



Bairns' Hoose

2025

INFORMING BAIRNS' HOOSE IMPLEMENTATION IN SCOTLAND: A LITERATURE REVIEW

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Executive Summary

There is a growing global recognition of the importance of providing multi-agency services for child victims and witnesses of abuse and harm. Bairns' Hoose is the Scottish multi-agency approach inspired by the Icelandic Barnahus Model. It provides holistic, child-centred support for child victims and witnesses of abuse, as well as children under the age of criminal responsibility whose behaviour may have caused serious harm. From 2021 and until the latest Programme for Government in 2024-25, the Scottish Government has remained committed to establishing this model nationally, aligning with commitments to "Getting it Right For Every Child" (GIRFEC) and "Keeping the Promise." At the time of writing, the programme is in its Pathfinder phase, which aims to test the Bairns' Hoose Standards, to inform the development of a Bairns' Hoose blueprint and identify learning around methods, practices and resources required for implementation.

This literature review aims to assist those interested in developing Bairns' Hoose in Scotland. The review draws on international insights and good practice examples from across American Child Advocacy Centers; Canadian Child and Youth Advocacy Centres; European Barnahus centres; and Barnahus-like services that fully or partially adopt the Barnahus model and standards (collectively referred to in this report as 'Multi-Disciplinary/Inter-Agency (MD/IA) Models and Services').

One-roof

The Barnahus model is a "one-roof" model with four rooms focused on child protection, criminal justice, physical wellbeing and mental wellbeing. The international experience shows that aspects of all four rooms are brought together, but the extent to which these are delivered within a single physical space varies:

- child protection – mostly focusing on facilitation of risk assessments and forensic interviews, and the provision of psychological support and information, even though there are variations across countries based on local frameworks and priorities, as it is often a conceptual rather than a physical space;
- criminal justice - forensic interviews are a core component of the relevant service in 25 out of 28 European countries and are generally delivered in the main physical location;
- physical wellbeing - internationally, medical examinations, including general, gynaecological, forensic, and dental examinations, take place both in Barnahus centres and external locations like hospitals;

- mental wellbeing - mental health assessments and treatments, as well as the provision of crisis support, sometimes extending to family, often involve referral to, or cooperation with, services outwith the MD/IA service.

Research also suggests that the implementation of the one-roof model might not be universally effective, particularly where geography and distance make it impossible to secure the transportation of children between locations (such as in Greenland).

In European countries, the delivery of the Barnahus model or Barnahus-like services involves multi-agency collaboration of three or more agencies. The involvement of child protection or child welfare agencies varies across Europe, from Norway, where it is not usually part of multi-agency collaborations, to Linköping Sweden, where child protection and social services are the lead agency. Literature shows that the optimal operational framework for each Barnahus is a result of collaborative development across all partners, considering local needs identified through assessments and stakeholder engagement.

Leadership and Governance

According to this literature review, governance structures vary; most models, particularly in Nordic countries, are government-led, while there are also examples like Romania, where non-governmental organisations (NGOs) are taking on the leading role, and Poland, where an NGO launched the first pilot project for Barnahus.

Overall, no unified or harmonised law or legal framework is dedicated explicitly to Barnahus centres in European countries, with the exception of Slovenia, which adopted the first 'Barnahus Law' in 2021, a comprehensive legislation specifically dedicated to Barnahus. Instead, legislation often consists of disparate parts or references within existing laws or policies related to child welfare and protection.

Staffing and Training

The workforce at Barnahus sites varies by country and is determined by coordinating institutions. Generally, some of the workforce, like psychologists, social workers, and administrative staff are employed directly within Barnahus centres, while medical and legal professionals are brought in on an ad hoc basis.

The literature highlights that capacity mapping is important both at the initial stage and throughout the delivery of the service. It considers factors such as reported police cases, expected services, the need for interviews and medical examinations, social care and police liaison support, appointment duration, and overall case duration. The mapping often begins with a training needs analysis, as can be seen in examples from Ireland, Finland, Croatia, and Spain, and later expands based on the needs locally.

The training needs of core professionals in Barnahus centres include working with children, undertaking forensic interviews, cooperation and referrals, mental health support, medical training, and communication. Examples of training include child interview training integrated in the professionals' vocational or general academic education in Armenia, the Czech Republic, Poland, and Ukraine, and a one-year training programme for child interviewers, emphasising joint training for forensic psychologists and police officers, in Finland. Continuous training methods include regular staff meetings, annual conferences, study visits, knowledge exchange opportunities, etc. Professionals working with children may also receive support in the form of supervision, which can include individual or group supervision, case-focused support, staff wellbeing support.

Equality and Accessibility

Equality and accessibility in Barnahus centres are rooted in human rights principles, particularly those emphasising child-friendly justice and inclusivity. In most cases, the approach to equality and accessibility is informed by international human rights treaties and (in Europe) Council of Europe treaties and policies. Accessibility extends beyond the physical space, with language and communication considerations, including the provision of interpreters and translation services, sign language support, use of simple and accessible language. Depending on the country, children can also choose the gender of professionals involved in their case.

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Introduction

Informed by the Icelandic Barnahus Model, Bairns' Hoose is a Scottish multi-agency approach that offers holistic, child-centred support to children and young people who have been victims or witnesses of abuse, and to children under the age of criminal responsibility whose behaviour may have caused serious harm. In the [Programme for Government 2021 - 2022](#), the Scottish Government first committed to establishing a Bairns' Hoose model at a national level, and has renewed their commitment every year since, with the latest being the [Programme for Government 2024-25: Serving Scotland](#). The approach adopted is aligned with the Scottish Government commitment to [Getting it Right For Every Child](#) (GIRFEC) and is a key action in the [Keeping the Promise implementation plan](#). The [United Nations Convention on the Rights of the Child](#) (UNCRC) is embedded in the approach and a vital element of its implementation.

Implementing Bairns' Hoose follows a phased approach to create a model that can be adapted to local requirements, whilst guaranteeing the same quality of care for all child victims of abuse across Scotland. The Pathfinder phase is the first phase of the development and implementation of the Bairns' Hoose approach in Scotland. This phase aims to test the Bairns' Hoose Standards and to capture sufficient learning around methods, practices and resources required for implementation to inform the development of a Bairns' Hoose blueprint.

This literature review aims to draw from international learning and best practice to aid the development of the Pathfinder and subsequent phases. We provide an overview of relevant international models and examples from across American Child Advocacy Centers; Canadian Child and Youth Advocacy Centres; European Barnahus centres; and Barnahus-like services that fully or partially adopt the Barnahus model and standards (collectively referred to as 'Multi-Disciplinary/Inter-Agency (MD/IA) Models and Services').

Methodology

This literature review was compiled by the [Children and Young People's Centre for Justice \(CYCJ\)](#) at the University of Strathclyde. An initial keyword search was undertaken drawing from bibliographic databases¹; governmental publications; and other grey literature

¹ Including ASSIA, PsycINFO, Web of Science, Scopus, HeinOnline, ProQuest, JSTOR, etc.

(including Council of Europe publications, third-sector organisations, Barnahus Network websites, etc). The CYCJ research team reviewed abstracts and initially assessed what literature should be included or excluded, considering quality and relevance to Barnahus/Bairns' Hoose implementation. The remaining literature was uploaded to the qualitative data analysis software NVivo to facilitate a thematic analysis. The themes that emerged from this literature informed the development of the literature review. Where gaps were identified, further information was searched for.

Using This Report

This report is intended to support anyone with an interest in the development and implementation of Bairns' Hoose in Scotland. Each section can be read independently. The document is separated into the following five sections.

[Section 1](#): Multi-Disciplinary/Inter-Agency (MD/IA) Models and Services

[Section 2](#): One-Roof

[Section 3](#): Leadership and Governance

[Section 4](#): Staffing and Training

[Section 5](#): Equality and Accessibility

Each section draws from both theory and practice identified in the literature. At the start of each section, there is a summary box. There are also footnotes signposting to further reading throughout the document, should the reader wish to explore a topic in more depth. We have also included additional literature recommendations as footnotes for specific topics. Boxes with case studies and international examples can be found throughout the review.

Section 1: Multi-Disciplinary/Inter-Agency (MD/IA) Models and Services

Box 1: Summary - Multi-Disciplinary/Inter-Agency (MD/IA) Models and Services

The term 'Multi-Disciplinary/Inter-Agency (MD/IA) Models and Services' is used in this document to describe child-friendly justice models and services that use a collaborative approach to assessing and responding to the needs of child victims and witnesses of abuse.

Since its establishment in 1985, the Child Advocacy Center Model² has gained global recognition. In Europe, this model has been followed by the establishment of the Icelandic Barnahus in 1998, subsequently evolving into the European Barnahus model. This approach has also been adopted in the Lighthouse in England and, more recently, the Scottish Bairns' Hoose.

MD/IA models considered in this document include the following:

- 1. Children's Advocacy Centers (CACs):** USA, established in 1985.
961 CACs operating under the National Children's Alliance (NCA).
Funding comes from a mixed model of charitable organisations and government backing.
- 2. Child and Youth Advocacy Centres (CYACs):** Canada, established in 2002.
40 Community Youth Activity Centres (CYACs) have been opened, with additional centres currently in various stages of development.
Funding comes from the Department of Justice Canada.
- 3. Barnahus:** Europe, first established in Iceland in 1998. Refers to services that fully adopt the Barnahus model and European standards and have a physical dedicated location.

The number of centres and funding varies by country, often combining government and external funding sources.

² [Children's Advocacy Centres – USA Government](#) and [National Children's Advocacy Centre](#)

- 4. Barnahus-like:** Term adopted in this study, referring to all services that fully or partially adopt the Barnahus model and standards, including Multidisciplinary/Inter-Agency services that might not have a physical dedicated location.

The number of centres and funding varies by country, often combining government and external funding sources.

- 5. The Lighthouse³** – England, established in 2018 in London by the University College London Hospital NHS Trust.

This initiative is funded by several organisations: the Home Office, the National Health Service (NHS) England, the Mayor’s Office for Policing and Crime (MOPAC), and the Department of Education.

Multi-Disciplinary/Inter-Agency (MD/IA) Models and Services

The term ‘Multi-Disciplinary/Inter-Agency (MD/IA) Models and Services’ is utilised in this document to describe child-friendly justice models and services that encourage collaboration with law enforcement, criminal justice, child protective services, and medical and mental health workers, among others, to assess the situation of the child, and to support child victims and witnesses of abuse and harm.

The term ‘child-friendly justice’ refers to a justice system that ensures respect to children and young people and effective implementation of children’s rights. According to the Council of Europe, child-friendly justice should be accessible, age-appropriate, speedy, diligent, adapted to and focused on the needs of the child, and respectful of the right to due process (Council of Europe, 2024).

It is widely recognised that some of the earliest approaches to Multi-Disciplinary/Inter-Agency (MD/IA) models and services began with the creation of Child Advocacy Centers (CACs), which emerged in the United States of America in 1985. The Nordic Barnahus Model, European variations of Barnahus and the English Lighthouse Model emerged later.

The work of MD/IA models and services has brought about international changes in the national child protection, health, and justice systems and has influenced legal and policy instruments (Council of Europe, 2018). Whilst often sharing a common aim and origin, these models are continuously developing to reflect the different legal and organisational contexts in which they are situated.

³ [About the Lighthouse](#)

This section seeks to explore and compare various international MD/IA models and services (examples listed in [Annex A](#)). Due to the availability of literature, the review focuses on Child Advocacy Centers (CACs) in the United States, and variations of Multi-Disciplinary/Inter-Agency (MD/IA) child-friendly justice models and services that evolved from this, which includes Child Advocacy Centres/Child & Youth Advocacy Centres (CACs/CYAC) in Canada, Barnahus⁴ or Barnahus-like⁵ services in Europe and the Lighthouse, in England.

Whilst collectively we refer to MD/IA models and services, there is no agreed universal terminology. Greijer and Wenke (2023) refer to the fluid nature of terminology. Whilst being clear in our own definitions, we also respect the terminology utilised by the author/s of the literature we are drawing examples from.

Children’s Advocacy Centers (CACs) – USA

The landscape of child protection underwent a transformative shift in the United States in the 1980s as a response to the failure of traditional law enforcement and child protection practices in working with victims of child sexual abuse (Herbert and Bromfield, 2016). Before the establishment of Child Advocacy Centers (CACs), child victims of crimes were subjected to multiple interviews by various institutions. These interviews were often conducted by professionals who lacked experience in working with children and did not understand the developmental characteristics and limitations of children of different ages and stages of development. The physical locations of the interviews, such as police stations, often heightened the children’s fear, and their needs were frequently overlooked, leading to their re-traumatisation (Cross Theodore P. et al., 2008).

There was also a lack of coordination amongst agencies, which hampered the overall response and investigation process (Cross Theodore P. et al., 2008). As a response to the need for child-sensitive forensic interviews, the first CAC was established in 1985, in Huntsville, Alabama (Chandler, 2006). The CAC model aimed to address the inadequacies of traditional law enforcement and child protection practices, particularly in cases of child sexual abuse, aiming to reduce secondary victimisation through a coordinated, multi-disciplinary team approach (Yeaman, 1986 Pereda and Rivas, 2018). Emphasising a child-

⁴ Barnahus services or centres refer to services that fully adopt the Barnahus model and European standards and have a physical dedicated location.

⁵ Barnahus-like is a term we use to describe services that fully or partially adopt the Barnahus model and standards. This includes Multidisciplinary/ Inter-Agency services that might not have a physical dedicated location. The term Barnahus-like combines terminology defined by (Greijer and Wenke, 2023), who separates Barnahus-type services with a dedicated physical space from MD/IA services without a dedicated physical space.

friendly environment, the CAC model sought to gather necessary information for legal proceedings, while prioritising the emotional wellbeing of child victims, with highly trained professionals ensuring competence and sensitivity.

Today, 961 CACs⁶ operate in the United States under the [National Children's Alliance \(NCA\)](#). The NCA is responsible for the accreditation of CACs, offering funding support, technical assistance, professional networking, production of media materials, leadership in coordinated investigations, policy development, advocacy, training and delivery of the annual Child Abuse Symposium (also refer to [Section 4: Staffing and Training](#)).

CACs Quality Standards

In the United States, accredited members CACs must adhere to [10 standards](#) set by the NCA:

Box 2: National Children's Alliance (NCA) Standards for Child Advocacy Centers

Standard 1: Multi-disciplinary Team

Standard 2: Cultural Competency and Diversity

Standard 3: Forensic Interviews

Standard 4: Victim Support and Advocacy

Standard 5: Medical Evaluation

Standard 6: Mental Health

Standard 7: Case Review

Standard 8: Case Tracking

Standard 9: Organisational Capacity

Standard 10: Child-Focused Setting

Source: [National Children's Alliance: Standards for Accredited Members](#) (National Children's Alliance, 2017)

⁶ For more information on CACs, we recommend [A Resource for Evaluating Child Advocacy Centers](#) (Jackson, 2004).

The CAC model inspired the development of the multi-agency approach to forensic interviewing in Europe, and set the foundations for the development of Barnahus in Iceland (Greijer and Wenke, 2023).

Funding

Financing of CACs often involves a combination of charitable contributions and government backing, thereby adopting a blend of public and non-public financial resources. The literature on CACs highlights that diversifying funding sources is important as it avoids dependence on a single funding stream. Based on the 2017 National Children's Alliance report, flexibility post-establishment is essential for adapting to evolving needs, and extending services beyond child sexual abuse to address broader issues. Agency funding roles should be clarified early, and government support, even if not a primary long-term funder, is crucial for successful implementation (Boeskin et al., 2017).

Child and Youth Advocacy Centres (CAC/CYACs) – Canada

Canadian Child Advocacy Centres/Child & Youth Advocacy Centres (CACs/CYACs)⁷ are based on the United States CAC model. The purpose of CAC/CYACs is to minimise the impact of systemic trauma (trauma caused by the investigation) on vulnerable children and youth and to enhance outcomes for the children, youth, and families they serve. They offer services to children, youth, and their supporting family members.

The CAC/CYACs consist of ten core elements: a multi-disciplinary team, forensic interview, victim support, medical evaluation, mental health support, child-focused setting, case review, case tracking, organisational capacity, and cultural competency. CAC/CYACs are responsible for deciding the composition of the multi-disciplinary teams. The minimum composition for case review representatives includes individuals from law enforcement, child protection services, prosecution, medical and mental health personnel, and victim advocacy (Cedar Centre, 2019).

⁷ The terms "Child Advocacy Centre" (CAC) and "Child and Youth Advocacy Centre" (CYAC) are used interchangeably throughout the literature for Canada. For more information on CACs/CYACs: [Child Advocacy Centres/Child and Youth Advocacy Centres Initiative – Government of Canada, National Guidelines for Canadian Child Advocacy Centres/Child & Youth Advocacy Centres – Government of Canada \(Canada, 2021\)](#).

The Barnahus Model - Europe

“Barnahus is a child-friendly, Multi-Disciplinary/Inter-Agency response model to child sexual abuse and provision of services for child victims and witnesses of violence” (Council of Europe, 2018:p8).

Originating in Reykjavik in 1998 and later expanding to Nordic countries⁸, the Barnahus model, meaning "Children's House" in Icelandic, spearheaded by child protection services and underpinned by the United Nations Convention on the Rights of the Child (UNCRC), aimed to redefine the response to child and juvenile victims of sexual abuse (Pereda and Rivas, 2018).

At the heart of the Barnahus model⁹ lies a commitment to providing a coordinated and effective response to child victims and witnesses of violence. Central to this approach is the creation of a child-friendly environment to prevent re-traumatisation during investigations and court proceedings (Haldorsson, 2019). A distinctive feature is the use of closed-circuit television for forensic interviews with child victims before a representative of the criminal justice system, ensuring admissible evidence while minimising the need for court appearances (Pereda and Rivas, 2018).

Governed by the "one-door principle," professionals in the Barnahus are located all under one roof to assist the child (Greijer and Wenke, 2023). This set up minimises bureaucratic hurdles, providing a cohesive and child-centric response (Pereda and Rivas, 2018; Lavoie et al., 2022; Mitchell et al., 2023). The international experience shows that aspects of all four rooms (child protection, criminal justice, physical wellbeing, mental wellbeing) are brought together, but the extent to which these are delivered within a single physical space varies. Some important elements to highlight are that there are variations across countries based on local frameworks and priorities regarding the child protection room, which is often a conceptual rather than physical space; that forensic interviews are a core component of the relevant service and are generally delivered in the main physical location; that medical examinations, including general, gynaecological, forensic, and dental examinations, take place both in Barnahus centres and external locations like hospitals; and that mental health assessments and treatments, as well as provision of crisis support, sometimes extending to family, often involve referral to, or cooperation with, services outwith the Barnahus

⁸ The literature is usually referring to Denmark, Finland, Iceland, Norway, and Sweden, as Nordic countries.

⁹ For more information on Barnahus, we recommend the following literature: [Justice and Recovery for Victimised Children: Institutional Tensions in Nordic and European Barnahus Models](#) (Stefansen et al., 2024); [Collaborating Against Child Abuse: Exploring the Nordic Barnahus model](#) (Johansson et al., 2017a); [Barnahus: a European Journey-Findings of a Mapping Study on Multi-Disciplinary and Interagency Child-Friendly Justice Models Responding to Violence Against Children](#) (Greijer and Wenke, 2023).

centre. (Greijer and Wenke, 2023). For more information on the one-roof principle and the four rooms of the model, please refer to [Section 2](#). Overall, the holistic approach of the model aims to address complex emotional and mental health needs and to prevent re-traumatisation during investigative and legal processes (Pereda and Rivas, 2018).

According to Kaldal (2020), the existence of fertile ground in the Nordic countries contributed to the strong interest in the Barnahus model. Kaldal describes the fertile ground as pertaining to “awareness of violence against and sexual abuse of children, demand for more effective multiagency collaboration, the continuing development of child-friendly justice and the need to strengthen intervention and support for children and families”. Furthermore, the underlying principles of the Barnahus model aligned seamlessly with the evolving emphasis on children’s rights within these countries, reflecting their commitment to advancing this approach in policy and practice (Kaldal, 2020).

Collaboration between authorities, including police, social services, child protection, health, and prosecutors, makes sure each child is fully supported throughout the process. Professionals conducting interviews receive specialised training, ensuring a consistent and considerate approach (also refer to [Section 4: Staffing and Training](#)) (Healthcare Improvement Scotland, 2023).

As highlighted by Bragi Guðbrandsson, the initiator and purveyor of the Barnahus model, the implementation of the model in Iceland has led to a substantial rise in the prosecution of alleged perpetrators in cases of child sexual abuse, an increased number of cases reaching the court, and a higher rate of conviction for alleged perpetrators (Children’s Commissioner, 2016). The model’s flexibility ensures adaptability across diverse national contexts, emphasising collaborative efforts to address the complex needs of child victims and their families. Advocacy and awareness efforts are crucial to ensuring uniform adoption and effectiveness across diverse legal and cultural contexts.

The Promise, Barnahus Network

In Europe, the Stockholm-based Barnahus Network (formerly PROMISE Barnahus Network), under the leadership of the Council of the Baltic Sea States (CBSS) has been promoting the Barnahus model since 2015.

The Barnahus Network provides a plethora of resources and support on the intersection of child welfare and criminal justice proceedings, forensic interviews, training on child abuse, medical examination training, and various webinars on medical evaluations and therapeutic services. The Network helps its members improve practice by giving them access to not only training, but also mentorship, practical tools, and funding opportunities, while also helping them gain recognition, extend outreach and visibility, and share knowledge and expertise (The Promise Barnahus Network, 2024).

Quality Standards

The Barnahus Network has established 10 [Barnahus Standards](#). Some of the key principles are that children and their non-offending family/caregivers/support persons have access to adequate information and can influence the timing, location and set up of the interventions in the service.

Box 3: Barnahus Network Quality Standards

- Standard 1:** Key principles and cross-cutting activities
- Standard 2:** Multi-Disciplinary/Inter-Agency collaboration
- Standard 3:** Inclusive target group
- Standard 4:** Child-friendly environment
- Standard 5:** Inter-Agency case management
- Standard 6:** Forensic interview
- Standard 7:** Medical examination
- Standard 8:** Therapeutic services
- Standard 9:** Capacity building
- Standard 10:** Prevention: information sharing, awareness raising and external competence building

Source: [The Barnahus Quality Standards. Promise: Barnahus Network](#) (Haldorsson, 2019)

Scope

A study of Barnahus and Barnahus-like services, implemented by Council of Europe members, noted that Barnahus services primarily focus on supporting child victims of sexual violence, with the second most common target group being victims of other forms of violence¹⁰. The majority of countries extend assistance to non-offending parents, excluding those accused or convicted of causing harm. Just over half of the countries also support other non-offending family members, such as siblings and grandparents (Greijer and Wenke, 2023).

Many countries provide services to children suspected of suffering violence, independent of criminal proceedings. This includes unaccompanied migrant, asylum-seeking, and refugee children who have experienced violence or harm, who often have suffered trauma, and may in some cases be undetected victims of trafficking. The report also notes that more than

¹⁰ United Kingdom was one of the founding signatories of the Council of Europe (CoE) in 1949. The list of member states of the Council of Europe is provided in [Annex D](#).

half of countries offer services for child victims of trafficking. Victims of neglect and children exposed to any criminal offences are less frequently mentioned, with respectively 10 and 12 members including them (Greijer and Wenke, 2023).

Five countries (Bulgaria, Hungary, Slovak Republic, Slovenia and Sweden) have identified children in conflict with the law as a target group. In a study of Barnahus or Barnahus-like services in Council of Europe member countries (Greijer and Wenke, 2023), it was noted that extending services to children in conflict with the law poses challenges, requiring specific considerations to ensure safety, expertise, and quality standards for diverse situations and needs. The same report emphasised that while child-friendly and multi-disciplinary approaches apply to all children, safety, especially for vulnerable child victims, remains a priority, necessitating careful handling of different target groups.

Funding

Research shows that funding a Barnahus is a multi-layered process that varies throughout different service adaptations. Countries that have implemented Barnahus emphasise the need for stable budgets covering permanent costs, flexible financing for varying caseloads, and emerging activities. Funding for Barnahus centres varies significantly across countries (Wenke, 2017). Some examples are provided in Box 4 below.

According to Greijer and Wenke (2023) ensuring funding for establishing a Barnahus involves diversifying budget sources for permanency and flexibility. Securing an adequate budget is a primary challenge, as even established services face difficulties in budget allocation and ensuring sustainability (Greijer and Wenke, 2023). Budget constraints and uncertainties surrounding sustainability represent significant challenges for the establishment and maintenance of Barnahus services in several countries.

In Poland, Barnahus operates as a standalone project reliant on external funding from the European Union and the United Nations International Children's Emergency Fund (UNICEF), rather than sustained national public funding, rendering the model vulnerable to financial instability (Greijer and Wenke, 2023). Similarly, in Portugal, the 2021 pilot project "4 Children" depended on a now-expired European Economic Area (EEA) grant, with future continuity contingent on securing additional funding. Across both implementing and non-implementing states, insufficient budgets and concerns over sustainability remain persistent barriers to establishing and maintaining Barnahus services.

Box 4: International Funding Examples

Iceland: The government agency for child protection allocated funds for the Barnahus establishment, repurposing a closed residential care unit.

Sweden: Local and partner financing, particularly by municipal authorities, supported Barnahus as the national government did not allocate funds. Sweden's first Barnahus in Linköping received initial support from the World Childhood Foundation, later sustaining itself with contributions from participating municipalities and regional health care.

Croatia: The Zagreb city government funded the Child and Youth Protection Centre, utilising healthcare insurance for case-related costs.

Cyprus: The government fully funded their country's Barnahus and provided a building to ensure services were brought under one roof.

Denmark: Barnahus funding involved national, regional and local funding contributions, ensuring adaptability to caseload changes.

Latvia: Initiated its pilot Barnahus with minimal state budget contributions, seeking European Economic Area (EEA) and Norway Grants¹¹ for future sustainability.

Germany: First Barnahus in Leipzig received support from the World Childhood Foundation for coordination, study visits, and training

Source: [Barnahus: a European journey mapping study on multidisciplinary and interagency child-friendly justice models responding to violence against children in Council of Europe member states \(Greijer and Wenke, 2023\)](#)

The Lighthouse Model - England

In 2018, the University College London Hospital NHS Foundation Trust (UCLH) in England led the London Child House, "The Lighthouse", the first multi-agency service for children and young people who have experienced any form of sexual abuse, including exploitation in the

¹¹ Iceland, Liechtenstein and Norway fund the European Economic Area (EEA) and Norway Grants. The Grants aim to create a more equal Europe and strengthen relations between Iceland, Liechtenstein, Norway, and the 15 Beneficiary States.

UK (The Lighthouse, 2021). The Lighthouse offers a multi-disciplinary and holistic child-centred approach to assessing and responding to the needs of children affected by sexual abuse, providing guidance and support to help children and young people recover (Lavoie et al., 2022). It aims to ensure not only that the child's safety is paramount, but also that the best interests of the child are the primary consideration in all actions and decisions, and that the child's right to be heard and kept informed is respected.

According to the 2021 Lighthouse report, another important element is providing support to children and parents/carers, regardless of background or level of need, as soon as is reasonably possible. The same report highlighted that feedback from staff, external agencies, service users, and parents was consistently positive and portrayed a beneficial impact on those involved. Feedback also emphasised the need for improvements in referral pathways, enhanced post-disclosure support, increased professional awareness, competence and confidence, as well as improved partnership working (The Lighthouse, 2021).

It was noted that the assessment of longer-term objectives, such as enhanced mental health and wellbeing outcomes for children and young people supported by the service, and the provision of care to reduce the long-term impact of victimisation, could not be conclusively answered through the existing qualitative sources alone and requires further monitoring.

Funding

According to the Lighthouse Toolkit, securing funding for establishing the Child House pilot in London was challenging. Core funding came from the Home Office Police Transformation Fund (then Home Office Police Innovation Fund), and was subsequently supplemented by Mayor's Office for Policing and Crime (MOPAC), NHS England and the Department for Education. Funding may have a range of public sector sources, including Police and Crime Commissioners, central government grants, NHS bodies or local government. An example of grants in England is the Ministry of Justice's grants for victims of sexual violence and abuse, but it is highlighted in the Toolkit that central government grant funding for the ongoing costs of projects is unusual.

Based on the Lighthouse 2021 report, securing funding for Barnahus involves complex challenges due to the multitude of agencies and services involved (The Lighthouse, 2021). The report's authors recommend that initiating a service should depend on securing long-term funding for core services. Clear delineation of organisations responsible for funding specific services is crucial from the outset to prevent delays in timelines. Establishing accurate costings, clarifying services, and maintaining a clear audit trail are key prerequisites for a solid basis upon approval.

Dedicated financial support and expertise in estates and IT are necessary due to the financial complexity of setting up such services (The Lighthouse, 2021). Depending on complexity, spending allocated funding within agreed financial years can also be challenging, highlighting the importance of establishing realistic timescales. Undertaking a preliminary cost-benefit analysis during planning, subject to revision with actual costings is advisable. Staff and resources for setup and mobilisation should also be included in the financial planning, requiring dedicated funding for a programme team.

Section 2: One-Roof

Box 5: Summary - One-roof

Governed by the "one-roof principle," Multi-Disciplinary/Inter-Agency (MD/IA) Models and Services bring together a wide array of organisations, institutions and individuals under one roof to support child victims and witnesses of abuse.

Under the one-roof approach, four rooms are considered:

1. **Child protection room:** Facilitation of risk assessments and forensic interviews, provision of psychological support and information. Variations across countries based on local frameworks and priorities, often conceptual rather than physical space.
2. **Criminal justice room:** The forensic interview is a core component in 25 out of 28 European countries. Interviewers vary by country and can include child psychologists, professional forensic interviewers, trained police officers, social workers, and judges.
3. **Physical wellbeing room:** Medical examinations can include general, gynaecological, forensic, and dental examinations. Timing (usually after forensic interview except for some urgent cases), location (Barnahus centres or hospitals), and professionals involved (usually specialised paediatricians and trained nurses) vary by country.
4. **Mental wellbeing room:** There is variation in the therapy and recovery services offered between and within countries, mainly involving mental health assessments and treatments and provision of crisis support.

Source: The "Four rooms" (Barnahus Network, 2021)

The One-Roof Model

A common feature of the Multi-Disciplinary/Inter-Agency (MD/IA) approaches discussed in the previous section is the desire to bring together different actors working in Barnahus. The Barnahus model, as mentioned before is often described as a "one-roof" (other terms used include one-door, one-stop shop or four-room) model with four rooms representing health, justice, child protection and recovery embedded in an MD/IA environment, featuring collaboration and cooperation (Mitchell et al., 2023).

Figure 1: Four Rooms, Adapted from the Barnahus Network (2021)¹²



Research suggests that the implementation of the one-roof model might not be universally effective. Søbberg and Thams (2016) highlighted that while Greenland introduced the one-roof model in its capital, Nuuk, secure transportation of children was challenging due to the country's vast distances, and trained staff were scarce in other regions. As a result, the one-

¹² The four-room figure was created as an adaptation from the Barnahus Network (Barnahus Network, 2021).

roof model was adapted into a knowledge centre that distributed services more widely. Medical examinations were transferred back to hospitals and medical centres, and a mobile expert team was established to address child abuse throughout Greenland. This team consists of trained social workers, psychologists, and therapists. The knowledge centre aims to support social workers dealing with child abuse across the country (Søbjerg and Thams, 2016).

The Child Protection Room

The literature highlights that many countries implementing MD/IA services separate and distinguish between child protection and child welfare services. For example, in England, child welfare services relate to overarching services that are provided to support the welfare of children, whereas the child protection system specifically refers to the multi-agency and inter-professional arrangements following concerns that have arisen in line with specific government guidelines on the assessment and service provision to cases of child maltreatment (Thoburn, 2023).

In Finland, the Barnahus centres work and collaborate with a broad range of child welfare institutions (Kaldal, 2020). This contrasts with Norway, where child welfare services are not formally part of multi-agency collaborations. However, child welfare agencies can be called upon to the Barnahus for risk assessment and emergency placement of the child (Kaldal, 2020).

In many countries, child protection services lead the delivery of MD/IA services (rather than broader child welfare services, as in the case of Finland). Child protection services are frequently cited as playing a crucial role in assessing protection needs, offering psychological support, and conducting forensic interviews (Kaldal, 2020).

In Croatia, child protection and social services play a crucial role in the multi-disciplinary assessment through evaluating the child's social environment and immediate risks, providing counselling to parents where necessary, observing the forensic interview, participating in the planning of assessment and treatment, and coordinating collaboration with the social welfare centre for case management (Haldorsson, 2019).

Whilst in many countries child protection departments or organisations lead to the delivery of MD/IA services, there can still be variations in the way services are implemented within one country. In Sweden, the responsibilities of child protection services vary across different Barnahus centres. In Linköping, the Barnahus team coordinates inter-agency collaboration, planning and case management. Child protection and social services are tasked with conducting child protection and acute risk assessments, providing information to children and their parents/caregivers, and following up with them (Haldorsson, 2019). They also oversee forensic interviews and participate in inter-agency collaboration,

planning, and case management. In Barnahus Stockholm, child protection and social services are the lead agency coordinating inter-agency collaboration, planning, and case management. Both Barnahus centres' key role in Sweden is to coordinate the parallel criminal and child welfare investigations (Haldorsson, 2019).

The Criminal Justice Room

Forensic Interviews

Forensic interviews are a common feature in 25 out of the 28 European Countries (Greijer and Wenke, 2023). Conducting a high-quality child interview is crucial in abuse investigations, as it can often serve as the key piece of evidence.

Several studies have identified common forensic interviewing mistakes that negatively affect children's willingness or ability to share information, the accuracy of their accounts, and the amount of useful detail they provide. For example, improper interviewing techniques can be traumatising and lead to confusion or false allegations from children (Korkman et al., 2017). Jones (2020) notes that poorly conducted interviews can harm the child's wellbeing in various ways. In cases of abuse, an inadequate interview may fail to uncover the abuse, leaving the child at risk (Korkman et al., 2017).

Employing an evidence-based interviewing protocol is crucial to ensure that a child's statement maintains high evidentiary and probative value¹³, while remaining free from undue influence by the interviewer (Greijer and Wenke, 2023).

The National Institute of Child Health and Human Development (NICHD) Protocol

Research investigating the quality of child interviews in criminal proceedings found that children's statements often had low probative value, due to insufficiently trained interviewers who influenced statements through leading questions or inappropriate communication (Lamb et al., 2007).

Based on these findings, the National Institute of Child Health and Human Development (NICHD) and the National Children's Advocacy Centre (NCAC) in the United States developed an evidence-based interview protocol (Baugerud and Johnson, 2017, National

¹³ Probative value (legal term): evidence that is admissible, credible, and adding value to the case, useful to prove a relevant fact in court. Definition adapted from the [Legal Information Institute dictionary, Cornell University](#).

Children's Advocacy Centre, 2019). The NICHD Protocol, which has also been widely used in European Barnahus and Barnahus-like centres was formulated to guide the actions of interviewers and to maximise the conditions in which children would be most likely to describe their experiences of abuse in legal contexts accurately (Myklebust et al., 2023).

The NICHD Protocol has at its core developmentally appropriate expectations about children's capabilities and seeks to help interviewers avoid suggestive practices while fully utilising cognitive strengths (Myklebust et al., 2023). It structures interviews into three phases: introduction, narrative phase, and closure. Emphasising open-ended questions and non-leading techniques, the protocol aims to extract accurate, reliable information suitable for legal proceedings (Hershkowitz, 2018). The protocol is also used in interviewing children with special needs, facilitating their participation in investigations (Hershkowitz, 2018).

Interviewers

Analysis of the implementation of Barnahus and Barnahus-like centres across Council of Europe member countries highlighted that child interviews involve a range of professionals. Most commonly, this includes child psychologists, professional forensic interviewers employed exclusively for conducting interviews, police officers and social or child protection workers (Greijer and Wenke, 2023). Thirteen member countries employ professional interviewers exclusively for this purpose¹⁴.

In some countries, the interviews are led by police officers who are typically part of a specific law enforcement body and require specific training, or work in a team with other professionals, such as social workers or child psychologist (Greijer and Wenke, 2023)¹⁵. Some countries, like Germany, Malta, and Romania, also involve judges in interviews alongside other professionals.

A number of countries with Barnahus or Barnahus-like centres have observers. Observers' roles and interactions vary, with regulations adapting to the nature of the interview, the proceedings, and the child's age and capacity. For instance, in Ireland's Barnahus West, two forensic interviewers conduct the interview, with one observing via video or through two-way glass, and the other being physically present in the same room as the child, posing questions directly, while being assisted with guidance from the first interviewer through an earpiece (Greijer and Wenke, 2023).

¹⁴ Andorra, Cyprus, Denmark, Finland, Hungary, Ireland, Latvia, Malta, Netherlands, Republic of Moldova, Romania, Slovenia and Spain.

¹⁵ Cyprus, Czech Republic, Estonia, France, Georgia, Germany, Iceland, Ireland, Netherlands, Romania, Slovenia, Sweden.

In Finland, children under 15 are exempt from appearing in court to provide testimony. Instead, they participate in pre-trial investigations by giving their statements, which are meticulously documented and transcribed verbatim for comprehensive scrutiny. In adherence to the right to a fair trial, defendants are granted access to the recorded child interviews and are permitted to pose questions to the child through the interviewer. Recognising the specialised skills required for investigative child interviews, guidelines, training programmes, and dedicated units have been established to ensure a child-friendly and expert investigative environment in cases involving crimes against children.

The system's specialities include having experts in forensic psychology for child abuse investigations and using a hypothesis-testing approach throughout the process. Psychologists trained in forensic interviewing (knowledge of human memory, child interviewing strategies, development and suggestibility, child disclosure and trauma) conduct the interviews, which are monitored by the police. They work in pre-trial investigation units and interview children with disabilities, communication difficulties, preschool or early school-aged children, or those who are particularly vulnerable. The units mentioned above provide a child-friendly, expert environment and operate in five university hospitals across Finland ("Barnahus Hubs"). The police conduct interviews with older children.

Source: Child Forensic Interviewing in Finland: Investigating Suspected Child Abuse at the Forensic Psychology Unit for Children and Adolescents (Korkman et al., 2017)

Children's Disclosure of Abuse

Research shows that the child's willingness and ability to disclose what they remember and make an accurate and reliable statement depends on a variety of factors, such as age, level of maturity, personal capacity and the child's experience of traumatic stress (Lamb et al., 2007; Orbach and Lamb, 2001). The interviewer's preparedness, ability to adapt, assess the child's capacity and/or needs, as well as the availability of appropriate support for the child before, during and after the hearing, may also have an impact on the likelihood of the child disclosing sensitive information.

As highlighted in Scotland's approach to trauma-informed practice (NHS Education for Scotland, 2023), establishing relationships of trust are significant. It is important that every individual who comes into contact with the child is trauma-informed and the environment for the hearing is child-friendly (Lamb et al., 2007; Orbach and Lamb, 2001; Hershkowitz et al., 1997).

The Physical Wellbeing (Health) Room

Medical Interventions and Examinations

According to a 2020 medical mapping evaluation¹⁶, most Barnahus centres in Europe offer medical services, though the prominence of medical examinations varies. Examinations may include a general head-to-toe examination or paediatric examination, a gynaecological examination, a forensic examination and/or a dental examination (The Promise Barnahus Network, 2021). Some Barnahus centres in Europe conduct examinations routinely, while others include them sporadically in their multi-disciplinary response. This variability is seen both between countries, and within countries, among different Barnahus centres. Examinations depend on national legislation, procedures and financial resources (The Promise Barnahus Network, 2021).

Medical examinations play a crucial role in responding to suspected child sexual abuse. They enhance the chances of timely medical care for the child and provide critical information to support legal decision-making (The Promise Barnahus Network, 2021). A "head-to-toe" examination can include a therapeutic component that reassures the child and their caregivers by confirming the child's good health (The Promise Barnahus Network, 2021). According to the European Barnahus Standards (Standard 7), medical examinations have dual functions of medical and/or forensic medical evaluations and treatment; and informing inter-agency collaboration, planning and case management. Typically, medical examinations are carried out by specialised staff, including paediatricians with specific training in forensic medical examination and paediatric nurses. Whilst medical practitioners engage as part of a Multi-Disciplinary/Inter-Agency approach, medical treatment and follow-up do not usually occur at a dedicated Barnahus site in Europe. Instead, examinations are usually done in hospitals or within the primary healthcare sector (The Promise Barnahus Network, 2021:p7).

According to a 2024 paper, all medical examinations at the Norwegian Barnahus adhere to an extensive social paediatric protocol, which includes a thorough clinical assessment, a comprehensive evaluation of the child's medical history, consideration of the child's general development and of the child's family context; daily activities, and of the child's psychosocial wellbeing (Stefansen et al., 2024). Box 7 provides further detail on Norway.

Medical examinations are typically conducted after the forensic interview, except in urgent cases where the child requires immediate or special interventions in a hospital setting (The Promise Barnahus Network, 2021). In Sweden, at Barnahus Linköping, medical checkups

¹⁶ [Forensic medical interventions in Barnahus across Europe Mapping results 2020 \(The Promise Barnahus Network, 2021\)](#)

occur on the same day as the forensic interview for urgent cases to ensure prompt input into risk assessment that supports child protection (The Promise Barnahus Network, 2021)¹⁷. In Iceland, medical examinations are linked with therapy in cases where a child discloses injury, illness, or pregnancy. In Germany, if the police refer the child to the Childhood Haus, the medical examination is carried out on the same day as the forensic interview. In some cases where there is no on-site medical staff, such as in Bulgaria, Barnahus staff accompany the child to the medical examination (The Promise Barnahus Network, 2021).

Box 7: Child-Friendly Medical Examinations in Norway

Each of Norway's 11 Barnahus centres has a child-friendly medical room. Medical rooms are available for children under 16 who may have experienced or witnessed abuse or harm.

There are no permanent doctors at Barnahus centres in Norway; medical doctors specialising in paediatric medicine are summoned as needed to work in the children's wards. The prosecutor orders medical examinations. Each Barnahus has a formal agreement with its health region that defines responsibilities.

The Barnahus is responsible for:

- providing equipment and facilities for medical examinations (which include functioning IT systems)
- summoning medical staff to scheduled examinations.

The health sector is responsible for:

- recruiting and qualifying doctors and nurses to conduct medical examinations in Barnahus
- establishing supervision and mentoring systems
- ensuring the existence of necessary resources¹⁸ for conducting medical examinations
- writing forensic reports.

¹⁷ A medical examination is conducted immediately if there are known injuries to a child's genitalia or if the child is found at a crime scene.

¹⁸ Please note that the specific resources needed are not defined by the author.

Barnahus follows an extensive social paediatric protocol, including clinical examination and comprehensive mapping of children's medical histories, general development, family situations, daily activities, and psychosocial wellbeing. These examinations also involve obtaining evidence that can be used later in a potential criminal case. Again, prosecutors order forensic reports. Barnahus does not provide medical follow-up or treatment, which is the responsibility of primary healthcare services.

Source: [Institutional Barriers to Medical Examinations in Barnahus](#) (Stefansen et al., 2024)

Forensic Medical Examination

In most Barnahus countries, forensic medical examinations are prioritised when there is suspicion or evidence of recent sexual abuse. Factors influencing this decision include a child's report of pain, the child's age, or the need for urgent medical intervention (The Promise Barnahus Network, 2021). The Barnahus centre often possesses the necessary equipment in order for the forensic medical examinations to be conducted there. In the cases where the necessary equipment is not available on-site, the examinations are conducted at an external location. For example, in Finland, these examinations take place in children's hospitals, because equipment is only available there. In Denmark, while a head-to-toe evaluation is conducted in Barnahus, forensic evaluations are not. The situation is similar at the Lighthouse in London, where head-to-toe examinations are carried out, but forensic medical examinations occur at a Sexual Assault Referral Centre (CYP Havens Service) (The Promise Barnahus Network, 2021).

Forensic medical examinations are more frequently part of the immediate standard response commonly requested in the USA CACs. They are used to:

- identify physical evidence of abuse for prosecuting alleged offenders
- screen for medical conditions related to sexual contact
- provide reassurance to victims and parents regarding the child's physical wellbeing (Jones, 2020).

According to a 2020 paper on the criminal investigation of child abuse, emotional support and information for caregivers, clear and appropriate explanations of procedures and purpose would enhance the experience of children undergoing a forensic medical examination (Jones, 2020).

The Mental Wellbeing (Therapy and Recovery) Room

Therapy services, mainly focused on psychological wellbeing, extend beyond investigations and often include the child's family (Kaldal, 2020). As in all Barnahus aspects, the therapy and recovery services offered vary between and within countries. Barnahus centres across different countries employ a range of mental health support.

According to the Barnahus Quality Standards, the specialised mental health professionals/child and adolescent psychiatry team is responsible for:

- Mental health assessment by validated instruments and questionnaires.
- Mental health treatment.
- Provision of crisis support.
- Engagement, inter-agency collaboration, planning and case management (Haldorsson, 2019).

Among the members of the Council of Europe, long-term psychological support and therapeutic services are provided by one-third of member countries¹⁹. In some cases, this extends to short-term accommodation for the child and a non-offending family member for the duration of examinations (Greijer and Wenke, 2023).

In Sweden, the Linköping and Stockholm Barnahus centres offer crisis support to children and families referred by child protection services or the police. In Linköping, the Barnahus team decides on mental health assessments, while in Stockholm, the assessment is part of the crisis support (Haldorsson, 2019). The Child Welfare Service ensures the child's safety during treatment and maintains contact with the family and therapists. Before treatment begins, parents are required to sign a non-violence contract²⁰. Therapists will also inform parents/carers and children about their professional obligation of mandatory reporting (Thulin and Kjellgren, 2017).

According to a paper from Landberg and Svedin (2023) on the advice of the Swedish National Board of Health and Welfare, crime victims in Sweden should receive comprehensive support services, including an appropriate reception, emergency crisis assistance for children (in outpatient clinic operations, through financial assistance or by

¹⁹ Hungary, Ireland, Lithuania, Norway and Ukraine.

²⁰ A non-violence or no-violence contract is sometimes used by therapists. A non-legally binding contract defining appropriate and non-violent behaviour during engagement, as well as defining expectations, boundaries and incidences where actions may result in obligatory reporting. The term was not defined in this context of the literature given, but an example can be viewed in Montreal Therapy Centre (accessed November 2024).

referral), extended emergency support for close family members, and relevant information about available support from social services and other services. Additionally, assistance is to be provided to establish contact with other agencies, and facilitation of connections with volunteer organisations and other relevant actors will be offered to enhance the overall support experience for crime victims (Landberg and Svedin, 2023). While not every service in Sweden offers all the above, all elements mentioned are offered over various of the 23 services across the country.

In Iceland, mental health assessments usually occur within 2 to 4 weeks after disclosure, although they can be carried out immediately after the forensic interview if necessary. The timing depends on factors such as the child's age and relationship with the offender. If a child's mental state requires urgent assessment and therapy, it is provided immediately. Non-offending family members can receive up to three support sessions; if more are needed, child protection services take over (Haldorsson, 2019). In Croatia, a country where forensic interviews are carried out by mental health professionals, mental health assessments are conducted a few days after the forensic interviews (Haldorsson, 2019).

Section 3: Leadership and Governance

Box 8: Summary - Leadership and Governance

The literature highlights that the operational framework for each Barnahus should be developed collaboratively with all partners, through an assessment of local needs undertaken with the engagement of a range of stakeholders.

Child Advocacy Centres, Barnahus and Barnahus-like centres, as well as the Lighthouse in England, demonstrate a wide array of governance structures. In most cases, there is no unified or harmonised law specifically dedicated to their establishment or governance. As such, the approach adopted is informed by a disparate reference to national or international laws or policies related to child welfare and protection.

The majority of countries with Barnahus or Barnahus-like centres reported a collaboration of three or more agencies in their governance group, often government-led (most common in Nordic countries), but also with the involvement of non-governmental organisations (like the third sector and charities).

Examples of good practice identified in the report include early establishment of a programme board, a clear risk management strategy, clear partnership agreements, and regular cross-agency communications.

Slovenia's 2021 "Barnahus Law" stands as a unique example of comprehensive legislation specifically dedicated to Barnahus.

Governance Structure

Whilst definitions may vary, governance broadly refers to the frameworks, processes, and institutions through which decisions are made, and authority is exercised within a society (Chartered Governance Institute for UK and Ireland). Law, on the other hand, refers to the domestic and international legislation that provides the codified rules and principles that regulate behaviour and formalise rights and obligations. Governance is often defined and structured by law, and governance systems and processes are part of ensuring laws are adhered to.

In implementing this collaborative endeavour, some countries have decided to create standalone governance structures for MD/IA services that are embedded and defined in

domestic law. According to a report on the oversight of Barnahus and Barnahus-like centres in Council of Europe member countries, the majority of countries reported the involvement and collaboration of three or more agencies in the governance and oversight of Barnahus or Barnahus-like service (Greijer and Wenke, 2023).

Box 10 below highlights that Barnahus is under state responsibility in Iceland, Norway, and Denmark, while Sweden and Finland have slightly different arrangements.

Box 9: Various State Responsibilities in Nordic Countries

Denmark: Barnahus centres operate under the authority of the Danish Ministry of Social Services.

Iceland: Barnahus centres function under the Ministry of Social Affairs' Government Agency for Child Protection.

Norway: Barnahus is overseen by the Norwegian Ministry of Justice and is coordinated by the Police Directorate.

Sweden: more than 30 Barnahus centres are not organised under a specific authority and thus do not fall under state oversight. Instead, the authorities involved in the Swedish Barnahus answer to their respective inspection and regulatory agencies, such as the police, child welfare services, and healthcare.

Finland: Barnahus is coordinated under the Government's National Institute for Health and Welfare. Its development is closely linked to the Forensic Child and Adolescent Psychiatry Units at the country's five university hospitals, guaranteeing a solid relationship with the healthcare system.

Source: [Comparative Review of Legislation related to Barnahus in Nordic Countries](#) (Kaldal, 2020).

Kaldal states that the most decisive difference among Barnahus centres in Nordic countries from an organisational perspective "is the degree to which Barnahus are subject to the state's responsibility and supervision" (Kaldal, 2020:p10).

In a study of 28 Barnahus centres or Barnahus-like services implemented by Council of Europe member states, Greijer and Wenke (2023) noted that in 19 member states, the centres or services are anchored in law, having either adopted specific national laws to set up such services or based the creation of such services upon existing national laws. The authors affirm that embedding the establishment of Barnahus or Barnahus-like services in law has the advantage of creating a solid foundation to build services on and increases the

chances of a sustainable long-term pathway, independent of potential political or other changes (Greijer and Wenke, 2023).

In Barnahus or Barnahus-like services in Europe, government departments dealing with children's affairs, such as the Ministry of Social Affairs/Family/Children, were frequently cited as the leading or coordinating agency. However, it is also noted that in some cases, Non-Governmental Organisations (NGOs²¹) were involved in governance.

In a mapping study on Multi-Disciplinary/Inter-Agency models, Greijer and Wenke (2023) noted that Romania was the only country where an NGO provided governance on its own. In various other countries, government institutions collaborated with NGOs. For instance, in Poland, an NGO initiated the first Barnahus pilot, which then later expanded with the participation and involvement of local authorities (Greijer and Wenke, 2023).

In the Lighthouse in London, key clinical practitioners, including mental health and sexual health practitioners, were involved in leading the pilot of the service to ensure effective governance. The learning from the Lighthouse also highlighted that a programme board with clear terms of reference and representative partners is essential for oversight and delivery (The Lighthouse, 2021).

The Lighthouse learning also suggested that the programme board should be established early in the pilot, even though adjustments to membership and terms may occur as the project progresses. Furthermore, the necessity of sub-groups in areas such as IT, information governance, criminal justice services, commissioning, communications, and evaluation was also identified. The report recognised a risk management strategy with clear reporting and procedures as crucial for the governance of a Barnahus (The Lighthouse, 2021). A partnership agreement was developed and signed up for by all parties in the first few months. Even though the partnership agreement is not a legally binding document, but rather an agreed way of working, it was shown that it facilitates the smooth operation of the service.

Lastly, learning from the Lighthouse showed that a weekly senior leadership team meeting is integral to the service operation, where senior leads from partner agencies discuss openly to understand each other organisations viewpoints, along with monthly full team meetings to discuss issues and team briefs to ensure all members of the team are updated

²¹ The term Non-Governmental Organisations (NGO) is a widely used international term. Whilst it could literally refer to any organisation not led by government, it is commonly used to refer to organisations that would be defined as charities or third-sector organisations in the UK and not-for-profit organisations in the United States.

and have a chance to get together to resolve any emerging issues and collectively decide on future steps (The Lighthouse, 2021).

Information Sharing and Data Protection

Effective information sharing is also crucial for early identification, assessment, and service provision to safeguard children in a Barnahus. Partners should share information while adhering to regulations, professional codes, and organisational requirements (Council of Europe, 2010) as set out in the EU [General Data Protection Regulation \(GDPR\)](#) (European Commission, 2016) and UK [Data Protection Act \(2018\)](#) (UK Government, 2018), as well as the relevant sections of UNCRC (United Nations, 1989a), which includes a child's right to be informed and meaningfully included in all decisions which affect them, including about data (Scottish Government, 2021).

In terms of data sharing, learning from the Lighthouse suggests that involvement of strategic, operational, and technical data protection experts, alongside partners from the start can be very beneficial (The Lighthouse, 2021).

In the United States, Child Advocacy Centers (CACs) have established procedures for sharing information and maintaining confidentiality within the multi-disciplinary teams as set out by the National Children's Alliance (NCA) Accreditation standards for CACs Standards (National Children's Alliance, 2017).

Case reviews enable the multi-disciplinary team (MDT) members to monitor their effectiveness in ensuring the safety and wellbeing of children and families. CACs are required to gather and retrieve client case-specific information, including demographic details, services provided, and outcome information. This fosters mutual accountability among MDT members and helps address the needs of children and families (National Children's Alliance, 2017).

Box 10: Use of Case Reviews - Canada

According to a report produced by Project Hope in the York Region of Canada, "case review is the specific process used to improve the quality and consistency of inter-organisational communication that is often lacking in traditional child abuse response models". An appointed professional leads the case review process and coordinates it.

Child Advocacy Centres have written documents including the criteria for case reviews and the case review procedure. These concern the location and frequency of meetings, designated attendees, selecting facilitators or coordinators, methods for distributing

agendas and notifying cases to be discussed, and procedures for follow-up and recommendations.

The minimum composition for case review representatives includes professionals from law enforcement, child protection services, prosecution, medical and mental health fields, victim advocacy, and CAC/CYAC. A multidisciplinary team uses case reviews to share information and make decisions. Case tracking is a systematic method for routinely collecting specific data on each case served by the CYACs. The case tracking system complies with all applicable privacy and confidentiality requirements and includes components for tracking case information until final disposition.

Source: [Project Hope Report. Examining the feasibility of establishing a Child and Youth Advocacy Centre in York Region \(Cedar Centre, 2019\).](#)

Law and Legislation

Most countries do not have unified or harmonised law specifically dedicated to Barnahus. Legislation often comprises disparate parts or references within existing laws or policies pertaining to child welfare and protection. The exception to this is the Republic of Slovenia, which in 2021 adopted the Law on Child Protection in Criminal Proceedings and their Comprehensive Treatment in Barnahus (the "Barnahus Law"), the first of its kind in Europe (Council of Europe, 2021a).

Greijer and Wenker (2023) discuss the role of international and domestic law and policies in the implementation of Barnahus, bringing examples from various countries. Denmark has achieved significant progress in establishing Barnahus centres, governed by a specific law that mandates coordination among health professionals, police, and child welfare services when child abuse is suspected. The law facilitates information sharing among these agencies without parental consent, while the National Board of Social Services has established professional quality standards.

Norway has implemented the use of Barnahus for investigative interviews since 2015, through the Criminal Procedure Act²², which specifies staff roles and responsibilities. Finland lacks a dedicated law for Barnahus, but aligns with existing legislation governing the Forensic Child and Adolescent Psychiatry expert unit. In Iceland, legal provisions within the country's Child Protection Act and Law on Criminal Procedure provide the basis for

²² Criminal Procedure Act and regulation on facilitated investigative interview.

operations, supplemented by guidelines from the Icelandic Government Agency for Child Protection, regulate local child welfare services, covering key aspects such as explorative interviews and medical examinations (Johansson et al., 2017b).

Sweden faces challenges due to the absence of specific regulations or oversight agencies for Barnahus operations. This has resulted in numerous differences and a lack of uniformity among the Swedish Barnahus centres, particularly in medical examinations and psychological treatment. Ambiguities in legal conditions for information exchange among collaborating authorities further contribute to challenges in Swedish Barnahus operations, highlighting the significance of clear regulatory frameworks in ensuring the model's effectiveness and consistency (Greijer and Wenke, 2023).

Section 4: Staffing and Training

Box 11: Summary - Staffing and Training

The workforce at Barnahus centres varies by country and is determined by coordinating institutions. Most commonly, team composition includes psychologists, social workers, and administrative staff, who are hired directly, while medical and legal professionals are often hired on an ad hoc basis. According to the literature, demand and capacity mapping are important for the appropriate and efficient use of resources. Factors that affect staffing decisions include reported police cases, expected services/ anticipated service needs, the need for interviews and medical examinations, social care and police liaison support, appointment duration, and overall case duration.

Training needs of core professionals cover working with children, forensic interviews, cooperation and referrals, mental health support, medical training, and communication. Child forensic interview training is included in professionals' vocational or general academic education in some countries. In some cases, special training programmes such as special training for police officers and certification requirements or a one-year training programme for child interviewers, are employed, in combination with joint training for forensic psychologists and police officers.

Continuous training methods can include regular staff meetings, annual conferences, study visits, knowledge exchange, and a variety of other training opportunities. Consistency of approach across organisations is ensured by the Competence Centre of the Barnahus Network in Europe and through the Child Abuse Symposium organised by the National Children's Alliance (NCA) in the US.

Professionals working with children in Europe receive comprehensive training and social work support in the form of supervision, which can include individual or group supervision, case-focused support, staff wellbeing support, and burnout prevention.

Professionals of the Multi-Disciplinary/Inter-Agency cooperation

Team Composition

The composition of the workforce in terms of professions varies by country and is determined by coordinating institutions. Table 1 below shows examples of the variation of staff by country.

Table 1: Examples of Team Composition in Barnahus or Barnahus-like Sites across Europe

Country	Barnahus staff (professionals)	Coordinating institution	Source
Denmark	Social Worker, Psychologists	Ministry of Social Services	(Johansson et al., 2017a)
Finland	Social Workers, Barnahus Coordinators, Psychologists, Gynaecologists, and Paediatricians	National Institute for Health and Welfare	(Kaldal, 2020)
Germany	Social Workers, Psychologists, Medical Professionals	World Childhood Foundation Germany (NGO)	(Greijer and Wenke, 2023)
Iceland	Social Workers, Psychologists, Criminologists	Government Agency for Child Protection (of Ministry of Social Affairs)	(Johansson et al., 2017a)
Norway	Social Workers, Clinical Psychologists	Police Directorate	(Johansson et al., 2017a)
Sweden	Social Workers, Psychologists or Police, depending on the Barnahus	Cooperating authorities are not organised under a special authority; they are accountable to their respective inspection and regulatory agencies.	(Johansson et al., 2017a)

Multi-Disciplinary/Inter-Agency cooperation in Barnahus involves exchanging information among agencies, coordinating parallel investigations, and addressing the child's needs (Greijer and Wenke, 2023). The literature on Barnahus notes that staffing requirements are diverse and can depend on local considerations (Greijer and Wenke, 2023; The Lighthouse, 2021).

Barnahus and Barnahus-like centres in Nordic countries involve multi-professional collaboration between child welfare services, criminal justice authorities, and healthcare, focusing on cases of child physical violence and sexual abuse (Greijer and Wenke, 2023). In

Iceland, core activities include child interviews, medical examinations, psychological therapies, and collaboration meetings. Sweden follows a similar approach with variations amongst local Barnahus centres. In Norway, child welfare services play a less prominent role. In Denmark, cooperation agreements with police, forensic institutes, and hospitals are formalised by national law, and the involvement of Barnahus centres in abuse cases is mandated (Greijer and Wenke, 2023). In Finland, university hospital-based hubs coordinate local activities, emphasising child-friendly assessments, interviews, and psychosocial support in abuse investigations (Greijer and Wenke, 2023). In Sweden, a national Barnahus Network facilitates biannual knowledge-sharing meetings among 33 Children's Centres, involving police, prosecutors, doctors, social workers, and therapists.

The Lighthouse, in its report making recommendations from its experience, indicated that those involved might include child social workers and medical personnel, such as a clinical lead with a paediatric, mental health or safeguarding background, consultant paediatricians, and clinical nurse specialists for sexual health and healthcare assistants. As well as the police/police liaison officers, wellbeing practitioners, child and adolescent mental health services (CAMHS), clinical psychologists, voluntary and community sector organisations (VCS) providers, advocates, there are also play specialists, social care liaison officers, officer managers and administrators and data officers.

Employment arrangements

Barnahus and Barnahus-like centres demonstrate a wide array of employment approaches. In some cases, staff are employed via existing partners, while in other cases, staff are employed directly by the centre. In Nordic countries, some of the workforce, such as psychologists, social workers, and administrative staff, are employed permanently, while medical and legal professionals are hired as needed. In Denmark, Barnahus employs social workers, psychologists, and administrative staff, while the respective agencies employ law enforcement officers, forensic doctors, and paediatricians to work on the service (Greijer and Wenke, 2023).

Demand and Capacity Mapping

According to the Lighthouse toolkit, establishing a Barnahus involves early demand and capacity mapping. Detailed capacity mapping can guide decisions on staff qualifications and numbers, requirements for task fulfilment (considering other factors such as expected caseloads), service needs for children and young people, total expected cases, and average case lengths (The Lighthouse, 2021).

Barnahus projects in Europe can receive co-funding through bilateral agreements between European Union countries, the European Union, and the Council of Europe. The Council of Europe implements these projects, often cooperating with the European Commission.

These projects, implemented in Ireland, Finland, Croatia, and Spain, typically began with a training needs analysis as part of the capacity assessments conducted at the country level (Council of Europe, 2023a; Council of Europe, 2021b; Council of Europe, 2022; Council of Europe, 2023b).

Media Collaboration

While the media is not generally considered partners in the Barnahus or Barnahus-like centres, the experience of the Zagreb Barnahus offers valuable lessons in addressing challenges and solutions in multi-disciplinary cooperation. In Croatia, the Barnahus faced extensive media reporting that endangered children by violating their privacy rights, conducting inappropriate interviews, and re-traumatising them. The Barnahus Network now works to raise awareness and educate media professionals on ethical and trauma-informed ways to encourage responsible reporting. The Network may refuse to collaborate with journalists who do not adhere to ethical standards (Greijer and Wenke, 2023).

Challenges of Setting up Multi-Disciplinary/Inter-Agency Cooperation

The expansion of multi-disciplinary teams and work processes to include all relevant professional groups involved in the service provision of Barnahus centres has been a consistent theme across various adaptations of the model. In countries lacking experience and background in successful multi-disciplinary cooperation, MD/IA models and services have sometimes faced challenges due to legal restrictions, judicial limitations, and unfamiliarity with involved agencies.

Insufficient resources, lack of specialised training, or organisational and methodological difficulties in working together have been some of the reasons behind these challenges (Greijer and Wenke, 2023). Another challenge in multi-agency collaboration for Barnahus centres faced in some countries has been defining the balance between criminal justice and child welfare. While a core activity of CACs, Barnahus or Barnahus-like centres is undertaking and optimising the impact of forensic interviews, tension can arise from the need to ensure child welfare and the child's best interest. Some countries like Sweden and Denmark, have placed a strong emphasis on child welfare over criminal justice (Greijer and Wenke, 2023).

Building a Multi-Disciplinary/Inter-Agency cooperation culture for Barnahus involves leveraging existing cooperation models in some areas to establish trust and confidence among various agencies and disciplines. Multi-disciplinary cooperation facilitates learning about each sector's roles, fostering respect and laying the groundwork for the establishment and development of the service.

The Lighthouse report provided an overview of key insights from successful multi-agency partnerships. It emphasised how formal cooperation agreements are vital, as they demand

political, administrative, management, and operational commitment. Joint training sessions have proven to enhance confidence and create a shared language, a foundation for effective collaboration. Based on their experiences, appointing a dedicated programme leader early in developing a local Barnahus is crucial. This position promotes senior-level collaboration and facilitates change across different organisations. To ensure a successful multi-agency partnership, each primary agency would benefit from designating a lead representative responsible for addressing issues, providing feedback, and collaborating on solutions (The Lighthouse, 2021).

Training

Training is crucial to ensure multi-disciplinary, inter-agency, cooperation which remains child-centred (Greijer and Wenke, 2023). Professionals working with and for children need to receive training that includes professional responsibility, accountability, and interdisciplinary cooperation elements across different fields by sharing experiences and best practice. Professional accountability should be ensured through clearly defined mandates, work procedures, and codes of ethics. Additionally, professionals should also have access to sufficient resources and benefit from individual and/or group supervision to enhance their competence and support (Council of Europe, 2011). For a list of the requirements for professional competencies and recommended training types please see [Annex B](#) and for an example of a training needs analysis please see [Annex C](#). The identified training needs across these countries exhibit notable similarities. There is an overlap of professional training needs and legal and policy requirements. The identified training needs were grouped into the following categories: cooperation and referrals, forensic interviews, medical training, mental health support, identification, working with children, and communication (Greijer and Wenke, 2023; Council of Europe, 2023a; Council of Europe, 2023b; Council of Europe, 2022; Council of Europe, 2021b).

Box 12: Examples of Specialist Training in Europe

Armenia, the Czech Republic, Poland, and Ukraine: includes child interview training in professionals' vocational or general academic education.

Norway: mandates special training for police officers conducting interviews. Only certified officers can conduct forensic interviews. The Police Academy organises the training, which consists of specialisations for different age groups and adults with mental disabilities.

Finland: employs a one-year training programme for child interviewers, emphasising joint training for forensic psychologists and police officers. It reports significant benefits from the close cooperation between academia and the Barnahus sites across the country, ensuring the training of professional interviewers.

Germany: offers official training programmes for law enforcement, judiciary, medical, and psychological professionals.

Georgia: trains police investigators on using the NICHHD Protocol for child interviews.

The Republic of Moldova: requires professionals conducting child interviews to have academic training in law or psychology and specific task-related training.

Source: Barnahus: a European journey, Findings of a mapping study on multidisciplinary and interagency child-friendly justice models responding to violence against children (Greijer and Wenke, 2023).

Training methods vary by country. Several countries use the “[avatar-based forensic](#)” training developed by Sweden’s Linnaeus University. In Finland, child interviewers have to complete a joint one-year special programme focused primarily on interview protocols and other subjects, with feedback and supervision (Council of Europe, 2023b).

Training doesn’t necessarily inherently translate into taking courses; it can also include regular meetings of Barnahus staff members, annual conferences, study visits, or best practice visits. Training is often joint training, implemented for staff and professionals working in Barnahus or other agencies (Council of Europe, 2023b). Council of Europe has highlighted the need for continuous training and the creation of a national network of trainers (Council of Europe, 2023b).

Children’s Rights Training

General Comment No. 24 and General Comment No.5²³ of the United Nations Convention on the Rights of the Child (UNCRC) highlight the need for continuous and systematic training (initial and refresher) for professionals in the child justice system, emphasising interdisciplinary teamwork and understanding the diverse needs of children (United Nations Committee on the Rights of the Child, 2019; United Nations Committee on the Rights of the Child, 2003).

The Council of Europe asserts that training for staff who are in direct contact with children should focus on child-sensitive communication, the child’s age, evolving capacities, and individual needs and vulnerabilities (Council of Europe, 2010).

In many European countries, Barnahus or Barnahus-like centres have offered specialised training on children’s rights, which has been found to positively impact the implementation

²³ General Comments are documents that interpret sections of the UN Convention on the Rights of the Child (UNCRC) and offer implementation guidelines for State Parties and non-state actors.

of the UNCRC. An example of the positive impact can be drawn from Norway and Belgium, where legal training provided to the legal professionals and the judiciary led to an increased citation of the UNCRC within their legal systems (Kilkelly, 2020).

Collaborative learning

While often delivered by employers, collaborative endeavours, such as the training offered by the Barnahus Network, can help ensure consistency of approach across organisations. Within Europe, the [Competence Centre](#) of the Barnahus Network supports the establishment and operation of Barnahus centres and similar services by providing evidence and practice-based resources, including courses, research outputs, lectures, and other forms of expertise and exchange. This support is available at all stages of establishing and operating Barnahus centres and covers all professional competencies included in the "four-room" concept (Barnahus Network, 2021).

Some Barnahus centres and CACs can function as dual knowledge centres, offering training to colleagues from multiple agencies and serving as a hub for professionals to recognise and address different forms of child abuse. The National Children's Alliance (NCA) organises the [Child Abuse Symposium](#) on themes that include, but are not limited to disciplinary teams, child protection services, secondary traumatic stress, victim advocacy, and human trafficking.

Continuous Training and Development

It is important to ensure that training and opportunities for collaborative learning are ongoing and consistent. However, learning from the Linköping Barnahus in Sweden has shown that it can be challenging to keep up with development and address training needs. In order to respond to this challenge, training was incorporated into formal cooperation agreements with funding from the government's annual budget. Additionally, this Barnahus runs an annual Barnahus Day for collaborating agencies to promote the exchange of experience and knowledge (Greijer and Wenke, 2023).

Box 14 below provides more details on the example of Canada.

Box 13: Continuous Needs-based Training in Canada

Staff in Canadian Child Advocacy Centres/Child & Youth Advocacy Centres (CACs/CYAC) are comprised of multi-disciplinary teams that have received continuous training that is reviewed and developed as needs arise. They report that this training has equipped them to better respond to the needs of the people they assist. Training provided to staff in 2021-2022 has focused on trauma-informed practices, mental health, diversity and inclusion,

and child abuse. Training in other years has included victim support and advocacy, case reviews, multi-disciplinary team-building exercises, and forensic interviews.

Source: [A portrait of Canadian Child Advocacy Centres and Child and Youth Advocacy Centres in 2021–22 \(Stumpf, 2024\).](#)

Supervision

As per Council of Europe recommendation, professionals working with children should undergo comprehensive training and receive support to improve their competence. Supervision as a form of support can be provided through individual or group sessions. In Croatia, there are two types of supervision available; one focuses on addressing difficult cases, while the other supports staff wellbeing, coping strategies, attitudes, ethical dilemmas, and other challenges (Haldorsson, 2019). Recent inception reports from countries like Finland, Croatia, Ireland, and Spain also emphasised the importance of mental health support for professionals involved in Barnahus activities (Council of Europe, 2023b).

Section 5: Equality and Accessibility

Box 14: Summary - Equality and Accessibility

Equality and accessibility in Barnahus are rooted in human rights principles, particularly those emphasising child-friendly justice and inclusivity. In most cases, the approach to equality and accessibility is informed by international human rights treaties and (in Europe) Council of Europe treaties and policies. The Council of Europe guidelines promote a child-friendly justice approach with equitable service provision and accessibility requirements.

Accessibility extends beyond the physical space, with language and communication considerations, including the provision of interpreters and translation services, sign language support, use of simple and accessible language. Depending on the country children can choose the gender of professionals involved in their case.

Equality, Accessibility and Human Rights

In many cases, MDs/IA services' understanding and approach are informed by the nine Core Human Rights Instruments. Many research reports reference the significance of the United Nations Convention on the Rights of the Child (UNCRC), specifically Article 2 of the UNCRC on non-discrimination.

In addition to the nine Core Human Rights Instruments, the approach to Barnahus and Barnahus-like services in Europe is underpinned by a wide range of conventions and legislations, such as the European Convention on Human Rights, the Framework Convention for the Protection of National Minorities, the Council of Europe Convention on Action against Trafficking in Human Beings, Convention on Protection of Children against Sexual Exploitation and Sexual Abuse ("Lanzarote Convention"), and the Convention on Preventing and Combating Violence against Women and Domestic Violence ('Istanbul Convention')²⁴.

To guide the implementation of Barnahus and Barnahus-like services in Europe, the Barnahus Network developed a compendium of European and International instruments

²⁴ A list of the relevant International Human Rights Treaties can be found in [Annex E](#).

concerning child victims and witnesses of violence (The Promise Barnahus Network, 2023). This document brings attention to the European Convention on Human Rights and the European Social Charter, which emphasise the importance of equality and accessibility for all children.

There is variation between how the equality aspects of the UN Conventions and/or European Conventions and Treaties manifest in relation to domestic law about equality and accessibility. In the UK, in 2010, the Equality Act was introduced to replace previous equality legislation and bring UK law more into alignment with EU legislation and UN Conventions. The Lighthouse and Bairns' Hoose both recognise the significance of the Equality Act. For example, Bairns' Hoose Standard 1 emphasises, that children and families at Bairns' Hoose must not be subjected to any form of discrimination and that all aspects of the Equality Act (2010) should be met.

In 2024, the Scottish Government incorporated the United Nations Convention on the Rights of the Child (UNCRC) (United Nations, 1989b) into Scottish Law through the [UNCRC \(Incorporation\) \(Scotland\) Act 2024](#). The UK has signed and ratified seven of the nine core conventions.

In the US, practice is informed by US domestic law on equality and accessibility, and the National Children's Alliance (NCA) Accreditation Standards. Standard 2 on Diversity, Equity, and Access emphasises the importance of valuing diversity, equity, and inclusion (DEI) in all activities of multi-disciplinary team members, both individually and collectively. This requires a deliberate, continuous, and evolving exploration of the personal and professional significance of DEI and how it affects the accessibility of services and support for clients (National Children's Alliance, 2017).

Equality and Accessibility in Practice

Beyond general commitments to human rights and equality, there is little literature regarding the practical implementation of systems and processes. The need for multi-language resources, use of interpreters and choice of interviewers' gender are some of the few areas which emerge in the literature, and are briefly discussed below²⁵.

²⁵ The physical design of MD/IA centres and accessibility are discussed in the literature but are not discussed here, as this will be covered in a forthcoming paper.

Language and Interpretation

Documentation on the implementation of MD/IA services, such as the Barnahus Standards, often highlight the importance of providing interpreters and translated resources to individuals who don't speak the main language of the relevant country, deaf or hard-of-hearing children and those with other communication needs (Haldorsson, 2019). This support should also be extended to their families where necessary. The cultural landscape and diversity of the community in which the service is situated should be considered to ensure that the facility is representative and responsive to the needs of individuals from various backgrounds (Greijer and Wenke, 2023).

For instance, in Iceland, interpreters assist communication between Barnahus staff and children or parents who do not speak Icelandic or English during forensic interviews, treatment sessions, and medical examinations, while therapists and interviewers also speak multiple languages to better accommodate the communication needs of children and caregivers (Haldorsson, 2019).

According to the Barnahus Quality Standards, information and advice from authorities, victim support services, and restorative justice services should be provided through various media in a manner appropriate for the victim (Council of Europe, 2012). This includes using simple, accessible language and considering the victim's different skills and abilities (Haldorsson, 2019). Special attention should be paid to communication difficulties during criminal proceedings caused by disabilities, such as hearing or speech impediments (Haldorsson, 2019). Interpreters are also available for parents requiring translation services (Landberg and Svedin, 2023).

Challenges around language barriers include a shortage of trained interpreters in certain languages, so including this parameter in demand mapping is essential.

Gender of professionals

There is ongoing debate about whether children should be allowed to choose the gender or sex²⁶ of the professionals working with them, especially during medical examinations

²⁶ It is noted that in the literature referenced here the terminology around gender is not defined. In fact, use of the terms gender and sex appears to be inconsistent and used in variable ways across different documents. The Barnahus standards for example utilise the term sex stating that "interviews of victims of sexual violence, gender-based violence or violence in close relationships being carried out by persons of the same sex" (Haldorsson, 2019:p66). Whilst it is beyond the scope of this literature review to examine use of terminology, it

(Greijer and Wenke, 2023). According to a 2023 report, a child's ability to choose the gender of professionals conducting interviews or medical examinations while limited in European Barnahus operations, could be used as a good practice example for MD/IA services (Greijer and Wenke, 2023).

According to the same report, Lithuania and the Republic of Moldova allow the child to choose the gender of the interviewing professional and of professionals carrying out medical examinations or therapeutic interventions, even though this is not always a formalised procedure. Additionally, Cyprus and Norway also allow the child to choose the gender of the professionals for medical examinations and therapeutic interventions, but not for interviews.

is important that readers are aware that the terms used may mean different things to different authors and are commonly not defined.

Annexes

Annex A: Examples of International MD/IA Approaches

The following table provides examples of Barnahus centres and Child Advocacy Centres in various countries. More specifically, the table provides information for each country on the name of Barnahus or Barnahus-like facilities, the year of establishment, the number of centres in each country, the population and the respective websites. The information on the table was gathered through open-source research. This table aims to illustrate the diverse landscape of Barnahus centres and their different adaptations in countries around the world.

Table 2: Examples of International MD/IA Approaches (CYCJ, 2024)

Country	Local Name	Year of foundation	No. of Centres	Country Population ²⁷	Link
Bulgaria	Зона ЗаКрила („Zone Zakrila”) (Child Advocacy and Support Centres) (CaCs)	2020	3	6,430,370	Zona ZaKrila UNICEF
Canada	Child Advocacy Centres/Child & Youth Advocacy Centres (CACs/CYACs)	2010	51	40,097,761	https://cac-cae.ca/
Croatia	Poliklinika Za Zastitu Djece I Mladih Grada Zagreba (Zagreb Child and Youth Protection Centre)	2024	1	3,853,200	https://www.poliklinika-djeca.hr/
Denmark	Børnehuse	2013	5	3,946,952	https://www.sbst.dk/boern/overgreb/boerne-huse/om-de-danske-boernehuse

²⁷ Population data from the [World Bank population estimates and projections](#), accurate as 2023.

Country	Local Name	Year of foundation	No. of Centres	Country Population ²⁷	Link
Estonia	Barnahus	2018	n.d.	1,366,188	https://www.sotsiaalkindlustusamet.ee/en/childrens-house
Finland	Barnahus	2019	5	5,584,264	https://barnahus.fi/
Germany	Childhood-haus	2018	10	84,482,267	https://www.childhood-de.org/childhood-haus/haeuser/
Greenland	Saaffik	2010	1	56,865	
Hungary	Meghallgató és Terápiás Központ (Hearing and Therapy Centres)	2019	5	9,589,872	Meghallgató és Terápiás Központok (ogysz.hu)
Iceland	Barnahus	1998	1	393,600	https://www.bofs.is/urraedi/barnahus/
Ireland	Barnahus	2019	2	5,262,382	https://www.tusla.ie/barnahus/
Latvia	DARDEDZE Children's house (Barnahus)	2017	1	1,881,750	https://centrsdardedze.lv/en/
Lithuania	Paramos vaikams centras The Support Centre for Sexually Abused Children	2016	1	2,871,897	
Norway	Barnehus	2007	11	5,519,594	https://www.statensbarnehus.no/barnehus/statens-barnehus-stavanger/

Country	Local Name	Year of foundation	No. of Centres	Country Population ²⁷	Link
Poland	Barnahus and Child Advocacy Centre	2019	4	36,685,849	https://szansa.glogow.pl/en/projekt-barnahus/ and https://centrapomocydzieciom.fdds.pl/
Romania	Centrul Barnahus (Barnahus Centre)	2021	1	19,056,116	Save the Kids Barnahus Centre (salvaticopiii.ro)
Slovenia	Hisa Za Otroke (Children's house)	2022	1	2,120,937	https://www.hisa-za-otroke.si/
Spain	Barnahus casa dels infants (Catalonia)	2020	14	48,373,336	https://prevensi.es/ca/ https://www.intress.org/posem-en-marxa-el-barnahus-de-seu-urgell/
Sweden	Barnahus	2005	31	10,536,632	https://barnahusjamtlandslan.se/ and https://socialtstod.stockholm/familj-och-barn/barnahus-stockholm/
United Kingdom	The Lighthouse (England), North Strathclyde Bairns' Hoose (Scotland)	2022 2023	2	68,350,000	https://www.thelighthouse-london.org.uk/about-page/ https://www.children1st.org.uk/help-for-children-in-distress/
USA	Child Advocacy Center	1985	961	334,914,895	https://www.nationalchildrensalliance.org/

Annex B: Training for Professional Competency

The table outlines the requirements for professional competencies and recommended training types, as suggested in international legal and policy frameworks. These recommendations are categorised into children’s rights, needs, and protection; children with disabilities; identification of sexual abuse and exploitation; and child development and healthcare needs. The target groups for training vary based on the specific topic and role in Barnahus.

Table 3: Training for Professional Competency (CYCJ, 2024)

Professional Competencies	Source of Recommendation/Obligation
Systematic and continuous training on the protection and rights of the child	<ul style="list-style-type: none"> Article 5, Lanzarote Convention Council of Europe Recommendation on children’s rights and social services friendly to children and families Article 112 of General Comment No. 24, Para 54 of Explanatory Report of Lanzarote Convention.
Needs of children of different age groups and on proceedings that are adapted to them	<ul style="list-style-type: none"> Article 4 14 of Inception Report: Joint EU-Council of Europe project Supports the implementation of the Barnahus project in Ireland(Council of Europe, 2023b)
Training on means to identify, report and refer sexual abuse and exploitation of a child	<ul style="list-style-type: none"> Article 5, and Article 36 Lanzarote Convention Council of Europe Recommendation on children’s rights and social services friendly to children and families Para 54 of Explanatory Report of Lanzarote Convention
Specialised awareness and training programmes to address the unique healthcare needs of children and women who have undergone female genital mutilation or other harmful practices.	<ul style="list-style-type: none"> Article 73.d. Joint general recommendation No. 31 of the Convention on the Elimination of Discrimination Against Women (CEDAW). General Comment No. 18 of the Committee on the Rights of the Child on harmful practices

Professional Competencies	Source of Recommendation/Obligation
Training on participatory methods of children, including training in communicating with children and using child-friendly language at all ages and stages of development and with children in situations of vulnerability	<ul style="list-style-type: none"> • Council of Europe Recommendation on children’s rights and social services friendly to children and families • Article 4 14 and 4.67 of Guidelines on Child-Friendly Justice
Training on child-friendly healthcare	<ul style="list-style-type: none"> • Council of Europe guidelines on child-friendly healthcare
Rights of persons with disabilities	<ul style="list-style-type: none"> • Article 1 – Convention on the Rights of Persons with Disabilities (CRPD)
Effective access to justice for persons with disabilities	<ul style="list-style-type: none"> • Article 13 – Convention on the Rights of Persons with Disabilities (CRPD)

Annex C: Training Needs Analysis

The following table was created from comparable Council of Europe inception reports. Inception reports present findings from the analysis of joint Council of Europe–European Union projects and various country initiatives at the initial stages of implementing Barnahus.

Finland, Croatia, Spain and Ireland were selected and collated by CYCJ as case examples due to the consistency of the approach in representing training data within inception reports.

Table 4: Training Needs Analysis (CYCJ, 2024)

Training Types	Professional Training Needs	Target Group	Country
Cooperation and referrals	Referral of children at risk, referral mechanisms	Colleagues from the relevant agencies ²⁸	Ireland (Council of Europe, 2023b), Finland (Council of Europe, 2021b)
	Multi-disciplinary cooperation and evaluation	Colleagues from the relevant agency	Finland (Council of Europe, 2023a), Croatia (Council of Europe, 2023a), Spain (Council of Europe, 2022)
	Information sharing, reporting process, data protection	Colleagues from the relevant agency	Ireland (Council of Europe, 2023b), Spain (Council of Europe, 2022)
	Inter-Agency cooperation within the Barnahus structures	Colleagues from the relevant agency	Ireland (Council of Europe, 2023b)

²⁸ It varies by country who is considered a relevant agency, but generally, it includes professionals who work with children who are victims or witnesses of abuse and attend Barnahus or Barnahus-like settings. They can be Barnahus staff, judges and legal professionals, police involved in child abuse cases and specialist interviewers, therapy professionals, medical professionals, legal guardians, teachers, day care teachers, youth workers, frontline professionals, ER doctors and emergency respondents.

Training Types	Professional Training Needs	Target Group	Country
	Feedback gathering on the services of Barnahus and their improvement Use of the National Participation Framework	Colleagues from the relevant agency	Ireland (Council of Europe, 2023b),
Forensic interview	Joint training on forensic specialist interviewing	Colleagues from the relevant agency	Ireland (Council of Europe, 2023a), Croatia (Council of Europe, 2023a), Spain (Council of Europe, 2022)
	Update on forensic specialist interviewing protocol, Follow up training: Professional development support for specialist interviewers	Colleagues from the relevant agency	Ireland (Council of Europe, 2023b), Croatia (Council of Europe, 2023a) Spain (Council of Europe, 2022)
	Framework on how to seek information from a child victim, Sexual abuse influence on disclosure	Judges, legal professionals	Ireland (Council of Europe, 2023b),
Medical training	Formal medical/paediatric forensic examiner training	Medical practitioners	Ireland (Council of Europe, 2023b),
	Child-friendly medical training	Colleagues from the relevant agency	Croatia (Council of Europe, 2023a)
Mental health support	Psychosocial support in cases of acute abuse	Colleagues from the relevant agency	Finland (Council of Europe, 2021b), Spain (Council of Europe, 2022)
	Therapy services and trauma response	Colleagues from the relevant agency	Ireland (Council of Europe, 2023b)
	Trauma base treatment for child recovery to provide better long-term care	Colleagues from the relevant agency	Croatia (Council of Europe, 2023a)
Identification	Detection on emotional violence and emotional abuse and physical abuse	Colleagues from the relevant agency	Croatia (Council of Europe, 2023a), Finland (Council of Europe, 2021b),

Training Types	Professional Training Needs	Target Group	Country
			Spain (Council of Europe, 2022)
	Identifying and reporting cases of violence against children	Colleagues from the relevant agency	Spain (Council of Europe, 2022)
	Identification of children at risk	Colleagues from the relevant agency	Finland (Council of Europe, 2021b)
	Interdisciplinary training on online and in person child sexual abuse, human trafficking and sexual crimes	Colleagues from the relevant agency	Croatia (Council of Europe, 2023a)
Working with children	Child participation	Colleagues from the relevant agency	Ireland (Council of Europe, 2021b), Finland (Council of Europe, 2021b), Spain (Council of Europe, 2022)
	Child development and abuse	Colleagues from the relevant agency	Croatia (Council of Europe, 2023a)
	Working with children with additional needs	Colleagues from the relevant agency	Ireland (Council of Europe, 2023b), Spain (Council of Europe, 2022)
Communication	Child-friendly communication	Colleagues from the relevant agency	Ireland (Council of Europe, 2023b), Finland (Council of Europe, 2021b) Spain (Council of Europe, 2022)
	How to interview, communicate and behave with child victims and witnesses of sexual abuse	Colleagues from the relevant agency	Croatia (Council of Europe, 2023a)

Annex D: Council of Europe Member States

Table 5: Council of Europe Member States

Full Members				
Albania	Andorra	Armenia	Austria	Azerbaijan
Belgium	Bosnia & Herzegovina	Bulgaria	Croatia	Cyprus
Czechia	Denmark	Estonia	Finland	France
Georgia	Germany	Greece	Hungary	Iceland
Ireland	Italy	Latvia	Liechtenstein	Lithuania
Luxembourg	Malta	Republic of Moldova	Monaco	Montenegro
Netherlands	North Macedonia	Norway	Poland	Portugal
Romania	San Marino	Serbia	Slovak Republic	Slovenia
Spain	Sweden	Switzerland	Türkiye	Ukraine
United Kingdom				

This list was taken from the Council of Europe website: <https://www.coe.int/en/web/about-us/our-member-states>

Annex E: International Human Rights Treaties

Table 6: Human Rights Conventions, Treaties and Optional Protocols

International Human Rights Instruments - Ratified by the UK (7 of 9)
International Covenant on Economic, Social and Cultural Rights (ICESCR)
International Covenant on Civil and Political Rights (ICCPR)
UN Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT)
International Convention on the Elimination of All Forms of Racial Discrimination (CERD)
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
Convention on the Rights of Persons with Disabilities (CRPD)
UN Convention on the Rights of the Child (UNCRC)
Optional Protocols Ratified by UK
Optional Protocol to CEDAW
Optional Protocol to UNCRC on the involvement of children in armed conflict
<u>Optional Protocol to the Convention on the Right of the Child on the sale of children, child prostitution and child pornography</u>
<u>Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment</u>
Optional Protocol to the Convention on the Rights of Persons with Disabilities
<u>Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty</u>
Optional protocols ratified in Scotland (not ratified by UK Government)
Optional Protocol to the International Covenant on Economic, Social and Cultural Rights
Optional Protocol to the International Covenant on Civil and Political Rights

Table 7: Council of Europe Treaties, Commitments and Key Documents

Council of Europe Treaties, Commitments and Key Documents
The European Convention on Human Rights
The European Social Charter
European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
European Charter for Regional or Minority Languages
Framework Convention for the Protection of National Minorities
The Council of Europe Convention on Action against Trafficking in Human Beings
Convention on Protection of Children against Sexual Exploitation and Sexual Abuse ("Lanzarote Convention")
Council of Europe Convention on Preventing and Combatting Violence against Women and Domestic Violence ('Istanbul Convention')
General comment No. 5 (2003) General measures of implementation of the Convention on the Rights of the Child
General comment No. 13 (2011) The right of the child to freedom from all forms of violence
General comment No. 24 (2019) on children's rights in the child justice system

Acronyms

Several acronyms are used in this report. The table of acronyms below has been compiled to provide quick reference for readers.

ABE interview	Achieving Best Evidence Interview
ACR	Age of Criminal Responsibility
ACRA	Age of Criminal Responsibility Act
CAC	Child Advocacy Center
CAMHS	Child and Adolescent Mental Health Services
CBSS	The Council of the Baltic Sea States
CEDAW	Convention on the Elimination of Discrimination Against Women
ChIRP	Child Interview Rights Practitioners
CRC	Convention on the Rights of the Children
CRPD	Convention on the Rights of Persons with Disabilities
CYAC	Child and Youth Advocacy Centres
CYCJ	Children & Young People's Centre for Justice
EEA	European Economic Area
GDPR	The General Data Protection Regulation - European Union law
GIRFEC	Getting it right for every child
JII	Joint Investigative Interview
MD/IA	Multi-Disciplinary/Inter-Agency
MDT	Multi-Disciplinary Team
MOPAC	Mayor's Office for Policing and Crime
NCA	National Children's Alliance (USA)
NGO	Non-Governmental Organisation
NHS	National Health Service
NICHD	Protocol of the National Institute of Child Health and Human Development
NSPCC	National Society for the Prevention of Cruelty to Children

SCIM	Scottish Child Interview Model
UCLH	University College London Hospital NHS Foundation Trust
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations International Children's Emergency Fund
VCS	Voluntary and Community Sector organisations

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