

# A TOOLKIT FOR STANDARD 5: INTERAGENCY CASE MANAGEMENT

BARNAHUS QUALITY STANDARDS



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To best achieve these aims, our work follows the Luxembourg Guidelines and any updates to it. Further, we adapt as terminology evolves by developing internal guidance that aligns with these principles. When citing external sources, we retain the original language to preserve the intended meaning and context, ensuring the accuracy and authenticity of the cited content.

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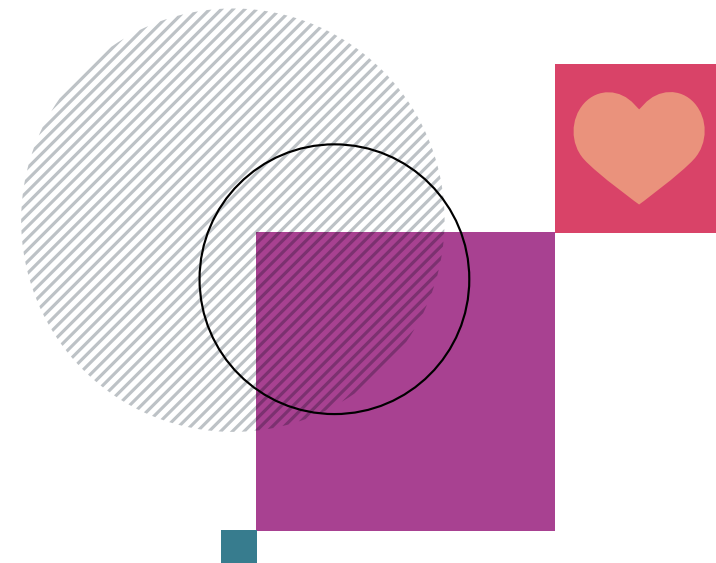
Author: Emma Harewood

Contributors: Clementine Anderson<sup>1</sup>, Liisa Järvillehto<sup>2</sup>, Merit Korbe<sup>3</sup>, Alketa Lasku<sup>4</sup>, Bláthnaid McCabe<sup>5</sup>, Simona Mikec<sup>6</sup>, Julie O'Donnell<sup>5</sup>, Anna O'Reilly<sup>7</sup>, Keith O'Reilly<sup>5</sup>, Aoife O'Malley<sup>8</sup>, Anna Petersson<sup>9</sup>, Hele-Riin Rebase<sup>3</sup>, Aina Rodon<sup>10</sup>, Eimear Timmons<sup>1</sup>, Raquel Vila<sup>10</sup>, Laura Villagordo<sup>10</sup>, Aideen Walsh<sup>5</sup>, Keeley Whelan<sup>5</sup>, Niamh<sup>8</sup>

Affiliations: 1) The Lighthouse, England; 2) Barnahus Helsinki, Finland; 3) Barnahus, Estonia; 4) Terres de Homme, Hungary and Albania; 5) Barnahus East, Ireland; 6) Barnahus, Slovenia; 7) Bairnshoose, Scotland; 8) Barnahus West, Ireland; 9) Barnahus Linköping, Sweden; 10) Barnahus Tarragona, Catania, Spain

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# CONTENTS

About the toolkit .....	5
1. Agreed ways of working .....	10
2. Child-centred case planning .....	22
3. Ongoing case reviews and continuing support .....	29
4. One consistent support person .....	34



# FOREWORD

**By Olivia Lind Haldorsson**

Head of the Children at Risk Unit  
Council of the Baltic Sea States Secretariat

Children who have experienced abuse have the right to safety, justice, and support which respects their dignity and ensures their well-being. States are obligated to provide these rights, and to ensure that children are not harmed further by the very systems meant to safeguard them.

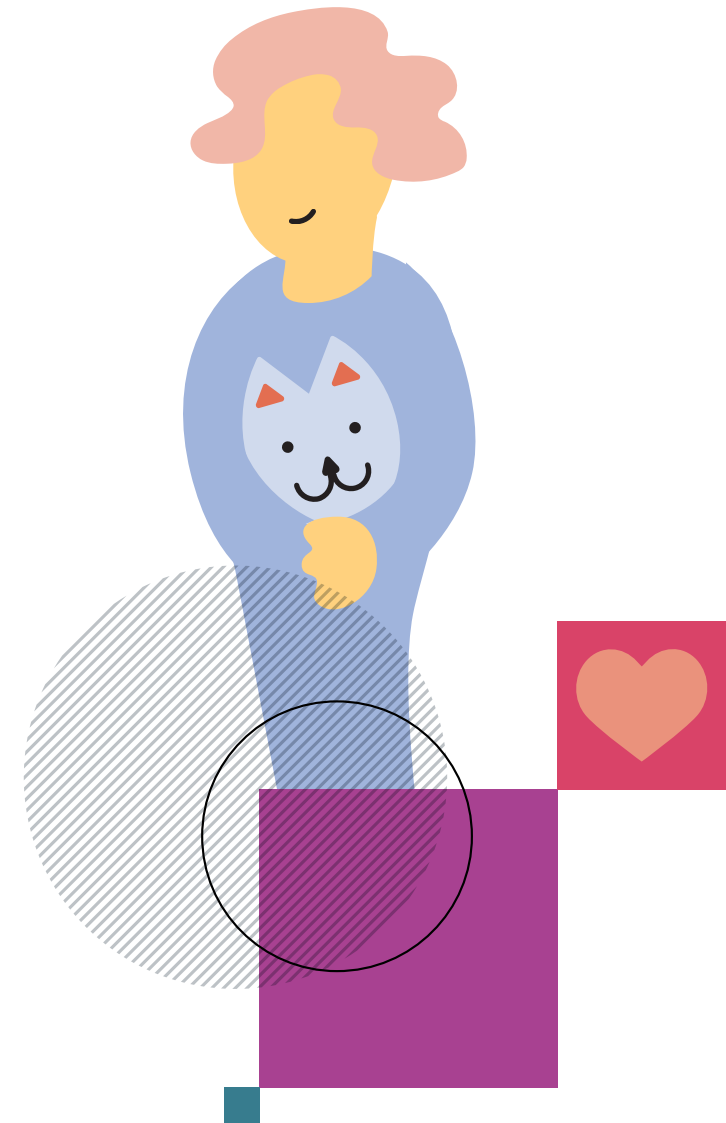
Barnahus is a service through which States can fulfil these obligations, by offering a child-centred, rights-based approach that ensures interagency collaboration in a way that prevents retraumatisation and places the child's voice at the heart of criminal justice, child protection, physical health, and mental health services.

This toolkit is developed to support the practical implementation of Barnahus Quality Standards Standard 5 on interagency case management. This Standard provides essential guidance for professionals working within the Barnahus framework. It draws on the expertise and operational experiences of Barnahus across Europe, equipping practitioners to deliver a coordinated, multidisciplinary response that meets the unique needs of each child. The focus on interagency cooperation ensures that children are heard, their

rights are upheld, and they receive the protection and support they are entitled to.

The Council of the Baltic Sea States (CBSS) and its Expert Group on Children at Risk have long recognized the strategic importance of protecting children at risk, and of supporting states to meet their obligations to child victims of violence. This work is central to our mission of promoting the Baltic Sea Region as a violence free zone for children, and of supporting the spread of promising practices from our region to the rest of Europe and globally. The development and promotion of Barnahus reflects our commitment to providing concrete tools that support professionals to provide high-quality, child-friendly services. This toolkit is part of a broader effort by the CBSS to foster cross-border cooperation, share best practices, and ensure that children's rights are consistently prioritised across the region.

Through this resource, we aim to strengthen the capacity of professionals working in Barnahus and to contribute to the realization of children's rights to protection, care, and justice.



# ABOUT THE TOOLKIT

## PURPOSE OF THE TOOLKIT

The purpose of this toolkit is to provide information and practical resources to implement the Barnahus Quality Standards - Standard 5: Interagency case management. The toolkit details the learning from the PROMISE Barnahus network and has been developed based on operational experience in existing and developing Barnahus across Europe, as well as the Child Advocacy Centre model. The guidance is designed to be localised in line with local Barnahus and Child Protection law and guidance.

The toolkit is based on the experience of Barnahus services in European countries, where the lead agency is predominantly a criminal justice or child protection agency, working in partnership with other government agencies and NGOs. It is for each country to develop its own approach taking account of the lead agency, the multi-agency team working in the Barnahus and the types of services available at the Barnahus. Case examples have been provided by those Barnahus that participated in the consultation, with reference to the countries providing case examples lists in the footnotes.

## HOW TO USE THE TOOLKIT

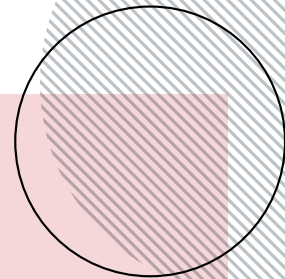
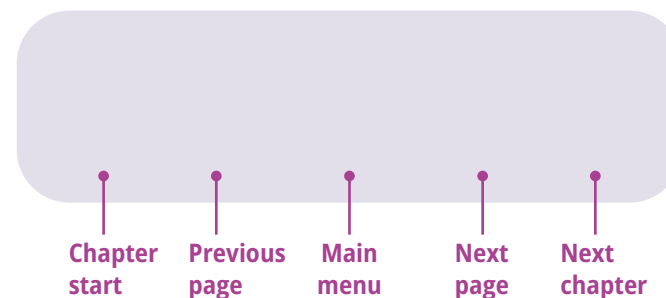
The toolkit is an interactive PDF which facilitates an easy way of linking to related sections of the document. The index at the start of each section provides an easy means of navigation.

The toolkit should be read in conjunction with the **Barnahus Quality Standards – Standard 5: Interagency case management** publication.

There are five sections detailing agreed ways of working, child centred planning, case reviews, the benefits of one consistent support person and the legal systems underpinning Barnahus.

The toolkit contains many useful links; many of the documents are hosted here or hyperlinked.

Children and/or Young People are abbreviated to "CYP" throughout this report.



# TOOLKIT ON A PAGE



MAIN  
MENU

This toolkit includes four chapters that demonstrate best practice ways of working in your Barnahus and how they link to the Barnahus standards.

Click on the links below [+ ] to move straight to the chapter.

1

## Chapter 1: Agreed ways of working

This chapter relates to Barnahus standard 5.1 and describes how the multi-agency team works together and the governance and systems in place to support cross-agency work.

- + Who are the key agencies in a Barnahus?
- + The benefits of a partnership or interagency agreements
- + The role of the steering group during set-up and once a Barnahus is established
- + Roles and responsibilities of the Barnahus team
- + The value of the Barnahus coordinator/manager
- + The role of Barnahus team when children are referred into the Barnahus
- + How sharing information can enable an effective case review meeting
- + The importance of creating shared team values and language

2

## Chapter 2: Child-centred case planning

This chapter relates to standards 5.2, 5.3 and 5.6 and describes the importance of keeping the child at the centre of all assessment and ongoing multi-agency planning and support.

- + Types of case planning
- + Logistics of case planning meetings
- + Ensuring child-centred case planning with the child's voice heard
- + Taking account of equality, diversity and inclusion in case management meetings — cultural competence

3

## Chapter 3: Ongoing case reviews and continuing support

This section relates to standard 5.4 and 5.7 and describes how to continuously support a child and family on their journey through the Barnahus and onto local support services.

- + Ongoing case reviews
- + Helping children and families understand the journey — through leaflets, films, stories and more
- + Good endings

4

## Chapter 4: One consistent support person

This section relates to standard 5.5 and describes the value of one consistent support person to advocate for a child and family, building trust and resilience for the future.

- + One consistent support person
- + Typical role outline
- + What the research tells us that children ask for in one consistent support person
- + Evaluating the benefits of one consistent person
- + The value of taking a trauma informed approach

# CONTEXT

The Barnahus Quality Standards<sup>1</sup> define the principles of the interventions and services referred to as the “Barnahus” model. The name Barnahus (“a house for children”) originates from Iceland where the first Barnahus was founded in 1998.

A core purpose of the Standards is to ensure that measures are put in place to prevent retraumatisation of child victims and witnesses of violence. By practising in accordance with the standards, retraumatisation can be prevented, since it involves ensuring that the best interest of the child informs practice and decisions; that the right of the child to be heard is fulfilled without repetitive interviews; that the child is interviewed and supported by specialised and competent professionals; that interviews are carried out in a multidisciplinary environment in one child-friendly premise, offering adequate support to the child and care-givers without undue delay and; that the child is not obliged to appear in Court.

The Barnahus brings all relevant professionals under one roof, embracing cooperation between agencies such as police, social services, child protection, physical and mental health services and prosecutors in one child-friendly premise. The multi-agency joint case management, the legal governance that allows information sharing and one consistent support person, enables a child-centred approach reducing the number of times a child has to retell of the harm and abuse they experienced.



<sup>1</sup> <https://www.barnahus.eu/en/wp-content/uploads/2020/02/PROMISE-Barnahus-Quality-Standards.pdf>

## STANDARD 5 - INTERAGENCY CASE MANAGEMENT

Standard 5 relates to interagency case management and includes the seven focus areas below:

1. Formal procedures and routines
2. Individual assessment
3. Continuous case planning and review
4. Continuous case tracking
5. Support person
6. Child participation
7. Follow up and onward support

5.1

### Formal procedures and routines

Interagency case review and planning is integral to the work of the Barnahus team and the respective agencies in the Barnahus. It is formalised by procedures and routines, mutually agreed by the Barnahus team and the respective agencies that practice in Barnahus.

5.2

### Individual assessment

The Barnahus ensures that there is an individual assessment of each child who is referred to Barnahus. The individual assessment is carried out and updated, drawing on contributions from the interagency team, the child, caregivers, and other relevant professionals. The individual assessment establishes the circumstances of the child, special needs and other elements that must inform planning, interventions (including the child investigative interview) and follow up.

5.3

### Continuous case planning and review

Case review and planning meetings, involving the relevant agencies in the interagency team, takes place on a regular basis in the Barnahus.

5.4

### Continuous case tracking

The Barnahus ensures continuous documentation and access to relevant case information for interagency team members on the progress of the case until the case is closed, observing national laws on data protection, privacy, and confidentiality.

5.5

### Support person

A designated, trained individual or member of the Barnahus team oversees and documents the multidisciplinary response to ensure that there is continuous information-sharing, support and follow up with the child and nonoffending family/caregivers.

5.6

### Child participation

Children are empowered and supported to contribute to their own case planning and management in Barnahus. Barnahus carefully considers the views of the child in all case planning and management.

5.7

### Follow up and onward support

Case management in Barnahus connects with relevant external and parallel case management, interventions, processes, and agencies to ensure coordination, timely referrals, follow up, and onward support during and after the interventions in Barnahus.



# AGREED WAYS OF WORKING

# 1. AGREED WAYS OF WORKING

**This section relates to Standard 5.1.**

**Standard 5.1 – Formal procedures and routines:** *Interagency case review and planning is integral to the work of the Barnahus team and the respective agencies in the Barnahus. It is formalised by procedures and routines, mutually agreed by the Barnahus team and the respective agencies that practice in Barnahus.*

To enable effective interagency working between Barnahus agencies and partners, the standard recommends establishing a series of agreed ways of working, procedures and routines. These agreed ways of working are either found in Barnahus law, Barnahus Guidance or Partnership Agreements. This section of the tool will explore the various approaches to agreeing on ways of working and how that is impacted by the agencies based within and working alongside the Barnahus.

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## 1.1. WHO ARE THE KEY AGENCIES IN A BARNAHUS?

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Each Barnahus comprises a different set of agencies based within or working closely with the Barnahus team. Most have in place law, guidance and/or an interagency partnership agreement that determines how they will work together.

**Barnahus Team** – A typical Barnahus will include child protection specialists/social workers, a coordinator/manager and administrative support based on site as the core team; as well as trained forensic interviewers. Each Barnahus develops according to the needs of the country and some Barnahus include specialist roles in their core team such as child and family practitioners to advocate for the child; a therapist, psychologist or pedagogue to bring holistic emotional support; an on-site health team; police officers; or a prosecutor. The team can be employed by the Barnahus organisation or are seconded to work as part of the core Barnahus team. When they are seconded to work in the Barnahus, rather than being employed, the partnership agreement, clear roles and shared values become more important.

**Partner Agencies** – Barnahus make agreements with partner agencies to work alongside the core Barnahus team, and practitioners often visit on a case-by-case basis. All Barnahus work with local child protection workers/social workers and local police and prosecutors; this can be a small specialist team on a roster or a large local team. Many Barnahus have agreements in place for health teams for medical examinations and follow up, psychologists and/or psychiatrists to provide assessment and therapy, and voluntary sector/NGOs for long-term support. For example: ASSC (an advocacy service <https://assc.ie/>) in Ireland, CARI (Children at Risk in Ireland <https://www.cari.ie/>), NSPCC in England. In Barnahus where the court hearing takes place onsite, judges and defense lawyers also attend to guide and observe forensic interviews. Sometimes these partnership agreements are part of Barnahus Law and in other countries a partnership or cooperation agreement is created.

**Local Agencies** – Barnahus also work closely with local services such as counselling and therapy services, hospital for medical follow up, schools, family doctors and other specialist agencies such as domestic abuse, housing. Partnership working includes gathering of information at the point of referral, referral back to local service (if appropriate) or onward referral after Barnahus for local support of the child and family. These partnerships are less likely to be included in a formal partnership agreement.

## BARNAHUS STAKEHOLDERS

### Barnahus Team – core team based in Barnahus

- Barnahus child protection specialists/social workers, acting as case managers
- Barnahus coord./manager
- Administrative support

Plus, in some countries:

- Forensic interviewers (police, child protection or psychologists), specialised in interviewing children
- Psychologists/therapists, to provide interview advice, crisis support and therapy
- Child and Family Practitioners, to advocate for the voice of the child
- Pedagog (education-based specialist in emotional abuse)
- Health teams, for forensic and medical examinations and follow-up
- Sexual health and contraceptive services
- Police and social care liaison roles
- Prosecutor

### Partner Agencies – visiting on a case-by-case basis

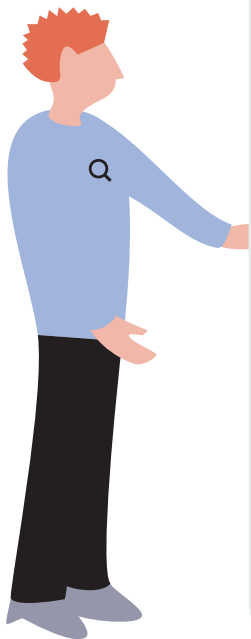
- Local child protection workers/social workers
- Police/prosecutor, for forensic interviews. This can be a small specialist team on a rota or local police officers

And in some countries:

- Health team, for medical examinations and follow-up
- Psychologists and/or psychiatrists from local service, to provide assessment and therapy
- Voluntary sector/NGOs, such as ASSC (an advocacy service <https://assc.ie/>) in Ireland, CARI (Children at Risk in Ireland <https://www.cari.ie/>), NSPCC in England
- Judge and defense lawyers, for investigative/forensic interviews

### Local Agencies

- Counselling and therapy services
- Hospital for medical follow up
- School/Education
- Family doctor
- Other specialist agencies such as domestic abuse, housing



## 1.2. PARTNERSHIP OR INTERAGENCY AGREEMENTS

Effective partnership working is fundamental to the success of establishing and running a Barnahus, beginning with a set of shared goals and values. Typical agencies involved in a Barnahus partnership agreement include child protection/social care, police, prosecutors, health (forensic scientists, sexual assault centres, psychologists), local community services, specialist voluntary sector agencies, judges and courts. The approach taken to creating the agreement varies based on which agency is the lead agency in a country. In countries with strong leadership from police, child protection and justice, there is more likely to be a Barnahus Law or Guidance in place (Finland, Scotland, Estonia, Slovenia), whereas in countries with leadership from health or NGOs, it is more usual to find a Partnership Agreement or Cooperation Agreement (England, Ireland).

Barnahus Law provides legal guidance for how partner agencies will work together, but changes in law require time and political support to establish. It is recommended that each country establishes, as a minimum, a Partnership/Interagency Agreement or set of agreed Barnahus Standards detailing the day-to-day ways agency work together. Further information in setting

up Partnership/Interagency Agreements can be found in the PROMISE Interagency Agreement template and guidance and below.

A typical Partnership/Interagency Agreement should include<sup>1</sup>:

- Purpose and aims of the Barnahus model
- Principles of the local Barnahus service
- Shared values or standards
- Links to Barnahus law, Barnahus standards or other related justice and child protection legislation
- Who the Barnahus service is for
- Commitments of each agency: Barnahus team, Social services, Child and Adolescent Mental Health Services, Hospitals, Sexual health clinics, Police, Prosecutors, Forensic medicine, Courts and Judges
- Commitments to working group and steering group meetings
- Shared funding arrangements, if applicable
- Governance agreements including: information sharing, premises, documentation, training/competence, interagency escalation procedures
- Organisational logos
- Signatures of each accountable agency

<sup>1</sup> Based on example agreements from Sweden, Estonia, Slovenia



### Examples of Partnership/Interagency Agreements

- [Co-operation agreement, Barnahus Linköping, Sweden \(.pdf\)](#)
- [Lighthouse Partnership Agreement, England \(Pilot\)\(.doc\)](#)
- [Children's House Method of Cooperation, Slovenia \(.doc\)](#)
- [PROMISE Interagency Agreement Tool \(.pdf\)](#)



### Case example: Co-operation Agreement

The co-operation agreement in Slovenia details the ways of working together, such as information sharing, forensic interviews, physical examinations, child participation, safeguarding and involvement of child protection, training and awareness raising.

### 1.3. STEERING GROUP

Partner agencies should be involved from the beginning when establishing a Barnahus, co-creating the partnership agreement and continuing to meet together as a steering group to maintain partnership working. The group should have clear terms of reference, even though it may not have decision-making powers. Initially the role of the steering group will be to establish the partnership agreement and ways of working, to act as a critical friend as the service develops, drive the implementation of the new Barnahus and enable system change.

Once the Barnahus is established, the Steering Group should continue to meet as an advisory board, enabling resolution of inter-agency issues as they arise, as well as championing ongoing funding and support by their respective agencies. A Steering Group should bring together inspirational local leaders who will promote improvements to the justice, health and care pathways; as well as the experience of children and families.

The Steering Group will need to include key people from the partner agencies who have authority to represent their organisation and make agency level decisions. Reporting lines from the Steering Group to local decision-making, funding and political forums should be established early on.



#### Case example: Steering Group

After signing the Interagency Cooperation Agreement in Linköping, Sweden in 2005, the Barnahus partners continue to meet as a monthly Working Group and a quarterly Steering Group (see page 20 of Interagency Agreement template and guidance).

The **Steering Committee** consists of representatives from each partner agency involved in Barnahus. The role of the Steering Group is to ensure that Barnahus is run in accordance with the Cooperation Agreement, with each member having authority to make decisions according to their role. The Steering Group committed to sharing the cost of the permanent staff at Barnahus, premises and other running costs between the lead region and the nine municipalities. The Steering group also makes decisions about information sharing and documentation within the Barnahus. This meeting should be a place where senior leads from partner agencies meet for regular open and honest conversations to understand each other's organisations and viewpoints.

The **Working Group** is chaired by the Barnahus Coordinator and consists of representatives from Barnahus team, partner agencies working with Barnahus and representatives from the nine municipalities. The role of the working group is to discuss and develop the day-to-day work of the cooperating agencies in the Barnahus and support of children after Barnahus.



#### Role of Steering Group during Barnahus set-up

- Establish the partnership agreement
- Agree new ways of working
- Act as a critical friend as the service develops
- Ensure the Barnahus is shaped by national and international best practice
- Ensure Barnahus is shaped by voice of the child
- Drive the implementation of the new Barnahus within the timeline and funding available
- Ensure lived experience and victims experience of services is embedded within service design
- Enable whole system change
- Enable any changes in national policy and legislation such as Barnahus Law, Information Sharing Agreements



#### Role of Steering Group with established Barnahus

- Act as an advisory board
- Enable resolution of inter-agency issues as they arise
- Champion ongoing funding at a local and national level
- Ensure continued support by their respective agencies and awareness raising amongst staff
- Continue to promote improvements to the justice, health and care pathways
- Ensure the Barnahus continues to be shaped by the voice and participation of the child
- Ensure the Barnahus improves the outcomes and experience of children and families

## 1.4. ROLES AND RESPONSIBILITIES OF THE BARNAHUS TEAM

Barnahus teams should identify clear roles and responsibilities when working in a multi-agency team to prevent duplication/overlap of roles, or no one taking responsibility for a task. Teams can experience tension between practitioners until clear roles and standard operating procedures are created. Additionally, teams should be aware of the potential for power imbalance that is inherent in multidisciplinary teams. Although everyone is working for the best interests of the child, they approach this with different values, expectations and behaviours. Practitioners should spend time understanding and celebrating each other's roles in team meetings and at induction, valuing others expertise, noting the overlap in skills and competence especially in the area of safeguarding and child protection.<sup>2</sup>

Barnahus should aim to create:

- Standard operating procedures for Barnahus ways of working with individual role responsibilities
- Summary role outlines for each practitioner in the core Barnahus team
- Ensure new staff are introduced to the roles of each team member at induction
- Barnahus leaflets and website that describe the role of each team member in child friendly language

<sup>2</sup> Based on learning from Spain, Finland and England.

- Space in case management meetings/working groups to allow supportive challenge and exploration of roles
- Barnahus roles mapped against the pathway for the child
- Equality and respect amongst team members

Although each Barnahus team comprises different professional roles, the responsibilities at each stage of the child's journey are similar. The summary below outlines roles and responsibilities at the early stage of the child's journey through Barnahus.

The links below provide examples of how Barnahus team have defined roles and responsibilities. A highly detailed flowchart of roles and responsibilities has been developed by Barnahus Finland and other Barnahus detail roles and responsibilities in their Barnahus/Centre standards or Operating Procedures.



- [Barnahus detailed professional pathway', Finland](#)
- ['Standards For Centers Providing Treatment For Child Victims Or Witnesses of Sexual Abuse And Severe Forms of Violence', Albania](#)
- [Role outline in 'Child House Toolkit', MOPAC, England](#)
- ['Manual of Unified Procedures', Spain](#)
- [Lighthouse Triage Guidance, England](#)
- [PROMISE Interagency Agreement template and guidance](#)



### Case example: Agreeing "Ways of working" at The Lighthouse

During the first year there were differences in ways of working in the Lighthouse and how staff's employing organisation usually worked, which was been difficult for some staff. The service developed clarity about line management and professional management with clear structure diagrams. Over 60 guidelines that describe the "Lighthouse way" were developed as well as a bespoke induction programme that included a session with all agencies and a staff handbook.

The first six months of the Lighthouse being open enabled those guidelines to be tested out in real situations, such as the rapid transfer of suicidal young people, and provide opportunity for revision and reflection. For some staff the opportunity to be part of a developing service felt collaborative, whilst others reported that they would have felt more comfortable coming into an established service. This is important learning for recruitment for other providers embarking on a similar scale and complexity of multi-agency service."



## Roles of Barnahus team members

Information gathering phase	Child protection	Initial case management meeting	Preliminary interview & assessment	Interview & medical assessment	Follow-up & case management
<p>Child protection specialist/ social workers, medical and legal professionals gather information about child &amp; family including previous contact with social care, medical records, police records, mental health services, and schools. This can include details relating to the request for service, expectations of the professional network, the child and family, and ensuring consent.</p> <p>In some Barnahus the whole team is responsible, which can lead to duplication or gaps. Ideally identify one practitioner who will lead the case management throughout the journey.</p>	<p>Child protection specialist/ social worker ensure preconditions of safety and meeting referral criteria are met/</p> <p>Children are referred to child protection if not known already</p> <p>In some countries, Barnahus take the lead in ensuring protection is put in place such as no contact orders, child protection plans, foster placements and finances, if needed.</p> <p>Other Barnahus, support the response, safety planning and timely entry to the Barnahus service</p>	<p>In most Barnahus, the Barnahus Coordinator/ Manager chairs the initial case management meeting.</p> <p>Barnahus team bring information gathered and review the referral, risks, child needs and plan for investigations and support.</p> <p>In some countries, prosecution join to bring a legal perspective and make decisions about criminal investigation.</p> <p>Where available, identify one team member as case holder supporting the child and family.</p>	<p>In some Barnahus (Estonia, Finland), child protection specialist/social worker and psychologist provide a Preliminary Interview/ Assessment with the child to hear their voice and prepare any adjustments for the Forensic Interview and Medical examination.</p>	<p>Forensic interviewers conduct the interview (police, social care, psychology or other professionals after accredited training)</p> <p>Paediatricians, forensic doctors (or nurses in some countries) conduct the medical assessment.</p>	<p><b>Case review:</b> Barnahus team review: information gathered; findings from the forensic interview and medical examination; needs of the child and family; plan for onward psychosocial support</p> <p><b>Seek feedback:</b> Support the family and child to identify their wishes and feelings in relation to the service provided and gather outcome measures and feedback.</p> <p><b>Ongoing case management:</b> Section 2.1 describes the varied approach in Barnahus to ongoing case management.</p>



### Involving the child at each stage of the assessment

Information gathering phase	Child protection	Initial case management meeting	Preliminary interview & assessment	Interview & medical assessment	Follow-up & case management
Practitioners should engage the child and parents as early as possible to gather their wishes and facilitates the child's participation. Ideally this practitioner will remain their consistent support worker (see section 4)	The child's voice should be gathered to shape the child protection approach.	Child's voice should be shared at this first meeting to share their hopes and wishes with the Barnahus team. Ireland is piloting a new advocacy role. (link to Child Voice section 2.4)	Child's voice should be gathered to shape the timing and approach of Barnahus interventions.	Practitioners should ensure they speak with child separate from parent/carers to ensure their voice is heard	Hopes and needs of the child and family should be shared with the wider Barnahus team at case review. Feedback and outcome measures to be sought throughout the child's journey





## 1.5. THE VALUE OF THE BARNAHUS COORDINATOR/MANAGER

A key role in enabling the establishment of effective multi-professional working is the Barnahus Coordinator/Manager. Interpersonal skills and relationship-building skills are essential to successful facilitation of a multi-professional team; as well as professional experience in the sector. A coordinator/manager should be able to engage with professionals from varied agencies whose perspectives and priorities may not be aligned; to lead difficult and uncomfortable conversations; and to handle conflict within the group. Research from the National Child Advocacy Centre (NCAC) model, in 'Beyond Case Review', identified that a dedicated position responsible for the coordination and function of the multi-professional team results in improved outcomes in both healing and justice; and strong teams lead to improved child outcomes, more efficient workflow, and increased resilience and longevity in team members.

Skills and experience to look for in a Barnahus Coordinator/Manager include:

- Ability to create psychological safety to enable the Barnahus team to feel safe to take risks around their team members and confident that no one on the team will embarrass or punish anyone else for admitting a mistake, asking a question, or offering a new idea.
- Provision of clear structure, processes and governance, so that each individual team member understands their job role and responsibilities.

- Ability to create a shared vision and purpose in the work of the Barnahus.
- Relevant expertise in the sector, so they bring an understanding of the work the team do, can share in responsibilities and can lead by example.
- Understanding of potential for power and hierarchy in multi-professional teams, with a desire to create respect and challenge within the team.
- Confidence to work within uncertainty and be constantly seeking best practice models which enable the system to move towards child centered practice.
- Ability to share the impact and outcomes of the Barnahus with the team, to enable them to see how the work they do makes a difference to children and families.

An additional challenge for Barnahus coordinator/managers is that they often have no authority over the partner agencies, and this can limit the pace of change and their sphere of influence. Peer support from a network of Barnahus coordinators/managers can be a supportive and beneficial space for problem solving and discussing complex inter-agency situations.



→ **Beyond Case Review: The Value of the Role of Team Facilitator in the Multidisciplinary Team/Children's Advocacy Center Model**



### An extract from the Regional Child Advocacy Centre report 'Beyond Case Review'

As the Child Advocacy Centre (CAC) model evolved over time, teams expanded beyond their initial focus on investigation and prosecution to include mental health, medical, and advocacy services. Today, multidisciplinary teams that include a dedicated Team Facilitator are more likely to ensure a child receives the full array of services from this broader team. A skilled Team Facilitator streamlines communication and information-sharing across the team so that the roles and needs of each team member are honoured and ensures every team member has a voice in the case strategy, safety planning and problem solving for a child and family. It is important to highlight that a good Team Facilitator is actively engaging the team well beyond case review meetings. At the same time, facilitators keep the team members focused on what is best for children and families. By combining this child- and family-centered focus with their unique knowledge of each discipline's roles and abilities, Team Facilitators are able to ask pointed questions and guide interactions that result in more connected, thoughtful, and robust strategies for kids with equal emphasis on healing, justice, and resiliency. Numerous studies have shown that effective teams have a high level of psychological safety which allows for healthy conflict to be surfaced and the most innovative ideas to be shared and tested. Creating safety requires significant patience, and those teams with a dedicated facilitator who understands and attends to the psychological safety of the team are more likely to have a culture that cultivates trust, resulting in improved decision-making.

## 1.6. REFERRING INTO THE BARNAHUS

To enable effective multi-agency case review meetings, information gathering should start with a comprehensive Referral Form that captures:

- Referrers name, role and contact details
- Child or young person's name, address (including if alternate between homes), date of birth and sex
- Personal details such as language spoken/interpreter needed, school, disability, ethnic background, additional needs, gender, sexuality
- Parent or carer contact details and home situation – including young person's contact details (if appropriate) and any child protection measures in place such as foster carer, legal guardian
- Sibling details or any other children in the home/ context which may also be victims – a genogram can be helpful
- Offence details including alleged abuse, time/date, relationship to person causing harm (and their name if known), status of investigation, investigating officer, crime reference number
- Safeguarding and safety of child, including any child protection actions taken and child protection officer/social worker
- Physical injuries, acute treatment or forensic evidence already gathered
- Any other agencies involved
- Type of investigation, assessment or support needed
- Confirmation of level of awareness of support available and informed consent of child and family to attend Barnahus

The referral form can provide the first opportunity to listen to the child and family, by finding out:<sup>3</sup>

- What are the hopes of the child or young person when they come to the Barnahus?
- What are the hopes of the parent/carers when they come to the Barnahus?
- Do they understand what support is available and why they are coming?
- Has the child, young person or parent/carer given their consent to attend?

Further information about the child and family then needs to be gathered from all agencies that have had previous contact with the child, including social care, medical records, police records, mental health services, and schools. In some countries, Barnahus law, Information Sharing Law or Child Protection law allows access to child protection and medical notes, enabling the Barnahus to collate and review all notes about a child in one place. With the legal right to open access, care must be taken when considering who in the team needs access to the information to minimise unnecessary sharing of personal data within and outside of the Barnahus.

<sup>3</sup> Based on learning from Lighthouse, England and Linköping, Sweden



### Listening to the child

The Lighthouse referral form asks:

- Has this referral been discussed and agreed with the child/young person?
- What are the hopes for the child/young person from the referral?
- What are the carer's hopes on being referred?



- Lighthouse Referral form, England
- Guidance on Information Sharing law, Finland in the Legal review analysis of Finnish legislation concerning child sexual exploitation and abuse cases

## 1.7. SHARING INFORMATION TO ENABLE AN EFFECTIVE CASE REVIEW MEETING

### Case management systems

Barnahus services have developed over the last two decades with a variety of case management systems for note keeping including:

- Shared Barnahus case management systems (England, Spain, Slovenia and Finland)
- Barnahus case notes hosted within an existing Social care case management system (Ireland, Estonia)
- Barnahus partners documenting notes in their own case management systems – Police, Social care, Hospital, NGO (partners working with the Barnahus)

Shared Barnahus case management systems should include sections for each agency to collate all their records in one place. It is ideal if all sections are accessible by the whole Barnahus team to enable information sharing, with the exception of some criminal justice and intimate health records. Shared systems often include:

- Demographics (Name, address, age, sex, gender, sexuality, other protected characteristics such as ethnicity, school)
- Justice (Offence type, summary of interview outcomes, court summons and other decisions such as guardianship/fostering),
- Social (family genogram, child protection/safeguarding meetings, social and education reports)
- Health (summary medical reports, forensic medical

reports, health reports from local services)

- Therapeutic (summary psychological reports, brief session notes, psychological tests and drawings)

Within a shared Barnahus system, it is usual to keep video recordings of forensic interviews and forensic medical examinations secure from the rest of the team with role specific access – and sometimes in a separate records system. Therapeutic practitioners processing notes and supervision should not be kept as part of the child's record on the shared Barnahus system, and these should not be requested for court purposes, although legislation varies in each country. Each Barnahus team should determine the level of information sharing that fits within their countries data protection law and pre-trial notes requests processes.

Information Sharing agreements, Data Protection Law or the Barnahus law are essential to specify what information can be shared and held by the Barnahus. These agreements/laws set out minimum data sharing with a small circle of authorised professionals, as well as how the data can be linked to and shared with police and court systems. For example, data related to criminal and court proceedings, audio and video recordings of the interview or hearing will be kept separately from data related to crisis support and psychosocial assistance. Shared Barnahus case management systems require particularly clear Information Sharing Agreements to enable all agencies to document their information in a shared system, as well as a clear explanation of the data sharing arrangements to seek consent from children and families using the Barnahus service.

In addition, the PROMISE network have worked with Bonigi to develop The PROMISE Hub. This high level data management system, provides Barnahus with a tool to record anonymised data on interventions, report on performance and collect comparable European data on violence against children.



- [Lighthouse Information Sharing Agreement, England](#)
- [Lighthouse Agreement to Service, England](#)
- [Barnahus Law, Slovenia](#)

## 1.8. CREATING SHARED TEAM VALUES AND LANGUAGE

To support the development of shared procedures and routines, mutually agreed by the Barnahus team and the respective agencies that practice in Barnahus, teams should spend time building an open learning culture and shared vision. This can include taking time together for reflective practice; agreeing shared values, behaviours and language; creating solutions together; learning together and celebrating together. Additionally, many Barnahus ensure the principles of the Barnahus Quality Standards and the UNCRC underpin everything. It can be helpful to keep the Barnahus Quality Standards visible in the Barnahus team areas to ensure they always keep decision making in line with these principles.<sup>4</sup>

### Reflective spaces

Regular spaces for the whole Barnahus team to reflect, allow time outside of case management for the team to consider the impact of the work on themselves, how they are collaborating as a team and their practice. This can include peer-to-peer and group clinical supervision, an MDT clinical reflective space with an external facilitator, a working group or systemic reflective conversations for complex cases.

### Multi-Agency Training

Regular, multi-agency training and development is another method for creating a shared understanding and ways of working, as well as sense of 'team'. As part of

a national roll-out programme, the Council of Europe has commissioned a national training gap analysis to identify training needs for professionals working with and for Barnahus in Ireland. This needs assessment showed there is consensus in research and international guidance that specialised knowledge and skills are required for those working in Barnahus, as well as a basic level of knowledge and skills for those working in collaboration with Barnahus. In addition, effective interagency collaboration is supported through training professionals together.

- Barnahus staff should be trained in: trauma informed practice, change management, reflective practice, data sharing, Barnahus standards, CSAE legislation, children's rights, interagency working, child participation, evaluation/research and role specific skills such as FME, investigative interviewing, therapeutic approaches for survivors of CSA.
- Agencies working alongside Barnahus should be trained in: Barnahus model, child protection, responding to disclosures, interagency working, working therapeutically after CSA e.g. targeted at CAMHS, primary care, long-term psychotherapy services.<sup>5</sup>

### Shared Language

Working in a multi-agency team across health, social care and police/prosecution, there can be differences in language that can cause distress and misunderstandings when working with vulnerable children and families. Old legal texts, sexual offences laws and the media, sometimes refer to child pornography and use child blaming language. Even colleagues working in partner agencies can use language that blames the child, such as "she absconded", "he is making himself at

risk by choosing to use illicit drugs." Young people who are impacted by abuse tell us that the labels they are given are stigmatising. Using victim blaming language and labels stigmatises the children and young people; creates barriers to them feeling able to access services; and can also cause frustration between agencies and limit professional curiosity. Taking a trauma informed approach to how to talk about children and what has happened to them, encourages professionals to be curious about what lies behind a behaviour and to be more open to hearing what the young person is trying to tell professionals through that behaviour.

Agencies should have an awareness of language in Barnahus, so that practitioners can model and support good practice at the point of referral and in case review management meetings. The Barnahus team should seek to understand what is happening to a young person, rather than what they have done. Reframing our language helps agencies to trigger the appropriate child protection response and can reduce the risk of children feeling to blame for what happened to them. Some countries have developed guidance on a shared terminology such as 'Breaking the Silence' research which was developed with many partner agencies to agree a shared understanding of definitions and language about child sexual abuse (Finland, Ireland).



- [Training Needs Assessment for working towards Barnahus in Ireland](#)
- [Police Guidance, Finland](#)
- [Rape Crisis Northern Ireland](#)

<sup>4</sup> Based on learning from Cyprus, Sweden, England and Scotland

<sup>5</sup> Based on learning from Ireland



### Case example: The Lighthouse — Building a learning culture together to support our work

#### Creating shared team values and behaviours

- Agreeing behaviours that underpin shared values
- Mistakes are inevitable and opportunities for learning
- Not sitting on negative feelings

#### An environment where all team members have a voice

- Such as checking in with team through regular temperature checks

#### Reflective practice

- Individual and group clinical supervision
- MDT clinical reflective practice
- Monthly whole service systemic reflective conversations for complex cases

#### Investing in and prioritising development of our practitioners

- Training in trauma informed approaches
- Whole service away days
- Senior leadership development programme

#### Driven by safety, quality and learning

- Learning from our CYP, carers, partners and commissioners

#### Creating solutions together

- Simulations of processes, pathway and interventions
- Revising protocols and procedures collectively
- Monthly sessions to review MDT working and practice development
- Weekly team meetings and frequent huddles

#### Celebrating together

- Monthly whole service breakfast meetings
- Social events, shared lunches and birthdays



### Case example: Influencing national “language” about child sexual abuse

In Finland, the new police guide has a useful section on language and defines the term "sexual violence against children" as the recommended Finnish umbrella term for the phenomenon. Additionally, they have a section of terms that should no longer be used such as child pornography, child prostitute or child sex worker. The guide says “It is recommended to avoid the use of these terms altogether. Sexual violence against children is not an entertaining form of commercial pornography and should not be described as such, even on a conceptual level. Images of children are not pornography, but evidence of a crime, and should therefore be referred to with appropriate child-respecting terminology.” To assist practitioners a “Terminology bank” has been created to ensure consistency of language that is trauma informed.



### Case example: Looking for the meaning that the young person is seeking to communicate at The Bairns Hoose in Scotland

We believe language is really important. At Children 1st (the charity that runs the Bairns Hoose), we do not refer to the people we support as ‘clients’, ‘patients’, or ‘service users’; as unintentionally these can create a sense of stigma and barrier to accessing support. We also do not talk about children and young people being ‘hard to reach’ or ‘difficult to engage’ and instead see these as aspects of service delivery to be considered, to ensure that Bairns Hoose support is easily accessed by those who need it. Our trauma awareness training means that we understand behaviours that are often given labels such as ‘oppositional’ or ‘challenging’ are usually underpinned by fear or anxiety, and can be coping strategies that no longer serve our children and young people well. Understanding this means that we can be curious about what lies behind a behaviour and look for the meaning that the young person is seeking to communicate.



### Case example: Moving from co-existence to collaboration at Barnahus West, Ireland

#### 'Modelling the model'

- creating an environment that challenges hierarchical ideas and power imbalances
- engaging in activities that promote children's rights
- normalising the impact of trauma and vicarious trauma on all people who come in contact with Barnahus, whether they are professionals, children or families

From the launch of Barnahus in Ireland in 2019, it was evident that a new way of working was required to better respond to child victims of sexual abuse. Traditional ways of working and power imbalances experienced by children and families could lead to re-traumatisation and children regretting making their disclosure at all. Barnahus was an opportunity to reflect upon what needed to change within the system and improve the experience for child victims.

#### Barnahus People

Reviews of the Irish response to child sexual abuse identified that agencies were poor at interagency working. With interagency collaboration as a strong focus, the aim of Barnahus is not to develop yet another agency, but to enable key agencies in the Barnahus to collaborate; including professionals from child protection, health, advocacy and policing services.

Interagency collaboration based on the Barnahus Quality Standards, sits alongside the realisation of the rights of the child to participate in matters affecting them. When considered in tandem, it became clear

that traditional power dynamics needed to be challenged, so that the voices of those with the least power could be heard. Through research reviews and the development of our own Participation Strategy, we learned that staff who do not feel heard, in the context of their professional roles, are less likely to hear the voices of children. We wanted to ensure that the culture at Barnahus supported everyone to participate on an equal footing, through:

- Establishment of Barnahus Working Group where front line staff working at Barnahus from all agencies can participate in service development and model implementation
- Agreement that no staff at Barnahus would wear a uniform during their work
- Use of language that supports the individual skills and expertise of all Barnahus workers – such as “professional judgement of the Social Worker regarding child protection assessment”, “medical expertise of doctors and nurses”, “legal expertise of police staff”.

#### Barnahus Environment

Planning for interagency working was central in the building design, with the conference room at the heart of the premises for bi-weekly interagency meetings - the team literally 'meets in the middle'. The chair of the meeting never sits at the head of the table, and there are no regular assigned seating for team members. There is fresh fruit, tea, coffee and snacks available to create a welcoming atmosphere and regular movement breaks are encouraged to support regulation. The impact of vicarious trauma is acknowledged within the team and staff are encouraged to speak about how the work might be impacting them and what supports are needed.

The interagency group hosts celebrations within an extended kitchen/meeting space, such as a Christmas pot luck breakfast, charity coffee mornings or award presentations. Staff and families are encouraged to use the kitchen to prepare food for themselves, creating a homely atmosphere and minimising 'difference' between staff and service users.

#### Barnahus Activities

Co-location within the Barnahus allows for informal discussion and social interaction, as well as formal interagency meetings. The core Barnahus team are conscious of 'modelling the model' – creating an environment that challenges hierarchical ideas and power imbalances, engaging in activities that promote children's rights and normalising the impact of trauma and vicarious trauma on all people who come in contact with Barnahus, whether they are professionals, children or families. Examples of 'modelling the model' include:

- Equal time being given to all team members at interagency meetings. No voice is considered more relevant than anyone else's, except that of the child, which is the most important.
- Avoiding use of professional titles during interagency meetings, such as Doctor, Sergeant, Inspector
- Development of a Youth Advocate role, who acts as the voice of the child within the interagency forum
- Open discussion regarding the impact of particular cases or situations on staff members and the whole interagency team
- Supervision practices to reflect on interagency team dynamics, vicarious trauma and systemic issues.

## ✓ CHECKLIST

Are there formal procedures in place for case management; including for planning meetings, documentation and follow up?

Is there an interagency agreement in place, which sets out how partner agencies will work together?

Are all agencies represented on the steering group and operational groups?

Is there an interagency data sharing agreement; including data collected at referral, data sharing within the Barnahus and data sharing with other agencies?

Is there an agreed data set for evaluating the impact of the multidisciplinary response on the child?

Are there clear role outlines for all staff working in, and working with, the Barnahus?

Do the Barnahus team have training and a shared understanding of procedures and routines?

Do the Barnahus team have shared values, language and understanding?

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# CHILD-CENTRED CASE PLANNING



## 2. CHILD-CENTRED CASE PLANNING

*This section relates to standards 5.2, 5.3 and 5.6 and describes the importance of keeping the child at the centre of all assessment and ongoing multi-agency planning and support.*

### **Standard 5.2 Individual Assessment:**

*The Barnahus ensures that there is an individual assessment of each child who is referred to Barnahus. The individual assessment is carried out and updated, drawing on contributions from the interagency team, the child, caregivers, and other relevant professionals. The individual assessment establishes the circumstances of the child, special needs and other elements that must inform planning, interventions (including the child investigative interview) and follow up.*

### **Standard 5.3 Continuous case planning and review:**

*Case review and planning meetings, involving the relevant agencies in the interagency team, takes place on a regular basis in the Barnahus.*

### **Standard 5.6 Child Participation:**

*Children are empowered and supported to contribute to their own case planning and management in Barnahus. Barnahus carefully considers the views of the child in all case planning and management.*

### 2.1. TYPES OF CASE PLANNING

There are four types of case management discussions that occur as part of child-centred case planning:

- Consultation/advice
- Initial case management meeting
- Case review meeting after forensic interviews and examinations
- Ongoing case review/monitoring

#### Consultation/advice

One or more members of the Barnahus team can provide expert advice to local police, social care and health professionals; working collaboratively and appreciating the expertise already within the network.

#### Initial case management meeting

The initial case management meetings should be used to review the information gathered about a child and to plan for an assessment, forensic interview, forensic/medical examination, crisis support and immediate child protection actions. This meeting is usually limited to the core Barnahus team, chaired by the Barnahus

Coordinator/Manager and multiple cases are reviewed. A Barnahus team can typically discuss 5-10 referrals each meeting and the time allocated per case can range from 20 mins to one hour. Typically, initial case management meetings occur within 5-10 working days, unless there is urgent need of immediate protection/high risk and the case will be discussed the same day or within 24-72hrs. The case management meeting may determine that some children are better supported outside of the Barnahus and referral should be made to a local service in this instance, with support to access the services.



- Barnahus workflow, Estonia
- Agenda Weekly Coordination Meeting, Spain
- Lighthouse Intake meeting – terms of reference, England
- NCAC - Building a Better Case Review Together: Enhancing the impact for CACs and MDTs, NCAC
- Case review checklist, NCAC

### Follow-up/Case review after forensic interviews and examinations

Case review provides a space for the whole Barnahus to review findings and plan the next steps with the criminal justice process, any child protection interventions and what therapeutic support can be offered to the child and their family. Ideally this will take place at the end of the assessment, while core Barnahus team and local visiting agencies are together at the Barnahus.

Ongoing follow-up and support in Barnahus services varies widely dependent on which practitioners are in the core Barnahus team and what local partnership arrangements are in place. This can range from in-house therapeutic support of 20 sessions to referral onto a local mental health provider or NGO for long-term support.

### Ongoing case review/monitoring

For all children and families that receive ongoing therapeutic, justice or healthcare support at a Barnahus, the team should meet regularly for ongoing case review. The frequency and membership of case reviews can vary depending on the capacity of the service, number of referrals, severity of the abuse, impact on the family and length of ongoing support. Many services only offer case reviews as required, in response to issues and as guided by local child protection services. Services that offer long-term therapeutic support, should aim to provide ongoing case reviews, for each child every six to 12 weeks.

Case monitoring varies across Barnahus with:

- Fortnightly case review by pairs of social workers and psychologist pairs, with escalation to weekly case management meeting if further discussion needed - e.g. justice outcome, ending therapy, issues at school (in Spain)
- Regular case reviews for each child ranging from one to three monthly (in Estonia and England)
- Weekly meeting that responds to requests from families if they need further support (in Finland)
- Weekly meeting that responds to requests from social workers/psychologists (in Sweden and Spain)
- Weekly to fortnightly review of all cases while they remain open to the wider multidisciplinary team – with the Barnahus playing a coordinating role in bringing the MDT together (in Ireland)



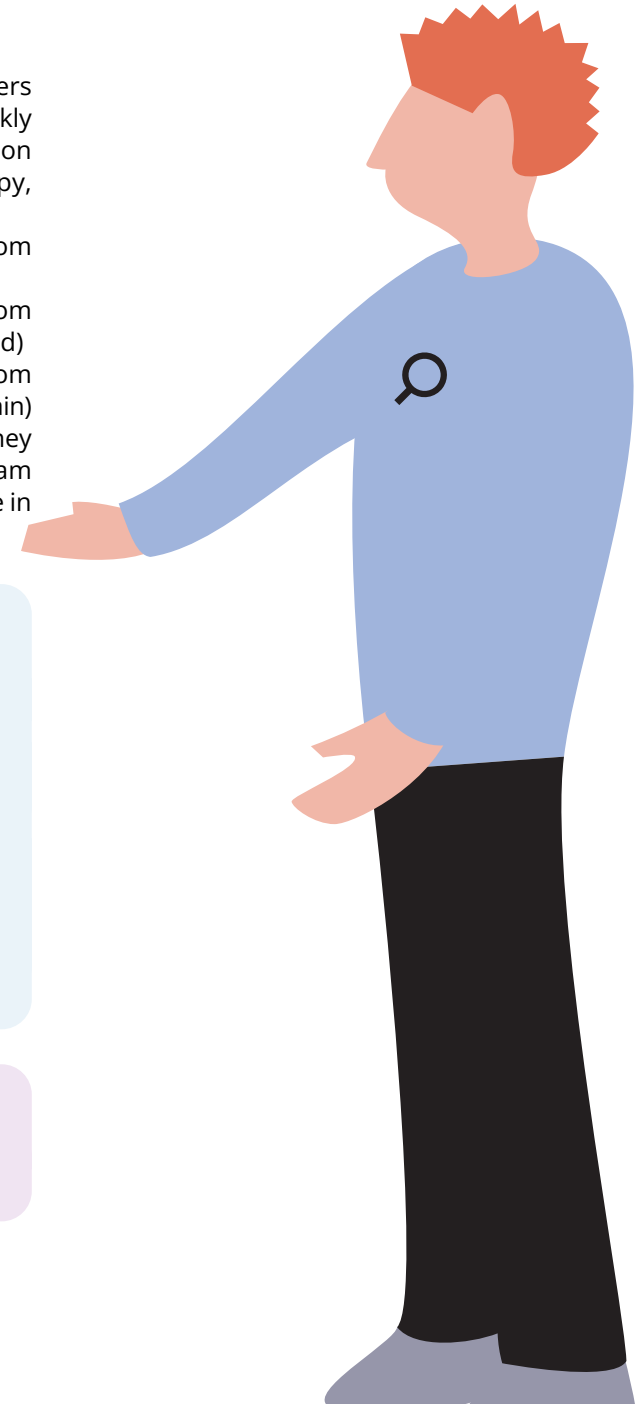
#### Case example: Estonia — Barnahus workflow

Estonia has a clear workflow plan for case management meetings in their Barnahus Workflow.

- Initial assessment – within 10 days or sooner if urgent
- Interview and medical – within 20 days
- Case review meeting – within 30 days
- Case review – within 60 days
- Case review and closure – within 90 days



→ [Barnahus workflow, Estonia](#)





### Case example: Lighthouse in England

After reflecting on the Lighthouse pilot, the team established six weekly reviews, led by child and family practitioners who are primary case holders. The case reviews ensure the team are actively responding to the needs of children and their carers, and avoiding drift and delay in their planning and treatment. They knew from the pilot that the demand for Lighthouse service exceeded practitioner's capacity to meet need and so wanted to ensure effective throughput of children on their journey through the Lighthouse. Introducing regular co-ordination of the child's journey meant their voice could be better heard, giving the children more control over the pathway and helping the team to respond to their emerging needs.

#### Why did you start six weekly case management meetings?

We aim to start thinking about throughput and good endings from the start of our work and offer a bespoke 'wrap around' service rather than a set number of specific sessions. We believe this gives choice and flexibility to the child and family. It is also driven by our focus on building capacity and resilience amongst family, referrers

and the wider professional network so they can continue the support when they are ready for the next stage of their journey.

#### How do you ensure you hear from the children?

Our case reviews are bespoke and dependent on the complexity of the case. We aim to make them relevant each time and avoid repetition. For some of our children, the review involves the whole Lighthouse team in person, meeting with the wider network and the family included. For other children with less complex needs, a telephone review with the family and Lighthouse team may be enough.

#### What are the challenges with regular case review?

The barriers include pressure of time scales, high case load and the need to prioritise urgent safeguarding meeting. We use data trackers to monitor compliance and record minutes and outcomes on files. We seek feedback from those who are unable to attend and will use other meetings to hold the reviews to avoid duplications.

#### What themes/topics are discussed:

A typical agenda includes:

- An update on child family circumstances,

- Feedback from the family on treatment/support
- Update from police /social care about the investigation(s)
- Review care plan and treatment from MDT assessment
- Review risk assessment
- Outcome measures and timescales
- Building family support and professional networks

#### What have been the unintended consequences and benefits of starting six weekly review?

We have found that early identification of barriers to accessing the service means they can be addressed earlier. The child and family benefit from a sense of momentum and control, by actively addressing any drift and delays. We have a clearer understanding of the child's expectations and overall feeling about treatment. Our new team of case managers are developing and feeling valued. We have improved our case management and throughput, by better estimating ending timescales. The data has provided early evidence for demand and capacity planning.

## 2.2. LOGISTICS OF CASE MANAGEMENT MEETINGS

To maximise attendance at case management, a choice of in person and online meetings are essential. In person meetings can limit attendance from partners not based in the Barnahus, and can be time consuming for Barnahus staff needing to travel offsite to local multi-agency meetings. Since COVID-19, the majority of Barnahus continue to hold case management meetings by video conference call, with improved attendance from colleagues joining from school, child and adolescent mental health teams, family doctors or local police and social care. This is particularly relevant for Barnahus covering large geographical areas and in the Barnahus Routines from Sweden, there is a useful section on conference call etiquette.



→ [Barnahus Routines – Linköping, Sweden](#)



“The implementation of a Barnahus model is an opportunity to think differently about how we work. Effective interagency working needs to embrace the diversity within Barnahus teams whilst actively adopting practices to promote better collaboration. Creation of a welcoming environment is vital, as well as a team that promotes a positive atmosphere. Barnahus represents a new way of working in Ireland, and while it remains to be seen the impact that this working method has on Irish children, this author can certainly say that it is a wonderful environment in which to work with a team that any manager would be lucky to have.”

— **Aoife O'Malley, Barnahus West Manager**



### 2.3. ENSURING CHILD-CENTRED CASE PLANNING WITH THE CHILD'S VOICE HEARD

While Barnahus teams work to the principles of being child-centred, trauma-informed and respecting the rights and wellbeing of the child at all times; sometimes direct contact with children can be left until the first time the child comes to Barnahus. Learning from the PROMISE Barnahus network shows there are many opportunities to develop a child-centred approach.

- Referral in – Prompt the referrer to ask the child and family “Do they agree with the referral” and “What are their hopes from the referral”
- Information gathering phase – Immediately after referral, a Barnahus team member can telephone the parents and child, if appropriate, to gather their wishes and facilitates the child’s participation. This can be helpful information to bring to the Initial Case management meeting to guide the timing of forensic interview and whether the child and family are ready for a medical examination. Ideally this worker can become the one consistent person for the child and family.
- Initial Case management meeting – Child and families hopes and wishes should be shared at this first meeting with the rest of the Barnahus team to assist with planning, ideally by someone who can advocate for the child’s wishes
- Preliminary Interview/Assessment – Forensic interviewers, social workers and psychologists can arrange a meeting with the child to hear their voice and prepare any adjustments for the Forensic Interview and Medical examination. They can ask “What does the child need, what do they want and what don’t they want to happen” e.g. preferred

language, interpreters, choice of gender of interviewer, time of day. Then advocate for them as the interview/examination is being planned, share information to empower them and respect their views. This is a good time to share Barnahus leaflets and films to prepare the child for what to expect at the Barnahus (see Section 3.1).

- Preparing for interviews and examinations - The child should always have access to information, tailored to their age, development, language and special needs so that they fully understand the process.
- After the interview/examination - After the interview the forensic interviewer/advocate can seek the child’s reflections on hopes and wishes for next steps and how they experienced the process. They should also bring the child’s voice into the follow up case review.
- Follow-up and ongoing case review – Invite families and children, if appropriate, to join professionals at ongoing case review meetings or obtain their opinion in advance if they are unable to participate in the meeting.

If it is not possible to make direct contact with the child before the interview or examination, Barnahus team should ask the referrer, teachers or other professionals that know the child well, what they think the child needs.



→ [Lighthouse Pre-referral Pathway, England](#)



“We find out about the child’s wishes – such as which chair they prefer for the interview, which snacks they like. We give them the power to control the little things as they cannot affect the justice process.”

— **Barnahus Coordinator, Slovenia**



#### Case example: Collaboration with children and young people throughout case planning, Bairns Hoose, Scotland

Our approach is underpinned by principles of restorative practice. This means that we consciously ‘work with’ rather than ‘do to’ children and their families. We believe that if we involve young people and their families meaningfully in their own support, they will help us get the support that is right for them. We collaborate on agreeing a plan of support based on their hopes for our work together and regularly check in with them to ensure that our work together is meeting their needs. Our awareness of perceptions of stigma around accessing support means that we consciously strive to avoid unintentionally ‘othering’ those who come to Bairns Hoose. We meet children, young people and families where they are, being aware of need to demystify and at times translate jargon or acronyms, for complex legal processes.

Research by Safer Young Lives shows that when children and young people collaborate on decision making about their own support and care, this can be protective for them in many different ways. These include, building self-esteem, showing them their opinions and perspectives matter, giving a sense of control, creating trust and respect and encouraging them to talk openly with protective adults. Authentic relationships between children/young people and professionals create meaningful collaboration and mean that professionals understand the full picture and make better informed decisions, which is the foundation for change.



→ Safer Young Lives – Participation is Proactive, England



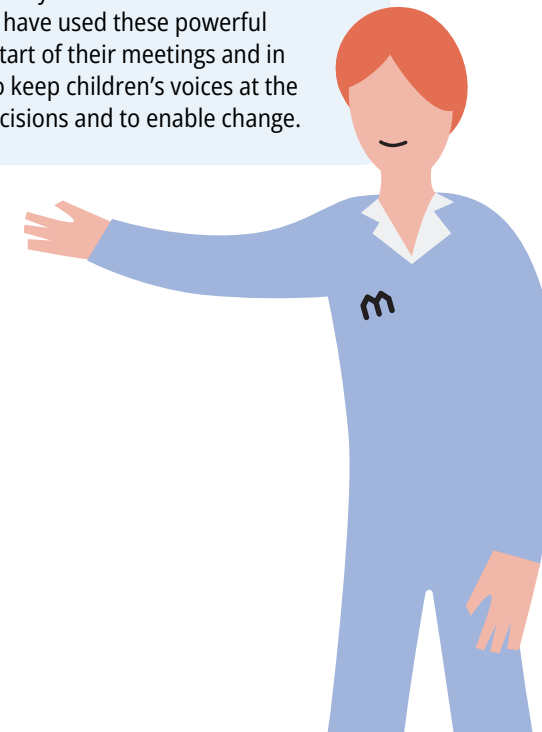
- Lydia's Poem – Things Need to Change
- Lydia's mum – a Parents Frustration
- Changemakers Blogs to Justice System and Courts

As well as enabling the child's voice to shape their own journey, children's voices can powerfully impact and re-centre the work of the multi-agency team. Telling children's stories at the start of case review meetings, operational team meetings and at the Barnahus Steering Group can ensure that all agencies are grounded back to remembering why they are there. This way the team can hold each other to account and ensure that all decisions are made with the child's needs in mind, from small decisions about an individual child in a case review through to system wide decisions of the future of Barnahus services.



### Case example: Using child voices to shape the Barnahus and system response

An example of this is seen at the Bairns Hoose, where they acknowledge that an important part of their role is to listen to children and young people's experiences of the current system to ensure their views are heard in the redesign and development of services. Lydia, aged 12, wrote a poem to share her story in her own words about how she experienced the justice process and how it impacted her life; and her mum then responded. The Changemakers created a series of blogs to send to professionals in the criminal justice system and the courts. The Bairns Hoose team have used these powerful documents at the start of their meetings and in the wider system to keep children's voices at the heart of all their decisions and to enable change.



## 2.4. TAKING ACCOUNT OF EQUALITY, DIVERSITY AND INCLUSION IN CASE MANAGEMENT MEETINGS — CULTURAL COMPETENCE

Equality, diversity and inclusion is an area of Barnahus practice where we see all Barnahus teams working towards Standard 3.2 (Non-discrimination: Special effort is made to reach all child victims and witnesses regardless of form of violence) but within a range of cultural, legal and demographic variance in the local populations. The Barnahus standards are underpinned by Committee on the Rights of the Child (CRC) guidance, which stresses that States parties shall take adequate measures to assure to every child the right to protection from all forms of violence “without discrimination of any kind, irrespective of the child’s or his or her parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status”.

An understanding of equality, diversity and inclusion (EDI) and the impact of culture on trauma, are important cultural competencies for Barnahus staff. Training in these areas is essential for any Barnahus team, with some Barnahus ensuring that all staff are trained in Cultural Competence – an approach that recognizes that trauma experiences and responses to trauma can be influenced by cultural factors. Training enables practitioners to learn to respect and respond to the unique needs, values, and beliefs of children and parents, from diverse cultural backgrounds. This can include asking children directly about their identity and thinking about the language they use when describing body parts.

Barnahus services should consider how they will take account of EDI factors when developing service standards, referral in process and initial case planning meetings. Factors can include (if culturally appropriate):

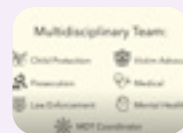
- Language and the need for an interpreter
- Sex
- Physical Disability
- Neuro-diversity and any necessary adaptations
- Financial, employment and housing challenges
- Race, faith and culture
- Gender identity and sexuality
- Honour based issues

If referral forms are incomplete or not completed meaningfully, the Barnahus teams should follow up with children and families before the first case management meeting or ask the referrer to find out more.

In some Barnahus, EDI information is used as part of the service prioritisation, ensuring that the children with the greatest vulnerabilities and who are likely to face barriers accessing support in the community, are offered support. For example: The Lighthouse team prioritise those children that face the greatest health inequalities such as race, disability, sexuality, asking themselves the question “What will be impact of this child’s race/disability/gender on their ability to access services?” They encourage the team to have the brave conversations with children and to “walk in their shoes” imaging what barriers to accessing services might be in place. When possible, The Lighthouse aims for children to be seen by practitioners who are like them.



Video



→ MDT case review meeting from NCAC



### Case examples: Regional variance in equality, diversity and inclusion

- In Sweden it is illegal to document race or religion, unless it impacts the child, as it is not seen as relevant and would be inappropriate to ask about.
- Finnish Police Guidance has a clear section on considering the needs of young people that identify as LGBTQ+ or Rainbow Youth, as it is termed in Finland, encouraging officers to use gender neutral language and seeking guardian ad litem if a parent does not accept their child's sexual orientation or gender identity.
- In England, the Barnahus actively seeks to recruit a diverse team that reflect the children and young people that use the service.
- In Ireland, where the case management system is based within child protection notes, notes quickly flag any issues or needs related to diversity that the service needs to be aware of.



### Case examples: EDI training

- Terre des hommes and UNICEF in Albania offer Trauma informed training in Cultural Competency
- In Slovenia, this training extends beyond the Barnahus team, to bring the voice of the child into justice decisions by training lawyers and judges. The Barnahus team consider all the diversity needs of the child and remind child protection and justice colleagues at each case discussion, “Remember not to lose the best interest of the child while protecting the defendant”.

## ✓ CHECKLIST

Does the Barnahus team provide consultation and expert advice to local police, social care and health professionals?

Is there an initial case management meeting to review the information gathered about a child and to plan for an assessment, forensic interview, forensic/medical examination, crisis support and immediate child protection actions?

Does the individual assessment of each child take place without undue delay and consider their needs?

Are there follow up meetings held after the forensic interview and medical examination with all relevant professionals to share findings and to plan and coordinate continued interventions?

Are there ongoing case review meetings held between relevant agencies to review cases, exchange updated information and evaluate impact of the multidisciplinary and interagency intervention?

Do the case review meetings involve all agencies on an equal basis and are not dominated by an agency to the detriment of other disciplines?

Does someone from the Barnahus connect with relevant external and parallel case management, interventions, processes, and authorities to ensure coordination, timely referrals, follow up, a continuum of care and support during and after the interventions in Barnahus?

Does the voice of the child inform the planning, review and implementation of all interventions concerning the child in Barnahus?

Does someone advocate for the child and hold the professional network to account?

Are the child's disabilities, diversity or special needs considered when planning of all the services including forensic interview, medical examination, and therapy?

Do children see themselves represented in the staff group?

Is there a process in place to ensure that children are empowered, supported, and provided with adequate opportunities to contribute to their own case management?

Does the Barnahus allocate time and resources for child participation, including for sharing adequate information and feedback?

Are staff are trained to facilitate and support child participation in case management?





**ONGOING  
CASE  
REVIEWS  
AND  
CONTINUING  
SUPPORT**

## 3. ONGOING CASE REVIEWS AND CONTINUING SUPPORT

*This section relates to standard 5.4 and 5.7 and describes how to continuously support a child and family on their journey through the Barnahus and onto local support services.*

**Standard 5.4 Continuous case tracking:** *The Barnahus ensures continuous documentation and access to relevant case information for interagency team members on the progress of the case until the case is closed, observing national laws on data protection, privacy, and confidentiality.*

**Standard 5.7 Follow up and onward support:** *Case management in Barnahus connects with relevant external and parallel case management, interventions, processes, and agencies to ensure coordination, timely referrals, follow up, and onward support during and after the interventions in Barnahus.*

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### 3.1. ONGOING CASE REVIEWS

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There is variation in practice for the ongoing case review meetings, as described in section 2.

- Fortnightly case review by pairs of social workers and psychologist pairs, with escalation to weekly case management meeting if further discussion needed - e.g. justice outcome, ending therapy, issues at school (in Spain)
- Weekly meeting that responds to requests from families if they need further support (in Finland)
- Weekly meeting that responds to requests from social workers/psychologists (in Sweden and Spain)
- Regular case reviews for each child ranging from one to three monthly (in Estonia and England)
- Weekly to fortnightly review of all cases while they remain open to the wider multidisciplinary team - with the Barnahus playing a coordinating role in bringing the MDT together (in Ireland)
- Reflective case management (in England)

In services with clinical psychologists, there are more frequent and detailed case review as part of case supervision. The case supervision can occur monthly or fortnightly, and includes a presentation of the case to a supervising therapist to review note keeping, the

progress of the therapeutic alliance, assessment of therapeutic techniques being used, analysis of the difficulties encountered, shared observations and presentation of recommendations. Whilst these case reviews are professional and not child-centred, they do service to identify cases that need to come to weekly team meetings.

Some Barnahus undertake weekly case reviews either of cases identified by practitioners, cases needing extra support or a rolling programme regular case reviews. A typical case review agenda should include:

- status of the case
- confirmation of attendance and adherence to treatment
- updates from legal, social and psychological teams
- identification of issues and risks, and urgent intervention
- review of therapy and support plan
- planning for onward referrals and a good ending
- outcome measures

However, some Barnahus that do not offer therapy and support services, only review a case once after the interview/examination and then the case is closed. In these circumstances planning for onward referrals and establishing family, community and local support are essential.

## 3.2. HELPING CHILDREN AND FAMILIES UNDERSTAND THE JOURNEY

An essential element of continuing support at the Barnahus is helping children and families to understand their journey before they arrive at Barnahus, throughout their Barnahus journey and the criminal justice process. Barnahus should aim to co-design with local children and families, a series of appropriate online resources, Apps, films and leaflets; as well as keeping up to date with PROMISE initiatives such as the Journey's App.

### Barnahus leaflets

Barnahus should aim to produce information in simple child friendly language, that can be seen online or shared as a leaflet. Ideally this will include colourful pictures of what to expect when the child and family arrive at the Barnahus. Where possible, different versions should be created for children, young people, parents and professionals, tailoring the language to the audience. Co-design work has identified that children and families often ask for a section they can complete after their visit, to write down the name of the professionals in the multi-agency Barnahus team that they have met.

### Barnahus pathways

An online pathway, film or leaflet that shows the journey the child and parents will take through the whole pathway can be helpful, including the criminal investigation phase and court hearing. This is especially useful for children and families when the time from reporting to court can take many years in some countries. One

Barnahus provides this as a fold out leaflet for the child to track their journey along the pathway and the PROMISE Journey's Project is creating an App for the same purpose.

Professionals also report that they can be unclear on how to respond to a disclosure or report of child abuse. One Barnahus has developed a detailed map with an outline of the steps in the process, showing each agency role at each stage of the process. Another country has developed an interactive online map of the child sexual pathway, showing agency roles at each step of the process.

### Social stories

Social stories are child-focused, personalized letters which are sent to children and young people before they come for an initial assessment. The letters include photographs of the building, set out in the journey that the child will travel, but also photographs of the team they will meet. This helps them understand what to expect from journey through the Barnahus and to feel comfortable with who they are going to meet on the day.



### Barnahus leaflets

- [Barnahus Linkoping – Sweden leaflet](#)
- [Barnahus Ireland – children leaflet](#)
- [Barnahus Ireland – young person leaflet](#)
- [Barnahus Ireland – care giver leaflet](#)
- [Barnahus Estonia leaflet](#)
- [Barnahus Tarragona – Lets go to the Barnahus booklet](#)



### Barnahus pathways

- [Link to Barnahus leaflet, Finland](#)
- [Barnahus Detailed Professional Pathway, Finland](#)
- [CSA Pathway UK \(Centre of Expertise on Child Sexual Abuse\), England](#)



### Social stories

- [Social Story – Letter to younger children](#)
- [Social Story – Letter to teenager](#)

## Films

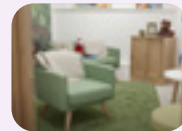
Barnahus across Europe and beyond have created films which help children, families and caregivers to understand what the Barnahus is and what to expect if you come to the Barnahus. Some are designed for the general public to raise awareness of Barnahus services and are shown on national television. Other are either for professionals, or created for professionals to send to children to watch before they come, so that they know what to expect. Most films are a few minutes long and many of the examples below have been translated into English or have subtitles.

## JOURNEYS App

The JOURNEYS project has developed an app which provides an introduction to the Barnahus, so children can learn about how they might feel before, during and after a visit, as well as providing simple tools to address stress, anxiety, feelings of loss of control. Local Barnahus will be able to create a bespoke platform for information sharing, exchange, and dialogue between the Barnahus team and the child. The child will be able to create a personal overview of their visit to Barnahus as a “journey snapshot” so they can revisit their journey in Barnahus and remember who they met.



### Barnahus films



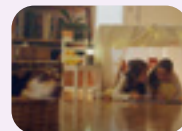
→ Lighthouse film to be sent to Young People



→ Lighthouse film to be sent to children



→ Lastamaja film, Estonia



→ Video clip for professionals introducing Children’s House



→ “Believe the child” film



→ Barnahus Iceland film



→ Barnahus Finland film



→ Barnahus Linköping film – A short film for children

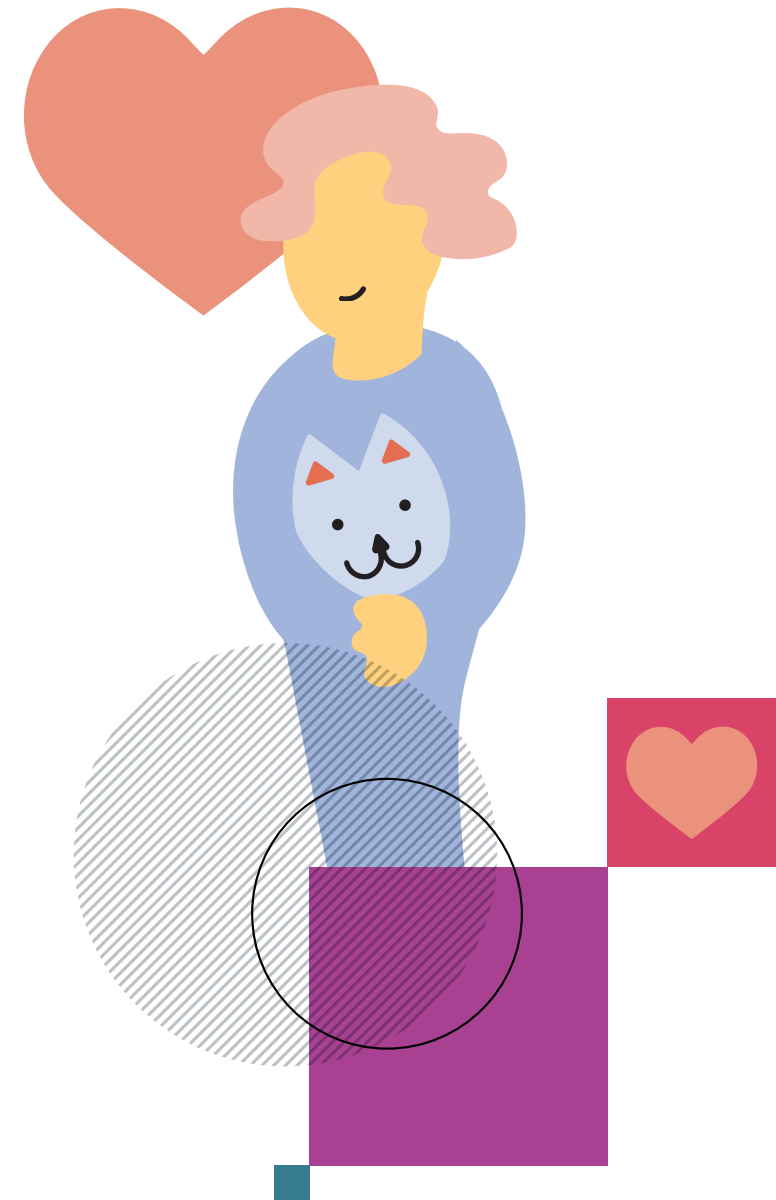
### 3.3. GOOD ENDINGS

Each Barnahus is able to offer a variety of assessments and support, and so the Barnahus team should be clear with professionals, children and families at the start what they can offer. This is essential for setting expectations of what support children and families can access.

- Barnahus teams should be clear about at the start about therapy and support services available to a child and family. This may vary depending on the child's needs, how far they live from the Barnahus and what support they are already receiving from local services.
- For children that live more than an hour travel from a Barnahus, it may be more appropriate to plan for an outreach support service (if capacity allows), online sessions or referral to a local service close to their home.
- Barnahus that are only funded to offer short-term and crisis support should establish a network of connections to local government funded and NGO

services. However, long waiting lists for onward referrals can leave the Barnahus team supporting a child and family for longer than planned.

- Barnahus teams should aim to create a clear pathway into local services and, where possible, a trusted referral process to prevent the child needing to tell their story again at the new service. This means agreeing the local service will accept the Barnahus assessment of emotional and wellbeing needs, and not require a re-assessment process.
- Barnahus teams should be clear with children and families about their role in times of crisis or after significant delays in the criminal justice process. When a family that has ended their time with the Barnahus and there is a change in their emotional state or progression to court, they may need to come back for further help.
- Children and families should be advised what ongoing support they can expect at the point their case is closed. A good ending process can be facilitated through closing letters to the child and family, which describe the work they have done together and set out a hope for the future.



## ✓ CHECKLIST

Is there a staff member in Barnahus is responsible for implementing the continuous case tracking?

Is there a case management system/tool is in place to support documentation of case specific data, interventions and follow up?

Does the Barnahus systematically document case information, including: the victim's and family's demographics, forensic interviews and attendance at forensic interviews, number of multidisciplinary case review meetings held, agency representation at these meetings, therapeutic reports and medical reports where possible?

Is there a process or person in place to ensure that coordination and follow up is routinely available to enable the protection, recovery, education, physical and mental wellbeing and social welfare of the child?

Is there a process in place to ensure timely and smooth referrals to authorities and services for interventions that fall outside the role and competence of the Barnahus?

Are there resources available to children and families that describe what to expect before they attend Barnahus, during their time at Barnahus and after Barnahus – including understanding and navigating the justice system, child protection and support services?

Are there resources available in a variety of formats to meet the needs of all children and families; including leaflets, websites, films, social stories, apps?

Are there resources to ensure that professionals have a good understanding of the Barnahus service when referring children, and are able to describe the Barnahus to children and other professionals?

Are there resources to ensure the public have a good understanding of the purpose of Barnahus services for children?

Are children and families made aware of the role of the Barnahus service, what to expect and when referral to local services may be more suitable?



# ONE CONSISTENT SUPPORT PERSON

## 4. ONE CONSISTENT SUPPORT PERSON

*This section relates to standard 5.5 and describes the value of one consistent support person to advocate for a child and family, building trust and resilience for the future.*

**Standard 5.5 – Support Person:** *A designated, trained individual or member of the Barnahus team oversees and documents the multidisciplinary response to ensure that there is continuous information-sharing, support and follow up with the child and nonoffending family/caregivers.*

### 4.1. ONE CONSISTENT SUPPORT PERSON

The Barnahus standards recommend there is one consistent support person that oversees the case management. They can include the child protection specialist in the team, the psychologist/counsellor or an advocate and practice varies internationally based on capacity and capability in the Barnahus team. It is not ideal to share the case management role amongst the Barnahus team members, because of the risks with duplication or gaps in case management; as well as multiple practitioners for the child and family to create a relationship with.

A key benefit of one consistent support person for child and family, is that one person is able to create a trusted relationship with them, and can help navigate their whole journey through the Barnahus. This

practitioner may work with the child before attending the Barnahus for the first time, provide support on the day of the interview, ensure that the child’s voice is heard during the initial assessment, play a key role throughout the police investigation, provide practical support/guidance to the family and enable access to recovery services for the child and family.

The role is provided by various professionals internationally:

- Child Protection Worker, Social Worker or Chief Specialist (in Estonia, Spain, England and Ireland)
- Advocate or Child and Family Practitioner (in England and Ireland)
- Psychologist or Counsellor (in Spain, Finland, Slovenia)
- Anyone in the Barnahus team (in Sweden and Finland)



“Within the Lighthouse first when I was given an advocate to explain each of their roles, because I think it can be quite confusing for young people. And there’s multiple people that you don’t really know and you’re just like, ‘What’s everyone’s job?’. They make that very clear.”

— **Young person #6**



## 4.2. TYPICAL ROLE OUTLINE

The role of one consistent case worker for the child, provides support and liaison through their recovery journey and ensures the voice of the child is at the centre of Barnahus services. The practitioner provides direct work with the child and family ensuring their voice is heard by professionals throughout the process and they are kept up to date; with case management, safety planning and coordinating the multi-professional response. This ensures that the child and family always have one consistent person to talk to, who is up to date with their case and to whom they do not have to repeat their story. This is particularly important when it is time to end their journey with the Barnahus and move to local community-based services. The practitioner plays an important role to smooth the transition and ensure local community-based services are equipped to support them. Usually the support is available while the child and family are still accessing support at the Barnahus from other team members and can typically last up to a few months initially, with ad hoc and additional support in the run up to a court case.

Key elements of the role include:<sup>1</sup>

1. **Information** - Ensure information is available about what to expect for children, young people and families, especially about the criminal justice and social care systems and the roles of different staff within the Barnahus.
2. **Navigation** - Navigator for the child/young person and their family, supporting effective interfamilial and interagency collaboration.
3. **Barriers** - Keep in touch with child and family, and help to identify barriers and problem solve issues for the child, young person and their family. This can include supporting conversations at school, at home or with other agencies.
4. **Rights** - Ensure children, young people, their families and carers are aware of their rights throughout the process
5. **Child's voice** - Reminding other agencies of the child's right to be heard and participate, ensuring their voice is heard by the multi-disciplinary team.
6. **Case management** - Co-ordinate conversations about the child across all agencies and participate in on-going case management meetings.
7. **Collaboration** - Building connections and working in partnership with external agencies by representing the views of the Barnahus to external agencies and bringing the voice of those agencies into the Barnahus
8. **Support** - Offer practical support and guidance to the child/young person and their family to help with recovery and resilience. Additional support maybe needed while selecting support services and in the run up the court process.
9. **Onward support** - Good knowledge of local support services, enable access to local services after the Barnahus and assist child to settle into those services. This can include therapeutic services, parental support, housing, court support.



“It’s very good that you took the coordinative role and helped me to find help for my son as we are now moving to a new city. There is so many different authorities that I am confused about their roles and different services.”

— Mom

<sup>1</sup> based on learning from England, Ireland and Finland

### 4.3. WHAT THE RESEARCH TELLS US THAT CHILDREN ASK FOR IN ONE CONSISTENT SUPPORT PERSON

Research from the Centre for Expertise on Child Sexual Abuse shows that developing effective relationships between a child and their practitioner, and the need for continuity in that relationship, are vital. The researchers recommend providing consistent relationships and establishing trust, so children and young people can feel believed in. This is especially true for children living in foster care and children with learning difficulties. It takes time for children and young people to develop trust, particularly when they have had previous negative experiences of services. They need to feel believed in, and be given opportunities for choice and control.

The research notes that the support from their practitioner should be sensitive and flexible when responding to intersectional needs; and that services must understand the complexity of children's lives. Services need to be particularly aware of the complexity of life for young people in living in foster care and the possible impact of multiple traumas. The research

recommends creating a space in which children and young people feel safe and welcome. This involves using ways of working that are power-, inequality- and trauma-informed, so they feel valued, empowered and listened to. It is particularly important for children to build trust and know they can talk openly to their practitioner about whatever they need to.

Research from the Children's Commissioners Office in England "Making Noise: Children's voices for positive change after sexual abuse" identified a key factor in a child's engagement with support services as their ability to form a trusting relationship with a practitioner. A consistent, relationship-based support from a single trusted professional was repeatedly highlighted as a hallmark of effective professional intervention. There are indications that the practitioners' ability to develop a 'bond' with children and young people may be more significant than the tasks or activities undertaken.

The research identified ten key relational qualities that children and young people valued in their support worker, which are detailed in Table 1. These key characteristics should be seen in the support worker at Barnahus and could form part of a values and behaviours based recruitment process.



"We'd have a hot chocolate or something and just talk about normal things. It's just having that relationship with someone who you can trust and who I guess knows you on a different way is helpful."

— **Young person #4**



### Relational qualities that children and young people valued in their support worker

1. **Active listening (supporting children to express themselves and feel heard)** — Open (non-inquisitorial) questioning styles, body language, eye contact, respecting children's perspectives and remembering personal or important information about them. Effective listening enables children's needs and perspectives to inform the care and support provided. Positive experiences of listening were also closely related to feelings of not being rushed or pressured.
2. **Demonstrating belief** — Demonstrating belief counters narratives of self-blame, encourages children and young people to engage, and enables the possibility of them feeling understood, accepted and supported.
3. **Care and compassion** — Interviewees, in the "Making Noise" research, highlighted they experienced 'care' when workers were visibly attentive, responsive, reliable and conveyed a sense to children that they sincerely mattered – both through talking and small but memorable acts of kindness.
4. **Facilitating choice and control (including the absence of pressure)** — CSA within the family environment is characterised by disempowerment and a lack of control. The importance of choice and opportunities to regain a sense of control figured significantly in the research. Caring professionals were described as those who involved them in decisions and gave them time and space to share information about the abuse on their own terms.
5. **Subject expertise** — The research identified children want to feel understood, to normalise their responses and help to make sense of their feelings and behaviour. Over a quarter of those interviewed highlighted professionals' roles in helping them 'know you're not the only one' alongside giving support to counter the feelings of isolation and 'difference'.
6. **Facilitating safety** — Interviewees valued secure environments and child-friendly working styles and spaces – including the use of toys, games, sensory objects and creative activities which helped children and young people to feel calm and present; and could also create a sense of safe distance to help them talk about difficult things.
7. **Optimism (reassurance and encouragement)** — Words of reassurance, encouragement and hope were highly valued by children and young people – particularly when they felt 'stuck' or unable to see things positively.
8. **Advocacy (providing practical support, signposting and advice)** — When professionals were trusted by children and young people they also became a valuable source of advice and support with wider issues – such as advocacy or help to navigate access to wider services. This helped interviewees to feel in control in complicated multi-professional contexts, and supported them to have their voices heard and considered by others.
9. **Non-judgmental (and respectful practice)** — Interviewees valued clear messages that they were not to blame and support to believe a new narrative, that was different from what they had been told by the perpetrator or negative responses to their disclosure.
10. **Trustworthy and authentic (engendering trust through honest, transparent and confidential practices)** — Interviewees valued professional honesty, reliability, clear communication and transparency (wherever possible) and clarity about the boundaries of confidentiality in their relationship with professionals.



“It’s great. If you only see a therapist once a week you might not get that much from them. You can get more info, and at any time from the advocate. That extra little support makes you feel very reassured.”

— Young person #8

#### 4.4. EVALUATING THE BENEFITS OF ONE CONSISTENT PERSON

The Lighthouse evaluation involved asking young people who had attended the Lighthouse, England what they found helpful in their recovery journey. At that time the consistent case worker supporting children, young people and parents was called an Advocate. Young people described the Advocate as “a bridge to other parts of the Lighthouse” service. While positive about the ‘all under one roof’ service model, a few young people noted how this could feel overwhelming (especially at first). And so, they valued having an advocate for orientating and introducing them to the various Lighthouse teams at the start of their journey and when a particular support need was identified. They described the advocate as being ‘their person’.

Young people valued having a single person who they could speak to who was up to date on what was

going on with them and who knew what their needs were at any given time. They appreciated having someone to help them book appointments, attend appointments with them and provide advice if they had issues or concerns. During the Lighthouse pilot, the advocates could continue to support them after their therapy and health support had ended.

The young people also valued the holistic support for ‘doing life’ and someone who ‘looked out for them’; supporting their wellbeing, being engaged in their lives more broadly and helping them navigate every-day life.

The pilot of the Psychosocial Coordinator at Barnahus Helsinki offered up to five sessions of support with child and up to three sessions with parents. This included providing knowledge of local support services, assessing the needs of the child, coordination of the response by other agencies, a consultation service and explaining the investigative process to the child and family. The pilot found that the role made the process better for the child and helped them access appropriate local support services.



“I can speak to her about anything. I still can. She is there for as long as I want it. Unless I don’t want it, I’ll always have that support even after my case ends.”

— Young person #8



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#### 4.5. THE VALUE OF TAKING A TRAUMA-INFORMED APPROACH

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Ensuring one consistent person is available for each child and family can build trust, enable communication, share information, and respect diversity; ensuring a safe environment for both professionals, children and families. Empowering children and families is at the core of the rights-based approach inherent in the Barnahus ethos.

The National Trauma Training Programme in Scotland ([www.transformingpsychologicaltrauma.scot/](http://www.transformingpsychologicaltrauma.scot/)) outlines the key pillars of trauma informed care as:

- safety
- trustworthiness and transparency
- peer support
- collaboration and mutuality
- empowerment and choice
- cultural, historical and gender issues



#### Barnahus Youth Advocate audio clip

- [Audio clip from a Barnahus Youth Advocate describing their role to a child, ASSC, Ireland \(.mp4\)](#)
- [Transcript \(.doc\)](#)



“Support meetings were nice, I got skills how to manage with my trauma symptoms and I don’t blame myself anymore so much for what happened.”

— **Young person, 14 years old**

## ✓ CHECKLIST

Does someone in the interagency team provide continuous support and follow up with the child and non-offending family/caregivers?

Does someone ensure there is information available about what to expect?

Does someone coordinate and navigate the journey of investigation and support for the child/young person and their family, ensuring that they assist with any barriers to accessing support?

Does someone advocate for the child's rights and ensure their voice is heard by the multi-disciplinary team and professionals are held to account?

Does someone co-ordinate conversations about the child across all agencies and participate in on-going case management meetings?

Does someone offer practical support and guidance to the child/young person and their family?

Is there a process or person with good knowledge of local support services, to enable access to local services after the Barnahus and assist child to settle into those services?

# PROMISE ELPIS

## Implementing the Barnahus Quality Standards throughout Europe

PROMISE is supporting Europe to adopt the Barnahus model as a standard practice for providing child victims and witnesses of violence rapid access to justice and care. We undertake this work to fulfil the PROMISE vision: a Europe where all children enjoy their right to be protected from violence.

A Barnahus provides multi-disciplinary and interagency collaboration to ensure that child victims and witnesses of violence benefit from a child-friendly, professional and effective response in a safe environment which prevents (re)traumatisation. With the formal support from national authorities, PROMISE provides opportunities to translate national commitment into action and engage internationally in the process. In addition, regular networking and strategic communications continually activate our growing network of professionals and stakeholders who are committed to introducing and expanding Barnahus services nationally.

The first PROMISE project (2015-2017) set European standards and engaged a broad network of professionals. The second PROMISE project (2017-2019) promoted national level progress towards meeting the standards and formalised the PROMISE Barnahus Network. The third project (2020-2022) expanded these activities to include University training, case management tools, with a view to establishing a European Competence Centre for Barnahus and laying the groundwork for an accreditation system for Barnahus.

The current Project: PROMISE ELPIS (2023-2025) is managed by Charité-University Medicine, Berlin, and promotes multidisciplinary and interagency models for child victims and witnesses of sexual violence, with a specific focus on specialised interventions and excellence in practice in cases where there is a presumed online element of the sexual violence.

Access the PROMISE tools and learn more at [www.barnahus.eu](http://www.barnahus.eu)



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