing and you couldn't say you were helping the child in any way, for instance, to continue indefinitely. All they were doing was shelving a problem for everybody else so, you know, at that point we said, well, no, you know, there's a space there that can be used, we're not really causing this child any disadvantage by saying no at that stage..." (Staff, urban location)*

OUTCOMES AND IMPACTS – THE REFERRERS PERSPECTIVE

7.47   Contact centres are not formally required to report outcomes to the legal process, and indeed are often discouraged from doing so. Therefore, referrers, especially sheriffs, in the study described receiving very little feedback on case outcomes once the referral had taken place.   However, there was a degree of variation on this issue, especially among solicitors, with some saying that they did get feedback, since the referral to the centre was only part of their remit with the client, as described below:

> *"You will hear about outcomes because you'd be dealing with the whole picture and not just the contact centre." (Referrer, urban location)*

7.48   There were contrasting views about whether feedback would be useful. One referrer described it as a *'luxury'* and another was unclear about the potential purpose of feedback:

> *"I don't know what we'd do with it you know unless we were being asked to do something specific. We get a lot of information ...I don't know what we'd do with that information." (Referrer, rural location)*

7.49   In contrast, some solicitors thought that feedback from the centres would be useful, although they argued that this would be more useful during its early use, to confirm the child's welfare, rather than feedback relating to outcomes, once use of the centres had ceased. For example, one referrer in an urban location, explained that without feedback she would not find out, unless she was the child's curator, or obtained feedback from the parent, whether the child is distressed or having psychological problems. She added, though, that she normally finds out from the resident parent if contact is not working.

7.50   One referrer, a social worker, explained that they only hear about negative outcomes, and that they *"hear nothing"* if the parents *"sort it out for themselves"*, and this was echoed by a number of other referrers and Sheriffs especially reported this as being often the only time they would find out how a case had evolved:

> *"We tend to only get feedback when it doesn't work, if it does work we don't hear about it anymore." (Referrer, rural location)*

7.51   Perhaps because of this limited feedback referrers were generally negative about contact centre outcomes with Sheriffs and solicitors arguing that the majority of cases ended up going back to court:

> *"There's an awful lot of cases that end up going back to courts that don't resolve themselves. A lot do resolve but more and more are coming to court." (Referrer, rural location)*

7.52   Referrers were very clear about why this would be the case, and on the whole were unsurprised by poor outcomes. Although contact centres were not necessarily deemed as the 'last resort' by referrers they describe how, by and large, cases had reached a serious stalemate or families were in considerable difficulty before the centre would be considered as an appropriate route for contact. Nevertheless, this did not undermine referrers' positivity towards the role that the centres played as a service for these families in transition. Rather their pessimism seemed to be related to the view that there was very little hope of resolution

in such cases, with or without contact centre provision. Referrers commented that the reason that they referred to contact centres was often to avoid going to court. However, a view persistently voiced was that, since communication had broken down to the point where a contact centre was needed, it was likely to be true that the case would, inevitably, end up in court.

> *"Most of the referrals I send with a view to avoiding court, most of them do come back to me and do end up going to court. It only works when both parties are trying to work together and they wouldn't be using the service if that was the case." (Referrer, rural location)*

7.53   One reason why cases returned to court, according to a number of the referrers, was because the resident parent refused to allow contact to increase, as described below:

> *"And in the end, somebody will – I mean, if there is that point blank refusal to move it on, then inevitably the contact parent will go back to their solicitor and say there's no change in this. We're not moving on. And, unfortunately, if there is no movement, even after the solicitor's become involved again, then, in a sense, you're landing up in a court action to progress it on..." (Referrer, urban location)*

7.54   In contrast to the ongoing court proceedings, and battles between parents described above, another 'outcome' described by referrers, particularly solicitors, was a scenario in which both parents appeared happy to continue using the contact centre in the long term. Again, this was a view echoed among referrers across the country. Since the aim of centre provision is stated as providing a temporary measure, this 'contentment' with the use of the centre was not seen by referrers as a successful outcome.

> *"I've never had one where it's broken down. If anything it's the opposite, they just love it so much they probably don't want to move on from there. It's a place that she knows and trusts and all that. But I've never had it where you know they've gone for a couple of occasions and said 'I've had enough of that, I'm not going any more." (Referrer, urban location).*

7.55   Continuing use of the centre, but increased autonomy of contact was, nevertheless, seen as positive, as illustrated below. This could involve, for example, an increased amount of contact, and / or contact outwith the centre. This quotation, in response to a question about what constitutes a *'successful outcome'*, underlines the sense in which contact is perceived by referrers as an evolving process, as discussed in Chapter 5.

> *"Just the non contact – non resident parent having time with the child, either on a residential basis or non residential. Spending a day with child, or an afternoon... what I usually say to clients is it is a gradual thing that perhaps you might help you – if sessions at the contact centre, that's working out OK, then you can maybe move on to picking up from the contact centre. Now that's fine. Then an afternoon or morning and if that's working out, the whole day. And just build it up gradually and do it that way. That's really how I see it as part of the process of the non resident parent having longer and longer time with the child." (Referrer, urban location)*

7.56   Despite the pessimism described earlier, referrers were clear that a) the ultimate aim was to instigate contact outwith the centre, and that b) this did, in some cases, turn out to be the case. Nevertheless, the most common view was to see this as the exception rather than the rule, and to voice surprise when such an outcome occurred. Again, the reason for the surprise was not related to any lack of confidence in the service provided by contact centres; rather it was related to the situation between the parents which had brought them there in the first place. And as described in Chapter 3, such circumstances could be extreme in a number of cases; almost always involving a complete breakdown in communication, and, in some cases, being complicated by, for example, domestic abuse, incarceration, drug misuse and alcoholism.

7.57   It was noted by referrers that, in such *'rare'* positive outcomes, the contact centre had played a crucial role in *'building bridges',* or acting as a *'stepping stone'*, or in *'breaking barriers'*, as described below:

> *"I'm sometimes amazed at people who you never thought would ever speak again,... horrific situations and suddenly you find that a number of weeks down the line they've suddenly started communicating, without bothering to tell you of course. And they've started communicating and have entirely set up their own system of contact with the child, unbeknownst to you... you're sometimes amazed by that... it's probably even the fact that, in the case of the contact centre, if they're seeing that contact – if resident parent is seeing the child's obviously happy and enjoying contact and there's not an issue, then suddenly some of the barriers probably about that come down and they think, 'why am I traipsing over here on two buses when I can be sorting this out myself?'." (Referrer, urban location)*

TRANSITIONS AFTER USE OF CENTRES

7.58   As illustrated above, the transition from using the centre to contact outwith the centre was not always smooth. Parents, referrers and children were asked to consider their experiences once families had moved on from the centre. A range of experiences were described. Arrangements made between the parents could become problematic, with one or other parent reported as being unreliable, causing arguments, or being under the influence of alcohol / drugs. A referrer described how mediation was an option under these circumstances:

> *"...at the point where the contact centre ceases to have an involvement and we move on to something else...there's always a couple of eruptions... to be fair sometimes these are very genuine concerns in regard to perhaps the parent with care concerned about a parent exercising contact maybe under the influence of alcohol or utilising maybe for the first time in months the opportunity to be face to face with that parent to be verbally abusive in front of the children. Or it's the mother invariably who doesn't want to let go of the contact centre element and wants it back there and maybe blows something up out of all proportion...I tend to find that you can almost diary it... 2, 3 weeks after the contact centre's out, the first couple will go okay and then boom there'll be something and you have to kind of take people back from that. And that's usually when I start talking about mediation to them..." (Referrer, urban location)*

7.59 However, families and referrers were more likely to describe the case returning to court with more legal action required before these difficulties could be overcome.

SUMMARY

7.60 This chapter has described the various outcomes experienced by families using contact centres from their and the staff / referrers perspectives:

- Four main outcomes were identified where use of the contact centre had ceased:

  - a move to unsupported, self-organised contact outwith the centre (including residential contact, where the child stayed at the former contact parent's home overnight);
  - a move to contact supported by a third party (but outwith the centre) for example a friend or relative;
  - cessation of contact, pending further court action. this cessation was usually initiated by the resident parent, but this was not always the case;
  - cessation of contact altogether. Such a breakdown of contact was relatively rare.

- The first two outcomes, involving progression to contact outwith the centre, were commonly perceived to be 'successful' outcomes. Nevertheless, successful outcomes do not necessarily involve continued contact. The priority, in terms of the evaluation of outcomes, is the welfare of the child. A key factor affecting the transition from contact centre use to 'final' outcomes was the age of the child. Both contact and resident parents felt that it was important for children to make their own decisions about contact, once they were old enough. There were differing views as to what age this would be.

- While there were cases of continued long-term use of the contact centre, none of the parents in the study reported returning to use the centre, once they had stopped using it. There was some evidence that this would be seen, especially by contact parents, as a 'backwards step'. Nevertheless, a number of both resident and contact parents, reported continuing to keep in touch, on an informal basis, with the centre.

- Since there was no formal process of feedback, either to referrers or staff, once parents had stopped using the centre, it was not possible to estimate the ratio of the four outcomes outlined above. There was a strong sense that referrers and staff would get to hear only about the negative outcomes (involving, for example, further court disputes, or breakdown of contact) and that this might bias their view of the number of cases which moved on to autonomous contact arrangements. While staff expressed the view that such formal feedback, if possible, would be useful for them, there were differing views about this among referrers.

CHAPTER EIGHT   CONCLUSIONS

8.1   In this final chapter we revisit the key research questions and assess the implications of the findings discussed in preceding chapters for future practice and policy relating to child contact centres in Scotland. Throughout the study particular attention was paid to the nature and extent of any dissonance found between the expectations held by key stakeholders about the role of contact centres and the nature of their provision. In doing so, the research was able to provide an insight into ways in which contact centre provision might be improved for users. The suggestions for change and key areas which require future attention are detailed in the following sections.

THE NATURE AND ROLE OF CONTACT CENTRES WITH REGARD TO THE SCOTTISH LEGAL PROCESS

8.2   This chapter begins by restating the context to child contact centre provision in Scotland at the time of the research before continuing with a review of the understanding of stakeholders around key issues. The section concludes with a discussion of the main implications for future provision and practice.

The context of child contact centre provision

8.3   Child contact centres represent an important service available to families in transition. They are neutral venues which exist to promote and support contact between parents, guardians (or other family members) and children who do not live together. Contact centres are commonly used in situations where conflict between parents has caused difficulties in establishing / maintaining a relationship between a child and both parents. However, not all contact centre usage is founded upon acrimony between parents. For example, resident parents may seek services when there has been a long absence of contact between the child and the non-resident parent. Contact centres place the well-being of the child at the core of their activities.

8.4   The centres provide *supported contact* where the venue itself is supervised, but where there is no supervision of the parents. They also provide *exchange supervision* where the venue is used by parents to drop off and pick up the child, but where the contact itself takes place outwith the centre. *Supervised contact* is not formally provided by staff at the centres although provision can be made by arrangement for the child to be accompanied during the contact by a mutually agreed third party.

8.5   Child contact centres do not have a legal definition within the Children (Scotland) Act 1995 or other family law. In making a contact order, the court can regulate the arrangements for *"maintaining personal relations and direct contacts between a child … and a person with whom the child is not, or will not be, living"* (S.11 (2)(d)). In practice this may mean that the court can specify the use of a child contact centre.

8.6   As well as courts, families are referred to centres from a variety of sources including solicitors, social workers and health workers as well as self-referring. A report by the Scottish

Executive[20] found three quarters of families were referred to contact centres by solicitors and / or the courts and about one half of families using contact centres had court orders in place.

8.7   Contact centres see themselves as a stepping stone to families organising contact arrangements independently. They do not seek to make judgements on parenting, nor do they provide any reports to any outside agencies. There is no single model for a contact centre nor prescriptive directives on how they should function. All centres are affiliated to the Scottish Association of Child Contact Centres (SACCC) which has produced a set of guidelines for their operation.[21]

Stakeholder awareness of the role of contact centres

8.8   Staff, user families and associated professionals had widely varying perspectives about the place and role of contact centres in relation to the legal process. This was most clearly seen around two critical issues: the role of contact centres in relation to the formal legal process relating to contact arrangements, and the form of contact offered by contact centres.

8.9   Stakeholder groups displayed clear differences in their levels of understanding relating to: the place of contact centres outwith, and independent from, the legal process; the 'neutral' role taken by contact centres in relation to contact disputes; and in relation to the types of contact offered at centres.

The place of contact centres outwith, and independent from, the legal process

8.10   Contact centre staff had the greatest clarity of three key stakeholder groups about the role of centres in relation to the legal process. For them the centres stood outwith the legal process and this independence from the formal legal arena was perceived as a fundamental feature of contact centre provision which should not be undermined.

8.11   Less clarity was found among solicitors and other professionals, although on the whole awareness of the place of contact centres was high where these professionals spent much of their time working on contact or family disputes and made frequent referrals to centres. In these cases, solicitors, Sheriffs and other professionals spoke about the role played by contact centres in supporting the formal legal process but, importantly, remaining outwith that system again arguing that this independence was critical to the success of centres in providing a service to families in transition. On rarer occasions less clarity was evident, here referrers tended to perceive of the centres as an informal arm of the legal process, governed by and accountable to the formal system.

8.12   Confusion was greatest among parents. They frequently reported misunderstandings about the role of the centre and centre staff and it could take time for parents to understand how / if the contact centre interacted with the legal system, especially where the use of a centre had been ordered during court proceedings. Initially then, parents often expressed fears and concerns about using the centre, these barriers were generally overcome through the information provided by staff and experience of using the centre for visits. Nevertheless,

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[20] Op cit Legal Studies Research Branch (2003)
[21] Op cit *Scottish Contact Centres – Guidelines for Contact Centre Procedure.*

exceptionally parents (some who had finished using a centre) retained the view that visits were monitored or that centres were a formal part of the justice system.

The 'neutral' role taken by contact centres in relation to contact disputes

8.13   Contact centre staff were unanimous in their belief that their work was only feasible if they remained neutral and apart from the formal legal process. They believed that their neutrality and independence were key reassurances for families using their services, enabling the contact to occur in the least threatening, non-intimidating environment possible which should result in happier and less distressed children.

8.14   The neutrality of centre staff was often central to families' positive experiences of contact centres. Parents frequently described how positively their experiences of the contact centre process compared to experiences they had had of the legal contact process. The observation that centres explicitly did not seek to judge or evaluate family contact was seen as vital in promoting encouraged, relaxed and safe contact. Nonetheless, there were other parents who did feel that contact centres should be brought more into the formal legal process with the success, or otherwise, of contact centre sessions being taken into account and informing later decisions made in court in relation to the continuation of, or changes to, existing contact arrangements. For example, some non-resident parents wanted the fact that their contact sessions were positive to be reported on by centre staff, in order to support their case for greater contact or contact outwith the centre. Equally, some resident parents felt that, if negative incidents happened within the centres, the courts / solicitors should be informed of this, and that it should have a direct bearing on reducing, or ending, contact. Opinions were similarly divided between professionals with some arguing fiercely for the importance of contact centre neutrality and others providing a series of arguments for why, in specific circumstances, a less neutral role might be more helpful in resolving contact disputes. In these cases, both Sheriffs and solicitors argued that a more active role in reporting might assist the resolution of cases in the legal process, this belief was strongly associated with the argument stated by some professionals that contact centres should be seen as a service for families *integral to*, rather than separate from, the family law courts.

The types of contact offered at centres.

8.15   Considerable confusion existed around the use of the terms 'supervised' and 'unsupervised' contact on the part of families, referrers and Sheriffs. Staff at contact centres were very clear that they could not provide the form of supervised contact offered by statutory agencies. One result of such confusion (for example, a parent assuming the visit would be monitored and reported upon) was for the line between the 'neutrality' of centres and the legal process to become blurred leading to unmet expectations or fears about using centres.

Implications

8.16   Confusion amongst parents about the role of contact centres in relation to the formal legal process clearly resulted in higher than necessary levels of anxiety and contributed to dissatisfaction with the type of contact offered and role of staff. Non-resident parents were particularly worried about their contact sessions being 'monitored' by staff and were anxious about the potential impact of this on their ongoing legal cases and attempts to build a

relationship with their child or children. Resident parents were often disappointed or angry that sessions were not more closely supervised, particularly in cases where the contact dispute rested on issues concerned with the non-resident parents around parenting skills, substance misuse or aggressive / abusive behaviour. Although rarely encountered during this research, it is possible to see how the expectation of a higher level of monitoring or supervision and poor understanding of the provision offered on the part of referrers might lead to inappropriate referrals in cases where the risk of physical or emotional abuse of either a parent or child is high.

8.17   This finding clearly has implications for future practice, and research participants from all three stakeholder groups identified a number of steps which could be taken to overcome the problems of unmet expectations and the anxiety which resulted from confusion over the role of centres and their staff:

- improved communication with parents about the role of the centre in relation to the legal process and the role of staff

- more careful use of terms such as 'supervised' by professionals when explaining the type of contact offered at centres to families

- greater clarity amongst referrers and associated professionals about the nature of 'supported contact' and what distinguishes it from formal 'supervised' contact, better information sharing between referrers and contact centres

EXPECTATIONS ABOUT PROVISION AND ISSUES RELATING TO THE REFERRAL PROCESS

8.18   How families come to use centres, the information they are provided with during the referral process and their feelings about having to use a centre all affect their expectations about what the experience will be like. Expectations invariably impact upon eventual levels of satisfaction with the service provided and where these were unmet either because their expectations were misinformed or unrealistic then families reported unhappiness and frustration. It is important to note that low levels of clarity about the role of the centre in relation to the legal process were found to play a critical role in forming these unrealistic expectations of what contact centres could provide.

8.19   Families also demonstrated a varying range of expectations about the nature of the physical provision and staff resources available. Parents' overriding expectations were that the centre would be: safe, child friendly and staffed by experts in childcare. Awareness of the volunteer status of staff was not universal and this sometimes led to unrealistic expectations from parents about the role of staff during sessions.

8.20   The research identified two specific issues where there was dissonance between parental expectations and their actual experience of the centres. The first was their expectations of privacy. Some parents had clearly expected privacy during their sessions, and were surprised to find that they would be sharing a room with other families. Secondly, parents often had overly optimistic expectations about the provision and facilities available at centres, notably in relation to the physical space available and facilities such as activities and a garden.

8.21   Referrers did not routinely demonstrate an accurate understanding of the provision offered by, and facilities available at, the contact centres to which they referred families. Common areas of limited knowledge were: whether or not the centre currently had a waiting list and what that meant in practice for when contact could start, physical access to the contact centre (for example, whether access was secure and monitored or whether premises were easily accessible for parents and children with disabilities or mobility difficulties, including those parents with children using prams), the space available (for example whether private rooms were available, if there was a kitchen or a garden), the different types of contact offered at the centre (handover as well as on-site sessions for example), and finally, what activities were available for children of varying ages.

8.22   A key finding was that parents feelings about how much control they personally had over the decision to use the contact centre was hugely influential on their expectations about the centre and its usefulness in helping them to move contact disputes on. Parents and referrers argued that that the main *'power'* lay with the resident parent – that is, the person responsible for the child on a daily basis.   This meant that they were perceived as being able to determine when, where and how contact was to take place with little or no regard for the non-resident parent (such as work or family commitments, travelling times or views on what form of contact would be best). This viewpoint was less evident where the decision to use the centre had resulted from mediation rather than being ordered by the court. Both resident and non-resident parents expressed greater levels of anxiety when they felt the contact centre option had been 'forced' on them through a court order. Children did not generally report any sense in which the decision to use a centre was made with their best interests at heart, they uniformly described having little input into decision-making.

8.23   Overall the referral process was described as relatively straightforward; the key difficulty encountered was the time lag between contact agreements being reached and the first contact session. This was reported as resulting from either waiting lists or difficulties in finding a session slot at an appropriate time for both parties (which may or may not have been a direct result of constraints on specific centres opening hours).

Implications

8.24   The referral process, and those professionals and staff members involved in that process, are central in moderating family expectations and therefore avoiding unrealistic expectations causing dissatisfaction and unhappiness. Research participants in each of the three stakeholder groups identified a number of steps which could be taken to minimise referral problems, reduce anxiety and avoid unrealistic expectations being unmet:

- better communication between contact centres and referrers (including Sheriffs) was seen as central to an effective and appropriate referral process. This would help to improve the accuracy of information relayed to families about the centres during the referral process. Suggestions included the introduction of regular inter-agency meetings to share developments and agree a common understanding of contact provision in local areas.

- as an adjunct to this point, some professionals argued for more consistent and standardised provision and procedures to be put in place at contact centres. A higher degree of formalisation of practice, they argued, would provide

professionals and referrers with greater confidence in the referral process and what families might reasonably expect to be provided with. However, counter to this was the argument from staff and, to a lesser degree, families that one element of the success of contact centres lies in their independence from the legal process which allows them to operate in a flexible manner without the constraints of being a formal arm of the legal process. This in turn allows centres to adapt their practices to meet the needs of different families.

• improved, or more consistent, preparatory work with families was seen as vital. Specifically, the communication of information to families through leaflets and preparatory meetings and visits to the centre were seen as vital in ensuring that anxieties are kept to a minimum and expectations about the provision and facilities available are accurate.

• greater consideration given as to how 'powerless' or 'powerful' parents and children feel in the decision-making process and how the need for contact to continue can be negotiated and agreed upon to cause the least disruption to both parents and their children.

• consideration to how greater resources for the contact centre network and individual centres might help to overcome the difficulties reported in the referral process. For example, more contact centres across Scotland would avoid waiting lists, delays and long-distance travel for families living in areas not currently served by a centre.

CONTACT CENTRE PROVISION

8.25   This section turns to the actual experiences of parents and children in using centres, focusing on key difficulties they identified.

Stakeholder views about the provision offered by contact centres

8.26   One of the major findings of the study is that contact arrangements were not fixed. For the families involved in the research, arrangements evolved and developed over time – frequently (but not always) starting with minimal contact and proceeding to more. Therefore an important challenge facing centre staff is providing a flexible range of contact which can be adapted to meet the changing needs of families.

8.27   Differences were most notable between urban and rural centres with urban centres tending to be able to draw upon greater resources, both financial and volunteer-wise. This allowed them to offer more variety in relation to the timing and frequency of contact centres (for example, by providing weekday and early evening slots). These centres also tended to be more accessible for resident parents and their children. Nevertheless, the urban-rural comparison did not account for all the differences in provision. This is to be expected when provision is by a relatively heterogeneous range of different providers. Although most contact centres are run by one of the two main contact organisations (Family Mediation Scotland or WRVS) there were also centres run by other organisations. Most striking about the variation found was the range of different facilities and practices found both between different

providers and within centres run by the same provider. Variability in service provision should not be assumed to be negative, it may reflect the fact that the local service is being tailored to meet local need and this can be critical to the success of a service. However, variation in practice can also result in confusion about what services are offered, and as seen above a lack of clarity about provision has been found to affect families' experiences of the centres' services.

8.28 The views of users of contact centres were, on the whole, overwhelmingly positive. Nevertheless, a number of key issues concerning the provision offered by contact centres were raised.

8.29 Key difficulties were identified in the practical facilities available at centres, the precise nature of the difficulties varied between centres. This variation reflects the different levels of resources (financial, physical and volunteer-wise) available to centres. It was clear that most centres catered primarily for younger children, meaning that the provision of entertainment for older children and young people was limited. Moreover, while some centres were able to provide private rooms for contact, others (due to the layout of the venue) could only provide a shared space. Gardens were not uniformly available and catering facilities varied. Although access was generally reported as sufficient, some centres were reported as being less security conscious than parents would like and others had specific access problems in that they were located on the upper floors of buildings with stairs being the only access route.

8.30 Another practical concern related to opening hours and flexibility. While some centres were able to open on a number of different days, some only had a single slot once a week, or even once a fortnight. This meant that flexibility in terms of contact arrangements was very limited, and for some parents, for example those with conflicting work or family commitments, this could present problems. Concern was also expressed that a lack of flexibility meant that non-resident parents often missed the chance to see their children on, or close to, significant dates such as birthdays or key religious or festival dates (such as Christmas for example).

8.31 Finally, some concerns were raised about the voluntary nature of the staff of these centres. Whilst the time, commitment and service provided by staff was widely welcomed and respected by parents concerns were raised about the fact that volunteers might not have formal training in childcare issues (such as first-aid for example), that the voluntary nature of the bulk of the staff body led, in some cases, to a lack of continuity for users and that the ever-changing staff profile resulted in changes to the number and timing of contact session slots.

Implications

8.32 Contact centres, and their staff, were widely praised by families and referrers for providing an invaluable service for families facing difficult times. Nevertheless, despite this broad respect and gratitude for the role played by centres and their staff families and referrers did make a number of insightful suggestions for change based on the difficulties they had encountered and these are detailed below:

- greater coverage of the contact centre network to include more rural areas and open access to the wider Scottish population.

- improved flexibility to allow staff to meet the specific needs of individual families, including more flexibility in appointment times and durations and access to a choice of areas for contact to take place in including private rooms, play rooms and gardens

- improved provision for older children, particularly for those aged 8-16 years. For example, the introduction of football soccer tables, videos and computer games were all suggested as improvements in the activities available for older children and their parents

- greater stability in the provision available (such as regular opening hours) and less turnover in volunteer staff. Whilst parents would welcome this they also recognised the difficulties of achieving this with in a voluntary sector service. There were also high levels of resistance from some parents and referrers, and most staff, to any shift towards the service being absorbed into the formal legal process which they argued would undermine the unique independence and neutrality of the current provision and might, therefore, have a damaging impact on the confidence parents currently have when using centres.

- more training or more explicit statements about the training undergone by centre staff and volunteers to provide reassurance for families and referrers about their childcare skills.

OUTCOMES

8.33   Finally, we turn to consideration of the outcomes for families who use a contact centre. Reported outcomes varied, as did evaluations of the degree of 'success' associated with different outcomes.

Stakeholder views about the outcomes from contact centre use

8.34   Four main outcomes were reported for families which had ceased to use the contact centre. These were: a move to unsupported, self-organised contact outwith the centre (including residential contact, where the child stayed at the former contact parent's home overnight); a move to contact supported by a third party (but outwith the centre); cessation of contact, pending further court action; and cessation of contact altogether.

8.35   Staff and referrers commonly saw the first two of these outcomes as 'successful'. However, parents' viewpoints differed and it is important to note that not all 'successful' outcomes involve continued contact or progression to autonomous contact outwith the centre. Parents, and some professionals, stressed the importance of the welfare of the child when evaluating the success or otherwise of contact outcomes. Clearly, taking this perspective it could be argued that where continued contact was leading to ongoing trauma and emotional upset of the child then a cessation of contact (whether temporary or permanent) might indeed be the most 'successful' outcome.

8.36   A key factor affecting the transition from contact centre use to some form of permanent autonomous arrangement was the age of the child. Both contact and resident parents felt that it was important for children to make their own decisions about contact, once they were old enough.

8.37   A number of both resident and contact parents reported continuing to keep in touch, on an informal basis, with the centre after they had stopped using the centre and in these cases, centres provided an important sense of reassurance or source of advice.

8.38   There is no formal process of feedback for staff once parents stop using the centre; similarly referrers rarely get to know the outcome of cases they have referred. As a result they felt that they tended only to find out about the more negative outcomes (involving, for example, further court disputes, or breakdown of contact) and that this might bias their view of the number of cases which moved on to autonomous contact arrangements.

8.39   In reflecting upon their experiences of using centres former users spoke warmly in relation to the usefulness of the service. The complexity of different circumstances affects the extent to which contact centre services can change outcomes. For example, in some cases with entrenched parental disputes or long-standing obstacles to informal contact occurring (such as ongoing drug or alcohol misuse) there was little that could be offered to either resolve disagreements or reassure the resident parent to a sufficient degree such that they would be willing to move towards informal contact outwith the centre.   Nevertheless, in other cases the transformative impact of contact centre provision was clear with families describing how using the centre had provided an opportunity for them to move forward along a number of different dimensions, for example in:

- building a relationship with their child / parent
- developing greater tolerance towards their ex-partner, or the child's other parent
- beginning a dialogue around contact issues
- feeling reassured about the safety of their child when contact takes place
- being more confident about the parenting skills / responsibility of their ex-partner, or the child's other parent

As a result families described feeling able to move towards informal contact at varying speeds.

Implications

8.40   More comprehensive or systematic monitoring of case outcomes would be useful for staff and professionals in exploring 'what contact works' for families in different situations and in encouraging dialogue between referrers and staff around elements of contact provision which might be appropriate in specific circumstances.

8.41   In policy terms, given the complexity of some cases an outcome of movement to informal contact should not be the sole measure of success. The establishment of regular, supported contact at a centre might be an equally effective and successful outcome for the family, as indeed might be the cessation of contact in certain circumstances. Nevertheless, the importance of the role that contact centres can play in transforming a contact dispute

should not be neglected albeit constrained, in some cases, by entrenched difficulties between parents or parents and their children.

SUMMARY

8.42   Child contact centres represent an important service available to families in transition. As evidenced by the findings from this research, they provide a unique service for families and children which would otherwise be unavailable (unless the family's case involved suspicion or evidence of child abuse). Families reach a transitional stage for a whole range of issues and the resulting transitional process of family separation can be a tense and stressful period for parents, children and other family members. Contact centres have been shown to provide a place where children can continue to meet with people who are significant to them whether that be an aunty, grandparent or parent regardless of the disputes or conflicts existing between different family members.

8.43   In providing a safe environment for contact to take place centres not only support child welfare but they also present the potential for a less formal and adversarial resolution to family disputes. Although not a formal part of the Scottish legal system the service provided by the contact centre network was widely regarded as a critical, if informal, support for the family court system providing an opportunity for contact to occur in cases where other alternatives have failed.

8.44   The expectations of key stakeholders (children and their parents, contact centre staff and referrers) were not always matched by their experiences of contact centre services but their underlying value for families in transition was never dismissed despite a range of difficulties or problems with the existing provision being identified.

8.45   The key groups identified a range of issues which merit greater reflection on the part of those involved in the planning, funding, staffing, promotion and operation of contact centres, as well as on the part of those professionals who make referrals to contact centres.

REFERENCES

Aris, Harrison, and Humphreys (2002) ' Safety and Child Contact: an analysis of the role of contact centres in the context of domestic violence and child welfare concerns' LCD Research Paper 10/2002

Legal Studies Research Team (2003). Scottish Child Contact Centres: Characteristics of Centre Users and Centre Staff. Edinburgh, Scottish Executive.

Norrie, K. McK. (1995) *Children (Scotland) Act 1995, Greens Annotated Acts*, Edinburgh: W. Green.

Pankaj, V. (2000) *Family Mediation Services for Minority Ethnic Families in Scotland*, Legal Studies Research Finding No. 36.

Scottish Executive (1999) *Improving Scottish Family Law*

Scottish Executive (2000) *Parents and Children*

Sutherland, E. (2001) 'Care of the Child within the Family', in Cleland, A. and Sutherland, E. (eds)*Children's Rights in Scotland*, Edinburgh: W.Greens.

Tisdall, E.K.M., Baker, R., Marshall, K., Cleland, A. with Plumtree, A. and Williams, J. (2002) *'Voice of the Child' under the Children (Scotland) Act 1995: giving due regard to children's views in all matters that affect them, Volume 2 – Feasibility Study*, Edinburgh: Scottish Executive Central Research Unit.

UK Government (1994) *The UN Convention on the Rights of the Child. The UK's First Report to the UN Committee on the Rights of the Child*, London: HMSO.

UK Government (1999) *The UN Convention on the Rights of the Child. The UK's Second Report to the UN Committee on the Rights of the Child*, London: The Stationery Office.

Woodfield K, Radford L, Hester M, Pearson C , & Humphries J (1994) *'Domestic Violence & Child Contact - The Impact of The Children Act 1989'* in *Children Living With Domestic Violence: Putting Men's Abuse of Women On the Child Care Agenda*, Mullender, A & Morley, B Eds., London: Whiting & Birch.

ANNEXES

CONTACT LETTERS

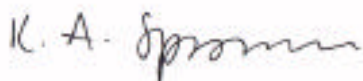<div align="right">November, 2001</div>

Dear Parent,

Contact Centres: Expectations and Experiences

You recently agreed to take part in research being carried out by The *National Centre for Social Research,* an independent research institute, exploring people's views about child contact centres. The purpose of the study is to talk to people about their expectations and experiences of contact centres. This will help the Scottish Executive, and the centres themselves, to understand what people think of the centres, and to plan future services. We will be talking to parents who are using, and who have used, contact centres across Scotland.

We have been unable to contact you by phone but would very much like to include you in the research. If you agree to take part it would involve an informal interview which would last no longer than an hour and a half, and everyone who takes part in the research will be given £15 as a token of thanks for their help. We are currently working in your area and will be conducting interviews between now and early December, 2001. The research will be carried out confidentially and anonymously. We will not pass on the names of those taking part to anyone outside the research team, and nothing will be reported in a way that could identify anyone.

We very much hope that you are still willing to take part, if you are could you please contact me on **0131 557 5494** *or* **[mobile number]**. If I am not able to take your call please leave a message with a contact phone number so that I can return your call. I look forward to hearing from you.

Thanks again,

Kerry Sproston
Research Director

Scottish Executive Central Research Unit

Saughton House
Broomhouse Drive
Edinburgh EH11 3XD

Telephone: 0131-2442131

To go to Sheriffs Principal

Niall.Campbell@scotland.gsi.gov.
http://www.scotland.gov.uk

Your ref:
Our ref: LQD/2/5

31st August 2001

Dear - ,

**RESEARCH STUDY: SCOTTISH CHILD CONTACT CENTRES PHASE 3
(REFERRER AND FAMILY EXPECTATIONS AND EXPERIENCES)**

I am writing in accordance with the agreed procedures to seek your approval for access to the following Sheriff Courts for research into users' expectations and experiences of child contact centres. Support for the research has been agreed by the Scottish Executive Justice Department, subject to satisfactory arrangements being agreed for access. I have written in similar terms to [list].

As you are aware, the Scottish Executive Justice Department has been commissioning research into the impact of the Children (Scotland) Act 1995 upon the lives of children and their families, as well as its impact on court practices and procedures. It is particularly interested in research examining how the principles of the Act are applied in practice. In particular, the Act promotes the principle of joint parenting, and child contact centres represent an important service available to families in transition. They are neutral venues which exist to promote and support contact between parents, guardians and other family members and children who do not live together. Centres are used when a difficulty exists in establishing or re-establishing contact. The difficulty is not confined solely to situations where there is contact between the parents. Other reasons include fears of abduction, no relationship with the child or a long gap in contact.

Contact centres are operated by a number of voluntary organisations, and are staffed by a mixture of paid and voluntary workers. It is likely that there are differences between centres in the way they function. This potential diversity across contact centres in Scotland is one of the factors influencing the proposed research study. Phase 1 of the research in to contact centres (a survey of user characteristics) hypothesised that *'if there is diversity in services offered by centres then this could lead to confusion for referrers and families and to the potential for inappropriate referrals'*.

The researchers are working through a number of interviews with contact centre workers and associated agencies, families who are currently or who have previously used contact centres, and with referrers to contact centres. Families are referred to centres from a variety of sources including courts, solicitors, social workers, self referral and health workers. The Phase 1

report found that three quarters of families were referred to contact centres by solicitors and / or the courts, and about one half of families using contact centres had court orders in place. Some family law solicitors have already been interviewed regarding their experiences in referring families to child contact centres. However, it also appears that research on the expectations and experiences of sheriffs as contact centre referrers would be extremely valuable to this study.

There are 3 parts to this phase of the research on contact centres (see attached annex) but access to the courts is only requested for the second stage. The research has been designed in this way with the explicit intention of reducing the demands on the courts and court personnel. The research is being conducted by a team from the National Centre for Social Research, on behalf of the Scottish Executive Central Research Unit. The research team is headed up by Kerry Sproston, the research director in their Edinburgh branch, and Kandy Woodfield, a director in their London branch.

Access required

The researchers would like to interview a maximum of two sheriffs in each court – total no of courts to be approached is 5 or 6. Interviews will focus on the expectations and experiences of contact centres from the point of view of the referrers who use them, the different types of provision available, and any improvements that sheriffs believe could be made to contact centre provision. If possible, the researchers would wish to talk to sheriffs with particular experience of dealing with family law cases.

Timetable

If access is agreed, interviews would be arranged to suit the convenience of sheriffs, but we would hope to have them completed by the end of November. The work will be carried out by three researchers (Kerry Sproston, Kandy Woodfield and Jill Keegan) from the National Centre for Social Research.

The project will be managed by Samantha Coope of the Scottish Executive Central Research Unit, Legal Studies Research Branch, and is being overseen by a Research Advisory Group. Should you require further information about the research then please do not hesitate to contact me or Ms Coope on 0131 244 4389.

Yours sincerely,

N.G. CAMPBELL

cc. Samantha Coope, LSRB, Central Research Unit, Room U1-13 Saughton House

APPENDIX A   ANNEX

RESEARCH SCHEDULE – CHILD CONTACT CENTRE RESEARCH (PHASE 3)

The work is being conducted in 3 stages:

Stage 1 -   Classification of contact centres, mapping of user families and mapping of referral patterns.

Stage 2 -   Research with workers, referrers and associated professionals. All fieldwork in this stage will take the form of focus group interviews, with the exception of sheriffs who, pending permission from sheriffs principal, will be interviewed individually.

Stage 3 -   Research with families currently using, or who have previously used contact centres. The methodology for this stage has yet to be finalised but is anticipated to involve a mixture of focus group and individual depth interviews.

SAMANTHA COOPE
LSRB
31st August 2001

TOPIC GUIDES

P.6024

Child Contact Centres in Scotland: Users Expectations and Experiences

**TOPIC GUIDE FOR INTERVIEWS WITH RESIDENT AND CONTACT
PARENTS/GUARDIANS**

Research Objectives

- Explore expectations and experiences of contact centres from the point of view of the families who use them
- Explore experiences from the perspective of both resident and contact parents, both current and previous users
- Explore experiences families have of the different types of provision available.
- Explore changing patterns of contact centre
- Identify improvements that could be made to contact centre provision.

Introduction

- Interviewer to introduce themselves and the *National Centre for Social Research.*

- Introduce study *(The Scottish Executive has commissioned a research project into Scottish Contact Centres. The aim of the current stage of the research is to explore the views of parents who currently use, or have used, contact centres about the services offered, experiences of contact through a centre and outcomes for their family.)*

- Explain that the project has three stages: 1/ mapping the characteristics of all 28 contact centres, 2/sub-selecting about 15 centres and conducting groups with staff and referrers and 3/further sub-selecting about 4 centres and interviewing the families - both resident and contact parents.

> *Very important to reassure participants about the purpose of the research and confidentiality both in reporting to the Scottish Executive and within families (i.e. will not be used for any other purpose than the research, will not tell other family members what has been said). Equally important to stress that the purpose of the research is not to make judgements about family circumstances but to understand how/if contact centres are providing what families need from them. However, in order to understand this we will need to ask some questions about family circumstances so we can explore if certain types of provision are more effective for families in varying situations.*

- Explain that we may also want to seek their permission to speak to their children but that we will discuss this more at the end of the interview.

- Explain about the tape recorder, length of interview

Background information

Can you start by telling me a little bit about yourself and your family....

- age / household composition
- whether working or not/ other activities
- number and age of children, details of child/ren subject to contact arrangements
- children's current activities (at school, nursery, at home - childcare arrangements *where resident parent is working*)
- nature of second family composition, if appropriate

2. Awareness and understanding of different forms of contact

We are trying to understand the way in which parents understand the different types of contact which may be available to them, so can we talk generally about the types of provision you are aware of before we discuss your specific experiences....

- awareness, definitions and views about different types of contact
- sources of information available about the different types of contact
- views about the use / usefulness of different types of contact
- views about the value of specific types of contact
- expectations about different types of contact
- sources of ambiguity around different forms of contact (for themselves)
- issues arising from ambiguity/misinterpretation of different types of contact

3. Knowledge and understanding of contact centre provision available

Similarly, it would be useful for you to tell us about your awareness of the type of provision available at the contact centre you have used...

- sources of information about available contact centre provision
- views about the ease of obtaining information required
- key deficiencies in current information
- suggestions for improvements or developments to information available
- awareness of other facilities available (i.e. not at contact centre used)

4. Factors leading to the need for contact arrangements

It is important for us to understand the reasons why you use/were using the contact centre to better understand what you had hoped to get from its services. Could you briefly explain what happened to your family to lead you to use the centre... Explore specifically:
- nature of family breakdown, where approp.
- history of family relationship
- role of court decisions

5. Referral processes

How did you find the process of accessing child contact services...

- factors motivating decision to seek contact arrangements or support/advice
- process of seeking contact centre services
- role of professionals/others in advising about appropriate forms of contact /services available
- description of the referral process
- hesitations about seeking contact arrangements/ support
- expectations about the services provided
  - about the nature of contact offered
  - about the services provided at specific centres
  - about outcomes
- extent of influence of parents and children on the type of contact agreed
- nature of information provided at this stage, both to parents and children
- factors accounting for differing expectations
- views about the referral process
- views about role of the referrer/other professionals
- key difficulties experienced in referral processes/ barriers experienced in accessing child contact services *(both related to referral and to physical access for e.g. transport difficulties)*
- suggestions for improvements or changes to existing referral processes
- feelings about beginning contact arrangements

6. History of contact arrangement

Can we now talk about the nature of the contact arrangements you have/had in place whilst using the centre:

- current contact arrangements in place
  - type of contact
  - location of contact (which centre)
  - frequency of contact, length of contact sessions

- description of contact arrangements over time, changes in arrangements
- reasons for variations over time

7. Experiences of contact sessions

- experiences of contact (supervised, supported and handover contact)
  - differences between experiences of different types of contact
  - impact of contact on parents/child/family
  - views about the value of contact for the child/parents/family

- experiences of contact centre staff
- difficulties experienced
- action taken/needed to overcome difficulties

- views about whether contact visits have met expectations
- factors accounting convergence between expectations and experiences

- child/ren's experiences of contact sessions
    - *suitability of physical environment, availability of suitable toys/equipment, impact on child, role of staff with children*

8. Views about the outcomes of contact

- views about what constitutes *'successful'* contact
- key difficulties in achieving successful contact
- action taken/needed to overcome difficulties
- future plans in relation to contact
- for previous users – what happened after stopped using contact centres, and why stopped using them

9. Views about contact centre provision in Scotland
- key issues to be addressed by policy makers
- suggestions for changes/ improvements

Thank you

Please rest assured that everything we've discussed will be treated confidentially and that nothing will be reported to the Scottish Executive or more widely in a form in which individuals can be identified.

Would like to ask for your permission in principle for your child to participate in the research, this would be an informal discussion (either alone, or if appropriate with siblings) to talk about their feelings about using the centre. Interviewers have been trained to minimise any distress and the interview will focus on their practical experiences of using the centre rather than their views about their relationship with their parents/family. Explain importance of hearing children's voices for the research, reassure about confidentiality.

If parent agrees record details on consent form, if parent refuses also record details and brief explanation for refusal

Pay participant £15

P.6024

Child Contact Centres in Scotland: Users Expectations and Experiences

TOPIC GUIDE FOR INTERVIEWS WITH CHILDREN

> **Research objectives:**
> • Explore expectations and experiences of contact centres from the child's point of view
> • Identify improvements that could be made to contact centre provision from the point of view of the child.

Introduction

NB - the content of the introduction and explanation of the study will depend to a large extent on the age and level of understanding of the child.

- Interviewer to introduce themselves.
- The government has asked us to find out what children and young people think about child contact centres. These are places where children and young people can meet one of their parents. What you tell us will help adults to organise and plan these centres.
- We won't talk to your parents about what you've said (unless you tell us something new about someone being harmed – and we would talk to you before telling anyone else).
- We will write a report about what everyone tells us. We will not say who said what in the report. Your name will not be used.
- We would like to use a tape recorder so that we can remember what you've said.

Notes for interviewers

- Find the term they use for the centre early on in the interview and use it.
- Make it clear that we know nothing about the contact centre, and that we want them to tell us what it's like.
- Give plenty of positive feedback and encouragement.
- Make it clear that they can stop whenever they want & that they don't have to answer a particular question if they don't want to.
- Make it clear that there are no right or wrong answers.
- Frame the questions around **their last visit** to the centre, if that seems to help focus the interview.
- The sections are deliberately short – feel free to skip sections or items that might not seem appropriate.
- Keep the interview short (30-40 mins max)

- If you are struggling to engage the child try some of the following:

- *List 3 things that would make the centre nicer.*
- *Can you think of anything that would make the centre better?*
- *Give me a list of good/bad things about the centre.*

- *What do you come to the centre for?*
- *What do you like best about the centre?*
- *Are there fun things to do at the centre?*
- *What is the worst part about the centre?*
- *Is there anything you want to do at the centre that you're not allowed to do?*

- *What should I tell [a fictional child] about the centre before they use it?*
- *Interviewer list things about the centre and ask the child for 'thumbs up/thumbs down' to indicate their views.*
- *Interviewer list things and ask for a happy/sad sticker to indicate views.*

- *Interviewer list things and ask them to step one or other side of a line to indicate their views.*
- *Ask them to draw themselves at the centre – and to describe their face/feelings etc*

1. Background

- Age
- Household composition
- Brothers and sisters and their ages
- Hobbies

2. Contact centre background

- Travel to and from the centre (how, how long does it take, who takes them and who picks them up etc)
- If sibling(s) – find out whether contact includes them.
- Visits to the centre (how often, when, how long for, etc)
- Do they know anyone who works at the centre
- Do they know anyone else who uses the centre

3. Activity at the centre

- Role of staff (what do they do, are they nice, any favourite members)Facilities at the centre (number of rooms, garden, TV, video, etc)
- Type of provision (do they leave the centre, is a member of staff in the room with them)

- The way in which time is spent
    - do they stay in the centre or go out,
    - if they go out how long do they go for and where do they go
    - if they go out do they spend any time in the centre
    - if they spend time in the centre, which room are they in,
    - what they do, toys they play with,
    - are other people are in the room

- How much time do they spend with the contact parent and how long playing with other children, etc – do they spend enough time or too much.
- Can they choose whether they go to the centre – (how would they normally spend their Saturday afternoon)

4. Purpose of centre

- Why do families use the centre
- Why does your family use the centre
- How long since they had last seen their parent

5. Views on the centre

→ *Explore if/how these views changed over time*

- Expectations before using the centre (can they remember their first visit – how did they feel)
- Knowledge about the centre (information, awareness about what would happen)
- Who did information come from (parents, centre staff)
- What do you like about the centre
- What do you not like about the centre
- Feelings during the visit
- Feelings on leaving the centre

6. Outcomes

NB – this will probably only be possible with former users and older children. With others, perhaps focus on short term outcomes, otherwise skip.

- What happen(ed/do you expect will happen) after stopping using the centre
- Whether (will) continue to see parent
- If (will) continue to see parents – detail of contact (frequency, length, what happens, et)

7. Finally…

- What could be improved about the centre (what would they change)?
- Is there anything else you'd like to tell us about the centre?

Thank you

Give them voucher and positive feedback about participation. Spend time winding down the interview. Reassure about confidentiality

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Child Contact Centres in Scotland: Users Expectations and Experiences

TOPIC GUIDE FOR GROUPS WITH STAFF

<table>
<tr><td>

Research Objectives:
- Explore expectations and experiences of contact centres from the point of view of the staff who work in them.
- Explore the different types of provision available.
- Identify improvements that could be made to contact centre provision.

</td></tr>
</table>

Introduction:
- Moderator to introduce themselves and the *National Centre for Social Research.*
- Introduce study *(The Scottish Executive has commissioned a research project into Scottish Contact Centres. The aim of the current stage of the research is to examine the views of contact centre workers about the services offered, referral processes, user families and outcomes.)*
- Explain that the project has three stages: 1/ mapping the characteristics of all 28 contact centres, 2/sub-selecting about 15 centres and conducting groups with staff and referrers and 3/further sub-selecting about 4 centres and interviewing the families.
- Assure confidentiality in reporting to the Scottish Executive and more widely and ask participants to keep confidential, to the group, comments made during the discussion.

Ground rules:
- Please do not interrupt other people/ speak one at a time only
- Please do not speak only to your neighbour- share it with the group
- Explain about the recorder and its use

Background information
Can you start by telling me about yourself and the contact centre you represent.…

- Who they are, which contact centre they represent
- Nature of involvement i.e. paid/voluntary member of staff
- Duration of involvement with their contact centre

Families using the centre
Can we turn now to the families who use your centre…

- Socio-demographic profile of parents (both resident and non-resident)
    - age
    - sex
    - ethnic origin
    - social class
- Age of children
- Geographical area covered by the centre

- Reasons for using contact centre provision
  - associated problems (eg alcohol, mental health, drugs, domestic abuse)

- Way in which families are introduced to the centre, and the information they are given (**explore information given to parents AND children)**
  - by the referrer
  - by the contact centre
  - any written information

- Views on families' expectations about the centre (initially)
  - parents (resident and non-resident)
  - children
  - differences between different types of referral (eg self-referral compared with other) in terms of family expectations

- Accessibility of contact, ie are any families excluded by…
  - geography
  - ethnic origin
  - gender
  - social class
  - anything else

Awareness and understanding of different forms of contact
Thinking in detail now about the models of contact that are available….

- Awareness, definitions of different types of contact
  - supervision of venue
  - supported contact
  - exchange supervision
  - supervised contact

- Views about the use/usefulness of the different types of contact

- Views about supervised contact
  - level of demand
  - circumstances where it is appropriate
  - need for staff training/guidelines

- Sources of ambiguity around different types of contact (for themselves, referrers and families)

- Suggestions for improving **definitions** of types of contact

- Suggestions for improving the information available to referrers and families (including **children**)

Referral processes

Can we talk now about the process of referring families to contact centres...

- Patterns of referral – most common, other types

- Length of time taken for a typical referral process

- Experiences of referral, both inappropriate and appropriate

- Factors accounting for inappropriate and appropriate referrals

- Contact centre policies relating to screening (ie excluding certain) user families

- Contact centre policies concerning monitoring the user families

- Communication between referrers and centre staff during the referral process

- Key difficulties experienced during the referral process

- Ways of overcoming difficulties in the referral process

- Views about the expectations held by **referrers** of contact centre provision

- Decisions re the type of contact, which contact centre to use

Experiences of contact

Let's think now about the contact sessions themselves...

- Duration of individual contact sessions

- Duration of (eg weeks, months) typical family use of the centres

- Factors accounting for differences in the duration of family use

- Policies concerning family behaviour during contact sessions, and enforcement of these

- Contact centre policies concerning confidentiality in the case of a child being 'at risk'

- Experiences of providing contact., explore different types including
    - supervision of venue/ supervised contact
    - supported contact
    - exchange supervision

- Views about what constitutes 'successful' contact
    - for: resident parents, non-resident parents and for children

- Key difficulties in providing successful contact
    - from point of view of: resident parents, non-resident parents and for children
- Views on the role of contact centres and the implications of 'neutrality'

- Views on the role of contact centres in the context of wider support services for families

- Views on families' responses to the **experience** of contact (resident and non-resident parents as well as children) – **relate this back to their expectations**

- Views on (dis)association between families expectations and experiences of contact centre provision (both resident and non-resident parents and children)

- Views about whether contact centres are able to meet user expectations (both resident and non-resident parents and children)

- Obstacles to meeting user expectations

- Views on improving contact centre provision

What happens afterwards
Can we turn now to what happens to families after they have stopped coming to contact centres....

- Reasons for discontinued use of centres

- Knowledge of, and views about, outcomes for families once contact centre use ends (eg does contact persist)

- Centres' policy for tracking families once they stop using the centre

- Views on impact of centre use on child and family

- Views about the usefulness of contact centres compared with other informal mechanisms for arranging contact (eg. using other family members to take the child to the non-resident parent)

The way forward

Thinking now about all that we've discussed, what messages would you like to give the Scottish Executive about Contact Centre services in the future…?

- Key elements of contact centre provision from the child's perspective and from the parents' perspective (both resident and non-resident)

- Suggestions for improvements to contact centre provision

- Suggestions for changes to the current system to help contact centre staff in their role

- Way forward for this research study
    - important issues to explore further

- whether to interview children
- accessing families (resident and non-resident parents)

Thank you.
Please rest assured that everything we've discussed will be treated confidentially and that
nothing will be reported to the Scottish Executive or more widely
in a form in which individuals can be identified.

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Child Contact Centres in Scotland: Users Expectations and Experiences

TOPIC GUIDE FOR GROUPS WITH REFERRERS

> **Research Objectives:**
> - Explore expectations and experiences of contact centres from the point of view of the referrers who use them.
> - Explore the different types of provision available.
> - Identify improvements that could be made to contact centre provision.

Introduction:
- Moderator to introduce themselves and the *National Centre for Social Research.*
- Introduce study *(The Scottish Executive has commissioned a research project into Scottish Contact Centres. The aim of the current stage of the research is to examine the views of contact centre referrers about the services offered, referral processes, user families and outcomes.)*
- Explain that the project has three stages: a) mapping the characteristics of all 28 contact centres, b) sub-selecting about 15 centres and conducting groups with staff and referrers and c) further sub-selecting about 4 centres and interviewing the families.
- Assure confidentiality in reporting to the Scottish Executive and more widely and ask participants to keep confidential, to the group, comments made during the discussion.

Ground rules:
- Please do not interrupt other people/ speak one at a time only
- Please do not speak only to your neighbour- share it with the group
- Explain about the recorder and its use

1. **Background information**
Can you start by telling me about yourself and the organisation you represent....

- Who they are, which organisation/firm they represent

- Nature of referring role
    - duration of involvement in referring
    - proportion of job involved in referring

- Contact centre(s) that they refer to

- Duration of involvement with this/these contact centre(s)

2. **Referral processes**
Can we talk now about the process of referring families to contact centres...

- Reasons for referring families for contact centre provision (in the first place)

- Alternatives to contact centre provision

- Description of the referral process (eg who makes first contact with the centre)

- Factors which account for referrers choice of:
    - contact type
    - contact centre

- Degree of parental choice in which contact centre (both resident and non-resident parent)

- Length of time taken for a typical referral process

- Experiences of referral, both inappropriate and appropriate

- Factors accounting for inappropriate and appropriate referrals

- Accessibility of contact centres to different groups of people, ie are certain groups excluded by
    - geography
    - ethnic origin
    - gender
    - social class
    - anything else

- Information given to **families** (by referrers and contact centres) at the point of referral

- Extent of communication between referrers and centre staff during the referral process

- Success of communication between referrers and centre staff

- Key difficulties experienced during the referral process (eg waiting lists, parents' reluctance)

- Ways of overcoming difficulties in the referral process

- Referrers' **expectations** of contact centre provision and outcomes (both in terms of physical facilities offered by centres, and the services provided)

- Views on families expectation of contact centre provision and outcomes

- Views on whether contact centre provision is parent-centred or child-centred

3. **Awareness and understanding of different forms of contact**
Thinking in detail now about the models of contact that are available….

- Awareness, definitions of different types of contact – ie what is involved/what do contact centre staff do under each of these types of contact:
    - supervision of venue / supported contact / exchange supervision / supervised contact
- Gaps in provision

- Sources of information (for **referrers**) about available contact centre provision

- Views about the ease of obtaining information required

- Key deficiencies in current information

- Suggestions for improvements or developments to information available

- Views about the use/usefulness of the different types of contact

- Views about supervised contact
    - level of demand
    - circumstances where it is appropriate

- Sources of ambiguity around different definitions/types of contact (for themselves and families)

- Suggestions for improving **definitions** of types of contact

4. **Families**
Can we turn now to the families that you refer to contact centres...

- Socio-demographic profile of 'typical' users (both resident and non-resident parents)
    - age
    - sex
    - ethnic origin
    - social class

- Age of children

- Reasons for using contact centre provision
    - associated problems (eg alcohol, mental health, drugs, domestic abuse)

- Views on families' expectations about the centre (initially)
    - parents (resident and non-resident)
    - children

5. **Experiences of contact**
Let's think now about the contact centre provision...

- Role of referrer once contact centre provision has started

- Duration of (eg weeks, months) typical family use of the centres

- Factors accounting for differences in the duration of family use

- Contact centre policies concerning confidentiality in the case of a child being 'at risk'

- Differences between different types of contact (in family experiences and outcomes)

- Views about what constitutes 'successful' contact
    - for resident parents
    - for non-resident parents
    - for children

- Key difficulties in providing successful contact
    - from point of view of resident parents
    - from point of view of non-resident parents
    - from point of view of children

- Way in which contact centre provision fits into the legal/mediation process as a whole

- Views on families' responses to the **experience** of contact (resident and non-resident parents as well as children) – **relate this back to their expectations**

- Views on (dis)association between families expectations and experiences of contact centre provision (both resident and non-resident parents and children)

- Views about whether contact centres are able to meet user expectations (both resident and non-resident parents and children)

- Obstacles to meeting user expectations

- Views on improving contact centre provision

6. **What happens afterwards**
Can we turn now to what happens to families after they have stopped coming to contact centres….

- Reasons for discontinued use of centres

- Knowledge of, and views about, outcomes for families once contact centre use ends (eg does contact persist)

- Referrers' policy for tracking families once they stop using the centre

- Views on impact of centre use on child and family

- Views about the usefulness of contact centres compared with other informal mechanisms for arranging contact (eg. using other family members to take the child to the non-resident parent)

7. **The way forward**
Thinking now about all that we've discussed, what issues do you think should be highlighted to the Scottish Executive concerning contact centre provision…?

- Suggestions for improvements to contact centre provision

- Suggestions for changes to the current system to help referrers in their role

- Way forward for this research study - important issues to explore further

Thank you.
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in a form in which individuals can be identified.

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Child Contact Centres in Scotland: Users Expectations and Experiences

TOPIC GUIDE FOR INTERVIEWS WITH SHERRIFS

> **Research Objectives:**
> • Explore expectations and experiences of contact centres from the point of view of the sheriffs who refer to them.
> • Explore the different types of provision available and sheriffs view of their role in the legal process.
> • Identify improvements that could be made to contact centre provision.

Introduction:
- Introduce self and the *National Centre for Social Research.*
- Introduce study *(The Scottish Executive has commissioned a research project into Scottish Contact Centres. The aim of the current stage of the research is to examine the views of contact centre referrers about the services offered, referral processes, user families and outcomes.)*
- Explain that the project has three stages: a) mapping the characteristics of all 28 contact centres, b) sub-selecting about 15 centres and conducting groups with staff and referrers and c) further sub-selecting about 4 centres and interviewing the families/sheriffs.
- Assure confidentiality in reporting to the Scottish Executive and more widely and ask participants to keep confidential, to the group, comments made during the discussion.
- Explain about the recorder and its use/ length of interview

1. Background information
Can you start by telling me about yourself and your role as a Sheriff….

- Who they are, which court they sit at

- Nature of their role in relation to contact centres/ family law cases
    - duration of involvement in referring contact centres / dealing with family law cases
    - proportion of job involved in referring to contact centres / dealing with family law cases

- Contact centre(s) that they refer to / have referred to previously

- Duration and nature of involvement with contact centre(s) beyond court role

2. The court processes
Can we talk now about the process of how families might come to use contact centres…

- Reasons for Sheriff to refer families for contact centre provision (in the first place)

- Alternatives to contact centre provision (both within legal process and outside of)
- Description of the referral process (eg who makes first contact with the centre)

- Factors which account for Sheriff's recommendation for:
    - contact type/order
    - contact centre

- Degree of parental choice contact awarded and specific provisions such as which contact centre (both resident and non-resident parent)

- Experiences of making orders for contact, and awareness of effectiveness of contact order for - child(ren), and parents

- Awareness of length of time taken for a typical referral process

- Awareness and experience of the services provided by contact centres, ie are certain groups excluded by
    - geography / ethnic origin / gender / social class

- Nature of information given to **families** (by court) at the point of referral/making an order

- Key difficulties experienced during the referral process (eg waiting lists, parents' reluctance)

- Ways of overcoming difficulties in the referral process

- Sheriffs' **expectations** of contact centre provision and outcomes (both in terms of physical facilities offered by centres, and the services provided)

- Views on families expectation of contact centre provision and outcomes

- Views on whether contact centre provision is parent-centred or child-centred

- Factors accounting for inappropriate and appropriate referrals

3. Awareness and understanding of different forms of contact
Thinking in detail now about the models of contact that are available….

- Awareness, definitions of different types of contact – ie what is involved/what do contact centre staff do under each of these types of contact:
    - supervision of venue
    - supported contact
    - exchange supervision
    - supervised contact

- Gaps in provision

- Sources of information (*for Sheriffs*) about available contact centre provision

- Views about the ease of obtaining information required

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- Key deficiencies in current information

- Suggestions for improvements or developments to information available

- Views about the use/usefulness of the different types of contact

- Views about supervised contact
    - level of demand
    - circumstances where it is appropriate

- Sources of ambiguity around different definitions/types of contact (for themselves and families)

- Suggestions for improving **definitions** of types of contact

4. **Families**
Can we turn now to the families that you have ordered to use contact centres...

- Socio-demographic profile of 'typical' users (both resident and non-resident parents)
    - age
    - sex
    - ethnic origin
    - social class

- Age of children

- Reasons for using contact centre provision
    - associated problems (eg alcohol, mental health, drugs, domestic abuse)

- Views on families' expectations about the centre (initially)
    - parents (resident and non-resident)
    - children

5. **Experiences of contact**
Let's think now about the contact centre provision...

- Probe for awareness and knowledge of the following:
    - Duration of (eg weeks, months) typical family use of the centres
    - Factors accounting for differences in the duration of family use
    - Contact centre policies concerning confidentiality in the case of a child being 'at risk'

- Differences between different types of contact (in family experiences and outcomes)

- Views about what constitutes 'successful' contact (for resident parents/ for non-resident parents/ for children

- Key difficulties in providing successful contact, from point of view of resident parents, non-resident parents and children

- Way in which contact centre provision fits into the legal/mediation process as a whole

- Views on families' responses to the **experience** of contact (resident and non-resident parents as well as children) – **relate this back to their expectations**
    - Views on (dis)association between families expectations and experiences of contact centre provision (both resident and non-resident parents and children)
    - Views about whether contact centres are able to meet user expectations (both resident and non-resident parents and children)
    - Obstacles to meeting user expectations
    - Views on improving contact centre provision

NB - We are fairly sure that Sheriffs have a ltd involvement beyond court stage so some of this may be tangential to their role.

- Awareness of what happens afterwards

6. The way forward
Thinking now about all that we've discussed, what issues do you think should be highlighted to the Scottish Executive concerning contact centre provision…?

- The role, and relative importance of, of contact centres within the current legal system

- Suggestions for improvements to contact centre provision

- Way forward for this research study - important issues to explore further

Thank you.
Please rest assured that everything we've discussed will be treated confidentially and that nothing will be reported to the Scottish Executive or more widely in a form in which individuals can be identified.

INFORMATION LEAFLET AND CONSENT FORM

Will you tell anyone else what I say? We will write a report about what everyone tells us. We will not say who said what in the report.

Will my name be used? No, we will not use your name.

Could other people find out what I said? No – unless you tell me anything new about someone being harmed. I would talk to you first before telling anyone else.

What if I'm not sure? Talk to the adult who looks after you or another adult you trust. You can say no if you don't want to do it. We will not mind.

What if I do want to do it? Let the adult who looks after you know. Kandy will telephone and ask if you want to take part.
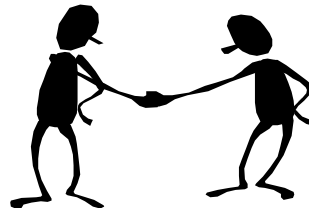
If you want to ask any questions, you can phone Kandy on ....
If there is nobody there, you can leave a message.

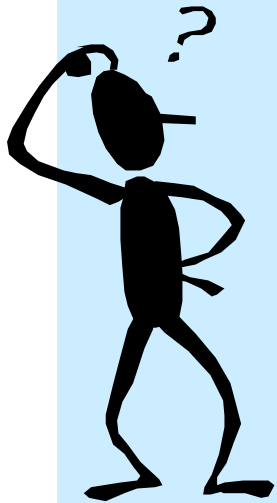# Centres where children and young people can meet their parents

Do you have fun things to do at your centre?

When was your last visit? What did you do?

What would you change about your centre?

What do YOU think? We want to know!

I work for the National Centre for Social Research. My name is Kandy.

The government has asked us to find out what children and young people think about child contact centres.

These are places where children and young people can meet one of their parents.
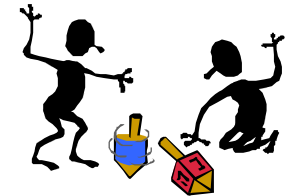
What you tell us will help adults involved in organising the child centre service.

This leaflet will tell you more about the project.

What are you doing? We are talking to adults and children. We want to know what you think about child contact centres.

What would I do? Talk with me. We can draw pictures or just chat.

How long will it take? About 40 minutes.

Where will we meet? We can talk at your home, at the centre or your school. You choose.

How will we remember what you said? I would like to record what you say on a tape. If you ask me not to record something you say I will not.

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Centres where children and young people can meet their parents

PARENT CONSENT

I would like your consent to ask your child to take part in the research.
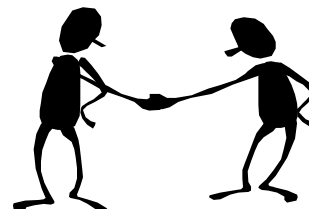
If you agree:

Please print your child's name below:

_____

Please give your signature below:

_____

Child's and Young Person's Consent

Would you be willing to take part?

Yes, I would like to take part __

Please print
your name here:

Thanks for replying!

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THEMATIC FRAMEWORK FOR ANALYSIS

The study made use of several different thematic frameworks reflecting the different populations involved in the study. The following provide a broad overview of the thematic categories used to analyse family accounts (Framework One) and staff/referrer and Sheriff accounts (Framework Two).

Framework One – families

Chart One: Case background

Chart Two: History of family break-up/family circumstances

Chart Three: Experiences of referral

Chart Four: Expectations of the CCC

Chart Five: Decision-making around using a CCC

Chart Six: Experience of using the centre(s)

Chart Seven: Experiences and views about CCC staff

Chart Eight: Outcomes

Chart Nine: General views about CCC provision and the legal system

Framework Two – staff/referrer/Sherrifs

Chart One: Background – role and experience of Child Contact Centres/family law issues

Chart Two: Referral patterns and processes

Chart Three: Profiles of families using CCCs

Chart Four: Terms of provision

Chart Five: Experiences and views about CCC staff roles

Chart Six: Experience of the role of centres in family cases

Chart Seven: After contact – views and experiences of case outcomes

Chart Eight: General views about CCC provision and the legal system

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