

Consultation on Regulation of Child Contact Centre Services

An Analysis of Responses

January 2022

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Glossary

1995 Act	The Children (Scotland) Act 1995
2020 Act	The Children (Scotland) Act 2020
Care Inspectorate	Set up in 2010 as Social Care and Social Work Improvement Scotland the Care Inspectorate is a scrutiny body which supports improvement. It looks at the quality of care in Scotland to ensure it meets high standards and where improvement is needed, it supports services to make positive changes.
Child	Defined in sections 1(2) and 2(7) of the 1995 Act as a person under the age of 16 years for the purposes of parental responsibilities and rights apart from in relation to parents providing guidance where "child" means a person under the age of 18 years.
Child contact centre	Child contact centres are safe venues for parents, and other people in the child's life, to establish or maintain conflict-free relationships with their children. A child contact centre is any premises in Scotland at which face to face child contact services are provided. For the purpose of this consultation a child contact centre is a place that deals primarily with separated parents and families who are referred in private law cases.
Child contact services	Child contact services are provided by child contact centre providers. These services include supervised contact, supported contact and handover services. Providers may as necessary also provide services that are not face to face, for example, online contact sessions or "letterbox" services.
Contact order	An order made under section 11 of the 1995 Act for contact between one person and a child or children.
EHRC	Equality and Human Rights Commission. The national equality body responsible for safeguarding and enforcing the laws that protect people's rights to fairness, dignity and respect.
Handovers	A facility where the contact service facilitates a child going from one parent to another for a specified period of time and, after that time, returning to the first parent (a form of supported contact).

LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Allies, Asexual and Pansexual
Relationships Scotland	Scotland's largest provider of relationship counselling, family mediation and child contact centre services.
Sheriff	A judge in the Sheriff Court. Sheriffs deal with the majority of civil (including family) and criminal cases in Scotland.
SSSC	Scottish Social Services Council. The regulator for the social service workforce in Scotland.
Supervised contact	Contact taking place in the constant presence of an independent person who observes and ensures the safety of those involved.
Supported contact	Contact where there is no significant risk to the child and therefore child contact centres only record that the contact took place and not details of how it went.
UNCRC	United Nations Convention on the Rights of the Child

Executive Summary

Background

The Children (Scotland) Act 2020 (the 2020 Act) received Royal Assent on 1 October 2020. This builds upon the Children (Scotland) Act 1995 and gives Scottish Ministers the power to make provision about regulation of a contact service provided in relation to the requirements of a contact order. The 2020 Act also gives the Scottish Ministers the power to appoint a body for the purposes of administering the registration of contact service providers and contact centres.

The 2020 Act provides for child contact centres across Scotland to be regulated to ensure they meet minimum standards. The 2020 Act will take time to implement but it is expected that the regulation of child contact services will be fully operational in 2023.

The Scottish Government launched a consultation to seek views on what should be covered in the minimum standards for child contact services, how the standards should be monitored and what the complaints procedures should be. The findings of this will be used to inform the Scottish Government in decisions relating to the regulation of child contact centres.

Respondent profile

The consultation closed on 12 July 2021 and received a total of 59 responses.

Table 1: Respondent profile

	Number	%
Child contact service (5)	5	8
Legal (3)	3	5
Local authority (4)	4	7
Public body (1)	1	2
Regulator (2)	2	3
Representative body (2)	2	3
Third sector / advocacy (11)	11	19
Total organisations (28)	28	47
Individual (31)	31	53
Total respondents (59)	59	100

Key Themes

A number of key themes were evident across questions as well as across respondent groups, although these tended to be mentioned by a minority of respondents. These are summarised below.

- Overall, there was majority support for the proposals outlined in this consultation paper.
- There were references to a need for regulations and minimum standards to be child-friendly and be in line with the UNCRC.
- In general, respondents wanted to see minimum standards laid down in regulations for accommodation, and training for all staff.
- The inspection process was perceived to be important, as were sanctions for non-compliance. Likewise, there was perceived to be a need to monitor training requirements.
- While it might not be seen to be necessary to provide all staff and volunteers with the same training across a wide range of areas, it was seen to be important to have training which is appropriate to roles and responsibilities, and for all to be aware and understand other areas of training which might not be directly relevant.
- The issue of funding was clearly important, with references to the need for additional funding for necessary changes to physical spaces and the training of staff and volunteers. Disabled access in particular was seen as important.

Summary of main findings: Accommodation Standards

Minimum standards for child contact centre accommodation (Q1)

Almost all respondents answering this question felt that the elements of the proposed accommodation standards outlined in the consultation paper were very important. A small number of respondents felt it would not be possible to achieve all of these elements as some child contact centres share premises or do not have access to outdoor space. A key comment regarded a need for space to manage people arriving, leaving or waiting, particularly as some parents attending will be the victims of domestic abuse and will not want to come face-to-face with the perpetrator of this abuse. Allied to this, there were some comments on the importance of having two separate entrances and exits. A few respondents commented on the importance of having access to age-appropriate and good quality play equipment for children and young people that can reflect different interests and abilities.

Other areas that should be considered for the minimum standards for accommodation (Q2)

A key theme was of a need for accessibility to, and within buildings, with particular reference to people with disabilities, both physical and cognitive. A few respondents also referred to accessibility in terms of transport options to get to a centre. Small numbers of respondents noted the need to allow for different users and to be sensitive to their needs, for example, those from different ethnic backgrounds or those with communication / language barriers. There were also a few references to the importance of staff training.

Monitoring Accommodation Standards (Q3)

A majority of respondents agreed with the proposed process for, and frequency of, inspections for a provider's registered premises, although a few felt inspections should be more frequent than the suggested three years. There were a few references to the need for the inspection process to be positive and provide support and guidance to child contact centre providers where necessary.

The proposed sanctions for non-compliance with accommodation standards (Q4)

A large majority of respondents agreed with these proposed sanctions, which were seen by some to be on a par with other regulated care services. There were a few suggestions for alternatives to be offered; and a similar number of respondents noted concerns with this approach, primarily that changes to premises may be required. There were also some requests for further clarity, for example, what is meant by 'an appropriate timeframe'.

The minimum standards that should be set down in regulations for premises used on an ad hoc basis (Q5)

A large majority of respondents agreed that the same standards should apply to alternative premises as also apply to registered premises. Of those who disagreed with this approach, the key concern was that alternative premises may be essential to ensure that contact can happen, with suggestions for risk assessments to take place to enable use of ad hoc premises.

Other areas that should be included in the minimum standards for alternative premises used on an ad hoc basis (Q6)

The key comment was that the minimum standards should be the same across all premises.

Agreement with the proposed process for inspections for alternative premises used on an ad hoc basis (Q7)

A large majority of respondents agreed with the proposed process.

Whether a contact centre should be able to self-certify premises as appropriate in situations where alternative premises are required unexpectedly or in an emergency (Q8)

There was support for this proposal from a large majority of respondents, with the only opposition being from individuals. A key theme was that child contact services should be trusted to ensure all premises are safe and secure to use. For a few respondents, there was a focus on the importance of continued contact between a child and a parent, and that delays to contact can be damaging. A small number of respondents noted concerns around self-certification or cited that the use of emergency accommodation should not be needed as there should already be contingency planning in place.

Adjustments for disabled people at child contact centres (Q9)

There was majority support for the proposed arrangements to help ensure compliance with existing duties under the Equality Act 2010 (the Equality Act) in relation to making reasonable adjustments for disabled people at child contact centres, although there were a few comments that most centres rent their premises and can only make adjustments with a landlord's consent. Of those who disagreed with this, the key comment was that making reasonable adjustments to ensure disabled access is essential and that disabled people should not be excluded from services to which they are entitled.

Summary of main findings: Staff and Volunteer Training Standards

What minimum standards should be laid down in regulations for training of child contact centre staff and volunteers (Q10)

When asked to say which areas should be **required for all staff, desirable for some staff** or **not required for any staff**, a large majority of respondents felt that all areas should be either required or desirable. A key theme emerging from a few organisations was that all staff, including administrative and volunteers, should be well trained across all areas. A minimum standard of training was considered important by a few respondents; and a few respondents also felt there should be a distinction between staff and volunteers.

Areas that may be desirable for certain staff but would not be required as minimum standards under the regulations (Q11)

Almost all respondents felt each of the outlined areas were either required or desirable, the key theme being that staff should be provided with the appropriate training to be able to undertake their role.

Areas not laid down as minimum standards under the regulations but which providers would be expected to ensure staff have an awareness and understanding of (Q12)

A majority of respondents agreed that staff should have an awareness and understanding of each area outlined in the consultation paper.

Other areas that should be considered for child contract centre staff training standards (Q13)

A number of suggestions were made, each by small numbers of respondents, as to additional areas of training. A few respondents noted that training needs should be kept under review so they are in line with any legislative or policy changes.

Monitoring Staff Training Standards (Q14)

Almost all respondents agreed with the proposed process for the monitoring of training requirements. There were a few comments on the importance of suitable training and the need for staff to have a full understanding of their roles and responsibilities and to keep up-to-date with training requirements.

Summary of main findings: Complaints Procedures

Complaints about a child contact centre service (Q15)

A very large majority of respondents agreed with the proposed process for raising complaints against a child contact service. There were comments that the complaints system must be clear, simple, accessible to all and transparent, with fast investigation and resolution. Some respondents noted the system must be child-friendly. There were a few comments relating to poor experiences with the complaints process to date, with some comments that the current system is cumbersome; or that a system involving advocacy or third party involvement may help remedy any issues prior to a formal stage of complaint.

Agreement with the proposed process for raising complaints against individual members of staff and volunteers (Q16)

A large minority of respondents agreed with this proposal, although a significant minority noted concerns in instances where it did not prove possible to resolve a complaint through the child contact service provider. A few respondents, while supporting this proposal, also noted caveats.

Suggestions on how guidance on complaints procedures should be made accessible to children using child contact centre services (Q17)

There were some general comments supportive of guidance being accessible to children, with some suggestions that children need to be an integral part of the contact service complaints process so that feedback is continual and listened to. Child-friendly guidance was perceived to be important, with some comments that this needs to be age-appropriate and offered in a variety of formats, using a range of different tools.

Complaints by a child contact centre provider (Q18)

There was overwhelming support for the proposed process for a child contact centre raising complaints against the regulatory body. Among those who did not support the outlined approach, there was a desire to see more remedies and solution-finding prior to resorting to formal complaint routes.

Whether the right to appeal by a child contact centre of a decision made by the regulatory body should be to the sheriff court (Q19)

A large majority of respondents were in favour of the right of appeal by a child contact centre being to the sheriff court.

Summary of main findings: Draft Impact Assessments (Q20)

A relatively small number of respondents commented on the draft impact assessments, with a few making positive comments in that they are seen to be comprehensive, support the way forward and help to provide a baseline for positive standards of service. The draft **Child Rights and Wellbeing Impact Assessment** generated the most comments, with agreement that children's rights should be the foremost concern. In relation to the draft **Island Communities Impact Assessment**, there were some concerns about a lack of services disadvantaging children.

Summary of main findings: Any other comments (Q21)

Most comments made in relation to this question reiterated points already stated at earlier questions, with some comments of the need to ensure that regulation is founded on a child's rights-based framework. There was some reference to a need for significant investment to raise standards in terms of facilities and training, and suggestions for an increased number of centres as well as increased access levels.

A small number of respondents noted their support for the Care Inspectorate to be appointed as the body to oversee the new regulatory system for child contact centres. This was primarily on the basis that they have the necessary expertise to carry out this role, although one respondent noted that Care Inspectorate staff will need to be appropriately trained. Conversely, one third sector / advocacy organisation felt there is a need to consider other bodies that could be appointed to oversee the new regulatory system for child contact centres.

A small number of respondents also referred to the Care Inspectorate's inspection role in other settings, with general comments that their inspection service is effective, but did not comment as to whether they supported the organisation being appointed as the body to oversee the new regulatory system for child contact centres.

Introduction

Background

1. The Children (Scotland) Act 2020 (the 2020 Act) received Royal Assent on 1 October 2020. This builds upon the Children (Scotland) Act 1995. The 2020 Act gives Scottish Ministers the power to make provision about the regulation of a contact service provided in relation to the requirements of a contact order, including minimum standards for the training of contact centre staff and for child contact centre accommodation. The 2020 Act also gives Scottish Ministers the power to appoint a body for the purposes of administering the registration of contact service providers and contact centres. The Care Inspectorate is the Scottish Government's preferred option for this regulatory role.
2. Child contact centres are safe places for conflict-free contact between children, parents, and other people in the child's life. The child contact services the consultation focussed on are those that deal principally with separated parents and families who are referred in private law cases. For example, in situations where contact is ordered at a contact centre by the courts, where a referral is made to a contact centre by a solicitor on their client's behalf, or where parents self-refer. There are currently 44 child centres in Scotland, 42 of which are members of the Relationships Scotland network; the other two are independent centres.
3. Local authorities also often facilitate child contact in public law cases involving looked after children. However this did not fall within the scope of changes introduced by the 2020 Act and is not considered as part of this consultation.
4. Child contact centres play an important role in allowing a child to have a relationship with a parent. Child contact centres are not intended to be a long term solution for maintaining contact between a parent and child, although in some instances handover services can be facilitated on a longer-term basis so as to provide a stress-free environment where contact can continue.
5. The 2020 Act will take time to implement but it is expected that the regulation of child contact services will be fully operational in 2023.

Background to the consultation

6. During the passage of the 2020 Act through the Scottish Parliament, the Scottish Government committed to a full and public consultation on the regulation of child contact services. This consultation sought views on what should be covered in the minimum standards for child contact services, how these standards should be monitored and what the complaints procedures should be.

7. The Scottish Government launched a consultation which ended on 12 July 2021. Findings from this consultation will be used to inform the Scottish Government in decisions relating to the regulation of child contact services.

Consultation responses

8. In total, there were 59 responses to the consultation, of which 28 were from organisations and 31 from individuals.
9. Respondents were assigned to respondent groupings in order to enable analysis of any differences or commonalities across or within the various different types of organisations and individuals that responded. Table 2 shows the number of respondents in each organisational category.

Table 2: Respondent profile

	Number	%
Child contact service (5)	5	8
Legal (3)	3	5
Local authority (4)	4	7
Public body (1)	1	2
Regulator (2)	2	3
Representative body (2)	2	3
Third sector / advocacy (11)	11	19
Total organisations (28)	28	47
Individual (31)	31	53
Total respondents (59)	59	100

10. A list of all those organisations that submitted a response to the consultation and agreed to have their name published is included in Appendix 1.

Methodology

11. Responses to the consultation were submitted using the Scottish Government consultation platform Citizen Space or by post, although most respondents submitted their views via Citizen Space. Where responses were submitted in hard copy, these were entered manually onto the Citizen Space system to create a complete database of responses.
12. It should be borne in mind that the number responding at each question is not always the same as the number presented in the respondent group table. This is because not all respondents addressed all questions. This report indicates the number of respondents who commented at each question.
13. Some of the consultation questions were closed with specific options to choose from. Where respondents did not follow the questions but mentioned clearly within their text that they supported one of the options, these have been included in the relevant counts.
14. The researchers examined all comments made by respondents and noted the range of issues mentioned in responses, including reasons for opinions, specific examples or explanations, alternative suggestions or other comments. Grouping these issues together into similar themes allowed the researchers to identify whether any particular theme was specific to any particular respondent group or groups.
15. When considering group differences however, it must also be recognised that where a specific opinion has been identified in relation to a particular group or groups, this does not indicate that other groups did not share this opinion, but rather that they simply did not comment on that particular point.

Analysis of responses

16. The analysis of responses is presented in the following chapters which follow the order of the questions raised in the consultation paper. While the consultation gave all who wished to comment an opportunity to do so, given the self-selecting nature of this type of exercise, any figures quoted here cannot be extrapolated to a wider population outwith the respondent sample.
17. The Citizen Space database was exported to an Excel working database for detailed analysis. Where respondents requested anonymity and / or confidentiality, their views have been taken into account in the analysis but quotations have not been taken from their responses. Quotations have been included where they illustrate a point of view clearly and have been selected across the range of respondent sub-groups.

Accommodation standards

18. The consultation paper noted that this section of the consultation focused on accommodation standards for child contact centres and what minimum standards should be applied to the premises used by the centres so that all are safe and welcoming locations for children and families. This part of the consultation sought views on:

- What minimum accommodation standards should be considered for the regulation of child contact services.
- What minimum accommodation standards should be considered for the regulation of child contact services in relation to alternative premises.
- Adjustments for disabled people at child contact centres.

Minimum standards for child contact centre accommodation

19. The consultation paper explained that in addition to the range of premises that child contact centres operate from, the arrangements in place for use of these premises also varies across the sector, both in terms of the layout of the premises and the times when child contact services are open. Child contact centres are already subject to certain legal duties and obligations in terms of their business and premises; this covers health and safety law, building standards and insurance and equalities.

20. The Scottish Government holds the view that child contact services should take place in a safe, welcoming and child-friendly environment in terms of being comfortable with adequate space for children and parents to play and bond with each other, and to provide age-appropriate toys, games and other play equipment.

21. The first question in the consultation asked:

Q1: 'How important do you feel it is that each of the following areas are included in the regulations for minimum standards of accommodation (very important, somewhat important, fairly unimportant, very unimportant)?

Are clean, bright, warm, well maintained and well ventilated

Are safe and secure (including any outdoor areas), free from avoidable hazards and have a secure entry system

Have toilets, nappy changing facilities and (where available) kitchen facilities that are in good condition with access to hot and cold water and compliant with existing environmental health and safety requirements

Have furniture, soft furnishings, toys and equipment (including outdoor play equipment) and appliances / fittings that are in good condition and compliant with health and safety requirements, including British Standards Institution (BSI) safety standards

Have adequate space to meet the needs of children and families using the centre, including sufficient waiting areas

Have at least two separate entrances / exits, where possible

Have access to age appropriate and good quality play equipment and play spaces, including outside space where possible

Have clearly defined evacuation plans in place that staff, parents and children are aware of and that are well signposted

Have fire safety equipment that conforms with **BSE** safety standards

Have a first aid box

22. As illustrated in table 3, of those answering this question, almost all respondents felt that most of these elements of accommodation were very important; and most of these were described as being either very or somewhat important. The one exception was for the provision of at least two separate entrances / exits, where 39 respondents felt this was very important, 8 somewhat important and 6 fairly unimportant.

Table 3: Q1: How important are each of the following ?

How important do you feel it is that each of the following areas are included in the regulations for minimum standards of accommodation	Number (%)				
	Very Imp	Somewhat Imp	Fairly Unimp	Very Unimp	No answer
Are clean, bright, warm, well maintained and well ventilated	49 (83%)	4 (7%)	-	-	6 (10%)
Are safe and secure (including any outdoor areas), free from avoidable hazards, and have a secure entry system	48 (81%)	5 (8%)	-	-	6 (10%)
Have toilets and nappy changing facilities and (where available) kitchen facilities that are in good condition with access to hot and cold water and compliant with existing environmental health and safety requirements	49 (83%)	4 (7%)	-	-	6 (10%)
Have furniture, soft furnishings, toys and equipment (including outdoor play equipment) and appliances / fittings that are in good condition and complaint with health and safety requirements including British Standards Institution (BSI) safety standards	50 (85%)	3 (5%)	-	-	6 (10%)
Have adequate space to meet the needs of children and families using the centre, including sufficient waiting areas	52 (88%)	1 (1%)	-	-	6 (10%)
Have at least two separate entrances / exits, where possible	39 (66%)	8 (14%)	6 (10%)	-	6 (10%)
Have access to age appropriate and good quality play equipment and play spaces, including outside space where possible	49 (83%)	4 (7%)	-	-	6 (10%)
Have clearly defined emergency evacuation plans in place that staff, parents and children are aware of and that are well signposted	50 (85%)	3 (5%)	-	-	6 (10%)
Have fire safety equipment that conforms with BSI safety standards	51 (86%)	2 (3%)	-	-	6 (10%)
Have a first aid box	49 (83%)	2 (3%)	-	-	8 (14%)

(Percentages might not add to 100% because of rounding)

23. Respondents were then asked whether they had any further comments regarding their selections, and 36 opted to provide additional commentary. A number of respondents made general comments, some of which reiterated that all of these are important elements of accommodation: for example, that there is a need for a positive space for children and families that is safe, or that a family friendly environment is important. A small number of respondents noted that all of these elements will not be possible for some child contact centres as some are shared premises or do not have access to outdoor space. Additionally, a small number of respondents noted the need for adequate funding to enable child contact centres to provide these standards of service.

24. Relatively small numbers of respondents focused on each of the specific elements of accommodation as outlined in the consultation paper; the following paragraphs note points made in relation to each.

Are clean, bright, warm, well maintained and well ventilated

25. Only two respondents commented on this element, noting the importance of regular and thorough cleaning.

Are safe and secure (including any outdoor areas), free from avoidable hazards and have a secure entry system

26. Only four respondents commented on this element, mostly in support of CCTV to provide a secure entry system although one child contact service noted this is not possible in all instances; and an individual that this would need to be well regulated.

Have toilets, nappy changing facilities and (where available) kitchen facilities that are in good condition with access to hot and cold water and compliant with existing environmental health and safety requirements

27. Only four respondents commented on this element, most of whom noted that a kitchen is not necessary for positive contact between a parent and child or that kitchen facilities are not needed due to the limited amount of contact time (generally around two hours) spent there. One of these respondents also noted that the provision of kitchen facilities raised health and safety issues.

Have adequate space to meet the needs of children and families using the centre, including sufficient waiting times

28. This element attracted the highest number of comments, albeit from a minority of respondents. The key comment was of a need for space to manage people arriving, leaving or waiting. Safe and secure waiting areas were highlighted as important by a few respondents, particularly as some parents attending will be the victims of domestic abuse and will not want to come face-to-face with the perpetrator of this abuse.
29. There were also small numbers of comments on the need for the environment to be warm and friendly, safe and comfortable, and offering access to age-appropriate space to children of all ages. One respondent suggested that where possible, space should be provided for family to be in shared spaces or separate rooms, depending on the needs of the child. Overall, it was felt that the space available should not exacerbate any anxiety or trauma already felt by service users.

Have at least two separate entrances / exits, where possible

30. This element of the accommodation was commented on by a minority of respondents. The key comment was that separate entrances and exits are important as many of those attending the contact centre will be victims of domestic abuse and should not have to come face-to-face with the perpetrators of this abuse. That said, a few respondents noted this might not always be possible and suggested alternative procedures that could be adopted, such as staggered entrance times, separate waiting rooms or the co-ordination of drop-offs and pick-ups.

Have access to age appropriate and good quality play equipment and play spaces, including outside space where possible

31. A few respondents commented on this specific element, with the key theme being of access to age-appropriate and good quality play equipment that reflect different interests and abilities, and that toys should be kept in good condition. It was also noted that these centres should not be boring for children who are using them. A very small number of respondents noted that there had been a more restricted choice of toys because of the pandemic and the need to thoroughly clean all equipment. Again, there were a few comments that it is not always possible to provide outside space, but where it is possible, this needs to be of a high quality.
32. There were also a small number of comments of the need to ensure that all centres have disabled access.

33. The next question went on to ask:

Q2: 'Are there any other areas that should be considered for the minimum standards of accommodation?'

34. As table 4 shows, of those answering this question, more felt there should be other areas for consideration for the minimum standards for accommodation, than did not. A substantial minority opted not to answer this question.

Table 4: Q2: Are there any other areas that should be considered for the minimum standards for accommodation?

	Number		
	Yes	No	Not answered
Child contact service (5)	3	2	-
Legal (3)	-	1	2
Local authority (4)	2	2	-
Regulator (2)	1	-	1
Representative body (2)	1	-	1
Third sector / advocacy (11)	8	-	3
Other (1)	-	1	-
Total organisations (28)	15 (54%)	6 (21%)	7 (25%)
Individual (31)	10 (32%)	7 (23%)	14 (45%)
Total respondents (59)	25 (42%)	13 (22%)	21 (36%)

(Percentages might not add to 100% because of rounding)

35. A total of 30 respondents provided suggestions for other areas that should be considered for the minimum standards for accommodation.

36. **Accessibility to, and within buildings**, was highlighted by a significant number of respondents answering this question, with reference to access for disabilities, both physical and cognitive. These included ramps, wheelchair access, sensory adaptations such as sensory lighting, internal signage in braille, hearing loops and the availability of audio and visual access equipment.

37. **Accessibility in terms of transport options** was also referred to by a few respondents who commented on the need for access by various types of travel, including public transport and active travel. A very small number of respondents noted that in rural and remote areas, public transport is an issue where someone who has experienced domestic abuse has to travel on the same transport with the perpetrator of that abuse. There were also a small number of suggestions for parking to be provided.
38. There were a small number of comments of the need to allow for different users and to be sensitive to their needs, for example, individuals from different ethnic backgrounds, those with communication / language barriers, faith groups or offering varied opening times. Again, there were some comments for the need for the provision of quiet spaces for those who might be feeling overwhelmed. Allied to this point, there were a small number of requests for child contact services to work with users to co-design accommodation.
39. Staff training was referred to by a few respondents, who noted the importance of all staff being trained to provide a welcoming environment, to uphold children's and adults' rights to be safe, and can signpost centre users to other forms of support.
40. A number of respondents reiterated points made at the previous question, most notably in relation to the need for well managed and separate waiting areas, and CCTV.

Monitoring accommodation standards

41. The consultation paper noted that it is envisaged that the body appointed to oversee regulation would carry out regular physical inspections of premises, would issue reports on the inspections and would be involved in the complaints handling process. Prior to being registered as a regulated contact service, the regulatory body would carry out an initial inspection, followed by three yearly inspections once accepted on the register. In instances where accommodation standards have not been met, the child contact centre provider would be given the opportunity to address this in a specified timeframe. Question 3 asked:

Q3: 'Do you agree with the proposed process for, and frequency of, inspections for a provider's registered premises?'

42. As table 5 shows, a large majority of those answering this question agreed with the proposed process for, and frequency of, inspections for a provider's registered premises (38 agreed and 6 disagreed).

Table 5: Q3: Do you agree with the proposed process for and frequency of inspections for a provider’s registered premises?

	Number		
	Yes	No	Not answered
Child contact service (5)	4	1	-
Legal (3)	2	-	1
Local authority (4)	2	2	-
Regulator (2)	-	-	2
Representative body (2)	1	-	1
Third sector / advocacy (11)	3	2	6
Other (1)	1	-	-
Total organisations (28)	13 (46%)	5 (18%)	10 (36%)
Individual (31)	25 (81%)	1 (3%)	5 (16%)
Total respondents (59)	38 (64%)	6 (10%)	15 (25%)

(Percentages might not add to 100% because of rounding)

43. Respondents were then asked to give reasons for this answer, and 28 did so, a few of whom simply noted their agreement with what is proposed, without providing any further detail, other than comments along the lines of the process allowing for scrutiny and inspection by an independent body.
44. The key comment from a minority of these respondents focused on the **frequency of inspections**, with most agreeing that three years is a suitable time period and allows for any changes in the service to be implemented. One existing child contact service noted that this fits with their existing quality assurance system. A few respondents, however, felt the **period of inspection should be more frequent**, particularly in the early years. A small number of respondents were of the opinion that inspections should be unscheduled and unannounced. Alongside this, a small number of respondents suggested there should also be annual self-assessments / evaluations to ensure that the centres run effectively.
45. The importance of the inspection process being positive and meaningful, with support and guidance provided, was noted by a small number of respondents. This in turn will help to ensure continuous improvement on a customer-focused basis, with the sharing of learning and better practice.

46. A very small number of respondents who commented at this question, felt the Care Inspectorate would be a suitable organisation to conduct the inspection process, one of whom noted that the Care Inspectorate is a trustworthy organisation; although one third sector / advocacy organisation queried their suitability given their lack of knowledge in this area.
47. The importance of ensuring that all inspection reports are readily available to the public was highlighted by a small number of respondents.
48. A small number of comments focused on the complaints process specifically, with comments on the need for this to be simple, accessible and open; additionally, that the time period for complaints to be dealt with needs to be short given that service users are often vulnerable children.
49. The next question asked:

Q4: 'Do you agree / disagree with the proposed sanctions for non-compliance with the accommodation standards?'

50. As table 6 demonstrates, a large majority of those answering this question agreed with the proposed sanctions for non-compliance with the accommodation standards.

Table 6: Q4: Do you agree / disagree with the proposed sanctions for non-compliance with the accommodation standards?

	Number		
	Agree	Disagree	Not answered
Child contact service (5)	3	2	-
Legal (3)	2	-	1
Local authority (4)	4	-	-
Regulator (2)	-	-	2
Representative body (2)	1	-	1
Third sector / advocacy (11)	5	1	5
Other (1)	-	-	1
Total organisations (28)	15 (54%)	3 (11%)	10 (36%)
Individual (31)	21 (68%)	1 (3%)	9 (29%)
Total respondents (59)	36 (61%)	4 (7%)	19 (32%)

(Percentages might not add to 100% because of rounding)

51. A total of 25 respondents opted to provide additional commentary in support of their initial response; the **largest number of whom noted their support for this approach**. This approach is seen to be on a par with that for other regulated care services, and to be reasonable and proportionate. That said, one organisation in the legal sector noted:

“Provided adequate time is given for facilities to bring services up to standard then failure to comply ought to result in premises being suspended to give them a chance to remedy any issues. Failure to resolve any problems or repeated failure to comply should result in the premises being shut down. The step should not be taken lightly as families rely on these services.”

52. There were a small number of suggestions for **alternatives to be offered**. These included suspension rather than removal until standards are complied with or a continuum of options in terms of how concerns are categorised and a timeframe in which to rectify the situation. The need for support, assistance and guidance to help instigate the necessary improvements was cited by a small number of respondents. There were also suggestions for links to other centres to network and share ideas.
53. A few respondents noted **concerns with this approach**, primarily in relation to instances where changes to premises may be required. These concerns focused on premises that are rented, leased or shared and where centres may be subject to agreement from the landlord for any changes to be made. A third sector / advocacy organisation was concerned that children could have to continue using an inappropriate setting where standards have not been met while the situation is being rectified.
54. **The need for clarity** was cited by a few respondents – mostly in the third sector – most of whom focused on the phrase ‘an appropriate timeframe’, with suggestions that the timeframe needs to be specified, albeit there might be a need for flexibility in some circumstances. One organisation felt the consultation paper needed to be clearer on the processes when a centre does not meet the required standards.

55. One respondent who disagreed with the proposed sanctions noted the need for a wider quality assurance framework, and outlined the advantages this would bring:

“We disagree with the scope of the proposed standards in itself. A wider quality assurance framework would enable services to “show their workings” in terms of their development of quality services. Any regulatory body can then advise and support improvements on all aspects of the service using the service’s self-assessment and its own observations, interviews and benchmarking. It is possible to provide a poor service within a high quality environment, and a high quality service within an environment that may have many practical weaknesses in terms of the standards. All services in Scotland are under-funded in relation to the relative cost of rents in city locations and the lack of choice in rural and remote locations. The emphasis on a wider quality assurance framework would allow organisations to profile their strengths in practice, not just premises. A service found to have significant weaknesses in practice and premises should be offered support with improvements within a timescale, just as in any regulated service.”

Minimum standards for premises used on an ad hoc basis

56. Currently, to facilitate contact for families in remote areas where there is no permanent centre, rural contact service providers will utilise alternative premises on an ad hoc basis. The 2020 Act allows for this flexibility and provides that minimum standards that have to be met by these alternative premises can also be set down in regulations. Failure to meet these could result in removal of the contact service provider from the register.

57. The Scottish Government is proposing that the same standards outlined for the registered premises should also be applied to alternative premises. It is envisaged that where a new alternative premises is being used and there is insufficient time for an inspection to take place before the contact sessions start, a child contact service could self-certify that the premises meet the required standards. If a subsequent inspection identifies that these alternative premises have not met the accommodation standards, and where it is expected these premises will be used again, the provider would be given time to address the failings within an appropriate timeframe. Continued failure to meet the standards could result in removal from the register.

58. Question 5 asked:

Q5: ‘Should the same minimum standards that apply to registered premises also apply to alternative premises?’

59. As table 7 demonstrates, a large majority of those answering this question agreed that the same standards should apply to alternative premises as also apply to registered premises (46 agreed; 5 disagreed).

Table 7: Q5: should the same minimum standards that apply to registered premises also apply to alternative premises?

	Number		
	Agree	Disagree	Not answered
Child contact service (5)	4	-	1
Legal (3)	1	-	2
Local authority (4)	3	1	-
Regulator (2)	-	-	2
Representative body (2)	1	-	1
Third sector / advocacy (11)	8	2	1
Other (1)	1	-	-
Total organisations (28)	18 (64%)	3 (11%)	7 (25%)
Individual (31)	28 (90%)	2 (6%)	1 (3%)
Total respondents (59)	46 (78%)	5 (8%)	8 (14%)

(Percentages might not add to 100% because of rounding)

60. A total of 38 respondents provided further detail to back up their initial response to this question. The key theme from a majority of these respondents was that the same standards should apply to all premises, that there should be a consistency in care and provision or that safety and comfort should be paramount. As one third sector / advocacy organisation noted:

“As noted in the consultation paper - the regulation of accommodation provides an opportunity for consistency of quality for those using the premises, enabling children to have access to the same standard of accommodation, regardless of their location (UNCRC Article 2). [We] welcomes the fact this view is supported by the accompanying draft Islands Communities Impact Assessment, which highlights that it is important to ensure that children and families in island communities experience the same standards at child contact centres as children and families on the mainland of Scotland. Alternative premises may be needed to accommodate for the unexpected closure of the registered premise. The use of alternative premises can ensure the continuation of contact between children and their family members (UNCRC Article 9) and it essential that the accommodation and arrangements fully respect all children’s rights.”

61. One organisation noted that there are now more vacant properties across Scotland due to Covid, and that some of these could be adapted; another that other places such as outdoors venues can offer an alternative.
62. Of those who disagreed with this proposed approach, the primary concern was that **alternative premises may be essential to ensure that contact can happen or that it is paramount that the contact takes place**. One child centre service suggested that a risk assessment could be conducted for any alternative venues, with photos submitted to the regulatory body, or for a virtual visit, to ensure that contact is not delayed but that the minimum accommodation standards are met.
63. There were a few comments that the minimum standards for alternative accommodation should be considered on a case-by-case basis and should consider the level of risk posed by the use of alternative accommodation. One organisation in the legal sector noted that it might not be practical for all premises to meet all conditions, for example, offering a secure entry system or having two entrances / exits, but that premises should be compliant with fire regulations and hygiene standards. Another organisation noted that some alternative premises may already be in use for some other form of childcare and, as such, will already be subject to other standards. One child contact service noted that it is more important to have well trained staff who can manage the contact, understand how to use a venue and support the family.
64. Question 6 then asked:

Q6: 'Are there any other areas that you think should be included in the minimum standards for alternative premises used on an ad hoc basis?'

65. 24 respondents answered this question, the key comment being that the **minimum standards should be the same for all premises**, both registered and alternative. There were various mentions of the need for any premises to be fully accessible. Other points made by only one or two respondents largely reflected issues raised at earlier questions and included the need for CCTV at all premises, that the environment, equipment, toys, books and materials provided should reflect the diversity of the local population, and provision of a sports hall.

66. There were a few comments that the **key consideration should be the safety and wellbeing of users**, and that it might not be possible to offer the same range of standards at alternative premises but that there should be policies to deal with this. One local authority noted that there should be minimum standards but that these should not be too prescriptive. An organisation in the legal sector commented that it would be unrealistic to expect funding to be used for alternative premises if they are used for many different and varied functions. An organisation in the third sector / advocacy sub-group commented that in premises shared with other users, consideration needs to be given to these other users, as some may be inappropriate within child contact centres.

67. Training was raised by a small number of respondents who felt that staff should develop safety plans for adult and children survivors of domestic abuse; or that training should be given to staff so that they can act quickly upon any complaint that is made.

68. Only one respondent – an individual – felt that no alternative premises should be used.

69. Question 7 then asked:

Q7: 'Do you agree / disagree with the proposed process for inspections for alternative premises used on an ad hoc basis?'

70. As table 8 demonstrates, once again, a large majority of those answering this question agreed with the proposed process for inspections for alternative premises used on an ad hoc basis.

Table 8: Q7: Do you agree / disagree with the proposed process for inspections for alternative premises used on an ad hoc basis?

	Number		
	Agree	Disagree	Not answered
Child contact service (5)	3	1	1
Legal (3)	2	-	1
Local authority (4)	2	1	1
Regulator (2)	-	-	2
Representative body (2)	1	-	1
Third sector / advocacy (11)	7	-	4
Other (1)	1	-	-
Total organisations (28)	16 (57%)	2 (7%)	10 (36%)
Individual (31)	21 (68%)	2 (6%)	8 (26%)
Total respondents (59)	37 (63%)	4 (7%)	18 (31%)

(Percentages might not add to 100% because of rounding)

71. 24 respondents then provided further comments in support of their initial response to this question. The key comments, albeit only from a few respondents, were that alternative premises should be inspected on the same frequency as normal premises; and that they need to meet minimum standards or be held to similar standards, especially if the premises are a recognised alternative premises and not used on a one-off basis. A child contact service noted that if the premises are not held to the same standards, it can devalue what contact a child has.
72. There were also a few respondents who simply noted their agreement with the proposed process for inspections for alternative premises used on an ad hoc basis.
73. Timeframes were cited as an issue by a small number of respondents, with a request for defined timeframes from a third sector / advocacy organisation. There were also comments about the challenges of undertaking inspections in a short timeframe, with a couple of comments that retrospective inspections would be suitable. A representative body noted that if premises are used in a one-off situation, and they are not expected to be used again, there should be an initial or retrospective inspection but that the premises should not have to register. A local authority requested guidance on how long is considered to be a temporary use of premises.

74. Other comments made by only one or two respondents included that it should be possible to show evidence such as photographs to demonstrate that alternative premises are suitable or to undertake virtual inspections, that providers would need to ensure they have appropriate insurance cover and that inspections should be carried out on all premises prior to use in order to identify any issues and ensure the premises can be used safely. One or two respondents also referred to the need for consistency and transparency during the process and that the proposed process is not proportionate to the purpose of using alternative premises.

75. Question 8 then went onto ask:

Q8: 'Should a contact centre provider be able to self-certify a premises as appropriate in situations where alternative premises are required unexpectedly or in an emergency?'

76. As shown in table 9, there was support for this proposal from a large majority of respondents; the only opposition came from individuals.

Table 9: Q8: Should a contact centre provider be able to self-certify a premises as appropriate in situations where alternative premises are required unexpectedly or in an emergency?

	Number		
	Yes	No	Not answered
Child contact service (5)	5	-	-
Legal (3)	2	-	1
Local authority (4)	4	-	-
Regulator (2)	-	-	2
Representative body (2)	1	-	1
Third sector / advocacy (11)	5	-	6
Other (1)	1	-	-
Total organisations (28)	18 (64%)	-	10 (36%)
Individual (31)	19 (61%)	8 (26%)	4 (13%)
Total respondents (59)	37 (63%)	8 (14%)	14 (24%)

(Percentages might not add to 100% because of rounding)

77. A total of 38 respondents provided commentary in support of their initial response. The key theme – primarily from child contact services – was that **child contact services should be trusted to ensure all premises are safe and secure to use**; and that they are capable of making decisions about what spaces are appropriate for contact. Additionally, a small number of respondents noted that in an emergency, it should be left to the professionals to make a reasonable risk assessment and be able to self-certify premises.
78. A few respondents across most sub-groups focused on the importance of continued contact between a child and parents, and noted that delays to contact can be damaging to a child and does not serve their best interests. Self-certification is perceived to be a good approach to adopt in order to avoid delay in the provision of alternative premises when they are needed.
79. While there was broad support for this proposal from respondents, a few respondents outlined provisos, although there was little consistency in the comments made. The importance of having policies and procedures in place to deal with this circumstance was highlighted by a couple of respondents; and there were some references to the need to carry out risk assessments and / or have virtual assessments with the regulator. The short term nature of this was also highlighted, with suggestions that the use of alternative premises should be time-limited and short term. A child contact service requested to have the process outlined by the regulator so that self-certification can be carried out safely and effectively.
80. **Concerns about the use of self-certification** were outlined by a small number of respondents, with an organisation in the third sector / advocacy sub-group noting:

“We have some concerns about a contact centre provider being able to self-certify. The 2020 Act places a duty on courts and solicitors to refer to regulated child contact centre services. Child contact arrangements are generally planned and timetabled well in advance, and we are uncertain why there would be a situation in which contact must still take place but unregulated premises are the only place that it could happen.”

81. Allied to this, there were a small number of comments that **self-certification could be avoided** as child contact services should already have contingency planning in place and should have already identified alternative premises that could be accommodated within the wider inspection and monitoring arrangements for alternative premises. Similarly, a small number of respondents noted that it is a duty under the 2020 Act for courts and solicitors to refer to regulated child contact services and they need certainty that a specific service is regulated. They also inferred that if the scheme allows for one-off uses of alternative premises, the child contact service should make public notification of this.

82. Of the small number of respondents who disagreed with the concept of self-certification, two individuals felt that this would be an abuse of their powers; and that inspection should always be independent and not via self-certification.

Adjustments for disabled people at child contact centres

83. The consultation paper noted that the functions conferred on the body appointed to oversee regulation may include issuing reports on any failure, or possible failure, by a contact service provider to comply with the provider's duties under the Equality Act and in particular any duty to make reasonable adjustments to premises in order to facilitate their use by disabled people. This section of the 2020 Act focuses on helping to ensure the observance of the duties set out in the Equality Act, which requires providers to make reasonable adjustments in circumstances where a disabled person is placed at a substantial disadvantage in comparison with non-disabled people. The EHRC has provided information on what service users can do if they think an organisation has not made reasonable adjustments and has a range of powers that enable them to enforce this law.
84. Child contact centre providers are expected to think in advance about what people with a range of impairments might reasonably need. An organisation is not required to do more than it is reasonable for it to do, and this will depend on, among other things, its size and nature, and the nature of the facilities or services it provides, or the public functions it carries out. Question 9 asked:

Q9: 'Do you think the proposed arrangements to help ensure compliance with existing duties under the 2010 Act in relation to disabled access at child contact centres are adequate?'

85. As shown in table 10, of those answering 'yes' or 'no' to this question, there was majority support for the proposed arrangements.

Table 10: Q9: Do you think the proposed arrangements to help ensure compliance with existing duties under the 2010 Act in relation to disabled access at child contact centres are adequate?

	Number		
	Yes	No	Not answered
Child contact service (5)	3	2	-
Legal (3)	2	-	1
Local authority (4)	4	-	-
Regulator (2)	-	1	1
Representative body (2)	-	-	2
Third sector / advocacy (11)	4	2	5
Other (1)	-	1	-
Total organisations (28)	13 (46%)	6 (21%)	9 (32%)
Individual (31)	14 (45%)	6 (19%)	11 (35%)
Total respondents (59)	27 (46%)	12 (20%)	20 (34%)

(Percentages might not add to 100% because of rounding)

86. A total of 26 respondents provided additional commentary in support of their initial response. Of those in agreement that the proposed arrangements to help ensure compliance with existing duties under the Equality Act in relation to disabled access at child centres are adequate, a small number noted the proposed arrangements are suitable. A small number of respondents agreed on the basis that disabled individuals have the right to be treated in the same way as non-disabled individuals. Once again, a few provisos were noted by respondents; primarily that most centres rent their premises and can only make adjustments with the consent of the landlord, with one child contact service expressing a concern that stating all centres have to have disabled access could mean that some venues are lost. A local authority felt the proposed arrangements should not be too prescriptive as this could lead to the closure of centres and an allied reduction in the services for those who need them.

87. Of the respondents who disagreed at this question, the key theme was that **making reasonable adjustments to ensure disabled access is essential** and that disabled people should not be excluded from services to which they are entitled. That said, one child contact service noted that while children with additional special needs should have the best chance to maintain contact with a parent, in many cases, a child's needs' can be accommodated by creative planning and staff skills. A regulator noted that the minimum standards should refer to accessibility in the light of their duty to make reasonable adjustments and that it should not be possible to register a contact centre that is not accessible to children and adults with disabilities. Two respondents noted that there should be reference to the existing duties of the Equality Act within the minimum standards for accommodation.
88. Other comments made by one or two respondents included that users should be made aware of their rights to have reasonable adjustments made if they are disabled and that information could be provided on their first visit. One respondent referred to UNCRC Article 12 in relation to providing child-friendly accessible information informing them of their rights to have reasonable adjustments made if they are disabled.
89. Disability was again referred to, with one or two respondents commenting that research suggests there could be relatively large numbers of disabled children using contact centres and that the capacity of a service to meet disabled requirements should be considered by the court in advance of a referral. Furthermore, providers will need support from the regulatory body on how to meet the requirements of the Equality Act.
90. Finally, there was a comment that while premises are important, the ways in which staff can support parents and children is also important. Service users need to be aware of how to express concerns to staff and obtain support.

Staff and volunteer training standards

91. This part of the consultation paper sought views on what minimum standards should be laid down in regulations for the training that contact centre staff and volunteers should receive. This will help to ensure staff and volunteers have the appropriate training to facilitate contact services safety and help ensure the best outcomes for children and families using child contact centre services.
92. Currently, there is a diverse range of child contact services, in terms of size, structure, staffing and the types of services that are offered. The number of full-time members of staff at child contact centres will vary and many staff and volunteers will work on a part-time or temporary basis. There are also a range of different roles that staff and volunteers may undertake.

Minimum standards for training of child contact centre staff and volunteers

93. The regulation being proposed under the 2020 Act seeks to introduce national standards that will apply consistently across the sector and ensure all services operate to the same minimum standards in relation to staff training. The Scottish Government would expect child contact centre staff to undergo regular training to ensure they are aware of the latest understanding in key areas. The costs estimated for staff training in the Financial Memorandum that accompanied the Children (Scotland) Bill were based on child contact centre staff requiring on average four days paid training a year. The consultation paper laid out a number of key areas for training of staff as well as some other areas that would be desirable, and some other areas staff would be expected to have an understanding and awareness of.

94. Question 10 of the consultation asked:

Q10: 'These are the key areas we consider staff and volunteers in child contact centres working with children and families should be trained in under the proposed standards (other than staff or volunteers carrying out administrative or maintenance roles). Please rate each on whether you feel it should be *Required* for all staff (except those in administrative roles); *Desirable* for some staff to complete, but not required for all staff; or *Not required* for any staff to complete

Child protection

Understanding domestic abuse, particularly the dynamic of coercive control

Understanding the ways adults can influence a child

Working with families in conflict

Responding to children's needs and behaviour

Child development, including learning disabilities and developmental disorders

Risk assessments

Parental mental health

Drug and alcohol misuse

Awareness of other services that are available for children and young people

Proficient recording of contact

Reporting on contact

Observing supervised contact

Complaints handling

95. As illustrated in table 11, of those answering this question, a large majority felt that all of these areas are 'required', and almost all respondents felt that all of these areas should be either 'required' or 'desirable'. The key areas which were felt to be 'required' by the greatest numbers of respondents were:

- Child protection.
- Proficient recording of contact.
- Responding to children's needs and behaviour.
- Working with families in conflict.
- Risk assessments.
- Observing supervised contact.
- Reporting on contact.
- Understanding domestic abuse, particularly the dynamic of coercive control.

96. The areas felt to be 'desirable' by the highest numbers of respondents were:

- Awareness of other services available for children and young people.
- Parental mental health.
- Understanding the ways adults can influence a child.

Table 11: Q10: Key areas for training

	Number (%)			
	Required	Desirable	Not required	No answer
Child protection	53 (90%)	1 (2%)	1 (2%)	4 (7%)
Understanding domestic abuse, particularly the dynamic of coercive control	47 (80%)	7 (12%)	1 (2%)	4 (7%)
Understanding the ways adults can influence a child	41 (69%)	11 (19%)	2 (3%)	5 (8%)
Working with families in conflict	48 (81%)	6 (10%)	1 (2%)	4 (7%)
Responding to children's needs and behaviour	49 (83%)	5 (8%)	1 (2%)	4 (7%)
Child development, including learning disabilities and developmental disorders	44 (75%)	10 (17%)	1 (2%)	4 (7%)
Risk assessments	48 (81%)	7 (12%)	-	4 (7%)
Parental mental health	36 (61%)	18 (31%)	1 (2%)	4 (7%)
Drug and alcohol misuse	43 (73%)	10 (17%)	1 (2%)	5 (8%)
Awareness of other services that are available for children and young people	34 (58%)	19 (32%)	2 (3%)	4 (7%)
Proficient recording of contact	50 (85%)	4 (7%)	1 (2%)	4 (7%)
Reporting on contact	47 (80%)	7 (12%)	-	5 (8%)
Observing supervised contact	48 (81%)	7 (12%)	-	4 (7%)
Complaints handling	42 (71%)	13 (22%)	-	4 (7%)

(Percentages might not all to 100% because of rounding)

97. Respondents were also given the opportunity to provide comments on their selections. 35 opted to do so.

98. A key theme emerging, albeit only from a few organisations, was that **all staff, including administrative and volunteers, should be well trained across all areas**; for example, two third sector / advocacy organisations noted that administration staff should be trained if they are working in the centre or speaking directly to children and families. A few respondents focused on the importance of training on domestic abuse and felt that centre staff need to be able to recognise this as it often continues after separation and can happen at centres during contact time. A third sector organisation commented:

“That this is an arena ripe for emotional reactions, stressors, exploitation, conflict and manipulation. Good training, support and supervision is required. It is always better where possible to have processes that prevent situations arising however we also need people well able to manage a variety of anticipated and probable risks.”

99. **A minimum standard of training** was considered important by a few respondents, for example, all staff and volunteers should be trained in basic child and adult protection processes, how to communicate and provide a safe response in situations of anger, aggression or conflict or how to deal with issues affecting the families they deal with. Then, depending on a specific role, further training would be needed, for example, those in managerial or co-ordinating roles will need a more developed understanding across all areas as well as how to support others.

100. A distinction between paid staff and volunteers was noted by a few respondents; again, some comments noted that volunteers should have any relevant training necessary to carry out their role, while others noted it is inappropriate to expect volunteers to have the widest range of training as they will be supervised by trained staff.

101. Some respondents outlined other areas in which they felt training should be offered. These included:

- A basic understanding of the legal process as a majority of cases will be at the contact centre due to solicitor or court instructions.
- Trauma.
- First aid / emergency marshal training.
- Understanding of children's rights (with references to UNCRC).
- Communication with children and being able to anticipate the needs of a child.
- Building effective relationships.
- Adult protection.
- Anxiety / Attention deficit hyperactivity disorder (ADHD) / Autism spectrum disorder (ASD) / pathological demand avoidance (PDA).
- How to provide a welcoming environment for LGBTQ+ and families.
- Cultural sensitivity.
- Sign language.

102. A small number of respondents referred to specific areas of training that were cited in this question. There was a view that risk assessment or recording, reporting and supervision of contact do not need to be understood by all staff; just those who are required to undertake these tasks. In terms of the ways in which adults can influence a child, a third sector / advocacy organisation requested that, if this refers to one parent seeking to alienate a child or children from the other parent, it should not be included in 'the ways adults can influence a child'.

103. Question 11 then asked about a number of other areas:

Q11: 'These are the areas we consider that it may be desirable for certain staff at the child contact centre to have training in depending on their role, but wouldn't necessarily be required as minimum standards under the regulations. Please rate each area on whether you feel it should be: *Required* for all staff as a minimum standard (except those in administrative roles); *Desirable* for some staff to complete, but not required for all staff; or *Not required* for any staff to complete.

An introduction to trauma

Adverse childhood experiences

Positive transitions

Attachment theory in child development

Brain development

Working with families where English is not their first language

104. As demonstrated in table 12, almost all respondents felt each of these areas was either 'required' or 'desirable'.

Table 12: Q11: Do you have any further comments regarding your selections?

	Number (%)			
	Required	Desirable	Not required	No answer
An introduction to trauma	38 (64%)	15 (25%)	1 (2%)	5 (8%)
Adverse childhood experiences	35 (59%)	17 (29%)	1 (2%)	6 (10%)
Positive transitions	34 (58%)	18 (31%)	1 (2%)	6 (10%)
Attachment theory in child development	30 (51%)	22 (37%)	1 (2%)	6 (10%)
Brain development	24 (41%)	26 (44%)	2 (3%)	7 (12%)
Working with families where English is not their first language	36 (61%)	17 (29%)	2 (3%)	4 (7%)

(Percentages might not all to 100% because of rounding)

105. A total of 29 respondents provided supportive comments, some of which echoed points made in response to the previous question. The key theme was that **staff should be provided with the appropriate training to be able to undertake their role**. The intensity and complexity of training may need to vary according to individual roles but that all staff and volunteers should be encouraged to develop their skills, although there were a small number of calls for a basic level of training across each of these areas to be provided to all staff.

106. A few respondents – primarily within third sector / advocacy organisations – commented that **all staff should have mandatory training in trauma and / or working with families where English is not their first language**.

107. As at the previous question, some respondents outlined additional areas for training. These included:

- Support for families with additional support needs.
- Managerial skills.
- Neurodiversity.
- Infant / child mental health.
- Attachment theory should include separation and loss.
- Sign language / British Sign Language.
- Language delay and the nuances of body language.
- Knowledge of family and parenting issues in other cultures and religions; to be culturally sensitive and inclusive.
- Children's experience with same-sex parents.
- How to support parents who may be restricted to video contact due to distance or Covid.
- How to handle disclosures and concerns of ongoing domestic abuse experiences.
- How to support children's participation and create child-friendly environments.

108. Question 12 then asked:

Q12: 'These are the areas we would not plan to lay down as minimum standards under the regulations, but we would expect providers to ensure that members of staff have an awareness and understanding. For each area, please indicate whether you *Agree* or *disagree* with the proposed approach.

Health and safety

Equality and diversity

Confidentiality / data protection / disclosure of information

Anti-harassment

Anti-bullying

Mediation and nutrition

Disciplinary / whistleblowing

Practicalities of child contact centre management / admissions

109. As demonstrated in table 13, a majority of respondents agreed that each of these areas would not have to be laid down as minimum standards under the regulations, although providers should ensure that members of staff have an awareness and understanding.

Table 13: Q12: Do you agree / disagree with the proposed approach?

	Number (%)		
	Agree	Disagree	Not answered
Health and safety	41 (69%)	9 (15%)	9 (15%)
Equality and diversity	42 (71%)	8 (14%)	9 (15%)
Confidentiality / data protection / disclosure of information	39 (66%)	11 (19%)	9 (15%)
Anti-harassment	42 (71%)	8 (14%)	9 (15%)
Anti-bullying	40 (68%)	10 (17%)	9 (15%)
Medication and nutrition	36 (61%)	10 (17%)	13 (22%)
Disciplinary / whistleblowing	40 (68%)	10 (17%)	9 (15%)
Practicalities of child contact centre management / admissions	40 (68%)	8 (14%)	11 (19%)

(Percentages might not add to 100% because of rounding)

110. 24 respondents then went on to provide further commentary. The key theme from a significant minority of these was that **all, or some, of these areas should be laid down as minimum standards**. Other comments, while not committing to whether they should be laid down in minimum standards, noted that these are important in the protection of children, or providers would be expected to demonstrate they have policies in place that comply with their legal obligations in these areas.

111. As at the previous question, there were a small number of comments that not all staff would need to have training across all of these areas and that it would depend on their role within the service. That said, the same number of respondents commented that all staff would need an awareness and understanding of all of these areas or that most are part of the standard operating procedure for all new and existing employees as they are covered by policies and procedures.

112. The final question in this section of the consultation paper then asked:

Q13: 'Are there any other areas that should be considered for child contact centre staff training standards?'

113. 31 respondents provided comments, and many of the areas they suggested for staff training standards reiterated those made at earlier questions. In addition to those, there were calls for:

- What to look out for in a child's behaviour towards their parent.
- Working with other professionals involved in the case.
- Dealing with non-engaging families and disguised compliance.
- Working online, for example, facilitating contact and meetings.
- Complaint handling.
- Taking contact to outdoors situations.
- Supporting parents to progress independent contact.
- Managing handovers.

114. While not directly related to this question, a few respondents made other comments, including that training needs should be kept under review so they are in line with any legislative and policy changes. There were a small number of suggestions in favour of a professional qualification for child contact centre staff that would allow for career progression, with a suggestion this could be in line with the minimum Scottish Qualifications Authority requirements in other regulated services. One third sector / advocacy organisation suggested that all contact centre staff should have to register with the SSSC as this would ensure professional practice standards. An individual felt that all staff should have a degree level qualification or appropriate work experience.

115. There were a few suggestions for enhancements to be made at centres; these included the provision of contact during evenings and / or weekends or the provision of additional support to parents, for example, in groups or by referral to other organisations.

Monitoring staff training standards

116. It is envisaged that the body appointed to oversee the regulation would be responsible for scrutiny of child contact services to ensure they meet training standards. The consultation paper outlined the process that would be followed in terms of carrying out initial inspections prior to registration and regular inspections after registration. It is expected that routine inspections would be conducted on a three yearly basis, with opportunities to redress any shortfall in training, although ultimately a child contact service could be removed from the register for continued failure. Question 14 asked:

Q14: 'Do you agree / disagree with the proposed process for monitoring of training requirements?'

117. As shown in table 14, **almost all of those answering this question agreed with the proposed process** for the monitoring of training requirements (41 agreed and only 4 disagreed).

Table 14: Q14: Do you agree / disagree with the proposed process for monitoring of training requirements?

	Number		
	Agree	Disagree	Not answered
Child contact service (5)	4	-	1
Legal (3)	1	-	2
Local authority (4)	4	-	-
Regulator (2)	-	-	2
Representative body (2)	1	-	1
Third sector / advocacy (11)	5	1	5
Other (1)	-	-	1
Total organisations (28)	15 (54%)	1 (4%)	12 (43%)
Individual (31)	26 (84%)	3 (10%)	2 (6%)
Total respondents (59)	41 (69%)	4 (7%)	14 (24%)

(Percentages might not add to 100% because of rounding)

118. 24 respondents then provided further commentary about training requirements; albeit that most comments were made by small numbers of respondents.
119. A few respondents noted their **agreement with the proposal** or specific elements of the proposal, with comments such as these are proportionate, reasonable, clear and transparent or in line with similar processes in other services. One organisation in the third sector / advocacy sub-group commented that the Care Inspectorate would have sufficient expertise to take on this regulatory role.
120. There were also a few general comments on the importance of suitable training and the need for staff to have a full understanding of their roles and responsibilities and to keep up-to-date with training requirements, although a small number of organisations noted the need for training to be fit for purpose and meet requirements.
121. There were a small number of suggestions that **monitoring should be conducted more frequently**, with the suggestion of monitoring every 18 months from a third sector / advocacy organisation; this was primarily because of staff and volunteer turnover.
122. The issue of **funding** was raised by a small number of respondents who noted the need for sufficient funding to be in place to allow staff to participate in relevant training courses; one legal organisation noted that additional costs would need to be covered either by higher fees or by government funding. Another organisation in the legal sector noted there may be opportunities for the same training to be offered to other individuals (safeguarders / curators and so on).
123. Other issues raised by single respondents included the need to strengthen regulation with regards to non-compliance, for example, to provide clarity on a timeframe to meet requirements (the consultation paper referred to 'an adequate timeframe' which was felt to be inadequate); or to provide a clearer definition of the process to be followed if there is continued failure to meet training standards.
124. There was also reference by single respondents to training, with comments on the need for some form of assessment within training courses to document that an individual can demonstrate understanding of a specific topic. Additionally, that the amount of training offered online should be restricted and that there is a need to base training on practice development and problem solving to ensure that existing skills are developed, rather than simply repeat training courses that have previously been undertaken.
125. Finally, one respondent felt there should not be a need for all staff and volunteers to have an understanding of all training issues.

Complaints procedures

126. The consultation paper noted that one of the key aims of regulating child contact centres is to ensure there is a clear and consistent complaints mechanism that is accessible and child-friendly; and outlined the processes that would be followed whenever specific complaints are made. This part of the consultation sought views on:

- Complaints about a child contact centre service.
- Complaints about the body appointed to oversee child contact centre regulation.

Complaints about a child contact centre service

127. Service users would be encouraged to contact the child contact centre provider if they had any concerns about the service provided; if this does not resolve the issue they could then raise a formal complaint with the provider; if this still does not resolve the issue, then a complaint could be raised with the regulator. If the Care Inspectorate is appointed as the body to oversee child regulation, they would be responsible for dealing with complaints, and in the event that the service user is still unhappy about the way in which the Care Inspectorate handled their complaint, they could ask the Scottish Public Services Ombudsman to investigate this. Any complaints about a specific member of staff or volunteer would be dealt with under the child contact centre provider's own complaints process.

128. Question 15 asked:

Q15: 'Do you agree / disagree with the proposed process for raising complaints against a child contact service?'

129. As shown in table 15, a very large majority of respondents agreed with the proposed complaints process (45 agreed and only 4 disagreed).

Table 15: Q15: Do you agree / disagree with the proposed process for raising complaints against a child contact service?

	Number		
	Agree	Disagree	Not answered
Child contact service (5)	5	-	-
Legal (3)	2	-	1
Local authority (4)	4	-	-
Regulator (2)	1	-	1
Representative body (2)	1	-	1
Third sector / advocacy (11)	4	2	5
Other (1)	1	-	-
Total organisations (28)	18 (64%)	2 (7%)	8 (29%)
Individual (31)	27 (87%)	2 (6%)	2 (6%)
Total respondents (59)	45 (76%)	4 (7%)	10 (17%)

(Percentages might not add to 100% because of rounding)

130. 27 respondents went on to comment about their answer. Many of those who agreed reiterated and reinforced a variety of provisos about the process.

131. A significant minority signalled general approval of the process, saying it was fair, proportionate and enabled the escalation of concerns while allowing the contact centre in question to try to resolve any issues first. A couple of respondents also concurred that the complaints process fell into line with those used for charities, and those normally assessed by the Care Inspectorate. A regulator commented:

“If the Care Inspectorate does become the regulator of child contact centres we would expect the terms of the current MOU (Memorandum of Understanding with the regulator) could still apply. However we would consult with the Care Inspectorate to revisit its terms in light of the new responsibilities they are likely to gain through the incoming regulations. Similarly, if another body is chosen to become the regulator we would welcome discussions to establish a joint working practice.”

132. Similar numbers indicated that the **complaints system must be clear, simple, accessible to all and transparent**. Slightly smaller numbers of respondents urged complaints to be **investigated and resolved quickly**, with a suggestion that complainers should be **given a firm date for a complaint response**.
133. Comments about the necessity for the system to be child-friendly were also made by significant numbers of respondents. Suggestions were made that children should be involved in the design of the process, that this would help support the realisation of children's rights under UNCRC, and that it was important for children to know how to express their concerns, with a suggestion that this could be via drawings or emails as well as by speaking to an adult.
134. Other caveats expressed by slightly smaller numbers of respondents who predominately agreed with the proposed process overall included that the process must be rigorous with robust internal procedures in terms of record keeping, regulation and monitoring. Respondents suggested instigating peer reviews and submitting statistical reports to the registering body about the number of complaints received and how many have been resolved. There was also reference to the need for complaints to be treated with respect and sensitivity and be taken seriously, although there were concerns about levels of vexatious or reactionary complaints (e.g. spin-offs from high conflict parental disputes). There was also reference to the need for staff to have sufficient training (particularly Care Inspectorate staff who are likely to require training in domestic abuse situations and trauma-informed training).
135. A few third sector / advocacy groups and individuals cited poor experiences with the complaints process, stating that complainers weren't listened to and were written about adversely in reports. A point was made about how complainers must be protected from recriminations as a result of making a complaint. The process was also perceived as being a harrowing experience for children.
136. Among the few respondents either disagreeing with the proposed process or stating 'don't know', were suggestions that it was cumbersome, suggesting that a system involving advocacy or third party involvement may help remedy the issues prior to going to a formal stage of complaint. A couple of third sector / advocacy respondents suggested that the Care Inspectorate may not be the most appropriate body to handle complaints after the complainer has exhausted the complaints process at the child contact centre. Relationships Scotland or another umbrella body were perceived as alternatives. It was also suggested that complaint handling needed independent members (i.e. other than staff) to adjudicate.
137. Single respondents recommended that contact centres should not have a right to appeal a decision, and that the regulations could set out clearer requirements for complaints processes within contact centres.

138. Question 16 then went onto ask:

Q16: 'Do you agree / disagree with the proposed process for raising complaints against individual members of staff and volunteers?'

139. As shown in table 16, a very large majority agreed with the proposal overall (42 agreed and only 5 disagreed); however, the views of third sector / advocacy organisations were evenly split.

Table 16: Q16: Do you agree / disagree with the proposed process for raising complaints against individual members of staff and volunteers?

	Number		
	Agree	Disagree	Not answered
Child contact service (5)	5	-	-
Legal (3)	2	-	1
Local authority (4)	4	-	-
Regulator (2)	-	-	2
Representative body (2)	1	-	1
Third sector / advocacy (11)	3	3	5
Other (1)	1	-	-
Total organisations (28)	16 (57%)	3 (11%)	9 (32%)
Individual (31)	26 (84%)	2 (6%)	3 (10%)
Total respondents (59)	42 (71%)	5 (8%)	12 (20%)

(Percentages might not add to 100% because of rounding)

140. 23 respondents made comments about their response and half of these expressed **general approval of the process**. Remarks noted the system as being appropriate, proportionate and rightly being the responsibility of the child contact service provider. A small number of organisations noted that the process fell into line with their own internal complaints process.

141. However, a significant minority of respondents, being a mix of those who agreed overall with the proposed process and those who did not, cited **concerns in scenarios where it proved not possible to resolve a complaint through the child contact service provider**. It was inferred that a process for escalating complaints would be required: the regulatory or registering body was suggested by a few respondents as the organisation for further referral, with a third sector / advocacy organisation recommending the SSSC (if staff and volunteers are SSSC registered) so that the regulatory body (e.g. Care Inspectorate) need not have this extra workload. Another third sector / advocacy organisation wished to see more effort to resolve complaints at a pre-formal stage.

142. A number of caveats were expressed by respondents who agreed with the proposed process, many of which reflected responses at the previous question. These noted they had no issues with the system as long as:

- It is clear, simple and accessible to all.
- The member of staff concerned has previously undergone any required training to ensure minimum working standards, and also that it is ensured that minimum standards in complaint handling are met.
- It is clear who the complainer needs to contact (e.g. the manager within the service) and how to complete the process.
- The system or process is child-friendly.
- The complainer is protected from recriminations as a result of making a complaint.
- The internal procedures of the provider are rigorous and robust (e.g. written records are made and kept).

143. A small number of other issues and opinions were also mentioned as follows:

- Some contact centres exist in small communities and the impact of local relationships may need to be considered when dealing with situations (e.g. it may be difficult to maintain impartiality when handling complaints).
- Doubts as to whether there is sufficient protection for women, children and young people who have experienced domestic abuse in the process.
- In this context there is a need to take note of the significant role played by volunteers at child contact centres.

144. Question 17 then asked:

Q17: 'Do you have any suggestions on how guidance on complaints procedures should be made accessible to children using child contact centre services?'

145. 34 respondents made comments at this question. A significant minority simply agreed in general terms that guidance on complaints procedures should be accessible to children, with several of these respondents urging research into other bodies perceived as having accessible complaints procedures for children (e.g. local authorities, the Care Inspectorate) to get evidence as to the best way to go about it.

146. Reiterating a theme from earlier questions, a large minority of respondents thought children needed to be an integral part of contact service centre processes generally, with the positive result of making complaints less likely in the first place as well as lessening unreasonable parental influence on complaint bringing. An individual noted:

"The potential for a manipulated child to be convinced to make a complaint against a centre in order to disrupt contact is very high."

147. Similar numbers of respondents perceived that **guidance on complaints procedures should be child-friendly, easy to understand and written in plain language**; it was purported that this would have the added benefit of making it more accessible to adults (who may be supporting children in taking an action) as well as children.

148. Respondents – again a large minority – pinpointed a need for **guidance to be age-dependent**, given the different understanding capacities of different age groups, as well as those with additional needs or learning disabilities.

149. A wide variety of **guidance information formats and tools** were recommended to facilitate child accessibility. Many of these respondents desired **guidance to be online** (e.g. via apps or websites), though a third sector / advocacy organisation warned it was wrong to assume that all children have online access or use the internet in the same way as adults. Guidance should go through the complaints process and direct children to who they needed to speak to regarding a complaint; there was also a suggestion of using practice examples. The media and tools suggested, each by a few respondents, were as follows:

- Cartoons or animated videos.
- Easy Read (for those with learning disabilities).
- Written information for older children.
- Hard copy guides / leaflets / booklets / posters or information packs (e.g. provided at the outset of service provision).
- A helpline.
- Use of appropriate pictures, flowcharts, colours, visuals and language.
- Forms and questionnaires (with capacity for smaller children to use stickers to answer).

150. There were also some suggestions that guidance should be co-created with children, perhaps in partnership with specialist services who provide support to children and young people.

151. Several respondents urged information concerning the complaints process to be conveyed via adults they can trust (e.g. professionals, trained staff, those from advocacy services or teachers); likewise, these types of individuals should be used to help convey the complaint.

152. Finally a small number of respondents reinforced the importance of children's security and confidentiality in accessing guidance procedures.

Complaints by a child contact centre provider

153. The consultation paper noted that a child contact centre provider may wish to complain about the regulatory body and set out the proposed process that would be followed. Ultimately, if a child contact centre provider is unhappy with the decision of a regulatory body, the 2020 Act makes provision for appeal rights to be included in the regulations. Question 18 asked:

Q18: 'Do you agree / disagree with the proposed process for a child contact centre raising complaints against the regulatory body?'

154. As shown in table 17, respondents showed overwhelming support for the proposed process for a child contact centre raising complaints against the regulatory body. Only 16 respondents went on to comment about why they selected their answer.

Table 17: Q18: Do you agree / disagree with the proposed process for a child contact centre raising complaints against the regulatory body?

	Number		
	Agree	Disagree	Not answered
Child contact service (5)	4	-	1
Legal (3)	2	-	1
Local authority (4)	4	-	-
Regulator (2)	-	-	2
Representative body (2)	-	-	2
Third sector / advocacy (11)	4	2	5
Other (1)	1	-	-
Total organisations (28)	15 (54%)	2 (7%)	11 (39%)
Individual (31)	22 (71%)	1 (3%)	8 (26%)
Total respondents (59)	37 (63%)	3 (5%)	19 (32%)

(Percentages might not add to 100% because of rounding)

155. Almost all of those who supported the proposed process went on to reiterate their agreement in general terms, stating that the process was clear and in line with what would be expected for public bodies. Other comments cited agreement that child contact centres should have the right to make complaints and appeal where necessary and that the process seems fair and robust; a legal organisation agreed that the regulatory body should be given an opportunity to address any complaints in the first instance, with involvement of external sources only as a last resort.

156. Among the very few respondents who did not support the proposals, there was a desire to see more remedies and solution-finding prior to formal complaint routes. Two respondents had queries as to whether the Care Inspectorate will be the regulatory body, suggesting that if not, there would be a need for a higher level body to consider complaints. A representative body stated that where court-based or judicial authority is required, the legal parameters, ethics and efficiency of the system instituted should be consistent with that of other regulated care services.

157. Finally, in this section of the consultation paper, question 19 asked:

Q19: 'Should the right to appeal by a child contact centre of a decision made by the regulatory body be to the sheriff court?'

158. As shown in table 18, a large majority of respondents who expressed an opinion were in favour of the right to appeal by a child contact centre being to the sheriff court.

Table 18: Q19: Should the right to appeal by a child contact centre of a decision made by the regulatory body be to the sheriff court?

	Number		
	Yes	No	Not answered
Child contact service (5)	3	2	-
Legal (3)	1	1	1
Local authority (4)	2	1	1
Regulator (2)	-	-	2
Representative body (2)	1	-	1
Third sector / advocacy (11)	2	1	8
Other (1)	1	-	-
Total organisations (28)	10 (36%)	5 (18%)	13 (46%)
Individual (31)	17 (55%)	3 (10%)	11 (35%)
Total respondents (59)	27 (46%)	8 (14%)	24 (41%)

(Percentages might not add to 100% because of rounding)

159. A total of 23 respondents gave reasons for selecting their answer.

160. Among those answering 'Yes', a majority cited general agreement with appealing to the sheriff court, saying that a court setting was proportionate and may be necessary if no rectification could be found through measures used in other settings. A few respondents said this route was suitable as there was much at stake with major consequences for families and children. Small numbers of respondents made the following supportive points:

- The sheriff court will give an authoritative judgement (as it knows the rights and requirements of contact centres).
- The sheriff court is independent of all parties and therefore impartial.
- The sheriff court is open and transparent.

161. Among those who answered 'No' or 'Don't know', the following issues were raised in very small numbers:

- The costs of appealing to a sheriff court may have an impact on contact centre services (especially those of voluntary organisations).
- The court system is already congested and overloaded.
- There may be a conflict of interest in situations where the reason a child is visiting a contact centre is via an order granted by the sheriff court.

162. A very few respondents also cited the following views:

- A desire to see more arbitration and solution finding prior to formal complaint routes.
- The Scottish Government, as the funder of the regulatory body, should take some responsibility for its standards and conduct.
- State companies (or private ones working on their behalf) should not have a right of appeal.
- Referral may depend on the nature of the decision or appeal (e.g. it would be helpful to clarify whether the appeal would be restricted to a point of law or whether it is permissible to examine the facts of the decision).
- The high up level of appeal is in line with Care Inspectorate regulations.

Draft Impact Assessments

163. In accordance with usual practice, the Scottish Government prepared a number of draft impact assessments in relation to the development of policy in this area. Question 20 asked:

Q20: 'As we continue to develop these policy proposals and work to understand their potential impact, do you have any comments about, or evidence relevant to, any of the following:

- a) The draft Business And Regulatory Impact Assessment
- b) The draft Child Rights and Wellbeing Impact Assessment
- c) The draft Data Protection Impact Assessment
- d) The draft Equality Impact Assessment
- e) The draft Fairer Scotland Duty Assessment
- f) The draft Island Communities Impact Assessment

164. A total of 16 respondents made comments about the draft Impact Assessments. A few made general positive remarks about the draft Impact Assessments as a whole, saying they were comprehensive, supported the way forward and helped provide a baseline for positive standards of service. One organisation commented that each centre needs to be safe, welcoming and child-friendly irrespective of user characteristics and demographics.

165. Only a very small number of respondents made comments relating to the draft **Business and Regulatory Impact Assessment**. Single respondents highlighted the following:

- Concerns that higher costs, increased workload and tighter specifications on premises will lead to a significant reduction in Scottish contact centre provision.
- A suggestion that funding arrangements would be simpler if centres were set up and run directly as a non-departmental public body on behalf of the Government.
- There is an obligation on the Scottish Government to ensure regulation is maintained at adequate levels and avoid the risk to the child's welfare caused by delays in court proceedings as a result of contact centre operation.

166. The draft **Child Rights and Wellbeing Impact Assessment** generated most feedback. Several respondents reinforced the view that children's rights should be the foremost concern and must be protected, with mandatory training recommended on this issue. Particular areas identified included a right for children to maintain relationships with the important people in their lives and that allegations of parental alienation can serve to silence young people and therefore impact on their rights. It was also intimated that part of being a child-centred practice is in the design of the child contact centre itself, which can impact positively or negatively on a child's comfort and wellbeing. A small number of respondents also highlighted some areas perceived as requiring more coverage:

- More on the possible impact of child contact centre closures.
- A need to document abuse tactics in the CRWIA.
- More acknowledgement of the gendered nature of domestic abuse (mostly female victims and male perpetrators).
- More on the duties that child contact centres will be obliged to fulfil upon implementation of the UNCRC Incorporation (Scotland) Bill (e.g. a perception that confidentiality must be a mandatory part of training requirements).

167. A couple of respondents chose this impact assessment to highlight problems with gaps in data coverage, specifying the following areas:

- No data disaggregation on the distance children are away from the current number of child contact centres.
- Little information on how women / children travel to child contact centres.
- The qualifications of staff.
- Information on the outcomes of contact.

168. Only a couple of comments were received regarding the draft **Data Protection Impact Assessment**. There was a request for a clear description of the potential for information sharing with other statutory and non-statutory organisations, perhaps involving some standards around information technology usage by service providers and also the training of staff and volunteers in relation to GDPR and information governance; and a concern about the need for robust policies to prevent accidental sharing of data with abusers.

169. On the draft **Equality Impact Assessment**, a small number of respondents urged that it should include impacts on additional groupings, including adoptive parents and extended families, LGBTQ communities and disabled people.

170. A third sector / advocacy respondent perceived that women were disproportionately disadvantaged in relation to child contact centre attendance; reasons cited included lower car ownership and precarious employment compared to men, resulting in hardship attending child contact centres on Saturdays (when they tend to be open). This respondent also requested the permanent availability of at least one female staff member.
171. However, a small number of respondents perceived the following equalities disadvantages for men:
- The statement 'Gender-based violence could mean that a female child contact centre user may not feel comfortable with a male member of staff neglects to consider whether male users could have similar concerns.
 - A lack of rights for fathers within the family law legal system in practice.
 - A perceived lack of male staff and volunteers in contact centres, with a suggestion that measures were needed to encourage men to become involved.
172. Only one respondent made a comment concerning the draft **Fairer Scotland Duty Assessment**. This was an intimation that support was needed (e.g. with travel costs) for unemployed or low income users for whom Legal Aid is no help (e.g. unrepresented parents).
173. Most of the few comments about the draft **Island Communities Impact Assessment** stated concerns about a lack of services acting as a disadvantage to children in island communities, with a further worry that new regulation must not unnecessarily curtail child contact centres' ability to provide their services; a child contact service intimated that it was better to have contact in a self-certified service than none at all.
174. Additionally, there were a couple of requests for the draft Island Communities Impact Assessment coverage to be extended to rural and remote areas of the Scottish mainland; and a point that living on an island presents different and specific barriers (e.g. lack of anonymity) to those who have experienced domestic abuse, and that therefore there is a need for child contact centres to consult local domestic abuse organisations in order to gain an understanding of these.
175. The final question in this consultation asked respondents for any further comments they had about this consultation.
176. 23 respondents provided further comments, many of which reiterated themes already covered in the consultation. A large minority welcomed regulation and registration of child contact centres and services, commenting that it was very much needed. A few respondents viewed regulation as needing a child's rights based framework (e.g. to comply with UNCRC). Two respondents welcomed the flexibility for child contact centres to operate in varying circumstances and environments.

177. A large minority of respondents cited a minimum standard setting approach as being essential, noting a lot of current variation between child contact centres in terms of both standards and variety of services offered; advantages were purported to be the security, health and wellbeing of staff and families, and training of staff and volunteers. Two respondents stated that much depends on the skills, abilities and experience of staff and volunteers. A further two respondents called for greater coverage of risk assessment and understanding of risk within the legislation.
178. Having safe, comfortable and child-friendly contact centres was viewed as being essential to their success by a large minority of respondents. A small number of respondents thought more support from centres was needed for separated parents and children; consultation services with children, play therapy and more outdoor contact time were all suggested.
179. The need for significant investment to raise standards in terms of facilities and training, together with concerns about funding, was the preoccupation of a significant number of respondents. There were also a couple of comments insinuating a continuing lack of clarity about the functions, scope and remit of contact centres, as well as yearly doubts amongst staff as to whether certain centres will stay open.
180. A few respondents cited a need to ensure more access to centres or expand the number of child contact centres to provide more local support (e.g. in the north and south of the country); to this end a review of the accessibility of existing child contact centres and services was suggested.
181. A few respondents mentioned poor experiences of child contact centres; in particular instances of children being forced to enter the building against their wishes, lengthy travel, mental health risks and poor or non-factual supervised contact reports.
182. Finally, single respondents noted a need for more on the effects of Covid on separated families and the route forward, and that if solicitors can refer only to regulated child contact centres they must have accurate information around the status of a child contact centre service to ensure compliance with this duty. One respondent noted a wish to promote the Safe & Together Model (to keep children together with the non-offending parent in the context of domestic abuse).

Appendix 1: Respondent Organisations

Aberdeen City Council
AVENUE
Brodies LLP
Children 1st
Children and Young People's Commissioner Scotland
deafscotland (Scottish Council on Deafness)
Dumfries & Galloway Council
Equality and Human Rights Commission
Family Journeys
Family Law Association
Grandparents Apart UK
Law Society of Scotland
People First (Scotland)
Perth and Kinross Council
Promoting Positive Contact
Relationships Scotland
Scottish Charity Regulator
Scottish Children's Reporter Administration
Scottish Women's Aid
Scottish Women's Convention
Scottish Women's Rights Centre
Shared Parenting Scotland
Social Work Scotland
Stirling Council
The Safe & Together Institute
The Scottish Social Services Council
Together (Scottish Alliance for Children's Rights)
VSA



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