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Autoritatea Națională pentru Protecția Drepturilor Copilului și Adopție

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Desk review and documentation of EU practices on multidisciplinary and interagency responses to violence against children

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Desk review and documentation of EU practices on multidisciplinary and interagency responses to violence against children

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2026

The project *"Strengthening the response to violence against children through better informed policies and enhanced institutional capacity"* is funded by the European Union via the Technical Support Instrument, and implemented by UNICEF Romania and UNICEF Refugee Response Office in Poland in co-operation with the European Commission, on the request of National Authority for Child Rights Protection and Adoption under the Ministry of Labour, Family, Youth and Social Solidarity in Romania and the Ministry of Justice of the Republic of Poland.

The present study would not have been possible without the valuable input of the representatives of the Romanian National Authority for the Protection of Children's Rights and Adoption.

This report was developed with the financial support of the European Union. The views expressed in the present document do not in any way reflect the official position of the European Union.

The views expressed in this report are those of the authors and do not necessarily reflect the position of UNICEF.

VANEMONDE Publishing House

ISBN 978-973-1733-73-9

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List of Abbreviations

HSE	Health Service Executive (sistemul public de sănătate din Irlanda)
ISO	International Organization for Standardization
MDCK	Multidisciplinair Centrum Kindermishandeling
MDIA	Multidisciplinary and Interagency
NICHD	National Institute of Child Health and Human Development
TSI	Technical Support Instrument

Scope of the document

The present research is conducted as part of the project "Strengthening the response to violence against children through better informed policies and enhanced institutional capacity" of the Polish Ministry of Justice and the Romanian National Authority for the Protection of Children Rights and Adoption, supported by the European Commission (SG REFORM) through the Technical Support Instrument (TSI) and implemented by UNICEF.

The goal of the research process is to identify and document practices of centre-based multidisciplinary and interagency (MDIA) responses to violence against children implemented in European Union Member States, to provide up-to-date information to the Polish and Romanian authorities on the state of the art of one-stop-shop models for protecting children victims and witness of violence in the EU.

For the purpose of this report, MDIA services are understood following the International Organization for Standardization's (ISO) definition as "established and coordinated mechanisms to deliver interventions and assist, protect and respond to the needs of children affected by violence, coordinated between different agencies through a formal setup, and involving several professional disciplines or specialisations". This definition encompasses Barnahus, Barnahus-type, and other MDIA services, acknowledging that distinctions among these categories are often and inherently fluid1.

The present study aims to document how EU Member States have approached the establishment of MDIA services. This analysis is not aimed at identifying a single "best" model, but rather to illustrate how different countries have translated the Barnahus concept or other MDIA approaches into their own systems, and to highlight lessons that can inform the development of services in both Poland and Romania.

1 Another comprehensive definition of MDIA can be found in Council of Europe (2023). Barnahus: a European journey. In the document MDIA services are defined based on the two definitions of multidisciplinary and interagency as follows: "Multidisciplinary refers to different professional disciplines such as child protection, social services, medical and health care services, child psychology, law enforcement, the judiciary, specialists in forensic interviewing, and other professions relevant to the case. Interagency refers to various state agencies or public entities. State agencies may collaborate with individual experts and private service providers, as appropriate in the local context and the circumstances of the case. MDIA services are typically regulated by national or sub-national legislation, a co-operation agreement or protocol, or a memorandum of understanding, which set out the roles and responsibilities of each actor, how they will work together and with the child and the child's family".

Introduction

In recent years, centre-based MDIA responses have increasingly become the standard approach to cases of violence against children across the European Union and beyond. This development reflects the growing recognition that effective responses to violence against children require coordinated interventions across sectors, and that a "one-stop-shop" model is often the most child-friendly way to support victims and witnesses of violence. MDIA services respond to the need to avoid re-victimisation, ensure coherence across child protection and justice systems, and provide children with holistic, rights-based support.

The rationale for these models has its basis on the recognition that children exposed to violence are particularly vulnerable to secondary victimisation during investigative and judicial processes. Repeated testimonies, exposure to cross-examination in court, sometimes in the presence of the accused perpetrator, or interviews conducted by professionals without specific child forensic training can exacerbate trauma, create inaccuracies in testimony, and undermine both the wellbeing of the child and the outcome of the case. MDIA services seek to overcome these challenges by centralising procedures, ensuring recording of forensic interviews rendered in child-friendly environments for use in court, coordinating the work and engagements of professionals from different disciplines and state agencies, and placing the best interests of the child at the centre of the process.

International and regional legal frameworks reinforce these imperatives. The Lanzarote Convention[2] requires states to adopt protective approaches to victims that do not aggravate trauma, while the EU Directive on combating sexual abuse and exploitation[3], as well as the Council of Europe Guidelines on child-friendly justice[4], provide additional standards for practice. The UN Committee on the Rights of the Child in its general comment on article 19 of the UN Convention on the Rights of the Child[5], has also stressed that investigations must be conducted with extreme care to avoid further harm, and only by professionals with comprehensive, role-specific training and a child rights-based approach.

Additional relevant legal provisions include the European Convention on Human Rights[6], the Istanbul Convention on preventing and combating violence against women and domestic violence[7], the Convention on Action against Trafficking in Human Beings[8], the Convention for the Protection of Individuals with regard to the Processing of Personal Data[9], and the Budapest Convention on Cybercrime[10]. Together,

2 Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, CETS No. 201, 2007, available at this link

3 EU Directive 2011/93/EU on Combating the Sexual Abuse and Sexual Exploitation of Children and Child Pornography, available at this link

4 Guidelines of the Committee of Ministers of the Council of Europe on child-friendly justice adopted by the Committee of Ministers of the Council of Europe on 17 November 2010, available at this link

5 UN Committee on the Rights of the Child, General Comment No. 13 (2011) on Article 19, available at this link

6 Council of Europe Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR), ETS No. 5, 1950, available at this link

7 Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, CETS No. 210, 2011, available at this link

8 Council of Europe Convention on Action against Trafficking in Human Beings, CETS No. 197, 2005, available at this link

9 Council of Europe Convention for the Protection of Individuals with regard to the Automatic Processing of Personal Data, CETS No. 108, 1981, and Protocols, available at this link

10 Council of Europe Convention on Cybercrime, ETS No. 185, 2001, available at this link

these instruments provide a comprehensive framework to protect children, promote child-friendly justice, and guide the operation of MDIA and other specialized services for children victims of violence.

The scale of the challenge is considerable. As highlighted by UNICEF's 2024 report on sexual violence against children[11], over one billion people alive in 2024 were subjected to sexual violence when they were children, including one in five girls and women, and one in seven boys and men. This underscores the urgency of establishing services that can respond effectively to the needs of child victims, while ensuring that the criminal justice system functions meaningfully and respects children's rights to holistic protection.

On the other hand, there is no single model of MDIA that can be applied uniformly across countries and tailored approaches are crucial for the success of the model. Quoting directly Bragi Guðbrandsson, the Icelandic founder of the first Barnahus, these services are not "a recipe but rather a set of ingredients to make a model in line with each country's culture, legal framework and professional traditions. They are not a strict fixed idea but rather a guideline to make a child-friendly evidence-based structure"[12]. The concept of MDIA services needs to be understood as an ever-evolving concept, a continuous innovation and adaptation rather than a strict replication of existing initiatives. As a consequence of these considerations, models and approaches differ widely across European Union countries.

For example, some are embedded in national frameworks, while others are initiated or managed at local level. In some cases, they are mandated by law, while in others they are established through policy or practice initiatives. Certain services are established as public institutions, while others are hosted by specific state agencies such as hospitals, police services, or child protection authorities. In other countries, MDIA services are led by civil society organizations, often in partnership with governmental bodies. The choice of lead institution typically reflects each country's legal framework, administrative structure, and historical approach to child protection[13]. Additionally, some target specifically cases of children victims of sexual abuse, while others aim more broadly at responding to all forms of violence. This diversity illustrates both the adaptability of the MDIA concept and the centrality of national and local contexts in shaping practice.

To support states in developing context-appropriate MDIA services, a number of international standards have been articulated. The Barnahus Quality Standards developed in 2017 by the Barnahus Network[14] and the more recent ISO Standards for MDIA response services[15] provide guidance on essential elements of practice. These frameworks are not intended to impose a uniform template, but rather to outline principles and quality benchmarks that can be adapted to national contexts. Both standards address several key areas of practice, including the child's best interests, participation, protection, timely access to justice and care, multidisciplinary and interagency collaboration, child-friendly environments, forensic and medical assessments, therapeutic support, professional training, and prevention and information sharing. Together, they provide crucial guidance for developing flexible, context-appropriate, and high-quality MDIA responses.

These standards also highlight that the effectiveness of MDIA services depends not only on their formal structure but on the quality and consistency of everyday practice. Ensuring that professionals have the

11 UNICEF (2024). When Numbers Demand Action: Confronting the global scale of sexual violence against children

12 Fahsing, I. (2025). The Barnahus Revolution: How a Small Nation Changed Child Protection Forever (No. 12) [Audio podcast episode]. In Beyond a Reasonable Doubt. Davidhorn.

13 For a comprehensive overview of the institutions leading MDIA services across European countries, see Council of Europe (2023). Barnahus: a European journey, pages 51 and 52

14 PROMISE (2017). Barnahus Quality Standards: Guidance for Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence available at this link

15 International Organization for Standardization (2025). Child-friendly multidisciplinary and interagency response services for children who are victims of violence — Requirements and recommendations. IWA 49:2025 available at this link

necessary competences and experience is central to the model. Multidisciplinary teams must include staff with specific training in child-friendly communication, forensic interviewing, trauma-informed care, and legal procedures concerning children. Continuous supervision and professional development are equally important to maintain high-quality and rights-based interventions. The physical environment of the centres is another critical element, designed to provide a sense of safety and comfort, to separate children from alleged perpetrators, and, where appropriate, to offer support to non-offending parents or caregivers.

Equally, effective cooperation between central and local levels is essential for ensuring sustainability and equitable access. In some countries, costs are shared between ministries or between national and local authorities, while in others funding is secured through dedicated public programmes or project-based grants. Formalised cooperation frameworks define the responsibilities of each institution and the mechanisms for information exchange, referral, and case management. Access criteria, follow-up procedures, and monitoring systems vary, but most services aim to ensure that children receive ongoing support beyond the initial intervention and that data from practice inform continuous improvement and adaptation.

Establishing such services, however, is only one step: aligning justice and child protection systems, ensuring due process guarantees, and promoting inclusivity and intersectionality remain critical to maximising their potential. This requires not only physical co-location of services, but also functional integration across institutions, each one with its own different mandate, focus and operational approach. Judicial authorities must ensure that their procedures allow for child-friendly evidence collection, while child protection and welfare systems need to facilitate holistic support to the child. At the same time, due process safeguards for defendants must be upheld to maintain the integrity of criminal proceedings. Only by embedding these principles into both the design and daily practice of MDIA services can their full protective potential be realised.

Methodological overview

The process of identification of practices involved an initial desk review, which encompassed an analysis of grey literature, academic journals and peer/reviewed literature, and service provider websites. A summary of all consulted sources is provided at the end of this document. The review focused on models and approaches utilized to provide children victims and witnesses of violence with child-friendly one-stop-shop support services. Given that the goal of the present research is to inform authorities in both Poland and Romania, practices from these two countries have not been considered as part of the review.

In parallel, a series of key informant interviews (KIIs) were conducted through online calls to feed into, inform and guide the scope of the desk review. Representatives from the Barnahus Network, the Council of Europe and the UNICEF Regional Office for Europe and Central Asia were contacted for the KIIs. The KIIs were conducted through the use of semi-structured interview techniques, aimed at better understanding the state of the art of integrated and centre-based responses to violence against children in the EU as well as emerging trends, challenges and elements of inclusivity and innovation.

The models and practices identified through the desk review and KIIs have been assessed both in terms of methodology for service functioning, and in terms of available evidence on their impact on children. The following criteria have been applied to identify and summarize a longlist of ten practices: i) Context-relevance for Poland and Romania; ii) Being recognized or recognizable as emerging, promising or good practice; iii) Availability of methodological information; iv) Replicability and transferability of the intervention; v) Adherence to internationally recognized standards; vi) Level of integration into the public system, including financial; vii) Existence of a direct link with the justice system; viii) Elements of inclusiveness of particularly vulnerable categories; ix) Elements of innovativeness.

As a result of the assessment, the following ten practices were selected: Zona ZaKrila Child Advocacy and Support Centres in Bulgaria, Børnehuse in Denmark, Lastekaitse Maja in Estonia, Forensic Psychology and Psychiatry Units for Children in Finland, Unités d'Accueil Pédiatrique Enfants en Danger in France, Barnahus in Ireland, Multidisciplinair Centrum Kindermishandeling Haarlem in the Netherlands, Hiša za otroke in Slovenia, Barnahus in Spain and Barnahus in Sweden. Each one of the selected practices was summarized in a form of a one-pager snapshot, based on which, authorities from the Polish Ministry of Justice and the Romanian National Authority for the Protection of Children Rights and Adoption proceeded with the selection of the final list of practices to be explored more in depth. The six selected practices, which are presented through individual case studies in this document, are the following:

- Zona ZaKrila Child Advocacy and Support Centres – Bulgaria
- Børnehuse – Denmark
- Barnahus – Ireland
- Multidisciplinair Centrum Kindermishandeling Haarlem – The Netherlands
- Barnahus – Spain
- Barnahus – Sweden

Each one of the practices has been analysed in depth and summarized with the objective to present key information regarding the model, with a focus on key factors, such as the location and staff employed by the centres, the target group(s) covered, the governance structure of the model and the inter-

agency coordination mechanisms in place, the goals and the operational functioning of the centres, the regulatory legal and policy framework, the financing mechanisms for both the centres and the staff employed in them and a summary of the evidence and research conducted on the initiatives. A short summary of each practice is included at the beginning of description, while a list of links to resources to allow to explore more in depth each initiative is provided at the end of each case study.

Zona Zakrila Bulgaria

Practice's Snapshot	
Number and coverage	Three currently operational centres, plus an additional eight being set up, but no nationwide coverage
Governance	Managed by municipalities in which the centre is operational, in collaboration with all involved sectors
Target group	Children who are victims or witnesses of all forms of violence or crime, as well as their non-offending family members. Children in high-conflict parental separations and other vulnerable children also receive support.
Conditions for use	Not legally mandated
Core staff	Full-time coordinators, social workers and psychologists and on-call lawyers
Services offered	Multidisciplinary case management, legal aid and representation, psychological support and child forensic interviewing (in the Blue Rooms). Medical services usually provided externally through referral and accompaniment from the centre
Financing	Moving from external project-based funding towards public funding at municipal level

Location and staff

Established starting from 2016, there are currently three operational Zona ZaKrila Child Advocacy and Support centres, covering the districts of Sofia, Montana, and Shumen. Eight additional centres are being set up in Burgas, Kyustendil, Pazardzhik, Plovdiv, Stara Zagora, Varna, Vidin, and Yambol. The current facilities receive cases from municipalities located in the district and in some cases even outside their area of responsibility, and sometimes employ mobile teams to facilitate the access of children to the service. Infrastructure follows nationally endorsed guidelines, ensuring separates spaces for children and potentially harmful adults, controlled entry, and safety-assured pathways inside the facility.

The Zona ZaKrila centres employ a full time coordinator, with the role of managing the centre, as well as social workers and psychologists. They also have lawyers on-call who support cases when needed. The centres are working in close collaboration with police officers who are in charge of the criminal investigation of the cases referred, prosecutors, as well as social workers from the municipal child welfare services, who are in charge of the overall protection and long-term service provision to children.

All core staff must meet national qualification requirements under the Social Services Act (see below under «Links to relevant documents and studies), including certified professional education and previous experience in child protection. Employment contracts are typically municipal, with clear role descriptions in line with State Agency for Child Protection guidance.

Target group

Zona ZaKrila centres cover a broad target group. This includes children who are victims or witnesses of all forms of violence or crime, as well as their non-offending family members. Centres also provide support to children involved in high-conflict parental separation proceedings as well as children and women victims of domestic violence. Additionally, centres also provide support to children and families in particularly vulnerable situations, including migrants and refugees and children with disabilities through accessible and inclusive facilities.

The centres can also include, where appropriate, offending family members, involving them in processes of strengthening parental capacities and managing aggressive emotions and behaviours.

A feasibility study is currently underway to assess whether and in which modalities the Zona ZaKrila centres can also work with children suspected of having committed crimes and in conflict with the law, developing specialized services to support this target group.

Governance and coordination

The Zona ZaKrila centres are managed by the municipalities in which the service is hosted, with involvement of the necessary sectors, including the State Agency for Child Protection, the Ministry of Justice and the Ministry of Labour and Social Policy, the Police, as well as international organizations and NGOs.

All staff working in Zona ZaKrila centres receive an initial training on all relevant functions to be covered in the centre, while in-service training and continuous professional development are currently provided in a non-systematic manner by both the different agencies involved, as well as by external partners and donors. To ensure the wellbeing of the staff, supervision is conducted on a weekly basis in a group setting, and individually on a monthly basis.

While the process of formalization and standardization of Zona ZaKrila centres is continuing, the centres currently operate through separate and independent processes, with set-ups and institutional affiliations that slightly differ, and without a centralized governance structure.

Monitoring of service quality is ensured through regular case reviews, municipal oversight, and reporting obligations to the State Agency for Child Protection, including data on service outcomes, child safety, and legal results.

Goals and functioning

Services offered in the centres include crisis intervention and support, multidisciplinary assessment and individual case planning, legal aid and representation, counselling and therapy for the child and non-offending family members, as well as child forensic interviewing conducted in the Blue Rooms.

Cases are referred to the Zona ZaKrila centres through different institutions and channels. When a case is received, staff from the centre develop an initial intake assessment, which can lead to the activation of a safety plan for the immediate support of children, and order emergency interventions either through referral to police and/or prosecutor, or through direct provision of services. Within 20 days from receiving a case, a multidisciplinary team of staff of the centre is in charge of developing an individual needs assessment and an individual support plan. This is done in consultation with the child him/herself and non-offending family members. The plan is regularly reassessed and monitored until the situation of the child can be considered stable. When this happens, a final assessment is conducted in collaboration with the municipal child welfare services, to plan any long-term measure the child or

the family might need, monitoring and follow-ups of the situation aimed at ensuring the protracted wellbeing of the child.

Psychological counselling is provided to the child and non-offending family members applying child-centred and trauma-informed approaches. The psychological support service is embedded and integrated in the multidisciplinary response models, so that psychologists strictly collaborate with the other team members for the development of comprehensive assessments and coordinated care plans. Based on the initial assessments, children can access long-term therapy for trauma recovery while non-offending parents can access parental support programs and parent awareness raising and education activities. While Zona ZaKrila centres usually do not offer medical services – both in terms of medical treatment services and forensic examinations – they normally facilitate the access of children to them via referral, accompaniment and periodic follow ups.

A strong emphasis of the centres is put on the legal support of the child and family. When children first access Zona ZaKrila centres, they receive an initial free legal aid and, if needed, legal representation for the whole duration of the proceedings. This is done in strict collaboration with the psychologists and the staff of the centre to protect the legal rights of the child as well as to advocate for his/her best interest and prepare the child for the participation to the legal procedures minimizing the negative impact these might bring.

Forensic interviews are conducted in the so called "Blue Rooms", which are present in all Zona ZaKrila centres but also in additional facilities such as police stations, social services facilities and courts. The forensic interview is regulated by a dedicated methodology developed by the State Agency for Child Protection. The interview is preceded by an assessment of the emotional readiness and specific needs and vulnerabilities of the child, conducted by a psychologist or a social worker. The interview is conducted by a trained forensic interviewer, and the caseworker who is supporting the case is also present in support of the child. According to the State Agency's methodology for the use of the Blue Rooms (see link below), interviewers undergo a mandatory training on child forensic interview technique based on the Revised NICHD Protocol, aimed at reduce trauma and obtain high probative value evidence, children rights and legal framework, psychological support and communication skills and use and management of the Blue Rooms facilities.

While the legislation is not entirely clear on the issue, the recording of the interview seems to be admissible as evidence in court. At the same time, it remains under the discretionary power of the judge to call the child to testify in person in court or via live-link. After the interview, children receive additional psychological support to ensure that the interview process has not caused any trauma or negative impact on the child.

The centres continue monitoring the situation of the child for up to 12 months after closure of the individual support plan, with periodic reassessments conducted jointly with local child protection services. Clear referral pathways exist with police, schools, hospitals, prosecutors, child welfare authorities and crisis hotlines, regulated through formal cooperation agreements at municipal level.

The staff of Zona ZaKrila is also in charge of preventive activities. These are usually conducted in support of communities, schools and health facilities and are aimed at sensitizing and raising awareness on forms and consequences of violence.

Regulatory framework

While the use of Zona ZaKrila or other multidisciplinary and interagency response centres in cases of violence against children is not a legal obligation in Bulgaria, the legislative and policy frameworks increasingly promote them. The 2019 Social Services Act (see below under „Links to relevant documents and studies) initially introduced the delivery of integrated social services while the 2023 amendment of the Child Protection Act (see below under „Links to relevant documents and studies") introduced the

requirement of multidisciplinary coordination mechanisms for cases of violence, both effectively laying the groundwork for the implementation of Zona ZaKrila model. The 2023 amendment to the Criminal Procedural Code (see below under „Links to relevant documents and studies") promotes the use of child-sensitive interviewing techniques for children victims or witnesses of violence against children.

Financing

Overall, Zona ZaKrila model is moving from a project-based funded initiative, towards more institutional financial coverage. The aim of the process is to fully embed the costs of the centres and services offered into public funding, both at national and at municipal level.

Two of the three centres, specifically those of Sofia and Shumen, are currently being funded, at least partially, by municipal budget while the centre in Montana is in the process of obtaining public funding from the municipal authorities.

Evidence, research and key outcomes

An independent evaluation was conducted on the Zona ZaKrila (see below under „Links to relevant documents and studies") centres in 2020. Results showed that according to 90% of stakeholders consulted, the centres served the purpose of facilitating children's access to justice and for 84% they improved integrated services delivery to children who experience violence and crimes.

In terms of caseload, between 2016 and mid-2023 it is reported that the centres supported around 3,200 children and parents, beyond initial estimations and with increasing demand for services.

Replicability and transferability for Romania and Poland

The Zona ZaKrila model offers some elements, worth considering in the context of Romania and Poland. The gradual implementation, starting from a pilot and progressively expansion of the model could be one of the ways of establishing MDIA services. It allows authorities to build institutional knowledge, adjust the model to national specificities, and progressively secure public funding without requiring large upfront investment. Additionally, the piloting phase allows testing approaches, identifying gaps, and adapting procedures before scaling-up nationally, while evaluation ensures that reforms truly enhance interagency cooperation and improve services for children victims of violence.

The emphasis on formal cooperation agreements between the centre and key agencies (police, prosecutors, other services) offers a governance example, where interagency coordination frameworks for child protection cases remain in development. The nationally endorsed forensic interview guidelines developed by the central authority represents replicable component that could be adapted and formalized in Romanian and Polish legal frameworks.

The model's explicit inclusion of vulnerable groups — including migrant and refugee children and children with disabilities — also provides transferable design principles for ensuring inclusive access to MDIA services in both countries.

Integrated multidisciplinary services for child victims of violence require stable public funding to ensure sustainable service delivery and financial predictability. The Bulgarian model, "Zona ZaKrila"

has secured funding through a state-delegated budget distributed by municipalities. The multi-annual implementation cycle supports long-term planning and continuity of services.

The ongoing transition from project-based to municipal public funding is particularly instructive for Romania and Poland, where sustainability of child protection services beyond EU-funded project cycles is a structural challenge.

Link to relevant documents and studies

2000 Child Protection Act

2020 Social Service Act

State Agency for Child Protection - Methodology for the use of Blue Rooms

2020 Evaluation of Zona ZaKrila centres

Criminal Procedure Code (amended 2023)

Børnehuse Denmark

Practice's Snapshot	
Number and coverage	Five centres with three additional local satellites, with national coverage
Governance	Independent units in support of municipal child welfare services under the direct oversight of the National Board of Social Services under the Ministry of Social Affairs, Housing and Senior Citizens
Target group	children aged 0 to 17 who have been exposed to, or there are suspicions of sexual or violent abuse
Conditions for use	Mandatory for all cases in which more than one sector (child welfare, police, health, judiciary) is involved
Core staff	Social workers, psychologists, management and administrative support staff
Services offered	Forensic examination, paediatric assessment and treatment, psychological assessment and support, police investigation, child welfare investigation, forensic interview
Financing	Financed by all municipalities in the region it serves

Location and staff

There are currently five Børnehus centres across Denmark, one in each of the five regions of the country. Each municipality of the country is connected to the Børnehus centre of its region, ensuring a nationwide coverage. Additionally, three of the Børnehus centres operate also through local satellites, to enhance accessibility and reduce waiting times for children by minimizing travel distances. Specifically, the Børnehus centres in Denmark are located as follows:

- Capital Region: main centre located in Copenhagen with an additional branch in Hillerød
- Central Denmark Region: main centre located in Aarhus with an additional branch in Herning
- North Denmark Region: one centre located in Aalborg
- Zealand Region: one centre located in Næstved
- Southern Denmark Region: main centre located in Odense with branches in Esbjerg and Aabenraa

All Børnehus are located in dedicated premises, mostly located in residential areas to reduce the impact and stress on children visiting their premises. For the same reason, the interiors of the centres have been designed in child-friendly and disability-accessible manner.

Børnehus centres employ permanent staff, specifically trained to handle cases of violence and abuse against children. Core staff of the centres include social workers and psychologists, in addition to staff tasked with the overall management and with administrative assistance. Staff from the other sectors, including police, health, child welfare services and judiciary system are not directly employed or

seconded to the Børnehus, and collaborates with the centre on each specific case. According to the Børnehus Law (see regulatory framework paragraph below) this collaboration is regulated by specific individual cooperation agreements signed by the Børnehus with:

The municipalities in the region where the Børnehus is located

The police district in the region where the Børnehus is located

A specialized forensic institute

A hospital department highly specialized in treating children victims of violence and abuse

Since 2022, Denmark has activated 5 new centres, under the management of the Børnehus, but aimed at psychological examination and treatment of children who display harmful sexual behaviour. These dedicated facilities are separate from the Børnehus centres and employ specifically trained staff. Children are referred to these specialised centres through the existing child protection and welfare systems, when social workers or other staff deems that the child is in need of such interventions. These centres are funded through multi-tiered contributions from national, regional, and local levels of government.

Target group

Primary target group of the Børnehus centres is children aged 0 to 17 who have been exposed to, or there is suspicion of, sexual or violent abuse. Additionally, non-offending caregivers as well as siblings of the child victim are also part of the target group in case the Børnehus staff assesses that they need acute short-term interventions in order to be able to better care for the child and handle the situation. Children who are witnesses of sexual or violent abuse can also be part of the target group of the Børnehus but in their case the use of Børnehus is not mandatory and it is based on an assessment of each specific case. Comparatively to other experiences, Denmark is considered to have a low threshold for accessing the Børnehus, as no formal police report is required, and a suspicion of violence or abuse is sufficient to activate its use.

Governance and coordination

Børnehus centres operate as independent units in support of municipal child welfare services, nationally regulated but regionally managed. They directly employ their own staff and they operate under the direct guidance, monitoring and oversight of the National Board of Social Services under the Ministry of Social Affairs, Housing and Senior Citizens, which is also in charge of the provision for training of the staff of the Børnehus.

Børnehus centres are mandated to hold knowledge sharing sessions with both municipal child welfare staff and personnel of the sectors of collaboration. Additionally, it is mandated for all Børnehus to collaborate among themselves in the form of a network for exchanging knowledge and experiences to continuously increase the professional level nationwide.

Goals and functioning

Børnehus are legally mandated to support the municipal child welfare services in the child welfare investigation and to facilitate the coordination with law enforcement, judicial and health professionals.

Cases are usually referred to Børnehus from municipal child welfare services and police. This referral can be mandatory in the cases of children victims of any form of violence, or voluntary and based on a specific assessment in case of children witnesses of violence. When a case is referred, the process usually starts with an initial case consultation. This is usually conducted in the form of a multidisciplinary meeting with all involved actors, which can include municipal child welfare authorities, police, health professionals and the institute of forensic medicine. The goal of this initial consultation is to jointly explore in depth the case and ensure that all involved agencies align and coordinate their subsequent interventions to reduce possible traumatization for the child throughout the process. Follow up coordination meetings can be conducted throughout the entire process to ensure continuous alignment among involved agencies.

Following the case consultation, the needed interventions are carried out in the Børnehus, including:

- Forensic examination
- Paediatric assessment and treatment
- Psychological assessment and support
- Police investigation
- Child welfare investigation
- Forensic interview

All the interventions are conducted in-situ, with the exception of specialized medical services for which the child can be referred to external structures or hospitalized.

The forensic interview is usually conducted by a trained police officer. If possible, a prior house visit by the police officer in charge of the interview is organized. This has the goal of familiarizing the child with the person in charge of the interrogation in a familiar environment. During the house visit, no element of the case is discussed. During the interview, a social worker or psychologist from the Børnehus can be present in the room to support the child and observe his/her behaviour. The prosecutor, police officers, defence attorney as well as additional staff from the Børnehus can observe the interview from an adjacent room and can pose questions through the interviewer. The defendant is not allowed in the Børnehus during the interview process, but together with his/her defence attorney has the right to receive the recording of the interview, and can pose additional questions which will be asked during a second interview process. The recording of the interview is admissible as evidence in court if all these procedural guarantees are ensured.

The work in the Børnehus is completed when the involved authorities have conducted and completed the necessary investigations. At this stage, the municipal child welfare services receive a final report from the Børnehus with a description of the child's additional and long term needs of support, which will be delivered under the responsibility of the municipality. In some instances, the needed services, especially long-term psychological support, can be delivered by the Børnehus, contracted by the municipality for this purpose.

The Børnehus also provides consultative assistance, for those cases in which the municipal authorities have a suspect of abuse against a child, but are not sure the case meets the requirements for accessing Børnehus. In these cases, the Børnehus staff provides guidance and support to the municipal child welfare staff to further analyse and assess the case and decide which is the best course of action for each individual case. The decision must take into consideration primarily the child's safety, needs and protection from further abuse, the degree and duration of the suspicion of abuse as well as the opportunity and need to involve additional sectors.

A similar consultative role can be played by the police upon request of the municipal child welfare authorities. For those cases in which the police advises in favour of proceeding with a formal police report and opening of the investigation, the case must be referred to the Børnehus in compliance with the requirement of use of Børnehus for all cases requiring the involvement of multiple sectors.

For those cases where it is assessed that the use of Børnehus is not necessary, the Børnehus' staff can still be involved in the process with an advisory role throughout the process handled externally from the Børnehus.

Regulatory framework

The Børnehus model in Denmark was established in 2013 as an integral part of the comprehensive "anti-abuse package" reform. This included an amendment to the Consolidation Act on Social Services (current Executive Order no. 1053, 2015) (see below under „Links to relevant documents and studies") whose article 50a (1) states that "The municipal councils in the region shall establish a children's house in each region to examine a child's or young person's circumstances if the child or young person has been exposed to abuse or in the event of any suspicion of such abuse". This led to the almost simultaneous establishment of all five Børnehus and three satellites in 2013. As per article 50b, the use of the Børnehus is mandatory in all cases where there is a suspicion or knowledge of child abuse, and in which at least one other sector in addition to child welfare, either police or health care, needs to be involved.

In addition to the Consolidation Act on Social Services, the functioning and interagency procedure of the Børnehus are regulated also by the Executive Order on Children Houses (Order no. 1153, 2013, also referred to in literature as the Børnehus Law, now amended by Order no. 1487 of 2023) and by the 2019 Quality Standards for Børnehus in Denmark.

Financing

While the total operating budget per each Børnehus is determined by the municipality in which the centre is hosted, the costs are shared among the municipalities of the region the centre covers in the following proportion:

80% of the operating costs are paid for by all the municipalities based on each municipality's share of the region's total population of children.

The remaining 20% are financed by a per-case payment which is made by each specific municipality that has referred a child to the Børnehus for a particular case.

This financing system ensures a core, stable budget for the Børnehus, while also ensuring additional funding based on the total workload of the centre.

Evidence, research and key outcomes

Børnehus has not been externally evaluated in Denmark, but its operational implementation has been part of the review of the anti-abuse package in 2016 (see below under „Links to relevant documents and studies"). In this, 89% of the municipalities involved stated it had contributed to some or to great extent to an improved response to cases of physical and sexual violence against children.

Annual Statistics (see below under „Links to relevant documents and studies") are collected by the Ministry of Social Affairs, Housing and Senior Citizens. The most recent statistics show 2,316 children supported by the five Børnehus in 2023, marking a 20% increase compared to the previous year, and in a continuous trend since its establishment in 2013. In 71% of cases there was suspicion of physical violence, in 29% of cases of sexual abuse while in 28% of psychological violence.

Replicability and transferability for Romania and Poland:

Its high degree of formalization, including statutory obligations, cooperation agreements, nationally standardized quality criteria, and a centralized training and oversight body, makes it a strong reference point for countries aiming to embed MDIA services into their national child protection architecture.

For Romania and Poland, the Danish model illustrates the added value of rooting MDIA services in clear legislative frameworks, given that both countries are in the process of strengthening the legal basis for child-friendly justice and coordinated responses to violence.

The practice of the structured handover of cases at the closure of investigations to services responsible for the welfare of children is also worth considering in both countries. This solution ensures continuity of care beyond the acute intervention phase. The strong element of Danish model is the Børnehus consultative role, through which professionals can seek guidance on borderline cases before deciding whether to refer.

Finally, the Danish proportional cost-sharing model offers a concrete and equitable financing example for countries where multi-services coverage is envisaged.

Link to relevant documents and studies

Order on Children Houses no. 1153 of 01/10/2013

Consolidation Act on Social Services

Review of the anti-abuse package

Annual Statistics on Danish Children House (2023)

Quality Standards for Børnehus in Denmark (2019)

Barnahus Ireland

Practice's Snapshot	
Number and coverage	Two active Barnahus in the West and South of the country, but one still operating in different premises. A third Barnahus covering the East of the country is being established to guarantee nationwide coverage
Governance	Barnahus are under the overall governance of the Interdepartmental Group which includes the Department of Children, Equality, Disability, Integration and Youth, the Department of Health and the Department of Justice. At operational level it is based on interagency agreements among involved institutions
Target group	Children victims or suspected victims of sexual abuse and their non-offending family members
Conditions for use	Not legally mandatory to be used, but professionals have an obligation to present and offer the service to the child and non-offending family members in every suspected case of child sexual abuse. The family can still refuse to use the service
Core staff	Staff includes social workers, doctors and nurses, psychologists, forensic medical staff and police
Services offered	Medical examination, forensic medical evaluation, psychosocial support, child protection services, criminal investigation and forensic interviewing
Financing	Core funding provided by the Department of Children, Equality, Disability, Integration and Youth while staff is financed by the respective agencies.

Location and staff

There are two currently active Barnahus in Ireland, one in Galway, also referred to as Barnahus West, and one in Cork, known as Barnahus South. While Barnahus West counts on its dedicated, safe and child-friendly facility, designed through a consultative process with children, Barnahus South is currently still operating from the offices of the different agencies which compose the multidisciplinary team. A dedicated facility is being established and equipped for the purpose of hosting all agencies under one roof also for Barnahus South. A third centre, Barnahus East, located in Dublin, is in the process of being established with the aim of providing a full nationwide coverage with the three centres. All facilities are designed to be disability-accessible and need to provide services in a non-discriminatory way, including taking into account linguistic needs. For the purpose of this documentation, the methodology and functioning described primarily focuses on Barnahus West, as the more mature of the current and ongoing initiatives.

Personnel of the Barnahus is composed of staff assigned by the different involved agencies, not directly employed by Barnahus. The multidisciplinary team operating in the centres includes social workers from Tusla (the Irish child protection agency), health professionals from the Sexual Assault Treatment Units of the Health Service Executive, paediatricians, psychologists and forensic medicine experts from Children's Health Ireland, and investigators from Gardaí (the Irish police). Barnahus in Ireland also includes a Young Person's Advocate which is an independent figure tasked with the goal of accompanying

and supporting the child and family through the whole process. Additional administrative and support staff are provided according to local arrangements and vary among the centres.

Target group

Primary target group of the Barnahus in Ireland is children of whom there is a suspect or evidence of sexual abuse, while other forms of violence against children are not currently covered. Non-offending family members are also included as a secondary target group.

At the same time, there is a distinction, not in all cases children are attended in the Barnahus facility only, or for all their needs. In fact, with regards to access to forensic medicine, children aged 14 to 17 who report acute sexual abuse are currently referred to adult Sexual Assault Treatment Units. For cases of children aged 14 to 17 reporting non-acute sexual abuse the decision whether to access adult's or children's services is done on a case-by-case basis, while all children aged 14 or below are solely attended by children's services.

Governance and coordination

In 2018, an Interdepartmental Group was established to coordinate all actors involved in the Barnahus activities. The group, which is led by the Department of Children, Equality, Disability, Integration and Youth, includes the Department of Health and the Department of Justice and has a regulatory role. The Interdepartmental Group was instrumental in achieving the signature in 2021 of an agreement among the three Government Departments to sustain and finance the Barnahus model in Ireland, and to establish a Barnahus National Agency Steering Committee.

At the operational level, an interagency agreement was signed in 2021 by Tusla, the Irish police, the Health Service Executive and Children's Health Ireland governing the functioning of the Barnahus, while the oversight of the implementation is the responsibility of the Barnahus National Agency Steering Committee.

Currently, while there are provisions indicating the need of training and continuous capacity building for the personnel of the Barnahus, there are no specific minimum requirements. A training needs analysis conducted on the Barnahus in Ireland highlighted that personnel has completed training on specialist interviewing and investigative interviewing. The study recommended for all staff working in Barnahus to be trained on trauma informed care, interagency processes, specialist interviewing skills, change management, Barnahus standards, child sexual abuse, reflective and reflexive practice, data sharing protocols, safe use of technologies, identifying mental health concerns, assessment of therapeutic needs and therapeutic support. A set of specific training is also recommended for the personnel working in direct collaboration with the Barnahus. This includes understanding the Barnahus model in Ireland, understanding child sexual abuse, child protection and criminal justice processes, skills in how to respond to children in case of disclosure, collaborative and interagency working procedures and working therapeutically with children and families.

Goals and functioning

Cases can be referred to Barnahus by all the participating agencies, Tusla, police, the Health Service Executive and Children's Health Ireland. If any of these agencies becomes aware of a case or suspected case of sexual abuse against a child, they will discuss with the family, offer the possibility of accessing Barnahus services and, if they agree, refer the case to the geographically responsible Barnahus.

The main goal of Barnahus is coordinating among the different services provided to the child and ensuring a comprehensive, multidisciplinary and interagency response for all cases. To coordinate among the involved agencies, Barnahus West holds interagency meetings twice a week. These have the goal of examining new cases arriving to the attention of the centre, develop plans for the child's access to services as well as share any relevant information among involved actors.

In terms of services provided, medical specialists from the two health agencies involved are in charge of conducting a medical examination and evaluation. This serves both forensic investigative purposes as well as providing the child with the needed medical attention. Psychological services are also offered to the child and to all non-offending family members in need. The psychologists in the Barnahus provide short-term support aimed at assessing and mitigating the immediate impact of trauma. In case they detect the need for longer-term support, the child will be referred to services to be provided outside the Barnahus.

Tusla's social workers are in charge of conducting a risk assessment and developing a safety plan aimed at guaranteeing the child's safety and supporting his/her wellbeing. The assessment is done with the active participation of the child and in strict collaboration with the non-offending family members. At the same time the police is in charge of conducting the parallel criminal investigations. In case of need, short term-accommodation can also be provided in the Barnahus facility for the child and non-offending family members.

Throughout their whole stay in the Barnahus, children are supported by the Young Person's Advocate. This figure has the role of accompanying the child and his/her family to ensure that their rights are fully upheld during their process in the Barnahus. This includes guiding them through the different steps, ensuring that the child's voice is heard, providing information, advice and acting as the point of reference for the child and the family within the Barnahus. The role is usually covered by a professional with experience in social work, children rights and youth participation. In the case of Barnahus West, the advocate is not directly employed by Barnahus, but seconded from a partner agency when cases in need of support are attended in the centre.

The interview is conducted within the Barnahus facility by a team composed of a specifically trained social worker from Tusla and a police officer. Other actors, such as judges, prosecutors and the attorneys of the parties are not admitted to observe the interview and ask questions. The recording of the interview can be admitted in court as evidence but at the same time, due to the specificities of the Common Law system, the cross examination is still conducted through a live process. For this phase, unless strictly necessary, the child will not be physically present in Court, and will remain in a dedicated room of the Barnahus connected live with the Court. On the other hand, despite these guarantees, the child is still questioned directly by the defence's lawyer on his/her testimony given in the pre-trial interview phase.

Regulatory framework

The use of Barnahus is not a legal obligation in Ireland but needs to be offered to the child and non-offending family members. This means that each time a case of sexual abuse against children is reported to one of the involved agencies, the possibility of accessing Barnahus needs to be offered and discussed with the family, who can still refuse the service.

In terms of legal regulation, the use of Barnahus is not legally regulated but it is implemented based on interdepartmental agreements and by interagency collaboration protocols.

Financing

The general and common costs of the Barnahus, such as costs for the premises and administrative costs, are primarily financed by the Department of Children, Disability and Equality. Additional costs, are borne by the other two involved Departments, the Department of Health, and the Department of Justice. The staff of the Barnahus on the other hand, is covered directly by the agencies/institutions they pertain under the inter-agency delivery model.

Evidence, research and key outcomes

The Irish pilot of Barnahus West has not yet been evaluated, but initial findings and recommendations can be gathered from the document developed as part of the European Union and Council of Europe Joint Project to support the implementation of Barnahus in Ireland (see below under „Links to relevant documents and studies"). This is used as the basis for the expansion of Barnahus to the two additional locations.

Data reported show that the number of cases supported in Barnahus remained stable, with 116 children (29 boys and 87 girls) in 2020 and 109 children (15 boys and 94 girls) in 2021.

Replicability and transferability for Romania and Poland

The Irish Barnahus model is particularly relevant for Romania and Poland as it demonstrates a viable pathway for establishing MDIA services in countries where such services are being built from the ground up, and where formal legal regulation does not yet exist. Ireland's experience shows that an interdepartmental governance structure, bringing together the ministries responsible for children, health and justice, can provide the strategic leadership needed to sustain and expand Barnahus services, even in the absence of dedicated legislation.

The role of the Young Person's Advocate, an independent figure accompanying the child throughout the process, is a transferable innovation that addresses a gap common to many emerging MDIA systems, including in Romania and Poland, where the child's voice and participation rights in investigative and judicial processes require strengthening. The interagency staffing model, where professionals remain employed by their respective agencies and are assigned to Barnahus rather than being directly recruited, also offers a pragmatic model for countries where creating new child protection institutions from scratch is not immediately feasible.

The training needs analysis conducted on the Irish Barnahus provides a transferable framework for both countries to assess and address professional development gaps ahead of or during the establishment of MDIA services. The analysis is also particularly interesting as it distinguishes between training requirements for core Barnahus staff covering trauma-informed care, interagency processes, forensic interviewing and child sexual abuse, and a separate set of competencies recommended for professionals working in direct collaboration with the Barnahus, such as understanding of the Barnahus model, child protection and criminal justice processes, and skills in responding to disclosures. This two-tiered approach to capacity building is directly replicable and particularly relevant to build shared professional understanding across all involved agencies, as this can constitute a key challenge in the early stages of MDIA implementation.

Finally, the Irish model's approach to access, in which the use of the Barnahus is not legally mandatory but must be proactively offered and discussed with the child and non-offending family in every

suspected case of child sexual abuse, provides a middle ground between full legal obligation and purely voluntary uptake, which may be worth considering as both countries develop their own access and referral frameworks.

Link to relevant documents and studies:

Barnahus Ireland official site

Tusla Barnahus site

Strategy for the scale up of Barnahus in Ireland

Training Needs Analysis: Working towards Barnahus in Ireland

MDCK Haarlem – The Netherlands

Practice's Snapshot	
Number and coverage	No nationwide standardized model or specific guidance for the implementation of multidisciplinary and interagency centres. Each region of the country has implemented its own model. As of 2023 there were 24 reported centres.
Governance	Managed at regional level by the involved agencies and the municipalities involved in the implementation
Target group	Children and adolescents up to 18 years of age who have been victims or are suspected victims of any form of violence and abuse
Conditions for use	Non mandatory to use. Decision whether a case is referred to the MDCK is taken by the staff of the Safe at Home regional branch after an initial pre-assessment of the case which happens in the first 24 hours after receiving report of a case
Core staff	Core staff includes paediatricians, nurses, mental health and youth care professionals, police, prosecutor's office and child protection social workers
Services offered	Medical examination and support, crisis support, psychosocial support (both short and long-term), criminal investigation, child welfare investigation and forensic interview
Financing	MDCK premise and running costs are financed together by the different sectors involved while the staff is covered by each agency individually

Location and staff

Launched in 2011 in the Kennemerland region, the Multidisciplinair Centrum Kindermishandeling (Multidisciplinary Centre for Child Abuse or MDCK) initially operated as a weekly intersectoral case consultation among child protection, medical and judicial sectors. In 2015, it was established as a physical multidisciplinary centre located at the Spaarne Gasthuis Hospital in Hoofddorp, in accordance with the 2015 Youth Act, which mandated municipalities to organize and provide youth care services, including multidisciplinary and interagency responses to child abuse. Its coverage comprises the whole region of Kennemerland and it is sometimes referred to as MDCK Haarlem or MDCK Kennemerland.

As there is no nationwide standardized model or specific guidance for multidisciplinary child abuse centres, different regions in the Netherlands have developed their own multidisciplinary and interagency response to violence against children, operating under various names and organizational forms. As of 2023, there were 24 reported centres with the most active, in addition to MDCK Haarlem being, Fier Fryslân (located in Leeuwarden in the Friesland region), MDCK Noord Nederland (located in Groningen in northern Netherlands), MDCK Zuid Nederland (located in Eindoven covering southern Netherlands) and MDCK Oost Nederland (located in Enschede in eastern Netherlands).

Personnel of the centre includes specialized medical staff composed of nurses and paediatricians, mental health and youth care professionals responsible for crisis support and mental health treatment, the police and the prosecutor's office as well as social workers and child protection staff from the youth

protection and Safe at Home organization (see below), which are leading on the case and provide the needed case management.

Target group:

MDCK Haarlem targets children and adolescents up to 18 years of age who have been victims or are suspected victims of all forms of violence and abuse, including physical, sexual and psychological violence as well as neglect. The model also provides support for non-offending family members.

Governance and coordination

The MDCK Haarlem operates under the governance of the municipalities of Kennemerland, in cooperation with the Spaarne Gasthuis Hospital, the regional branch of Safe at Home (the regional advice and reporting centre for domestic violence and child abuse, also referred to as Veilig Thuis in Dutch. This provides 24/7 confidential support, advice, and intervention services for children, adults, and professionals, and is part of a national network of 25 regional centres across the Netherlands), the police, the Prosecution services, and the child protection services.

Operational coordination is managed through interagency protocols (see below in paragraph of links to relevant documents) which regulate the collaboration and the organization of structured multidisciplinary meetings, while each sector and agency maintains its statutory responsibilities. Since the Netherlands does not have a standardized model of Barnahus, the MDCK Haarlem constitutes one example of local adaptation, which is managed and coordinated in different ways in other regions of the country. Safe at Home plays a key role in initial risk assessment, providing guidance to families, and facilitating referrals to specialized services, including medical, psychological, and legal support, ensuring a coordinated response to child abuse cases.

The personnel of the MDCK Haarlem receives continuous capacity building to ensure all the staff is trained to the specificities and sensitivities of working with children victims of different forms of violence and to improve their capacity to work in a multidisciplinary and interagency environment. In particular, all staff undergo the training on intersectoral approach to child abuse, which was specifically developed for the personnel of the MDCK Haarlem by the National Training Centre for Child Abuse (a private organization Landelijke Opleidingscentrum Kindermishandeling in Dutch, also referred to as LOCK). The training is designed to help them collaborate effectively, find a common way of working and use their professional backgrounds to find better solutions in favour of children.

Goals and functioning

The main goal of MDCK Haarlem is to coordinate the parallel child welfare and criminal investigations as well as planning and coordinating services aimed at the protection and recovery of children attended.

Cases arriving at the MDCK Haarlem are referred by the regional Safe at Home branch or, in some cases from the police. The Safe at Home centre operates as public regional organization in charge of receiving the reports of violence against children from both citizens and professionals, and provides initial advice. Once a case is reported to Safe at Home, the team of medical experts, behavioural scientists and other specialists performs a pre-assessment of the case within 24 hours and, when they assess the need, they refer the case to the MDCK. Additionally, if there is a suspicion of a crime having been committed, Safe at Home makes a police report and activates the work of the prosecutor's office.

Once the case is received by the MDCK, an initial interagency planning meeting is immediately conducted. During the meeting, the involved agencies assess the case and coordinate the interventions and support to the child. If a forensic interview does not need to be conducted, the psychologist of the MDCK conducts a fact finding interview to gather additional information on the case. Based on the assessment and possible interview, the team starts providing all the needed services to the child and non-offending family members. These include medical examination and crisis support which are provided in the first 24 hours in case of need or particular urgency.

An initial mental health assessment needs to be conducted in the first 10 days and allows for a psychosocial support plan to be developed. This can include both short-term and long term treatment, which is provided directly by MDCK Haarlem to both the child and non-offending family members in need.

Forensic interviews are conducted by trained police officers using child-sensitive techniques, observed by the members of the multidisciplinary team in an adjacent room. The forensic interview needs to be conducted not more than two weeks from the initial report and activation of the prosecutor's office. The recorded interview is admissible as evidence in court and cross-examination is conducted through prior access by legal representatives to the recording, with the possibility of asking additional questions to witnesses or the child under protective conditions.

In addition to the ad-hoc urgent meetings, all the agencies involved in the work of MDCK Haarlem conduct weekly information-sharing meetings, in which all the ongoing cases are discussed and needed follow-up actions are planned.

Regulatory framework

The MDCK Haarlem operates within the framework of the 2015 Youth Act, which made municipalities responsible for providing and organizing all forms of child protection services, including multidisciplinary and interagency responses to violence against children and child abuse. Under this law, municipalities are mandated to ensure that children have access to appropriate services and that health, justice, and social sectors cooperate and coordinate the provision of services.

The centre also functions under the mandatory reporting protocol on domestic violence and child abuse, which requires professionals to follow a standardized procedure, which includes consulting the regional branch of Safe at Home in cases of suspected violence against children. Safe at Home is appointed as the statutory entry point for reports and provides advice, triage, and, when needed, refers the cases to multidisciplinary services such as the MDCK Haarlem.

Finally, complementary provisions of the 2015 Social Support Act (see below under „Links to relevant documents and studies"). regulate the broader local responsibilities in cases of violence against children and family support, promoting and reinforcing the integrated nature of the response.

Financing

MDCK's operational costs (premises, running costs) are partly funded by the municipalities within the Kennemerland region through pooled municipal budgets and partly supported by Ministry of Health's funding and by the police. The financial contributions of each partner are formalized in the Covenant of Collab (see below paragraph on links to relevant documents) which specifies the proportion of costs borne by each agency, the procedures for transferring funds, and the settlement of accounts, including transparency and accountability measures. The funding arrangements are typically set for a defined period and are reviewed and renewed annually, with provisions to adjust funding levels based on operational needs. The staff working within the MDCK premises is financed by each agency's respective

budgets. Each partner agency allocates funds to cover the salaries and operational costs of their personnel assigned to MDCK Haarlem, ensuring that all professionals maintain their employment conditions while contributing to the multidisciplinary work. This financial framework supports the sustainability of the centre and strengthens interagency collaboration by aligning resources and responsibilities among all participating organizations.

Evidence, research and key outcomes

While no formal evaluation specific to MDCK Haarlem has been published, the model is recognized in the 2017 PROMISE Barnahus Quality Standards as a relevant best practice example. The PROMISE report (see below under „Links to relevant documents and studies") highlights the MDCK Haarlem model at several points as a reference for effective integration of forensic, medical and child protection responses, as well as for the connection with the Safe at Home service.

Replicability and transferability for Romania and Poland

The Safe at Home model — a statutory regional organization receiving reports from both citizens and professionals, conducting pre-assessments within 24 hours and referring cases to specialized services such as the MDCK — is a particularly transferable structural element. Both Romania and Poland would benefit from a similarly structured intake and triage mechanism sitting upstream of MDIA centres.

The intersectoral training programme developed specifically for MDCK staff and the formalized financial covenant among partner agencies also offer replicable models for building shared professional culture and sustainable multi-institutional funding arrangements in both countries.

The Dutch experience also provides an example on the need to balance flexibility and standardization. The absence of a nationwide model or specific guidance has allowed different regions to develop MDIA responses adapted to their local administrative structures, institutional arrangements, and resources. While this approach may be particularly relevant for Romania and Poland, where regional diversity and administrative decentralization may make uniform national implementation challenging, the same experience also illustrates the risks of flexibility without a national framework. In the Netherlands the MDIA coverage remains uneven across the country, with significant variation in the organizational forms, services offered, and quality standards across the 24 documented centres. Romania and Poland would therefore benefit from combining local adaptability with a clear national framework establishing minimum standards and coverage requirements.

Finally, the financing structure of MDCK Haarlem, in which operational costs are shared among partner agencies and municipalities through a formalized agreement specifying each partner's proportional contribution, fund transfer procedures, and accountability measures, offers a concrete and replicable template for multi-institutional cost-sharing in contexts where no single authority can bear the full financial responsibility for an MDIA centre.

Link to relevant documents and studies:

2015 Youth Act

2015 Social Support Act

MDCK Haarlem operational snapshot

PROMISE Barnahus Quality Standards

Covenant of Collaboration among network partners in MDCK Haarlem

Barnahus Spain

Practice's Snapshot	
Number and coverage	Different initiatives being rolled out throughout the country. The Autonomous Community of Catalunya counts with 14 active Barnahus centres, covering the entire territory
Governance	Managed at regional level while the national level provides strategic guidance and general training. In the specific case of Catalunya, the management is shared by different Departments of the Generalitat de Catalunya
Target group	Children and adolescents aged 0 to 17 years who have been victims or are suspected of having suffered sexual violence as well as their non-offending family members
Conditions for use	Legally required by both national and regional legislations for all reports of cases of sexual violence or suspicion of sexual violence against children
Core staff	Staff include social workers, psychologists and a coordinator who provide 24/7 services. Law enforcement, clinical psychologists specialized in sexual abuse, forensic doctors and specialists from the Department of Justice are available on call
Services offered	Medical examination, psychological support, accompaniment of the child and the non-offending relatives throughout the whole process, forensic examination, forensic interview and criminal investigation
Financing	Most of the centres nationwide are funded through specific allocations of the budget of the Autonomous Communities. In Catalunya, Barnahus centres are financed through the budget of the Government of Catalunya, under the direct funding of the Department of Social Rights

Location and staff

The first fully operational Barnahus was launched in 2023 in Tarragona, Catalunya after a pilot started in 2020. There are currently several different Barnahus operational or being set-up in the country, 14 in Catalunya (one in each province and 7 in the city of Barcelona), but also in other Autonomous Communities including Madrid, Navarra, Cantabria, and the Basque Country. Given the regional differences, Autonomous Communities are adapting the model to their own specificities and needs, but the overall principles remain the same. For the purpose of this documentation, the model implemented in Tarragona will be the main reference, but regional peculiarities will be presented when available.

All Barnahus centres in the autonomous community of Catalunya are located in child-friendly and disability-accessible installations and are designed to replicate familiar environments with the goal of reducing stress and anxiety of the children and families accessing the premises of the centres.

The staff directly employed by the Barnahus consists of a permanent multidisciplinary psychosocial team, composed of social workers, psychologists and a coordinator. Additional support and administrative staff is also present in some of the locations. The team provides full-time coverage 24 hours a day 7 days a week throughout the whole year. Staff from other sectors, including police, health services,

clinical psychologists specialized in sexual abuse and specialists from the Department of Justice are not permanently employed by the centre, but participate in the multidisciplinary interventions on a case-by-case basis and are always available on call.

Target group

Barnahus Tarragona, and in general Barnahus in Spain, targets children and adolescents aged 0 to 17 years who have been victims or are suspected of having suffered sexual violence. A formal police report is not needed to activate the service, as a professional suspicion or a disclosure from the child is sufficient to activate the intervention of the Barnahus team.

Non-offending caregivers and siblings of the child victim can also be included in the services of the Barnahus, especially for the psychosocial interventions, if this is considered in support of the recovery and wellbeing of the child. Children with disabilities as well as migrant children, especially unaccompanied and separated children, are also explicitly mentioned as a target group, acknowledging the need to adapt services in order to render them accessible.

Governance and coordination

At national level, the Spanish Government, and in particular the Ministry of Youth and Childhood and the Ministry of the Presidency, Justice and Relations with the Parliament are providing national-level strategic guidance and development of standards for all the centres of the country. This includes the development of a National Strategy for scaling-up Barnahus services and capacity building for professionals working in the centres. On the other hand, the direct management and operational responsibilities for Barnahus centres are delegated to the regional governments.

In the specific case of Catalunya and of the Barnahus established in the territory, different departments of the Generalitat de Catalunya are involved. These include the Department of Social Rights and Inclusion, the Department of Health, the Department of Justice and Democratic Quality, The Department of Interior and Public Security, the Department of Equality and Feminism and the Department of Education and Professional Training.

At local level, territorial commissions have been established bringing together all relevant actors whose involvement is needed and the abovementioned departments, including health, education, justice, the Network for addressing gender-based violence and the police. This provides a more operational coordination among all the stakeholders and professionals involved.

Goals and functioning

According to the Barnahus framework document developed by the Department of Social Rights and Inclusion of the Generalitat de Catalunya (link below), the implementation of the model is based on the principles of co-responsibility, public responsibility, universal accessibility, diversity, gender perspective, best interest of the child and prevention of secondary victimization.

When a report is received by Barnahus Tarragona, an initial integration meeting is conducted by the different members of the team. This has the goal of conducting a first multidisciplinary and interagency assessment of the situation, share relevant information among professionals and agree on the following steps and a prioritization of action. For cases of high urgency, the integration meeting is called

immediately while for all other cases, the meeting is held on a weekly basis and will analyse all reports received over the course of the week.

After this initial meeting, the psychologist is in charge of a first contact with child victim or suspected victim, the non-offending parent or guardian. This is usually conducted through a phone call in the two days following the integration meeting. Goal of this first contact is to gather complementary necessary information on the situation, detect the child's and the family's immediate needs and agree on a date for the reception interview, which will be the first access of the child to the Barnahus facilities. The child and family will be also informed of their rights, including the right to receive free legal assistance in case of need.

Once welcomed in the Barnahus the child undergoes a psychosocial assessment to draw a profile of the child's situation and determine any protection and support needs. The lead psychologist of the team also constitutes the main point of contact of the child and the family with the Barnahus and unless otherwise recommended, will accompany them throughout the whole stages of the process. The psychology professionals are also in charge of providing therapeutic support to the child and, if needed, to siblings and other non-offending family members.

Police is in charge of the criminal investigation, which is guided by the principles of minimum necessary intervention, best interests of the child and should avoid, unless strictly necessary, the interview of the child. Medical support is also provided, and needs to include paediatric and gynaecological services as well as specifically trained nursing services. The Institute of Legal Medicine and Forensic Sciences of Catalunya assigns a forensic doctor to the case who will be in charge of assessing the physical and psychological situation of the child and whose examinations have evidentiary, medical and therapeutic purposes. The forensic doctor has the function of preparing an expert report on the physical and/or psychological injuries and their after-effects, as well as searching for and preserving any possible clues found on the victim. The forensic examination constitutes a medicolegal emergency and hence needs to be conducted within the first 72 hours after the case is reported, where possible.

The forensic interview is conducted by trained investigative interviewer, while other professionals, including from police, prosecutor's office, social worker and psychologists can observe from the adjacent room. The recording of the interview is considered valid evidence in court and the judge is allowed to call the child in court to testify only when absolutely needed by the circumstances of the case. On the other hand, for cases involving children under the age of 14 as well as children with disability, the recording and use of the pre-trial interview is established as general and primary rule for their deposition.

Regulatory framework

At national level, the Spanish legislation explicitly references Barnahus as the model to follow to provide multidisciplinary and integrated response services to children victims of sexual violence (see below under „Links to relevant documents and studies"). In particular, the preamble of the organic law 10/2022 on the comprehensive guarantee of sexual freedom mentions as one of the goals of the law to set the basis for the implementation of the Barnahus model in the whole country, and in its article 35 mandates the provision of integrated child-friendly services as a statutory requirement for all children victims of sexual violence, irrespective of their migratory status. Before that, the organic law 8/2021 on the comprehensive protection for children and adolescents against violence (LOPIVI), which had already mandated integrated, multidisciplinary responses to violence against children, though not mentioning directly the establishment of Barnahus centres.

At regional level, the Catalunya's legal framework established the requirement of multidisciplinary and interagency response services for children victims of sexual violence even before the national framework. Specifically, article 93 of law 17/2010 states that "the Administration of the Generalitat, through the department responsible for childhood and adolescence, must create a specialized care service aimed at children and adolescents who have suffered sexual abuse". This was followed a few years later by

the Government Agreement 65/2016, which established the Interdepartmental Commission for the Promotion of Effective Protection against Child and Adolescent Abuse. The Commission was tasked with "the creation, with prior analysis of comparable experiences, of specific and appropriate spaces of a multidisciplinary and interdepartmental nature for the care of child and adolescent victims, in which the necessary information, testimony and support must be integrated throughout the entire process". Finally, in 2024 with the Government Agreement 72/2024 and the General Action Directive 1/2024, Barnahus was defined as a public service in the Autonomous Community and it was established as mandatory to use for all cases of sexual violence against children detected.

Financing

Barnahus centres in Spain are mostly funded through specific allocations of the budget of the Autonomous Communities.

In the specific case of Barnahus Tarragona, this is established as a public service financed through the budget of the Government of Catalunya, under the Department of Social Rights. The programme counts with earmark resources, which includes its regional rollout to the current 14 centres across all the provinces of the autonomous community.

Evidence, research and key outcomes

Barnahus in Tarragona was evaluated in 2024 (see below under „Links to relevant documents and studies"). The main results of the study include the shortening of the time children spend in the judicial process, which was of nearly three years before the introduction of Barnahus, which shortened the time of just over 18 months. Additionally, during the studied period, the number of dismissals or archiving fell considerably within the Tarragona judicial district, from nearly 64% to around 36%. In addition, the report indicates that the activation of the centres was instrumental in multiplying the detection of child sexual abuse cases by 2.5 times between 2023 and 2024, highlighting its preventive and protective impact. Improved interagency coordination, better support for families, and a more child-centred justice process was also underlined as a result.

In terms of caseload, 2024 data related to Barnahus in Catalunya estimated that the 13 centres active at the time attended a total of 1,450 cases of children and adolescents victims or suspected victims of violence. Considering that a part of those 13 centres only started operations in mid-2024 and based on the average workload of Barnahus Tarragona, it is estimated that when fully operational the centres in Catalunya will attend a total of 3,600 cases per year.

Replicability and transferability for Romania and Poland

The Spanish experience with Barnahus offers particularly relevant lessons on how to embed MDIA services in a national legal framework while allowing for regional adaptation. The combination of a national legal mandate, establishing Barnahus as a statutory requirement for all cases of child sexual violence, with regional flexibility in implementation is directly applicable to Romania and Poland, where competencies in child protection are distributed between national and local/regional levels.

The Catalunya model also illustrates the importance of an interdepartmental governance structure at the regional level, involving social rights, health, justice, interior and education departments. This

multi-sectoral model is transferable and provides a reference for how to operationalize interagency coordination in practice, beyond formal protocols. The territorial commissions established at local level in Catalonia offer a replicable mechanism for operationalizing interagency coordination at the administrative level closest to the child, complementing the strategic governance structures at regional and national level, and ensuring that coordination translates into concrete, case-level actions.

The explicit inclusion of children with disabilities and migrant children as target groups in the Spanish legal and operational framework provides a transferable design principle for Romania and Poland, where both populations represent significant and particularly vulnerable groups in child protection systems. This inclusion entails the need of actively adapting the approaches to ensure accessibility for these groups, which would be important to embed at the very beginning of MDIA development rather than as a later addition.

Link to relevant documents and studies

Organic law 10/2022 on the comprehensive guarantee of sexual freedom

2024 Evaluation of Barnahus Tarragona

Framework document for integrated care units for child and adolescent victims of sexual violence Barnahus

Barnahus Sweden

Practice's Snapshot	
Number and coverage	Currently 33 active centres covering around 85% of the municipalities of the country, but with gaps in northern regions
Governance	No centralized governance, all centres are based on inter-agency agreements at municipal level
Target group	Children suspected of being the victims of serious crimes against the child's life, health, freedom or peace, crimes of honour, female genital mutilation, especially when more than one sector is involved. It now also includes children witnesses of domestic violence
Conditions for use	No legal obligation to use Barnahus
Core staff	Most centres only have social workers and coordination staff. Agencies such as police and prosecutor's office second staff based on specific agreements with individual centres. Health and psychological services usually provided externally
Services offered	Police investigation, child welfare investigation and forensic interview are commonly provided in most of the Barnahus, while forensic medical examination, healthcare assessment and treatment as well as psychological assessment and support are in most cases provided externally through referrals
Financing	Financed at municipal level by all municipalities covered by the services of the centre

Location and staff

Barnahus started being implemented in Sweden since 2006, through a project led by the Ministry of Justice in collaboration with the Public Prosecution Authority, the National Police Board, the National Board of Health and Welfare and the National Board of Forensic Medicine. This led to the establishment of the first six Barnahus centres of the country, and started a series of local initiatives, including with strong support from civil society and NGOs, which brought the number up to 30 by 2013, after which the process of establishment of new centres slowed down. As of mid-2025, Sweden counts with 33 active centres and while they ensure a high level of coverage serving 247 municipalities of the 290 of the country, almost 15% of the country, and in particular the northern region, is still not covered. All facilities are designed in a disability-accessible manner.

Given that Barnahus were established through various separate initiatives, their staff composition, operational modalities and financing vary across the country, with only some common traits. With regards to staff, the majority of the Barnahus counts with social workers employed by the municipal child welfare services, while in some are also present psychologists and/or police officers. In most cases, staff are employed by their respective agencies/sectors and are assigned to work at the Barnahus centre either full-time or on-call. Guidelines document highlight the need for the Barnahus personnel to be specifically trained to support children with disabilities as well as on cultural sensitivity in order to better support migrant children. Interpreters are also available on-call in case of need from the Barnahus to facilitate communication

Target group

In its initial development, the target group set for Barnahus consisted in children below the age of 18 who were suspected of being the victims of serious crimes against the child's life, health, freedom or peace. The 2009 National Guidelines (see regulatory framework paragraph below) expanded the target group to include children who are victims of female genital mutilation and children witnesses of violence. They also included the target group of children who sexually assault other children, though it is a target group not commonly covered by the centres.

In the practice, most of the Barnahus centres have specialized in handling cases of physical violence against children within close relationships and, residually, cases of sexual abuse.

Governance and coordination

In Sweden, Barnahus centres do not fall under one specific overarching and overseeing State authority, with their staff responding and under the responsibility of each of their respective agency, such as police, healthcare, child welfare services. The facilities of the centres are usually under the management and responsibility of the municipal child welfare services of the municipality hosting the service, while coordination among the different agencies is governed by a memorandum of understanding and other forms of interagency agreements (one specific example, related to Barnahus Linköping is provided below in paragraph link to relevant documents and studies).

According to the 2009 National Guidelines, each of the authorities represented in the Barnahus is in charge of ensuring that their staff meets the required standards of competence through continuous training and competence development, especially in areas covering the cases under the responsibility of the Barnahus, such as human trafficking, female genital mutilation, honour-related crimes or crimes against children with disability.

Despite the lack of centralized governance, Barnahus centres have established mechanisms of collaboration and sharing of information and knowledge among them, including with NGOs' support. Additionally, since 2016, a National Competence Centre in Child Abuse (Barnafrid) has been established at Linköping University. The competence centre aims at generating, assembling and coordinating knowledge around violence and abuse against children, coordinating among all Barnahus of the country and providing capacity building and training to relevant personnel. Additionally, it provides support and advice to government bodies, as well as regional and local authorities, on implementing effective policies and practices to counter violence against children and, while it does not handle individual cases, the Barnafrid ensures that professionals working in the Barnahus centres have access to the best practices and most up-to-date knowledge from research, supporting the quality and effectiveness of the Barnahus interventions in the whole country.

Goals and functioning

The core role of Barnahus in Sweden is coordinating the parallel criminal and child welfare investigations, through convening professionals of different agencies, conducting consultation meetings as well as co-hearings of the investigative interviews. The 2009 National Guidelines recommend to establish a framework of cooperation and collaboration among all involved agencies through dedicated agreements with the goal of regulating the process. At the same time, each Barnahus remains free to structure this collaboration in the most appropriate manner so there is no uniformity of process among the different centres of the country.

It is nonetheless recommended to hold initial coordination meetings once a case is referred to the Barnahus, with the goal of aligning steps, reducing the number of interviews the child is subjected to and to ensure access and sharing of information among all actors. It is recommended to involve in these meetings at least representatives from the police, the prosecutor's office and social services. Medical staff can also be present if needed and if the service is provided in the centre, since not all the centres offer in-house medical or psychological services, employing referrals to other facilities. The 2009 National Guidance recommends for relevant medical expertise, including paediatricians, gynaecologists, child psychologists and forensic medicine experts to be present. Despite this provision, evaluations of Barnahus services in the country have noted that the main role is covered by child welfare services, police and prosecutor's office while medical and psychological services usually have more peripheral functions.

First crisis support is offered to the child and non-offending caregivers during the first visit to the Barnahus. This includes supportive conversations with the child and accompanying caregiver to better understand the needs and present the next steps. Siblings are also offered first crisis support which can lead to further access to treatment and services in case of need.

Interviews are conducted in the Barnahus by a trained police officer. The prosecutor, the child's Special Representative (see below in this paragraph), social workers, health and psychology professionals can follow the interview from an adjacent room. The defendant is not allowed to observe the interview, but his/her legal counsel is allowed to be present in line with the fair trial.

The pre-trial interview serves the purpose of informing both the criminal and the child welfare investigation, minimizing the number of times the child has to recount the story. The defence's lawyer is given the possibility of cross-examining the child by asking questions, which are not posed directly but through the interviewee. While the recording of the interview can be used as evidence in court, it remains the possibility for the prosecutor to hear the child, especially older children, also in court if it is believed that this will increase the quality of the evidence to be collected.

When one of the child's parents is the suspect of the crime reported, a Special Representative can be appointed for the child. This Special Representative acts simultaneously as guardian of the child as well as his/her legal counsel in the criminal procedure. In cases in which the Special Representative is appointed, and if there is the need, the child can be called for the forensic interview without the knowledge of the parents. In these cases, the child is usually picked up from school by the Special Representative and accompanied by a teacher or a social worker the child is familiar with, and accompanied to the Barnahus for all needed processes.

Regulatory framework

In Sweden, the Barnahus model is not governed by a single, dedicated statute or a comprehensive legal act (see below under „Links to relevant documents and studies"). Instead, its operations are regulated through a combination of existing legislative frameworks, along with guidelines, and other administrative regulations in addition to established cooperation practices. The main guidance comes from the 2009 Swedish National Guidelines and Criteria for Barnahus issued by the National Police, the Prosecutor's Office, the National Board of Forensic Medicine and the National Board of Health and Welfare (National Guidline POA-428-6530/08). This core document provides guidance and detailed recommendations for all authorities involved in the support of children in Barnahus with regards to governance, roles, responsibilities and financial agreements.

Given the absence of a formal legislation on Barnahus, while its use is recommended, there is no legal obligation to use the Barnahus centres and its functioning is not legally regulated.

Financing

In most cases, Barnahus centres in Sweden are financed by municipal funding, except for what concerns the staff pertaining to other agencies, which are covered by each sector. As the vast majority of centres cover multiple municipalities, the financing is usually split by all participating local authorities. The hosting municipality, usually the largest of the area covered, assumes the responsibility for providing the premises and the staff, while the remaining municipalities will contribute financially based on their proportion of the total population of the area.

Evidence, research and key outcomes

Barnahus initiatives have been evaluated in several occasions. The studies highlight high satisfaction of children and parents with the Barnahus environment and services. At the same time, the reports highlight the need for uniformization of the discipline via legal regulation of Barnahus, increased collaboration among agencies, nationwide coverage, and strengthening of healthcare and psychosocial components of the Barnahus.

Replicability and transferability for Romania and Poland

The Swedish experience shows that significant MDIA coverage can be achieved through local-level initiatives and civil society support. However – according to the evaluations of this model - it should accompanied by the national legal framework, otherwise the coverage remains incomplete and significant variation persists across centres in terms of services offered, staffing composition, and operational processes.

The Barnafrid model, a university-hosted national competence centre, fulfils multiple complementary roles that are directly transferable to both countries: it generates, assembles and disseminates knowledge on violence and abuse against children; coordinates training and capacity building for professionals working across all Barnahus nationally; provides policy advice and technical support to government bodies and local and regional authorities on effective child protection practice; and ensures that practitioners across the system have continuous access to current research and best practices.

The Swedish framework also establishes a transferable standard of professional competence: under the 2009 National Guidelines, each agency represented in the Barnahus is responsible for ensuring that its staff meets required competence levels through continuous training and professional development, with explicit reference to areas of specialized knowledge directly relevant to the Barnahus caseload. These include human trafficking, female genital mutilation, honour-related crimes, and crimes against children with disabilities. This approach, which embeds specialized competence requirements within each agency's own accountability framework rather than creating a separate training structure, is a pragmatic and scalable model for both countries.

Link to relevant documents and studies

Swedish National Guidelines and Criteria for Barnahus

Barnafrid Resource Centre

Save the Children - Quality review of Swedish Barnahus

Mapping of Barnahus coverage

Collaboration agreement Barnahus Linköping

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VANEMONDE Publishing House

2026

Funded by the European Union

Ministerstwo Sprawiedliwości

Ministerul Muncii, Familiei, Tineretului și Solidarității Sociale
Autoritatea Națională pentru Protecția Drepturilor Copilului și Adopție

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Editura **VANEMONDE**

ISBN 978-973-1733-73-9