

## Child Contact Centres in Scotland

National Centre for Social Research  
University of Edinburgh  
Scottish Executive Legal Studies Research Team

This Research Findings paper draws together the key results from two recent Scottish Executive funded research projects on Scottish Child Contact Centres. The first study aimed to describe the characteristics of families using contact centres and the role of staff working in the centres<sup>1</sup>. The second study aimed to elicit the expectations and experiences of key stakeholder groups (including parents) involved with Scottish Child Contact Centres<sup>2</sup>. Full reports on these studies are available at the Social Research website [www.scotland.gov.uk/research](http://www.scotland.gov.uk/research) or from the Legal Studies Research Team.

### Main Findings

- The majority of families using the Scottish child contact centres had children aged between 0-10 years. Resident parents were commonly female, and contact parents usually male. There were a small number of adults with a non-parental relationship with the child using these centres.
- Small numbers of both resident and contact parents were alleged (by staff) to have difficulties with alcohol use, drug use or their mental health at any juncture. However, large proportions of centre staff had experience of dealing with these problems over time.
- Families were most commonly referred to contact centres by solicitors or the courts. Three-quarters of this contact takes place within the confines of the centre.
- Both paid and voluntary staff had a wide range of relevant experience to bring to centre work. The majority of staff were women aged 45 years and over. Most had received some form of training. The median length of service was 3.5 and 4 years for volunteers and paid workers respectively.
- Overall, parents were generally satisfied with the service provided by contact centres. However, there was some confusion over the role and level of supervision provided. In particular, around the terms 'supervised contact' and 'supported contact'. Solicitors' and sheriffs' understanding of the form of supervision provided by centres also varied widely.
- Contact centres were not viewed as a first option for referrers. Parental agreement on some form of unsupported contact was considered to be the most desirable outcome. Rather they were perceived as a 'useful tool' available to sheriffs, solicitors or mediators.
- Expectations of key stakeholders were not always matched by their experiences. Parents, referrers and staff identified a number of steps that could be taken to improve the service and reduce anxiety. These included raising awareness of what the service can offer, clarifying the role and level of supervision provided and improving facilities for older children.
- 'Outcomes' for contact centres and their users are difficult to measure. The complexity of some cases means that a move to informal contact outwith the centre should not be the sole measure of success.

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

2 Sproston, K, Woodfield, K. & Tisdall, K. (2003) Building Bridges? - Expectations and Experiences of Child Contact Centres in Scotland. Edinburgh, Scottish Executive.

## Background

The first child contact centres were opened in Scotland in 1988. Family Mediation Lothian and One Parent Families Scotland were the first to provide the service. Since then there has been an expansion in the number of centres. At the outset of the Study 1 there were 26 centres operating in Scotland. They are described by the Scottish Network of Child Contact Centres as:

*“neutral, safe and welcoming venues, which exist to promote and support regular contact between parents and children who no longer 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 the display of hostile feelings between parents”.*<sup>3</sup>

There is no single model of a contact centre. However, the Scottish Network (which centres affiliate to) states that they:

- Are child centred
- Supportive of the principles of continued parenting following divorce / separation in the Children (Scotland) Act 1995
- Do not provide written reports to courts or other public agencies
- Do not provide *statutory supervised contact*

Two main forms of contact are provided – contact within the centres and facilities for exchange or handover for contact outwith the centre.

## Aims and Methods

### Study 1

The aim was to describe the characteristics of families using contact centres and the roles and experience of staff working in the centres. Two key methods were employed. Firstly, a three month monitoring exercise to ascertain the number and characteristics of the families using child contact centres. Twenty-one contact centres provided data. Secondly, a survey of centre staff (paid and voluntary) was conducted to identify their demographic characteristics, and roles. Forty-two staff members from 14 contact centres participated.

### Study 2

The main aim was to elicit the expectations and experiences of key stakeholder groups involved with child contact centres including staff, referrers, families and Sheriffs. Group discussions and individual depth interviews were conducted with contact centre staff, referrers, associated professionals, sheriffs, parents and children in order to explore the views of those involved in using or providing

contact centre services. Ten discussion groups and over 50 interviews were conducted.

## Key Findings

### Characteristics of families (Study 1)

- The majority of children appearing at the contact centres were aged between 0-10 years. On average, the children of newly referred families had not had contact with their non-resident parent for 185 days.
- Resident parents were frequently female, and contact parents were commonly male. Parents using the centre were equally as likely to have been married as to have cohabited.
- There were a small number of adults using the centre who had a non-parental relationship with the child, for example, grandparents, aunts and uncles.
- Small proportions of both resident parents and contact parents were *alleged* by centre staff to have a problem with drugs (2% and 6% respectively), with alcohol (2% and 12% respectively) or with their mental health (2% and 6% respectively).
- Approximately a fifth of total centre users and a quarter of new referrals had made an allegation of domestic abuse. These allegations generally involved the contact father abusing the resident mother.

### Families' use of the centres (Study 1)

- Families were most commonly referred to centres by their solicitors and the courts – this accounted for three-quarters of referrals. Approximately one half of families had court orders in place.
- Approximately three-quarters of all contact visits took place solely within the confines of the centre (from which the child could not be removed).
- The most common reason for ceasing to use a contact centre among the newly referred families in the study was that the contact dispute had gone, or was about to go back to court.

### Staff roles, support and training (Study 1)

- The majority of centre staff were females aged 45 years or over. The majority were volunteers (67%). Both paid and voluntary staff had a wealth of relevant experience to bring to their work. The median length of service was 3.5 years for volunteers and 4 years for paid staff.
- In general both voluntary and paid staff had a wide range of relevant experience to bring to their contact centre work.

<sup>3</sup> Scottish Network of Child Contact Centres

- Most staff members (88%) had received either formal or informal training. The distinction between formal and informal was not completely clear. Two thirds (67%) stated that they also received refresher training.
- More than half of respondents (57%) had been asked to provide supervised contact (with high vigilance as opposed to statutory supervised contact). Some of these respondents had actually provided supervised contact.
- A small number of respondents (8) had been asked to provide *statutory* supervised contact but had refused this request. This was because it was not their centre's policy to provide this service.
- The provision of counselling and statutory supervised contact was only identified at one centre. The (rural) geographical location of this centre determined their provision of these services.
- 79% of respondents said that they had worked with families with a history of domestic abuse. 93% stated that they had worked with centre users with a history of substance abuse. 74% stated that they had worked with centre users who had a history of mental illness. Only four respondents said that they did not feel equipped to meet the needs of these clients.
- Four respondents reported that (in the past) they had been threatened with violence while working at the contact centre. No-one had been physically assaulted over the course of the last 12 months. However, 43% stated that they had been verbally assaulted at least once during the previous 12 months.
- 58% of staff stated that they had witnessed physical or verbal violence directed at a contact centre worker during the previous 12 months.
- Three-quarters (74%) stated that they found aspects of working at the centre emotionally challenging – most commonly attributed to witnessing distress, especially in children.

### **Families' views and experiences (Study 2)**

- Contact centres, and their staff, were widely praised by families and referrers for providing an invaluable service for families. Centres were generally considered to be friendly and safe. However, the lack of facilities for older children was frequently noted by families (and indeed staff and referrers).
- Parents' and children's feelings about using the contact centre varied from high levels of anxiety to optimism that the centre would help provide a resolution.
- Children described a range of expectations including that using the centre might: encourage parent reconciliation, reduce the disruption caused by the contact dispute, or lead to a reduction in overall tensions between family members.

- There was some confusion amongst parents about the role of contact centres in relation to the formal legal process. This clearly resulted in high levels of anxiety, and may have contributed to some dissatisfaction with the type of contact offered and the role of staff.
- In particular, there was confusion around the terms 'supervised contact' (constantly used by parents) and 'supported contact', the term preferred by the Executive and the Scottish Association of Child Contact Centres. Further, solicitors' and sheriffs' understanding of the form of supervision provided by the centre also varied widely.
- However, parents were generally happy with the help and support they received from contact centre staff. Key terms used to describe staff were 'unobtrusive', 'impartial' and 'non-judgemental'.
- Contact arrangements were rarely fixed, rather they evolved over time – frequently starting with minimal contact, then proceeding to more regular, or longer, contact sessions. There were, of course, exceptions to this general trend.
- The complexity of different family circumstances affected the extent to which contact centres could affect outcomes. In cases with entrenched disputes or long standing obstacles, centres could offer little to resolve disagreement or reassure resident parents and enable them to move towards informal contact. In other cases, the important contribution of the centre was clear, with centres providing opportunities for families to move along a number of different dimensions, including moves towards informal contact outwith centres.

### **Referrals to child contact centres (Study 2)**

- Contact centres were not viewed as a first option for referrers. Parental agreement on some form of unsupported contact was considered to be the most desirable outcome. Yet, centres were not regarded as a 'last resort' either. Rather they were perceived as a 'useful tool' available to sheriffs, solicitors or mediators.
- Patterns of referral varied between centres. The time taken between instigation of contact and the first contact visit ranged from less than a week to around 6 months. This depended, primarily, on the availability of places at the centre.
- On the whole, the referral process was reported as relatively straightforward and quick. Waiting lists existed in some centres, but these were exceptions. Overall, parents and contact centre staff felt the centres could be better utilised. They perceived a lack of knowledge among referrers about centre provision.

### **Suggested improvements (Study 2)**

Parents, referrers and staff identified a number of steps which could be taken to improve the service, reduce anxiety

and avoid unrealistic expectations being unmet. These included:

- Clarifying the role and level of supervision provided by contact centres – in particular more careful definition and use of the terms ‘supported contact’ and ‘supervised contact’.
- In some cases, improving communication between contact centres and referrers (including Sheriffs) would make the referral system quicker and more effective.
- Improving provision for older children, particularly those aged 8-16 years may make the centres more attractive to a greater number of families and referrers.
- Greater stability in the provision available, in particular by reducing the turnover in volunteer staff, would help contact centres operate more effectively.
- Expanding the coverage of the contact centre network (in particular to cover more rural area) would ensure that this is an option for all potential referrers across Scotland.

## Conclusions

- Scottish contact centres are not a formal part of the Scottish legal system. However, they provide a safe haven for contact to take place and are identified as a useful tool for referrers where unsupervised contact is inappropriate.
- Expectations of key stakeholders were not always matched by their experiences. Promoting and clarifying the role of the contact centres among parents and professionals should help minimise the anxiety involved, avoiding any dissatisfaction caused by unrealistic expectations and increasing the uptake of the services available.
- ‘Outcomes’ for contact centres and their users are difficult to define and measure. The general view of the role of contact centre provision was often as ‘a stepping stone’ towards unsupported contact. However, given the complexity of some cases, a move to informal contact outwith the centre should not be the sole measure of success.

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Scottish Executive Social Research  
4th Floor West Rear  
St Andrew's House  
Regent Road  
EDINBURGH  
EH1 3DG  
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Fax: 0131 244-5393  
Email: [socialresearch@scotland.gsi.gov.uk](mailto:socialresearch@scotland.gsi.gov.uk)  
Website: [www.scotland.gov.uk/socialresearch](http://www.scotland.gov.uk/socialresearch)

If you wish a copy of “Scottish Child Contact Centres: Characteristics of Centre Users and Centre Staff” and “Building Bridges? Expectations and Experiences of Child Contact Centres in Scotland” the research reports which are summarised in this research findings, please send a cheque for £5.00 made payable to:

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