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Training Needs Analysis: Working towards Barnahus in Ireland

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Section 1. Context

Barnahus, meaning 'children's house' in Icelandic has become the core model of response in Europe where there are concerns about child sexual abuse (CSA). Based on the Children's Advocacy Centre model of practice in the U.S., which offers community-based and child-friendly services for children and families affected by child abuse, the aim of Barnahus is to "operationalise children's rights to receive adequate support and protection and to have access to child friendly justice" (Guðbrandsson, 2017, p.5). Given the complex needs of children and families impacted by CSA, the Barnahus attempts to bring multiple services together "under one roof" (Johansson et al., 2017, p.2), emphasising a multidisciplinary response (Herbert & Bromfield, 2019). The Council of Europe is a leading organisation in promoting and implementing the Barnahus model, with the support of the European Commission's Directorate-General REFORM. The two organisations have collaborated on the implementation of the Barnahus model in Slovenia, Finland, and Spain in close cooperation with the relevant ministries of each country.

The model is currently being adapted to an Irish context. The Joint EU-Council of Europe project has adopted the Inter Departmental Group (IDG) as an Advisory Group to the project. Chaired by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), the purpose of the IDG is to bring together representatives from the key Departments (Children, Equality, Disability, Integration and Youth; Health; Justice) and State Agencies (Tusla, the Child and Family Agency (CFA); An Garda Síochána (AGS); the Health Service Executive (HSE); and Children's Health Ireland (CHI)) to co-ordinate and oversee development and implementation of a National Barnahus service. These bodies are collectively responsible for child protection, policing, medical, health and therapeutic services, and are working to co-ordinate a child centred response to sexual abuse allegations, and to develop an appropriate governance framework for a multiagency response delivered under the model at a national scale.

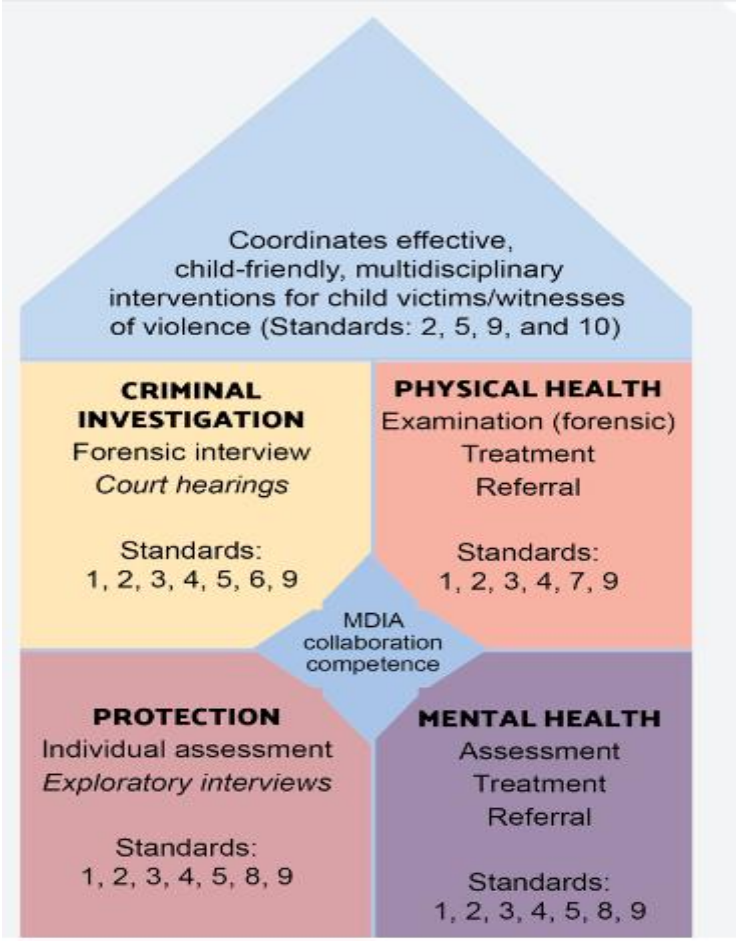
The Council of Europe Convention on the Protection of Children Against Sexual Exploitation and Sexual Abuse (Lanzarote Convention) is one of the most comprehensive international legal instruments to prevent and protect children from sexual exploitation and sexual abuse. A number of its articles refer to the victim centred approach of the Barnahus model: Article 10 encourages co-ordination between agencies, Articles 30, 31 and 34 cover matters relating to investigation of cases, Article 35 gives indications on how interviews with children should be conducted, and Articles 11, 14 and 31 lay out protected measures and assistance for victims. Ireland ratified the Lanzarote Convention in 2020.

The Lanzarote Committee, the Committee of the Parties to the Lanzarote Convention, has promoted Barnahus as a promising practice since 2015. In addition, the Council of Europe sees Barnahus as a child-friendly justice model and applies in its work on Barnahus the principles of the Council of Europe guidelines on child-friendly justice (Council of Europe, 2010). These guidelines can be used in the framework of the Barnahus model to strengthen and adapt justice systems to the needs of children.

The PROMISE Barnahus network is the European network that supports the implementation of the Barnahus model across Europe and is centred on ten standards "formulated to ensure transferability and adaptability, recognising that they will be implemented in different political, legal, judicial, socio-economic and cultural contexts" (PROMISE, 2017, p. 6). These standards can be used as a benchmark for quality. According to Hill et al. (2021), the core principles of the quality standards are respect for the participatory rights of the child, multidisciplinary and interagency collaboration, comprehensive and accessible services and high professional standards with respect to service delivery, training and staff resources.

Barnahus West, based in Galway, Ireland, was launched as a pilot service in 2019 and began receiving referrals in November 2020, enabling three agencies, Tusla, (child protection, interagency coordination and therapy), AGS (the Irish police force) and the HSE (responsible for forensic and child protection medical services) to provide services in a co-located venue. The Promise Quality Standards guide the work of the centre. An evaluation of the needs of the Barnahus West project conducted in 2020 identified joint specialist interviewing, case management, interagency working, data sharing, and training needs of staff working in the service as challenges to service delivery (Hanafin et. al., 2020). A summative evaluation of Barnahus West is planned, with this expected to commence in Q4, 2023.

Figure 1. The four rooms of the Barnahus (https://www.barnahus.eu/en/competence-centre/) aligned with the PROMISE benchmark standards 1-9.



A joint European Union (EU) Directorate General REFORM and Council of Europe project "Barnahus Ireland: Supporting the implementation of the Barnahus model in Ireland" was launched in 2022. The project is implemented by the Children's Rights Division of the Council of Europe, is anchored in the Council of Europe strategy for the Rights of the Child (2022-2027), and is part of the Council of Europe programme 'Building a Europe for and with Children'. The project team based in Ireland includes representatives from the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). Building on the work of Barnahus West in Galway, two additional Barnahus services are in the planning and design phase of development: Barnahus East, located in Dublin and Barnahus South, located in Cork. The target groups of this project are those agencies and professionals tasked with responding to child sexual abuse (CSA) and sexual exploitation of children. However, the final beneficiaries are children who either are at risk of, or are victims and or witnesses of, sexual abuse or sexual exploitation and their families/caregivers in receiving a more effective and child-centred response, through improved access to strengthened timely services. It is also intended that the wider society in Ireland will benefit through awareness raising that enables identification, prevention and response to child sexual abuse, supporting children's rights and creating a safer place for

children to live in. The Inception report published in 2023 by the Council of Europe sets out a clear pathway for the implementation of Barnahus in Ireland. This training needs analysis follows on from the Inception report, supporting the implementation project by identifying the training needs of professionals working ***in*** and ***in collaboration with*** Barnahus services in Ireland.

1.1 Training needs analysis in Finland

A recent analysis of current practices, training gaps and needs was completed by Mäenpää et al. (2022) as part of the joint EU-Council of Europe project "Ensuring child-friendly justice through the effective operation of the Barnahus-units in Finland". The aim of the project was to analyse current practices and identify training gaps and needs of target groups within child abuse investigations in Finland - police, social workers, child welfare workers, medical and legal staff as well as psychologists working in Barnahus. While basic and fundamental skills were identified for all staff who engage with children where sexual abuse is a concern, more specific training was indicated for criminal investigators in the police force and psychologists working in established Barnahus services. For police investigators, the areas highlighted were access to investigative and interview training, dealing with child sexual abuse material (CSAM), training on bias in conducting forensic interviews and the importance of practice being reviewed to maintain quality standards. For psychologists, the areas highlighted included hypothesis testing, providing supervision, training in giving testimony in court, and credibility analysis. Specific areas identified for Barnahus staff included the need for updated theory and research on CSA including sibling sexual abuse, abuse by mothers, CSAM distributed by parental figures, use of supportive aids/accommodation for children with special needs or children presenting with mental health problems, and recognising emotional abuse, trauma and dissociation. Both police investigators and Barnahus-based psychologists highlighted the need for ongoing professional development, beyond the initial training offerings. There was a high level of agreement (over 80%) on police officers' identified top three areas for further training as workplace wellbeing and welfare, online violence, and IT knowledge. Among psychologists, the three key areas identified for further training were assessing the child's reliability (100%); decision-making and errors (over 60%); and gaining a deeper understanding of legislation (over 60%).

1.2 Joint specialist interviewing in Ireland

One of the core underpinnings of a Barnahus model is the avoidance of repeated interviewing of victims and or witnesses of CSA for multiple purposes. There has been a long history of attempting to implement multidisciplinary joint interviewing of children in

Ireland. In 1988 specialist sexual abuse units with multidisciplinary teams were established in Dublin, Cork and Waterford. In addition, specialist multidisciplinary teams across the country i.e. Galway, Limerick, Cavan-Monaghan, and in the Midlands, were established. The establishment of these specialist units and teams was intended to facilitate joint specialist interviewing i.e. interviews conducted by a 2-person team involving gardaí and professionals employed in the specialist teams[1], thus sparing children from being interviewed by multiple professionals. The specialist units and teams drew primarily on social work, psychology, nursing and medical disciplines, and offered CSA assessments, providing an opinion regarding the credibility of the child's account, while also assessing the child's therapeutic needs. The assessments were informed by a range of international protocols in both investigative/forensic interviewing of children and psychosocial evaluations in the United Kingdom and United States, for example, American Professional Society on the Abuse of Children; (APSAC; 1990, 1997, 2012), Home Office and Department of Health (1992[2], 2002, 2007, 2011), Ministry for Justice and National Police Chiefs Council, (2022), the Corner House Forensic Interview Protocol (Anderson et al., 2010), the Ten Step Investigative Interview Protocol (Lyon, 2005, 2021) and the National Institute of Child Health and Development Protocol (Lamb et al., 2007). Assessments were typically conducted by a 2-person team, representing a mix of disciplines, and involved an interview with a parent/care-giver and interviews with the child. The interview with the child was conducted by one member of the team, while the second team member observed the interview behind a 2-way mirror. Interviews with children were recorded, in line with international guidelines. However, as most interviews were not co-conducted with gardaí (police officers), the professional reports based on these interviews were not accepted as evidence in chief; rather, gardaí at times observed the interviews to assist in their decision-making processes (McElvaney, 2013). The reports were occasionally requested by the gardaí and the Office of the Director of Public Prosecutions to inform decision-making processes in relation to criminal investigations and prosecution. Reports on all children seen in the units were provided to the statutory child protection services, now Tusla, and informed decision-making processes with regard to child protection.

In Ireland, Section16(1)(b) of the Criminal Evidence Act 1992 makes a provision for the video-recording of interviews with complainants up to 14 years of age (or those with an

[1] Health and Social Care Professionals involved in these specialist teams included social workers, psychologists, psychiatrists, area medical officers and nurses
[2] Updated in 2007 and 2011

intellectual disability) to be admissible in court proceedings for evidential purposes. The intention was to remove the need for a child to give live evidence unless directed by the court. Guidelines and a protocol were developed, drawing on international guidelines and best practice, to guide the conduct of such interviews - An Garda Síochána Good Practice Guidelines (AGS, 2003). The 2003 guidelines inform the practice of interviewing children as part of the criminal process and refer to the legal requirements of the 1992 Act. The recordings of these interviews can be used as evidence-in-chief for criminal trials.

Since its commencement in 2008, these investigative interviews have been referred to as 'specialist interviews' and specialist interviewing training is provided by the Garda Training College in the form of a 2-year intensive training, with oversight from a Ministerial appointed committee representing a wide range of disciplines in the legal and human rights fields (https://www.garda.ie/en/careers/the-garda-college/crime-and-specialist-training-within-an-garda-siochana.html)[4]. The Criminal Evidence Act 1992 allows for an interview with a member of AGS "or any other person who is competent for the purpose" (https://www.irishstatutebook.ie/eli/1992/act/12/section/16/enacted/en/html). However, since its commencement in October 2008, only a small number of professionals other than gardaí undertook training in the AGS protocol, provided by the Garda college, and to date, these interviews have been predominantly conducted by a 2-person team of gardaí. Reviews of practice have highlighted difficulties in implementing this protocol, in particular, the need for clarity of the roles of gardaí and social workers in the process (Garda Síochána Inspectorate 2012, 2017; Mott McDonald, 2011). The interview guidelines and protocol used by the gardaí have not been updated since 2003 and therefore do not take account of revisions of international protocols over the past 20 years and research and best practice in forensic and investigative interviewing of children. Tensions between child protection decision-making priorities and criminal prosecutions, as evident in other jurisdictions (Johansson & Stefansen, 2020; Mäenpää et al., 2022) have hampered the successful implementation of joint interview processes.

The specialist child sexual abuse assessment units in Dublin, now amalgamated as The Alders Unit but continuing to operate in two locations continue to provide assessments of children and families, but without providing an opinion on credibility. The units provide training to Tusla staff, AGS and other agencies on interviewing (including investigative interviewing), talking to children where there is a concern in relation to CSA, impact of

[3] Accessed on 23.10.23
[4] Accessed on 23.10.23

CSA and working therapeutically with children and families impacted by CSA, and on the wider subject of CSA. It is intended that the unit in Cork, The Family Centre, which was established as a specialist child sexual abuse assessment unit, will become Barnahus South. The Family Centre in Cork continues to provide paediatric forensic medical examinations pending the transfer of the forensic medical service to the HSE. The practice of child interviewing was operational until September 2023 when this referral pathway was closed. It is envisaged that joint specialist interviews will happen once Barnahus South is operational.

In 2022, Tusla introduced Child Abuse Substantiation Procedures (CASP; Tusla, 2023)., following several legal judgements against Tusla with respect to 'fair procedures' for alleged perpetrators following an allegation of child sexual abuse. CASP replaced the 2014 Policy and Procedures for Responding to Allegations of Abuse and Neglect. As part of the CASP assessment, the person making the disclosure (PMD), in this case the child, can be interviewed and substantiation assessments conclude whether child abuse is "founded" or "unfounded", on the balance of probabilities. This process is solely for the purpose of decision-making in child protection. If the allegation is founded, a determination is made whether the person who is the subject of the abuse allegations poses a potential risk to a child or children. Third parties e.g. employers of those working with children, may be notified in the interests of child protection. It is worth noting that "relevant information" regarding the disclosure will be shared with the alleged perpetrator. This includes details of the allegations and may also include other information pertaining to the child/young person, although CASP social workers will be tasked with redacting any "non-relevant" information. During the consultations, some participants expressed concerns that In recognition of the concern that How these new CASP procedures can work alongside the Barnahus model is unclear as it may be perceived to present a conflict with the Barnahus aim to prevent the re-traumatisation of children through the repeated re-telling of their CSA experiences to multiple professionals (Van Eys & Beneke, 2012; Herbert & Bromfield, 2016; Herbert et al., 2018; McElvaney & Lalor, 2014; Newlin et. al., 2015; Wherry et al., 2015), a Tusla working group has been established to develop guidance on CASP accessing information from the Barnahus process, ensuring the promotion of the child's physical and psychological wellbeing as a paramount consideration. The working group will examine the potential use of the joint specialist interview conducted in Barnahus as the Stage 1 interview in a CASP substantiation assessment, therefore alleviating the need for a child to be re-interviewed.

Multi-professional interviewing, often referred to as 'joint interviewing' continues to be an aspiration rather than a reality in Ireland. The specialist interviews conducted by gardaí under the 1992 Act have been gardaí only teams. The Garda College has trained approximately 20 gardaí per annum (figures based on 2018-2021)[5]. Collaboration between Tusla and AGS has resulted in recent efforts to include more Tusla social workers in training, albeit that the training continues to rely on the 2003 guidelines. Staff from CHI have recently begun to participate in this training. There are no current plans to review the AGS guidelines.

1.3 Training needs analysis

The current training needs analysis was commissioned in line with Activity 2.1.1 of Output 2.1 of the Detailed Project Description (European Union & Council of Europe, 2022), specifically Activity 2.1.1, a targeted training needs assessment through desk review and consultation with relevant stakeholders. The team consisted of:

- Eimear Lacey, Principal Social Worker and project lead, St Louise's Unit/The Alders Unit;
- Dr Rosaleen McElvaney, Principal Psychotherapist, St Clare's Unit/The Alders Unit;
- Aideen Walsh, Assistant Director of Nursing, The Laurels Clinic;
- Blathnaid McCabe, Principal Social Worker, St Clare's Unit/The Alders Unit;
- Angela Holden, Principal Psychotherapist, St Louise's Unit/The Alders Unit; and
- Dr Aisling Geoghegan, Consultant Paediatrician, Children's Health Ireland.

This team conducted a review to identify published literature on training needs analyses and training programmes available to those working in statutory and voluntary agencies who respond to cases of suspected child abuse and neglect including child sexual abuse (CSA). The focus was also on training analyses/programmes in other related fields including child welfare, mental health, and primary care services. The methodology used for undertaking this review and the findings of this review are outlined below alongside the views of a range of professionals and government agency representatives in Ireland working in this field. The team was supported throughout by the Council of Europe project team and Kate Gillen and Allayne Cassidy from the Department of Children, Equality, Diversity, Integration and Youth.

[5] https://www.oireachtas.ie/en/debates/question/2021-11-30/477/

Section 2. Methodology

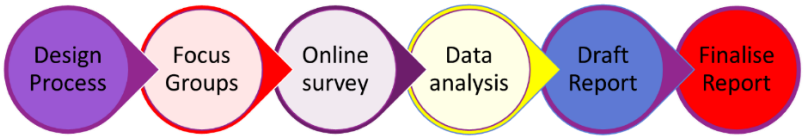
An overview of scoping documentation was conducted alongside a literature review to inform the design of the stakeholder consultation process. This included reviews of Promise documentation, in particular the Barnahus Quality Standards, the evaluation of the pilot phase of Barnahus West (Hanafin et al., 2020), publications on Barnahus services in other countries, the Children's Advocacy Centres (CACs) in the U.S., and training and development literature. The analysis recognises the broad range of backgrounds that professionals who both work ***in*** Barnahus and ***in collaboration with*** Barnahus will represent. The inception report (2023) identified the following groups of professionals as relevant to the development of the Barnahus model in Ireland:

- Legal professionals and members of the judiciary;
- Child protection social workers;
- Gardaí – both those involved with CSA cases (e.g. specialist interviewers) and those conducting criminal investigation;
- Therapeutic professionals;
- Medical professionals;
- Educational professionals including teachers, early years educators, youth workers;
- Health and social care professionals; and
- Frontline professionals

Professionals who staff Barnahus in Ireland will also have specific training needs related to the implementation of the model.

Contact was made with Barnahus projects internationally, including Poland and Scotland. Liaison with key agencies in Ireland informed the identification of stakeholders. Representatives from the four agencies driving the Barnahus initiative in Ireland (Tusla, AGS, HSE and CHI), as well as non-governmental agencies, key government departments, professional bodies and legal professionals.

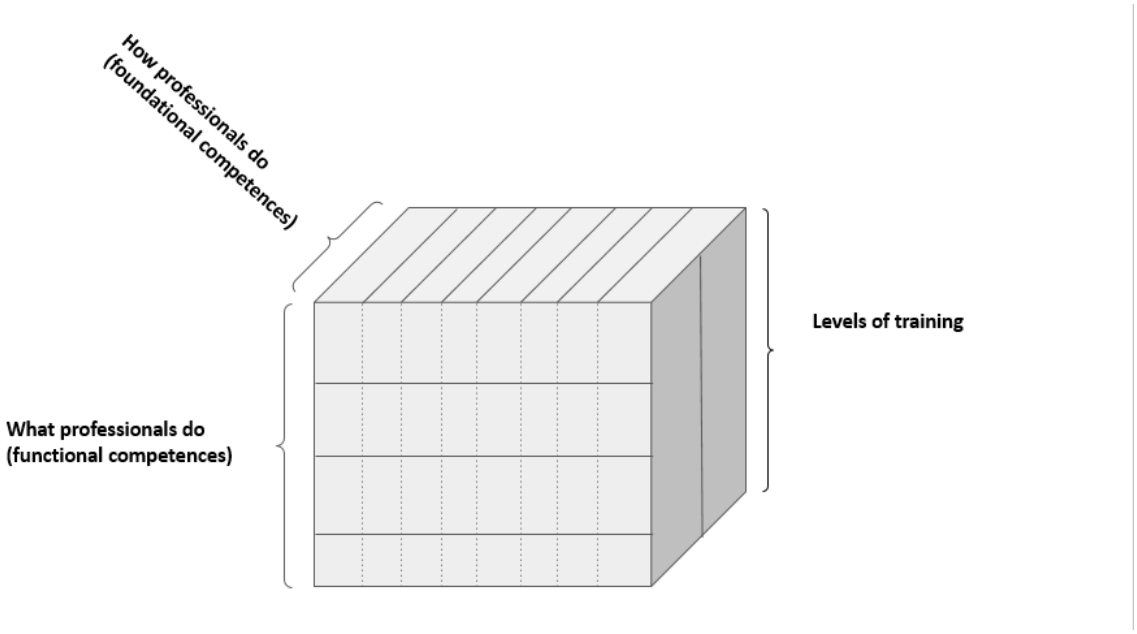
Figure 2. Process map of methodology



Following the design phase, two methods of data collection were conducted, an online survey and focus groups (online and in person). The current training needs analysis aimed to identify the needs of those professionals working directly ***in*** Barnahus services (present and future) and those working ***in collaboration with*** Barnahus services (present and future).

Professional training models in recent years have used a competency-based approach to designing training programmes (Jones et al., 2013) whereby competencies are identified that demonstrate good professional practice and minimum standards. Learning outcomes are clearly defined, identifying what the learner is expected to achieve following training, and training methods are identified to support the professional in achieving knowledge, skills and attitudes in these competencies,. The framework used in conducting this training needs analysis is based on the 'Cube competency model' of competency development (Rodolfa et al., 2005). This model considers three dimensions when identifying competencies: ***what*** the professional does, ***how*** the professional does it, and ***what level of training*** is needed to support the professional in achieving these competencies.

Figure 2. Cube competency model (Rodolfa et al., 2005)



Given the diversity of potential training needs highlighted in the literature, and the existing expertise of professionals in Ireland in working with sexual abuse, we designed the information gathering phase of this project to rely on as many open ended questions as possible, in order to capture diversity and ensure inclusivity of perspectives.

Participants in both the focus groups (n=3, 31 participants in total) and on-line survey (n=61) represented a range of professionals as outlined in Table 1.

Table 1. Professions and organisations represented in consultation process[6]*

Professions represented	Organisations represented
Academics **Service managers:** State services, Non-Governmental Organisations & other services **Child and Adolescent Psychiatrists** **Gardaí:** Sergeant, Divisional/National Protective Specialist Units, Child Protection & Welfare Liaison **Nurses:** specialist forensic **Occupational Therapists** **Paediatricians** **Psychologists:** Counselling, Clinical **Counsellors & Psychotherapists:** various modalities, addiction counsellor **Social workers statutory:** Child Protection and Welfare; CASP (Child Abuse Substantiation Process); Fostering; Senior Management **Social workers non statutory**: Specialist CSA; Medical Social Work; Senior Management **Solicitors**	Addiction services Accompaniment Support Service for Children (ASCC) An Garda Síochána Barnahus West Barnahus South (in development) Child and Adolescent Mental Health Services Children at Risk Ireland (CARI) Children's Health Ireland (CHI) Cybersafe Kids Irish Society for the Prevention of Cruelty to Children (ISPCC) National Interagency Prevention Project (NIAPP) Office of the Ombudsman for Children Office of the Director of Public Prosecution Rape Crisis Centres Sexual Assault and Treatment Units (SATUs) Tusla, Child and Family Agency University of Ireland, Maynooth

Participants included frontline professionals, senior management personnel, and representatives from statutory, non-statutory and non-governmental organisations with a range of experience from those relatively new to their profession and those with extensive experience (25 + years). The face-to-face interactions allowed for more in depth exploration. Responses to the survey ranged from brief to more lengthy text responses. Themes have been highlighted and training needs linked to these are identified.

[6] This is not exhaustive as not all survey participants identified their professional background; however, the invitation to participate was shared with a wide range of professionals including representative professional bodies of social workers, medical professionals, therapists and psychologists.

Section 3. Vision for Barnahus in Ireland

The functional competencies (Figure 2) required by professionals working in this field stem from an understanding of what professionals do in the context of a Barnahus model. The vision of Barnahus in Ireland, while not clearly defined or officially agreed is in the process of being finalised by the IDG. What has been determined is that an Irish Barnahus will accept referrals "where there is a concern or disclosure of child sexual abuse" (Barnahus National Agency Steering Committee, 2023). This section therefore outlines a vision for a Barnahus in Ireland based on our needs analysis, with respect to the various services for children and families that are envisaged in this model in Ireland where there are concerns regarding CSA. The vision for Barnahus was seen as,

> *one place for child and family to go to get help and support; medical, joint interview and therapeutic support with a view that they don't have to retell their stories*
>
> *therapeutic intervention, medical examination, advocacy services for victim and family, access to services to support/intervene in longer term for victim and family*
>
> *wraparound services where victim does not have to repeat themselves and where professionals can talk to each other*
>
> *all services identified as relevant to the needs of any child who has experienced CSA. Children's supportive therapies, key working, policing services and interviews, medical services, advocacy, aftercare and follow up or supportive group work, wraparound supports*

There was a high level of agreement that services of advocacy, joint interviewing, medical examination (forensic but also broader physical examination) and therapeutic support for children and families should be offered *within* a Barnahus service in Ireland. Some participants also mentioned education and training provision and ability to refer onto other services that the child and family may need. Finally, it was noted that Barnahus could be available to children who have experienced physical abuse and neglect. There was a clear view that children should be offered a multidisciplinary investigative interview through the Barnahus model, i.e. an interview conducted by one trained interviewer, observed by another trained interviewer who represent different professional backgrounds. The need to reconsider the model currently used in Ireland, where interviews are predominantly conducted solely by trained interviewers within AGS, was noted. This was viewed as an

area of deficit, which the Barnahus model needs to address as a priority and will require significant input across agencies. The need for services for children who do not wish to engage with the criminal justice system but wish to speak about their concerns and have the opportunity to access support services was highlighted. It is worth acknowledging that in Ireland, where CSA specialist units or teams were operating, there is a long history of providing children and families with a space to provide an account of a CSA experience outside of the criminal justice space should they choose not to engage in such a process. There was a concern that these children and families could become lost to the system if the emphasis on criminal investigation were to take precedence over the child and family's welfare. Mäenpää et al. (2022) have described this tension in the Finnish system between child welfare and criminal justice, after several years of implementing the Barnahus model.

3.1 Advocacy

The importance of supporting children and families throughout their journey following a disclosure of child sexual abuse was highlighted as a core offering, while some highlighted the need for advocacy beyond the child and family's contact with Barnahus. Different forms of advocacy were suggested, for example, an "*independent sexual violence advocate to provide support to young persons through the criminal justice process*" was seen as essential. Intermediaries, who assist the child as part of the criminal justice process, were seen as potentially offering support from an early stage. Other participants referred to the role of an advocate as providing a more holistic and child centred experience of navigating all systems – child protection, forensic medical examination, therapeutic supports and the legal and criminal justice aspects of the system while also providing crisis support "*assuming advocacy includes crisis support*". In Barnahus West, an advocate is available to represent the voice of the child in the interagency group and CHI is currently conducting a survey exploring advocacy needs for this population.

3.2 Participation

The Barnahus model has an explicit commitment to child participation. The DCEDIY (2021) has identified Lundy's model of participation (Lundy, 2007) as the approach to providing an infrastructure for children to participate in decision making that affects them. This model uses four concepts (space, voice, audience and influence) to ensure that principles of Article 12 of the UN Convention on the Rights of the Child are realised. In practice this approach should ensure that children are provided with safe, inclusive opportunities to express their views (space), facilitated to express those views (voice), are listened to (audience) and their views acted upon (influence). Hill et al. (2021) and Mitchell, Lundy et al. (2023) outline how children's participation can be embedded in the Barnahus

model. Their recommendations include developing approaches to inform future practice that are inclusive of all children's participation, in particular very young children and those with disabilities by,

- providing age-appropriate and accessible information;
- using materials that have been written in collaboration with children themselves;
- collecting good quality data about individual children's experiences; and
- ensuring that children are informed of:
    - who is listening to them
    - how their voice will be taken into account and
    - how they will know this has happened.

These authors suggest that advisory groups of children need to be created to inform the development of Barnahus services. Children should be included in the design, both physical building and service design, and consulted on policies and practices. Training should be provided to staff on how to enable children's participation at strategic levels in the development of Barnahus services. Examples of how the collective voice of children has informed Barnahus service developments in Albania, Croatia, Ireland, Spain and Poland are available (Hill et al., 2021; Mitchell, Lundy et al., 2023). According to Mitchell and colleagues "children cannot be kept safe if they are not heard and cannot be heard where they are not safe" (p.6). The DCEDIY (2021) in Ireland has developed an evaluation checklist that can be used to inform such developments, while Barnahus West in Ireland, having involved young people in the design of their service has developed their own strategy and training module for participation.

3.3 Multiagency multidisciplinary collaboration

The review of child sexual abuse services in Ireland, conducted by Mott McDonald (2011), and the report on the pilot project of the Barnahus West service in Ireland (Hanafin et al., 2020) concurred with experiences from other countries in highlighting the need for all professionals involved in responding to sexual abuse to engage in training on interagency collaboration. The PROMISE Standard 2 defines multidisciplinary and interagency (MDIA) collaboration as a service formally embedded in the social or child protection services, law enforcement/judicial system or national health system, where there are "clearly established roles, mandates, coordination mechanisms, budget, measures for monitoring and evaluation. MDIA collaboration begins at the initial report of suspected child abuse and continues throughout the case management." (Lind Haldorsson, 2017, p. 44). There was a view that a broad range of disciplines should be part of this approach. Survey

respondents identified three key professional groups as essential: therapists, social workers, and gardaí. However, participants also highlighted the need for a particular skills set to take precedence over professional discipline. The predominant need identified was that of skilled practitioners who are experienced in working with children and families in distress, and who can respond with a trauma informed approach. There was a recognition that children who have specific needs may require specialist support from practitioners with, for example, an occupational or speech and language therapy background. In addition, professional advocates were identified as essential to the success of this model. A further area identified by a small number of participants was the inclusion of members of the legal profession as part of the team. The vision for Barnahus in Ireland was of a therapeutic and trauma focused provision, with the legal aspect of a child's journey receiving less focus and attention when it came to training needs identified. This is likely a reflection of the disciplines and agency representation of participants. The majority of participants had a background in child protection and/or child welfare (therapeutic services), with a small number of individuals representing the criminal justice system. In Mäenpää et al.'s (2022) study of psychologists and police officers working in/with Barnahus in Finland, the training needs identified focused much more on knowledge of the legal system (psychologists) and understanding the impact of abuse (police).This is likely to be a result of the fact that in Finland, all investigations of CSA are conducted as parallel to actual assessments for child protection purposes.

The term 'collaboration' featured strongly in both the focus groups and the online survey as part of the consultation process, "*working and collaborating with other professionals"; "more collaborative working would benefit me greatly".* Shared learning and a sharing of knowledge and skills was viewed as essential to develop and build multi-disciplinary and interagency relationships. Since the early 2000s, it has been recognised that a multi-disciplinary team/inter-agency, collaborative approach to managing cases of suspected child abuse and neglect has direct benefits to families and service providers. Some of the benefits include increased coordination between agencies, less confusion about services, increased information-sharing allowing service providers to make the most informed decision, and reduced stress across team members (Herbert & Bromfield, 2019).

One of the main goals of teams working to provide an interagency response is to reduce child and family distress, particularly the re-traumatisation of victims of child abuse through their interactions with various systems, and in the long-term, achieve increased rates of prosecution of offenders (Herbert & Bromfield, 2019). Herbert et al. (2021) performed a scoping review of the literature to identify potential facilitators and barriers to cross-agency

collaboration in child abuse cases. Fifty-seven studies from all over the world, reviewed by Herbert et al (2021), identified that one of the barriers across jurisdictions to effective interagency collaboration, was the different agendas and priorities of different state actors, for example, police and child protection workers. If there were unresolved differences, this led to an erosion of trust and a reduction in willingness to share information leading to interagency conflict. The Herbert et al (2021) review identified that interagency collaboration could be strengthened by using a joint protocol.

A joint AGS/Tusla specialist interviewing protocol was introduced in Ireland in 2018, which improved working relationships, cooperation and collaboration. This protocol is currently being reviewed and is in draft form at the time of writing this report.

In developing the Barnahus model in Galway, time and effort were expended in developing interagency processes and communication to ensure a level of ownership of the model. The Barnahus West manager noted that different agencies may understand the model differently; joint training ensures that such understandings of how multi-disciplinary team/inter-agency collaboration works in practice needs can be clarified from the outset. An evaluation of the Barnahus model in Norway highlighted greater coordination among professionals and an increase in awareness of CSA in the general population (Children's Commissioner for England, 2016). Herbert and Bromfield (2021) evaluated a programme similar to the Barnahus model, the Multi-agency Investigation and Support Team (MIST) in Australia and found that while incorporating support services into the child protection and criminal justice processes did not impact on the rate of arrests or child protection actions, cases were processed faster leading to higher levels of both caregiver and professional satisfaction and increased rates of child engagement in therapy.

Other studies have evaluated cross-disciplinary training modules that could be applicable to the Barnahus model. Haas et al. (2011) performed an evaluation of a cross-agency training programme, designed to improve collaboration between those working in domestic violence services and child protection workers. The training was provided by a multidisciplinary team to a multidisciplinary team comprised of domestic violence advocates, child protective service workers, police and court representatives. The curriculum focused on the roles and responsibilities of various disciplines in responding to cases of family violence, and was comprised of didactic teaching, role-playing exercises and leadership training over a one-day course. The results of the evaluation showed improvements in knowledge, attitudes and perceptions of collaboration between agencies.

The key factor highlighted in the literature is coordination. When accompanied by multi-agency commitment to shared outcomes, the advantages of close working arrangements include: sharing expertise; establishing shared expectations and approaches; facilitating information sharing to safeguard young people; sharing resources; and sharing intelligence to disrupt perpetrators (Kaur & Christie, 2018). Overall, the literature shows that interagency collaboration improves outcomes for children and families regarding wellbeing as well as staff satisfaction with likely reduced burnout or vicarious trauma. One of the cornerstones in interagency training appears to be the building of trust between different agencies, fostering relationships, and educating each other on the roles and responsibilities of other disciplines. A lack of trust between agencies combined with a lack of credible leadership has been documented to impact on the ability of an interagency collaboration to be successful, highlighting the benefits of cross-training initiatives (Byles, 1985). Training incorporating knowledge and research findings, in particular on how inappropriate questioning may influence children's memories and accounts of their experiences (see Kuehnle & Connell, 2009 for discussion of how poor practice impacts outcomes) is also essential, as well as a focus on national legislation and child protection processes. The evaluation report on the North Strathclyde Bairns Hoose in Scotland (Mitchell, Warrington et al., 2023) noted that to ensure effective multi-disciplinary working, the following are required:

- improved understanding of professional roles and responsibilities in the various agencies;
- working agreements and protocols;
- joint training;
- co-location of professionals; and
- the explicit development of familiar language and culture among professionals.

3.4 Joint specialist interviewing

There is a high level of consensus in the literature that specialist interviewing of children where there are concerns about sexual abuse should be conducted by multidisciplinary teams with representation from both the criminal justice system and child protection, to increase the efficiency of the investigation while minimising system-induced trauma in the child (Newlin et. al., 2015). All participants in our consultation process agreed that joint specialist interviewing should be a core component of Barnahus service provision, and that the interview team should be multidisciplinary (gardaí, social workers, psychologists and other clinicians). The need to review and update the investigative/forensic

interviewing model currently used in Ireland was noted, an issue also highlighted as part of the Council of Europe Inception Report (Council of Europe, 2023). According to the Barnahus West manager, the emphasis needs to be on competencies and a mix of disciplines, and that the interview is protocol driven and adheres to the fidelity of an agreed model of practice.

The NICHD protocol is the most researched protocol in the world. By 2007, over 40,000 real-life interviews had been examined in a wide range of peer-reviewed research studies (Lamb et al., 2007). The protocol has been revised to address the challenges inherent in interviewing younger children, those with disabilities and those reluctant to disclose (nichdprotocol.com) and is used in many CACs and Barnahus services in northern Europe (Baugerud et al., 2017). In Scotland, the new Bairns House will be using the Scottish Child Interview Model (Scottish government, 2021; see Frier et al., 2022, https://www.iriss.org.uk/resources/reports/joint-investigative-interviewing-scotland). In Ireland, as noted above, Good Practice Guidelines (AGS, 2003) inform interviewing practice. Training in this protocol is provided through the garda training. While this training is open to both gardaí and other professionals, only a small number of social workers had participated in the training (Garda Inspectorate, 2017). Currently this training is divided into several components, separated into four blocks of five days training. AGS and staff from Tusla, (in 2023 a representative from CHI also participated in the training) have a shared five-day module. In advance of this five-day module the two agencies participate in separate training including CASP training for Tusla staff, and thereafter the training is split with the agencies engaging in separate trainings. There is an assessment and evaluation period after the study period. Tusla and AGS are currently collaborating on a Working Protocol for Joint Specialist Interviewing, with input from CHI. Whilst this training appears to be extensive, it is notable that the different agencies do not complete the full training together.

APSAC (2012) recommends that investigative interviewers engage in practice that is multidisciplinary, research informed, involves participation in ongoing training and peer review whenever possible, and actively participate as part of a multidisciplinary team. Ongoing feedback, peer review participation, and regular ongoing training are critical to reinforce and maintain interviewer skills. Participants in this training analysis highlighted the need to ensure that interviewers are sufficiently trained using evidence based up to date protocols, and receive ongoing evaluation, peer review, support and opportunities to

reinforce and maintain skills in collaboration with their multidisciplinary interagency colleagues.

3.5 Forensic medical examinations

Forensic and child protection medical examinations are a central component to a comprehensive response to CSA. Young people have described the therapeutic benefits of feeling cared for in the context of such examinations, despite them potentially triggering distress reactions associated with the abuse experience (O'Keeffe & McElvaney, 2022). In medicine, there is a lack of specialist training in the field of child maltreatment paediatrics in Ireland. Trainees who are enrolled on the Paediatric Basic Specialist Training programme attend a mandatory one day in person course entitled 'Child Protection, Recognition and Response', which is preceded by approximately 8 hours of virtual modules. This accredited course was developed in the UK through the Advanced Life Support Group (ALSG). While the course provides training in the recognition of concerning features of suspected forms of child abuse, it is an introductory course only. At present, there is no fellowship or higher specialist training course available in Ireland for trainees who wish to become general paediatricians with a special interest in child maltreatment paediatrics.

Only small numbers of paediatricians in Ireland currently have specific expertise in this field and the work is frequently completed in addition to their general paediatric roles. Thus, currently all general paediatricians have a responsibility to provide medical opinions to investigators in cases of suspected child physical abuse regardless of whether or not they have had specialist training. Options for paediatricians in Ireland who wish to pursue further expertise in this field include completing fellowships abroad in the U.K., U.S., Canada or Australia. Only paediatricians who have completed specialist training in forensic medical examinations currently perform CSA forensic medical examinations in Ireland. These services are currently provided in Barnahus West, the Laurels Clinic in Dublin and the Child and Family Centre in Cork. One participant in the online survey noted,

> *Forensic medical services for children include more than just forensic sampling and examination, looking for signs of physical injury with STI (sexually transmitted infections) screen, examinations seek holistic healthcare needs to identify, support and refer on to relevant services including growth parameters, dental issues, hearing, vision, hygiene, development, mental health and other physical health needs. WHO (World Health Organisation) recommends follow up following sexual trauma for children within the first month of FME (forensic medical examination) in*

the service. Medical examination is therefore not just an isolated event. I would like to see Barnahus Ireland extending its remit to other forms of child abuse including physical abuse and neglect.

In nursing specialist training in sexual assault forensic nursing in Ireland is specific to adults and adolescents over 14 years of age. Clinical nurse specialist roles in the six Sexual Assault Treatment Units (SATUs) nationally provide specialist care for adults and adolescents over 14 years of age. The post-graduate training is provided through the Royal College of Surgeons in Ireland and the year long course has been provided five times since 2008, with approximately 30 nurses in total graduating. Some specialist nurses have trained as advanced nurse practitioners. In child and adolescent forensic nursing, specialist training is available through the International Association of Forensic Nursing. In Ireland at the time of writing this report, there are two registered advanced nurse practitioners qualified in the area of child and adolescent sexual assault forensic nursing, and practising in child and adolescent forensic medical units. Other grades and roles provide other aspects of nursing care in the specialist services including clinical nurse specialists, clinical nurse managers, staff nurses and healthcare assistants.

3.6 Therapeutic support

The provision of therapeutic support is a core component of the Barnahus model and was consistently referenced as an important area of service provision by participants in the consultation process. There was a strongly held view that as a service, Barnahus should be in a position to offer a range of short to long term therapeutic interventions, a "*broad range of therapeutic support, not 'one size fits all'*". Some participants referred to the duration of therapy offered, "*not just six weeks' intervention", "long-term therapy should be an extension of what's offered – not beginning after Barnahus therapy*". Others referred to the importance of "*therapeutic intervention for both young people affected and family, as needed and appropriate*". Articles 14.1 and 14.4 of the Lanzarote Convention emphasise the need for both short and long-term therapeutic assistance to children and families exposed to violence in order to promote their physical and psychosocial recovery (Council of Europe, 2007). Lavoie et al. (2021) recommend that therapeutic support for children and families should extend beyond engagement with the criminal justice system in order to avoid the need for them to re-engage with the criminal justice/social service/health care systems in the future due to unresolved trauma or negative impacts. Participants were also clear that involvement of Child and Adolescent Mental Health Services (CAMHS) should be integral to supporting the Barnahus model in Ireland.

Mental health services are a core component of Child Advocacy Centres (CACs) in the United States. The role of CAC directors as gatekeepers for therapy programmes is important for facilitating access to appropriate services for children and families. Wherry et al.'s (2015) survey of CAC Directors noted that there was a tendency to refer for treatment based on severity of symptoms and the severity of abuse, with the implication that a cohort of children with less severe profiles may be omitted for referral to the appropriate service. The top three training needs (in order) were understanding which treatments are effective, recognising symptoms in maltreated children, and understanding which measures are helpful in diagnosing common symptoms among abused children.

A suggested National Therapeutic Framework has been developed by the BNASC in the context of the provision of Barnahus services in Ireland. The consensus among those involved in developing the framework is that due to limited resources and the need to maximise timely access to Barnahus services, a short-term therapeutic intervention, drawing on models such as Trauma Focused Cognitive Behaviour Therapy (Deblinger et al., 2015), would be optimal as a first response.

Children and families in need of longer-term interventions would need to be referred to alternative services until such time as Barnahus services had the necessary resources. A variety of therapeutic modalities have been found to be helpful to use with children and families following sexual abuse; more research is needed to explore optimal therapeutic responses for child and adolescent survivors of sexual abuse (Narang et al., 2019; McElvaney et al., 2023).

There is considerable variation across Ireland with respect to accessibility and availability of therapy services for children and families impacted by sexual abuse. Barnahus West, while currently offering TF-CBT and Child and Family Traumatic Stress Intervention (CFTSI), has highlighted challenges in being able to access longer-term therapy for children attending their service. The Galway Rape Crisis Centre provides an adolescent counselling service to young people who have reported an experience of sexual abuse https://galwayrcc.ie/counselling/ as do other rape crisis and sexual violence centres across the country including those in the Barnahus South regions of Kerry, Waterford, South Tipperary and the Sexual Violence Centre in Cork City (see McElvaney et al., 2022 for review of services). Children at Risk in Ireland (CARI) have centres in Dublin and Limerick. CARI provides child-centred therapy for children & adolescents who have been affected by sexual abuse and to children up to 12 years who present with sexually harmful behaviour (www.cari.ie). Specialist sexual abuse services are provided in Children's

Health Ireland (https://www.childrenshealthireland.ie/list-of-services/specialist-child-sexual-abuse-services/). The research literature on therapeutic interventions for children and families following sexual abuse is clear that tailor-made interventions that respect the uniqueness and heterogeneity of children and their experiences and the impact of these experiences is needed (Lavoie et al., 2021; Narang et al., 2019; McElvaney & Moorhouse, 2022).

A challenge for Barnahus in providing therapeutic services is that the criteria for accessing Barnahus has been agreed by the IDG (the national steering group) as 'where there is a concern about sexual abuse'. While this minimises the likelihood that children who have been sexually abused will be overlooked, it also means that children may present to Barnahus for support when they have not experienced sexual abuse, but concerns have arisen for other reasons. It is presently not clear how this determination may be arrived at. Therefore, caution will be needed in providing therapeutic interventions such as TF-CBT, which is focused on a child's experience of a traumatic event. Guidance provided by the Crown Prosecution Service in the UK on pre-trial therapy (https://www.cps.gov.uk/legal-guidance/pre-trial-therapy) and recommendations from a recent study in the UK (Halliwell et al., 2022) may assist in addressing this issue.

Parent support is an essential component of therapeutic service delivery following sexual abuse. This was frequently referenced in the consultation process and the research efficacy literature points to better outcomes for children when their parents are engaged in support services. The discovery of sexual abuse significantly impacts on parents' (McElvaney & Nixon, 2020; Vilvens et al., 2021) and siblings' wellbeing (Baker et al., 2001; Crabtree et al., 2021). Parents' own adverse childhood experiences moderates the relationship between therapists and children who have been sexually abused; where parents enjoy a good relationship with their child's therapist, there have been better therapy outcomes reported for these children (Gabriel-Vacher et al., 2022). Thus, in designing therapeutic responses, it is essential to take account of parents' and siblings' needs.

3.7 Engagement with criminal justice system

Low prosecution and conviction rates with respect to sexual abuse offences in Ireland as well as reluctance to report sexual offences and high attrition rates, in line with international trends, may account for the limited experience that health and social care professionals have in interacting with the criminal justice system. Participants in the consultation process noted that the Barnahus approach represents an opportunity to

restructure how we approach the criminal justice aspects of CSA. Participants spoke of a need for legal professionals to become involved as part of a Barnahus model. Initial investigations need to be conducted in such a manner as to ensure that children's testimonies will meet the standards required by the criminal justice system. In other jurisdictions, the involvement of the judiciary has been established, for example, with the participation of members of the judiciary at the early stages following an allegation of CSA.

> *training in criminal justice system might illuminate to other agencies the frustration investigators have with the justice system and its impact on victims.*

> *the one area that is not included in the Barnahus system is the judiciary. There is a slow pace or interest in areas to lessen the impact on child victims by the judiciary when it comes to cross examination of the child. In addition, they are slow in implementing changes that would help in making the process an easier experience. The rights of the suspect supersede the rights of the child. The victims act does not appear to be as important as the rights of the defendant Clarity on statutory actions/priorities would be welcomed. There is lots of talk but the reality is if we are serious about putting children at the centre of things then the judiciary have to be part of the change.*

Linked to this is the view that Barnahus spaces should be used to facilitate children to provide evidence in criminal proceedings. This can be done in two ways. Firstly, children may attend the court hearing virtually, through a video link, and be physically present in the Barnahus, as has been facilitated in Barnahus West, and secondly, as in Finland and England, they can participate in a pre-trial investigation at the Barnahus whereby questions may be put to them by the defence counsel through the specialist interviewer via video link. A view was also held that Barnahus in Ireland needs to have full-time gardaí attached to the services who can participate in specialist interviews and also act as key personnel in linking the gardaí with Barnahus**.**

3.8 Education and Training

An issue that emerged in the consultation process was the need for Barnahus to play a role in providing education and training to other professionals who work alongside Barnahus services but come into contact with children where there may be a concern about sexual abuse. In Ireland, all professionals who work with children are required to undertake basic training in Children First, the national guidance for protection and welfare

of children (Department of Children and Youth Affairs, 2017). Research into social workers' knowledge and confidence around CSA found that they had difficulties in recognising concerns of CSA, particularly when more evident indicators of neglect or physical abuse were presented (Martin et al., 2014). This research also suggested that social workers were operating too frequently without the support, time, knowledge and training they needed to ensure the consideration of potential CSA and the protection of extremely vulnerable children. Kaur and Christie (2018) in the UK, in an extensive report on commissioning services for the Centre for Expertise on child sexual abuse, outlined the variation in the knowledge and confidence of professionals who work with children and young people experiencing sexual abuse. Included in their recommendations is the need for prevention through education and awareness, the important role of schools and the need for training school professionals, particularly head teachers, on providing clarity about referral pathways and being involved in multi-agency meetings, leading to a greater reported confidence in identifying children at risk. The report indicates that training should be supported by both basic and advanced training to improve confidence and competence at all points on the care pathway.

3.9 Research and Evaluation

Research on outcomes for children and families is still at an early stage of development in both CACs and Barnahus services. While there is some evidence that cross-agency working has resulted in more speedy criminal justice and child protection processes (Bromfield et al., 2021) as well as increased referral to therapeutic services (Herbert & Bromfield, 2019), few studies have focused on child and family outcomes (Herbert & Bromfield, 2016). There is a lack of methodologically rigorous evaluation studies to examine the effectiveness of CACs in particular those aspects of the model that are not focused on the criminal justice process (Elmquist et al., 2015). Some studies have found better caregiver satisfaction when their children are interviewed in a CAC than when they are not (Herbert & Bromfield, 2021) but studies investigating the efficacy of the model for children and families in terms of better outcomes overall are largely absent from the literature. The University of Edinburgh, one of the partners in the Barnahus initiative in Scotland, is conducting a formative evaluation to explore how the Bairns Hoose contributes to the safety, justice, recovery and recognition of children and families using the service. The first phase is complete (Mitchell, Warrington et al., 2023). This involved a scoping exercise to establish how systems responded to date to children and families where sexual abuse was a concern. The second phase, exploring children's and families' experiences, will be undertaken in 2023 (see

https://www.sps.ed.ac.uk/research/research-project/north-strathclyde-bairns-hoose-barnahus-evaluation). A preliminary evaluation of the Barnahus West was conducted (Hanafin et al., 2020). However, the service in Galway was still at an early stage of development at that time, with forensic interviews still being conducted in garda interview suites, predominantly by gardaí, as a location to situate the Barnahus had not been established. In addition, there were insufficient resources to provide direct services to children and families. O'Malley and Mooney (2023) noted that 20% of the investigative interviews conducted in Barnahus West have been joint interviews and highlighted power imbalances arising from the emphasis on criminal investigations and criminal justice processes taking precedence over the support needs of children and families. The authors note that such power imbalances as well as differences in organisational cultures are important to address for good interagency working. Interagency work relied heavily on strong informal relationships but needed more formal structures to support this. A further evaluation is in progress at the time of writing. This experience and challenges in ensuring equitable participation of agencies replicates concerns noted in other jurisdictions where implementation of the Barnahus model has already taken place (Johansson, 2012, 2017, Johansson & Stefansen, 2020).

Section 4. Training needs

Following the competency framework described in Figure 2, this section outlines the knowledge and skills identified as necessary for professionals working in, and in collaboration with, Barnahus in Ireland. Given the different stages of development of the three Barnahus services, and the range of professional disciplines represented in other Barnahus services across Europe, we provide a general outline of training needs that will need to be adapted for new Barnahus teams, depending on prior training and experience. For example, as noted above, there is a cohort of gardai and current Barnahus staff who have completed training in specialist interviewing in Ireland. Similarly, there is expertise in investigative interviewing in specialist CSA assessment services. New staff employed in Barnahus in the future may not have been able to avail of any prior specialist training in interviewing children. Thus, the nature and extent of training required for specific individuals will vary. There is consensus both in the literature and among stakeholders consulted in this training needs analysis that specialised knowledge and skills are required for those working in Barnahus with a more basic level of knowledge and skills being required for those working in collaboration with Barnahus while attitudes required apply to both groups. There is also consensus that effective interagency multidisciplinary collaboration is supported through training professionals together. Decisions in relation to meeting training needs will therefore need to take account of balancing individual needs with the need for capacity building in collaborative working. In the next section, we provide recommendations in order of priority, based on our needs analysis.

We introduce the section outlining the core pillars of trauma informed care, as underpinning the foundational competencies identified, emphasising that this approach is relevant to all professionals engaging with children and families where sexual abuse is a concern.The National Trauma Training Programme in Scotland (www.transformingpsychologicaltrauma.scot/) outline the key pillars of trauma informed care as:

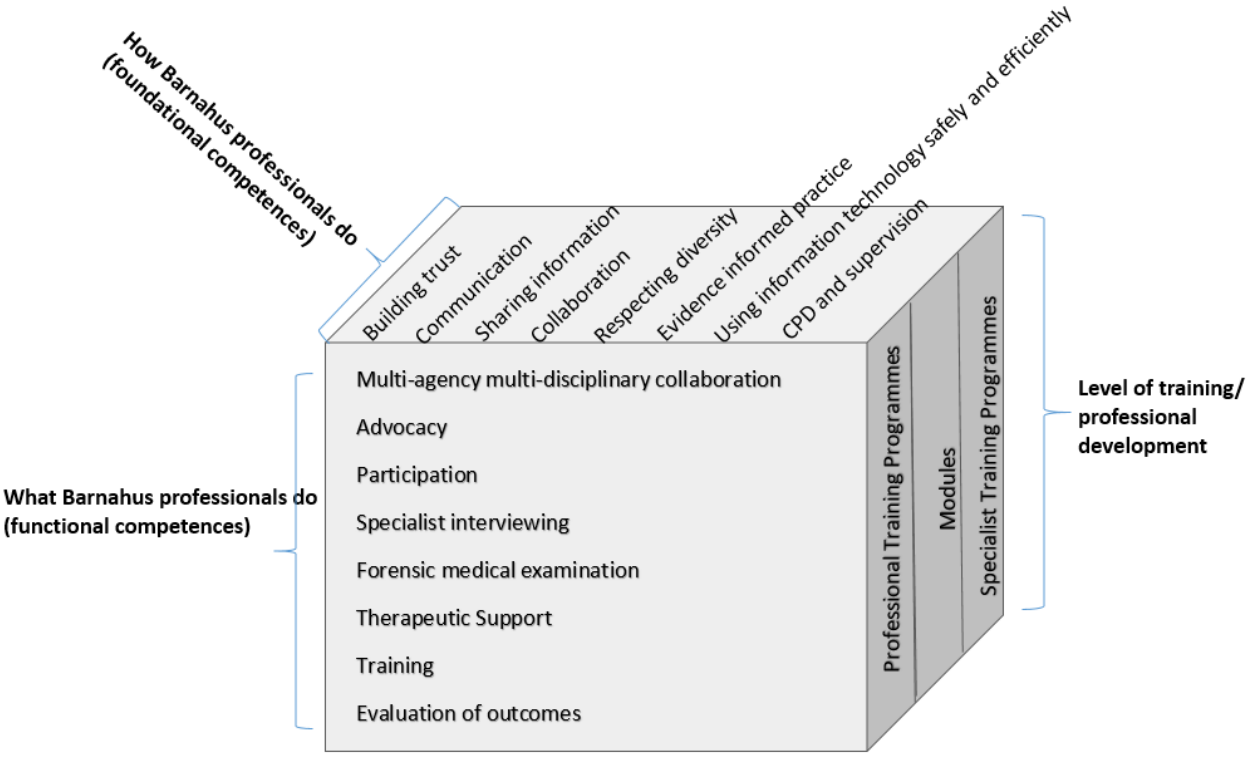
- safety
- trustworthiness and transparency
- peer support
- collaboration and mutuality
- empowerment and choice
- cultural, historical and gender issues

These provide a framework for considering how the foundational competencies (Figure 3) are interwoven. Building trust and transparency ensures a safe environment for both professionals and children and families. Peer support promotes trust among professionals. Collaboration relies on building trust, communication, sharing information, and respecting diversity. Empowering both professionals and children and families and respect for diversity are at the core of the rights-based approach inherent in the Barnahus ethos. Ensuring high standards requires that practice is underpinned by research, the safe and effective use of technology and supported by supervision and continuous professional development. These foundational competencies therefore provide a foundation for the functional competencies identified in this analysis. Through multi-agency and multi-disciplinary collaboration, training is needed in advocacy, specialist interviewing, forensic medical examination, therapeutic support and training, while ensuring the participation of young people in the design and implementation of the services and evaluation of outcomes. Limited literature is available on the training needs of staff working in CACs or Barnahus services.

4.1 Training needs of professionals working in Barnahus

International guidelines note that professionals working with victims of violence should have specialist knowledge and training when providing support services (European Parliament and Council of European Union, 2012; World Health Organisation, 2017). The skillset of professionals working within a Barnahus model are varied and will reflect the mix of disciplines working on Barnahus teams and the level of training already engaged in. Thus, professionals working in Barnahus will need training in the following areas, the extent of which will vary depending on roles, responsibilities, and respective functions. For example, all professionals will need training in trauma informed care, multi-agency multi-disciplinary collaboration, advocacy, participation, understanding CSA, training and evaluation of outcomes, while only those professionals conducting joint specialist interviews, forensic medical examinations or providing therapeutic services will need specialist training in the skills required to provide those.

Figure 3. Competencies and Training



The following areas of learning were identified in this training needs analysis:

- Knowledge of Trauma Informed Care (TIC) in the context of the dynamics and impact of CSA, exploitation using CSA material (CSAM), understanding sexually harmful and offending behaviours and legislation/legal frameworks (national and international) on child protection, criminal offences and data protection;
- In-depth knowledge of the Barnahus model of practice in Ireland, referral processes and procedures;
- Knowledge and skills in promoting advocacy and supporting children's rights;
- Communication skills (receptive, such as listening skills, and expressive, such as using clear language) to enhance engagement with children, families, and other professionals to ensure ability to engage children, families in significant distress from diverse cultural contexts as well as other professionals from a range of agencies and organisations;
- Knowledge of practices and procedures in child protection, criminal justice systems, and healthcare systems, including understanding of roles and responsibilities of the various disciplines working in Barnahus;
- Knowledge of best practice models in investigative/forensic interviewing and up to date research on interviewing children in addition to specialist interview skills,

including skills to ensure that children with additional needs could participate in a Barnahus approach (e.g. Speech & language/communication difficulties/neuro diverse children) and specific training to reduce bias;

- Forensic investigative and assessment skills, including analytical thinking, consideration of complex dynamics;
- Medical and forensic medical knowledge and skills in conducting forensic medical examinations and specific training to address potential bias;
- Analytic skills, including forensic analysis to assist with criminal investigations, particularly with respect to dealing with online sexual abuse/exploitation;
- Assessment of therapeutic need skills, including use of psychometric measures to assess symptoms of trauma;
- Therapeutic and psychotherapy skills in working with children, parents and families, drawing on a range of therapeutic modalities;
- Group work (psychoeducational and psychotherapeutic);
- Self-awareness and reflection;
- Self-care; and
- Supervisory skills;
- Knowledge of other relevant services and referral mechanisms;
- Delivery of training; and
- Knowledge and skills in research methodologies for evaluating the work of Barnahus.

4.2 Training needs of professionals working in collaboration with Barnahus

It was evident that there is a desire that those who will work in collaboration with Barnahus to develop a more connected and responsive system, where access to a range of services is streamlined. Given the potential for professionals working in collaboration with Barnahus to come from many different areas of expertise and with perspectives specific to their professional area, a view that training should provide a more global perspective for those who will work alongside Barnahus rather than specialist approach was evident. However, within this, some more specific elements were identified, reflecting the needs of particular professionals who will engage with Barnahus.

Knowledge and Skills

A basic understanding of the systems involved in responding to CSA, as well as the dynamics of CSA and how to respond directly to children and families where CSA is a concern was considered essential for all professionals engaging with children and families. Specific elements should include:

- An overarching understanding of the Barnahus Model in Ireland, what it can provide, and how the various agencies working in and with Barnahus operate;
- Understanding the dynamics of CSA and the impact on the child and family;
- Basic training on the legal system, how it works and underpins the Barnahus model in Ireland;
- How to respond to disclosures of CSA;
- How to talk to children about CSA;
- How to collaborate with other professionals and agencies; and
- How to manage one's own reaction to CSA disclosures and CSA material.

Depending on the context where professionals are working, they may need training on specific areas noted above. For example, given the additional vulnerability to abuse for children with special needs or disabilities and the limited training available to teachers in supporting children in the school context, Legano et al. (2021) advocate for specific training for teachers to support them in identifying concerns about abuse, and how to respond when children are trying to disclose such experiences.

The importance of practitioners skilled in working therapeutically with children and families where sexual abuse is a concern were highlighted so that such services can be available in the community to support the Barnahus approach. Building confidence in and feeling competent in addressing concerns of CSA are key to skills development for those who will work alongside Barnahus, offering varied interventions to children and families based upon the knowledge specific to their area of expertise, thus complementing services offered by Barnahus.

Coles et al. (2013) examined the training and support needs of primary care practitioners (PCPs) working with families presenting with chronic stress, end of life issues, and those affected by violence. The authors noted that an understanding of burnout, secondary, or vicarious trauma and their implications should be integrated into training curricula of all helping professionals working with family and sexual violence. At an organisational level, workplace policies, a culture of learning, sharing and support within the workplace,

adequate support and supervision, workplace development programmes that address how to recognise early warning signs of secondary trauma and training for managers in responding to secondary trauma were highlighted.

Mental Health services for children in Ireland are at a crossroads following the Mental Health Commission's Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services in July 2023 (Mental Health Commission, 2023). The review highlights current service deficits and considerable variability in service provision across the country, as well as the need for training in providing standardised therapy and barriers to engaging in interagency and holistic care for children and families. This context requires careful thought and consideration, particularly given that access to mental health services is a core component of a functioning Barnahus approach.

4.3 Maintaining/sustaining standards of practice

The above training needs focus on knowledge and skills required to deliver a service to children and families impacted by CSA. However, there is consensus in the literature and among participants in our consultation process that initial training is not sufficient. In order to sustain best practice based on up to date research, professionals need to be supported in the work and to engage in ongoing professional development. Participants in the consultation process highlighted the need to support the maintenance of skills with supervision (individual/group/peer), practice reviews, audit, and strong governance. There was a view that this would support staff retention, and support professionals to provide an excellent standard of service to children and families. The need to utilise international expertise and develop peer networks within Ireland and internationally was viewed as a way of sustaining practice standards, gaining expertise and maintaining staff working with children and families dealing with the aftermath of CSA.

There is a recognition in the literature of the potential for secondary traumatisation when working in the field of CSA (Moorhouse, 2011) with a smaller body of literature focusing on the positive impact (Wheeler & McElvaney, 2018). Research has highlighted the experiences of police officers, in particular when viewing CSA material including initial reactions of distress, shock and disgust and continuing experiences of flashbacks and nightmares (Denk-Florea et al., 2020). Similarly, teachers have spoken of the challenge of responding to disclosures of children in the school context (Tener & Sigad, 2019) in particular, how teachers' basic beliefs about child safety can be impacted and their need for transformative learning skills training to prepare them for dealing with pupils who have

experienced CSA (Sigad et al., 2022). Research in Ireland has highlighted how teachers' own discomfort with teaching sexual abuse material impacts on their ability to engage with the topic with students (Mayock et al., 2007), while student teachers have reported insufficient preparation as part of their training for teaching Relationships and Sexuality Education (RSE) in post primary schools (Maunsell et al., 2022). Child abuse prevention initiatives in the education system in Ireland consist of The Stay Safe Programme in Ireland (www.staysafe.ie) a primary school based abuse prevention programme, and a sex education programme, the Relationships and Sexuality Education (RSE) programme which is part of a broader programme of Social, Personal and Health Education (SPHE) in post-primary schools. Recent reviews of the Relationships and Sexuality Education programme which included consultations with pupils, teachers and parents highlighted teacher comfortability (knowledge, expertise, confidence and appropriate pedagogical skills) as one of the key components in the delivery of high-quality and effective RSE (Lodge et al., 2022) and pointed to the need for incorporation of educational input at initial teacher education level, and ongoing professional development. Support for frontline workers needs to take account of the personal impact on individuals of dealing with the issue of CSA.

A further consideration is the need for an explicit exploration of bias among professionals working in Barnahus particularly those conducting investigative interviews, assessing concerns and conducting medical assessments in the context of CSA. Interviewer bias has been recognised as potentially affecting the information obtained from children, and concerns that bias held by interviewers could potentially increase suggestibility, and the reliability of information obtained from children are well documented (Saywitz, et al., 2011; Schreiber, et al., 2006; Wood & Garven, 2000). The use of best practice guidelines is therefore imperative to ensure that risks of interviewer bias are minimised. Interviewer bias and the impact on professionals' subjectivity can lead to attitudes towards CSA concerns that tend towards belief or scepticism (Conte & Simon, 2020; Everson & Sandoval, 2011; Finnilä-Tuohimaa et al., 2005). Lacey & Nunkoosing (2021) found that bias can develop during any stage of an investigative process or interview, indicating that an awareness and management of interviewer bias needs to be considered as part of any training provided. It is essential that those who conduct investigative interviews engage in ongoing training and peer review in order to maintain interviewing standards and to protect against interviewer bias particularly in the context of investigative interviewing (APSAC, 2012; Lacey & Nunkoosing, 2021).

4.5 How training should be delivered

There is consensus in both the literature we reviewed and the views of participants in the consultation process that specialist training was essential alongside on-going continuous professional development for those professional working in Barnahus. The overwhelming view of participants was that training should occur across discipline, with 72% of the online survey respondents identifying cross discipline training as being the best approach to provision. This view was supported by participants in all three focus groups. One participant noted "*there should be individual discipline training but also cross discipline training on the communication, collaboration skill*". The Barnahus South manager suggested the need for a baseline minimal level of competency for all professionals working in Barnahus. As many Barnahus staff are currently or are expected to be able to provide both specialist interviewing and therapeutic intervention, staff engaged in this service provision need both investigative interview training and therapeutic training.

The literature demonstrates how various professionals are availing of training, it's effectiveness, and the types of diverse trainings offered based on international guidelines and best practice guidelines/standards of care. Generic trainings for a variety of disciplines based on best practice guidance is effective in educating and building competence and confidence in primary care practitioners, improving health outcomes, cost-effectiveness, resulting in greater access to services and reducing human rights abuses and stigma (Coles et al., 2013). Coles et al. argue that educational needs of Primary Care Practitioners need to be addressed at the undergraduate, prevocational, and practitioner levels within the healthcare system and workplace on an ongoing basis to develop a skilled and competent workforce where the potential for stress is minimised and enhanced services can be offered to those who have experienced family violence.

Alvarez et al. (2010) examined 55 mental health professionals with a bachelor's level degree or higher, and graduate students in mental health programmes (i.e., psychology, counselling, social work, and educational psychology) who underwent a training programme to enhance their skills in effectively reporting suspected child maltreatment. This group was compared to a control group who had not received the training. This study represents the first randomised controlled evaluation of such a method in mental health professionals. Results indicated that participants who were assigned to this training programme improved their knowledge of State and Federal laws, were able to identify child maltreatment scenarios, and evidenced knowledge of requisite clinical skills relevant to reporting suspected child maltreatment more than participants who were randomly assigned to a control workshop focusing on ethnic cultural sensitivity. This improvement

was present despite the relatively high level of knowledge in both groups. This study builds on previous studies and provides a strong base for the establishment of training programmes that are specific to reporting suspected child maltreatment.

Some participants in our consultation process believed that accredited postgraduate training over a long period is required, (for example "*accredited advocacy training*") while others considered that a specific initial intensive training over a number of days would suffice. Participation in international training was viewed as essential for those who will work on a Barnahus team, with a view being held that not all training required would be available in Ireland. This was also viewed as an opportunity to develop relationships with peers across Europe and build relationships to learn from each other.

Caulfield et al. (2019) conducted a systematic review and assessed existing literature on the effectiveness of mental health training courses for non-specialist health workers across 16 countries, following the WHO recommendation of adequate training for primary care workers in diagnosing and treating mental ill-health (WHO, 2008). This review covered general mental health and did not include more specialised training or specialised practitioners. In summary, the findings demonstrated that short mental health training for generalised health workers improves knowledge, attitude, skill, and confidence, leading to improved clinical practice and better patient outcome. In addition, these courses are cost-effective in low-resource settings and well-accepted by trainees. The authors concluded that training non-specialist health workers is an effective strategy to increase global capacity for mental healthcare, improving knowledge, attitude, skill, and confidence, as well as clinical practice and patient outcome. This large-scale systematic review is helpful in understanding how training courses are implemented and evaluated and if they are effective for non-specialist practitioners.

A number of the studies in this review highlighted the importance of joint cross-agency training in supporting effective cross-agency responses. An interagency training initiative delivered in Georgia, USA (Beck et al., 2022) by the Child Welfare Training Collaboration (CWTC) was developed to ensure workers in agencies interacting with the child welfare system practiced in a trauma-informed way to prevent re-traumatisation to children exposed to system processes. As well as educating community partners and agencies on the principles of trauma-informed care, they sought to educate workers on secondary traumatic stress (STS) to reduce compassion fatigue which could impact on quality and effectiveness of care. The curriculum that was developed included courses on understanding the impact of trauma on children, understanding the impact of trauma on

brain development, and building resilience as a response to trauma and recognising and managing STS.

The majority of the curriculum was delivered in face-to-face instructor led courses. Trainers highlighted the importance and benefits of interagency collaboration. From 2018, the CWTC provided online training in the form of self-paced video modules with participant guides and quizzes. The CWTC marketed their training courses to community partners at community meetings, conferences and professional meetings. The training programme was evaluated with participant surveys. Respondents were overall positive with 95% stating that they intended to change their practice as a result of training. Council members of the CWTC noted the importance of interagency training spaces (Beck et al., 2022). A lack of funding and resources was cited as a barrier to interagency collaboration with the importance of strong leadership and governance noted to be essential to success. Recent innovative approaches to training in investigative interviewing have used Avatar training and emphasise the importance of incorporating feedback mechanisms into training, which have been found to improve outcomes (see Pompedda et al., 2022).

Participants in our analysis noted a need for senior members of organisations working alongside Barnahus to have an in depth knowledge of the model and how it works in order to inform staff of this due to turn over of staff, in essence to provide this input as part of staff training and induction. This need could also potentially be addressed through the provision of on-going workshops that could be accessed by those working alongside a Barnahus to support them to understand the model

Ireland can also learn from established bodies such as the Centre of Expertise on child sexual abuse in the U.K., and the National Children's Advocacy Centres (CACs; www.ncac.org) in the U.S. The National Children's Alliance in the U.S. provides accreditation to CACs across the U.S. Our understanding is that the PROMISE network has similar plans. An issue raised in the consultation process was the need for an information, knowledge or training hub, a centre of excellence in Ireland or a national training office that could provide resources such as information and training specifically related to child sexual abuse and exploitation, a *"training facility for future services providers, focus on lessons learned in practice"*. Such a centre could support professionals, both specialist and non-specialist, informed by up to date research on the various service provisions offered within the Barnahus.

The specialist sexual abuse units in Dublin, The Alders Unit (previously known as St Clare's and St Louise's units) have provided education and training to professionals (in training and qualified) over the past 35 years. While there is no formalised training programme in investigative interviewing in Ireland other than through the Garda college, such as the one year certified programme in Finland, staff in the specialist units and specialist teams established across the country have attended training internationally. The training provided by The Alders Unit are typically bespoke training packages; modules have been developed on contextualising CSA, trauma informed care, disclosure, sexually harmful behaviour, developmental issues, screening/talking with children; and impact of abuse and therapeutic considerations. Specific training on interviewing children has been provided to Tusla social workers and gardaí. Training on interviewing and working therapeutically with children as well as training placements has been provided to postgraduate professional training programmes in social work, psychology and psychotherapy, while educational input has provided to undergraduate programmes in social work and social care. Other non-governmental agencies, such as the Dublin Rape Crisis Centre, has a long tradition of providing training to professionals on sexual violence as well as educational input into second level schools. The Laurels Clinic Forensic Medical Service in Children's Health Ireland also provide input into nursing and medical graduate and undergraduate programmes. They deliver training as part of phase 3 of the Garda New Graduate Training Programme, a continuous professional development programme run by AGS. The Laurels Clinic also provide clinical placements for fellows in paediatric medicine and emergency medicine as well as for undergraduate and postgraduate children's nursing. These resources can be drawn on in developing training for staff working in Barnahus and in collaboration with Barnahus in Ireland.

Section 5. Conclusions and Recommendations

The vision for Barnahus in Ireland is still in development. A shared vision that is developed and owned by the various agencies involved would be a precursor to developing training on the Barnahus model in Ireland. This vision could be informed by the recommendations outlined below. It is evident that interagency and multi-disciplinary collaboration is essential when delivering services in child sexual abuse and towards improving outcomes for children. Developing trust and recognition of professional roles is central to this. Learning from other settings internationally with regard to supporting professional training needs is useful; however, the different ways that the Barnahus model is implemented in different countries determines the range of professionals working in Barnahus services and the resulting training needs of those professionals. The Finnish evaluation provides very clear insights into understanding the ongoing needs of Barnahus staff; however, the focus up until recently has been predominantly on investigative interviewing with limited resources available to provide therapeutic support.

In addition to identifying training needs and how these might best be met, the current review also highlights the need for continuous professional development to ensure sustainability of high standards and support for professionals working in Barnahus. The recommendations below are presented in three sections: the knowledge and skills needed, how training might be delivered, and how professionals' knowledge and skills may be sustained. These are first outlined with Barnahus professionals as the target group, followed by commentary on how professionals working in collaboration with Barnahus may be supported in developing the skills necessary to contribute to a multiagency child centred response to children and families impacted by sexual abuse.

These recommendations are underpinned by the foundational competencies outlined in Figure 3 that should be incorporated into training programmes designed to address the following areas of need. These include building trust, communication, sharing information, evidence informed practice, collaboration, respecting diversity, using information technology safely and effectively, and that professionals engage in continuous professional development and supervision. Lavoie et al. (2021) recommend that service provision in Barnahus services be monitored and evaluated on a routine basis, informed by both the multidisciplinary team members and children and families who avail of the service. They also recommend that standardised data are collected across Barnahus sites within a country to ensure and support longer term evaluations of services and promote service improvement.

We present the following recommendations, suggesting that the three key areas that could be prioritised relate to the first three recommendations presented here: knowledge and training in trauma informed care, incorporating advocacy and participation of young people; collaborative interagency and multidisciplinary working; and joint specialist interviewing. While we consider all recommendations important, focusing on these three areas in particular would, we believe, provide a solid foundation for pursuing the remaining recommendations as the three Barnahus services continue their development.

5.1 Recommendations for training of <u>those working in</u> Barnahus

5.1.1 Trauma informed care training, incorporating advocacy and participation: All professionals working in Barnahus should engage in trauma informed care, advocacy and participation training to ensure that children and other family members who have been impacted by the abuse are responded to in a trauma informed manner, their rights are respected and children's and young people's voices are listened to and influence service developments. Trauma informed care incorporates the core pillars outlined earlier in this report, i.e safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, cultural, historical and gender issues. It encompasses an approach that recognises the impact of trauma on individuals and groups and enables the child and family to be at the centre of a wraparound approach that is resilience focussed and collaborative. It is an ecological and holistic approach that strives to promote a child and family's resilience while enabling meaningful change.

While specialist training in advocacy should be undertaken by professionals designated to this role, all professionals in Barnahus will need training in advocacy to ensure that children and families' rights are represented and that children and families have access to the support they need. A grounding in children's' rights and the various international instruments that enshrine those rights is necessary, as well as knowledge of the national Barnahus advocacy and participation models (to be developed). Barnahus West are well placed to provide training on participation and the Tusla Workforce Learning and Development unit is an important resource in planning such training. UCC have a trauma informed care course developed, which could perhaps be adapted for Barnahus staff. This training could incorporate the Promise project series (n.d.) "Promoting Progress on Barnahus in Europe, Advocacy

Guidance". Strategies that could inform such training include those developed by The Health Service Executive and non-governmental agencies such as Jigsaw, the National Centre for Youth Mental Health (https://jigsaw.ie/), as well as the commitment of the DCEDIY to utilising the Lundy model of participation. A Professional Diploma in Intermediary Studies training programme has been developed in the University of Limerick and commenced in September 2022. Graduates of this programme, sponsored by the Department of Justice, will be accepted to accompany the child to court and act as an intermediary for the child in the court process.

5.1.2 ***Knowledge of and development of skills in interagency working:*** Best practice in interagency working should focus on developing collaborative and sustaining practices and working models across agencies. All professionals working in Barnahus need to develop demonstrable skills in collaborative, effective multidisciplinary team working. The European Commission, as part of their HEROES project, has funded an initiative on multidisciplinary collaborating in responding to CSA that highlights both challenges experienced and lessons learned across the world on multidisciplinary and interagency collaboration. The publication of this framework is imminent (The International Centre for Missing and Exploited Children (ICMEC); Forthcoming, October, 2023) and will provide a robust foundation for skills development in this work.

5.1.3 ***Specialist interviewing skills:*** It is imperative that there is a clear evidence based and up to date agreed joint specialist interview protocol among the agencies involved in developing the Barnahus model. This will involve reviewing the 2003 Guidelines to recognise the need for multidisciplinary joint interviewing and take account of research developments informing best practice in investigative/forensic interviewing of children. Training should incorporate input on interviewing children who present with neurodevelopmental difficulties, disabilities, children from diverse cultural backgrounds or those who present with other forms of diversity. This training needs to use evidence based interviewing models to take a collaborative, inter-agency approach from the outset, in line with the PROMISE Barnahus standards, in order to develop understanding and recognition of the multiple perspectives and values that different professionals' backgrounds offer. Ongoing refresher training and supervision is needed to sustain skills. The

Joint Working Protocol for An Garda Síochána/Tusla has been developed to provide direction on the joint forensic/specialist interviewing of children to ensure that AGS and Tusla work together effectively in the best interests of children. It will be implemented in due course. It is separate to the 2003 Good Practice Guidelines, which are yet be reviewed and updated. We recommend that the Garda Training College, Tusla, and The Alders Unit collaborate to review and update the 2003 protocol to recognise current evidence based practice in this area. Given the existing expertise in training, we recommend that the AGS and The Alders jointly provide this training for all professionals working in Barnahus.

5.1.4 ***Change management:*** Change within complex systems is constant and it will be necessary for managers of the various agencies involved in Barnahus to facilitate change. These changes may relate directly to professionals' roles and responsibilities. In order to ensure consistent management of roles and responsibilities across Barnahus services and across agencies involved, understanding and development of expertise in change management is required.

5.1.5 ***Barnahus standards and the shared vision of an Irish Barnahus model:*** This will ensure a shared understanding and ownership of the model in Ireland and encompass understanding of legislation, policies, and procedures in the various systems involved in responding to CSA.

5.1.6 ***Education on CSA in all its forms:*** This should include, for example, sexual exploitation; technology assisted abuse, how it occurs, and the impact of same on children, families and wider society (to include definitions, theories of impact, prevalence, typologies, sexually harmful behaviour, peer to peer sexual assault, and offender behaviours). How to assess concerns of CSA and understand the complex nature of such allegations is a further essential component of this training.

5.1.7 ***Reflective and reflexive practice:*** In order to ensure quality provision of services, staff retention and on-going professional development, it is essential that the skills of reflective and reflexive practice are an inherent aspect of practice within a Barnahus approach. Skilled reflective and reflexive practitioners will use their own experiences to make connections between knowledge and practice in order to support problem solving, learning and professional development.

5.1.8 ***Data sharing protocol:*** In light of GDPR and greater understanding of privacy rights and needs, training on a data sharing protocol for the various activities provided within Barnahus and in collaboration with other agencies (to be developed) will be needed.

5.1.9 ***Safe use of technology***: Most organisations have their own specific guidelines to ensure safe use of technology. These guidelines can be utilised to inform Barnahus Guidelines (to be developed).

5.1.10 ***Best practice:*** Understanding research and policy informed literature on advocacy, participation, investigative interviewing, forensic medical examinations, therapeutic interventions, training, supervision and evaluation, will ensure adherence to best practice and skills development.

5.1.11 ***Identifying mental health concerns:*** This includes understanding various mental health presentations and tools for screening concerns about self-harming behaviours and suicidality.

5.1.12 ***Knowledge of related services:*** An awareness of local services and how to refer to them will ensure that children's and families' needs are met.

5.1.13 ***Assessment of therapeutic need:*** All Barnahus staff will need to have an understanding of how to assess the potential therapeutic needs of children and their families. This should include the identification of mental health concerns, mental health presentations and use of screening tools. The development of these assessment skills will ensure that each child and family is given the opportunity to engage with a tailored approach to therapeutic intervention that meets their needs.

5.1.14 ***Therapeutic support:*** Barnahus staff will need to offer early intervention following a disclosure of CSA. Training is required based on established trauma focused responses, including those proposed by PROMISE (TF-CBT, CFTSI), those used in the Lighthouse in the U.K. (Letting the Future In, https://learning.nspcc.org.uk/services-children-families/letting-the-future-in), and new initiatives being developed for working with children with complex trauma (Vliegen et al., 2023).

5.1.15 ***Forensic medical examination:*** Specialist training in Ireland is needed for those medical and nursing practitioners engaged in providing forensic and medical examinations to children who present following a concern about or disclosure of CSA.

5.1.16 Delivering training: Barnahus staff will need to develop their skills in providing training and education to other professionals, particularly those working in collaboration with Barnahus.

5.1.17 Research: Barnahus staff will need to develop skills in collaborating in research to facilitate robust ongoing evaluation that informs practice on an ongoing basis.

5.2 Recommendations for training of those <u>working in collaboration with</u> Barnahus

5.2.1 Understanding the Barnahus model in Ireland: Clarity regarding service provision within this model of practice will be needed.

***5.2.2 Understanding CSA*:** A basic understanding of the range of behaviours and emotional/psychological responses experienced in CSA and the impact of CSA on children and families is needed for all professionals who engage with children and families.

5.2.3 Understanding of the child protection and criminal justice processes: Knowledge of relevant systems and processes is need as well as how Barnahus interfaces with these systems.

5.2.4 Skills in how to respond to children when they disclose: All professionals who work with children need communication skills including listening to children, how to respond sensitively to children when there is a concern about the child and how to notify these concerns, if these relate to a concern about abuse.

***5.2.5 Skills in collaborative and interagency working*:** All professionals will need skills in collaborating with child protection, criminal justice, and therapeutic support services.

5.2.6 Skills in working therapeutically with children and families: Capacity building is needed in primary, secondary and tertiary care services in working therapeutically with children, young people and their families to ensure that they can access the right support to recover from their experiences. This may range from short term early intervention work that is best provided in an agency other than Barnahus (e.g. due to distance in travelling), therapeutic work with young people who experience significant mental health difficulties (e.g. in a CAMHS context), or psychotherapy with young people who require

longer term work due to the complexity of their presentation (e.g. chronic abuse, developmental trauma, children who are in state care).

5.3 Recommendations: Delivery of training

A range of training methods and programmes are recommended, given the varied level of knowledge and skills outlined in earlier recommendations. Of note, frequent engagement in training and ongoing supervision were viewed as essential and as protective measures to ensure high standards to ensure delivery of effective interventions to children and families and mediate the psychological impact of this work on professionals.

5.3.1 ***A designated training programme for all Barnahus staff*:** We recommend a specific training programme to ensure a minimum level of competency addressing the knowledge, skills and attitudes outlined above. This training should be mandated by the agencies involved and supported by them in terms of releasing staff to attend such training. The programme could be a hybrid programme, including a mix of in person and online seminars and workshops, self-directed reading, and assessment processes. The programme should be developed in collaboration with university partners to ensure high quality teaching standards and evaluation are met and should seek accreditation with PROMISE, when accreditation standards are developed. Currently, University College Cork delivers a continuing professional development certificate in trauma informed care for frontline professionals https://www.ucc.ie/en/ace-ccpdtc/. A bespoke training programme specifically targeted at Barnahus staff could be developed in consultation with education providers, focusing on the areas outlined above for those professionals working in Barnahus. The Health Service Executive (HSE), a partner in the development of Barnahus services in Ireland, has extensive experience of change management in the health services context, (see The Change Hub, www.hseland.ie for resources) and could assist Barnahus teams with facilitating training on change management. Their 2018 change model 'People's Needs Defining Change' is a potential starting point (HSE, 2018).

5.3.2 ***Delivery of individual modules:*** This training should include the various topics identified above, drawing on existing resources developed by various agencies. These could include:

- participation (e.g. Barnahus West);

- all aspects of CSA including understanding CSA and impact (e.g. The Alders Unit, Rape Crisis Centres, The Lighthouse, Promise, National Society for the Prevention of Cruelty to Children, Centre for Expertise on Child Sexual Abuse, NCAC);
- interviewing of children and how to talk to children in a non-leading way to inform decision making (AGS and The Alders);
- multiagency working (The International Centre for Missing and Exploited Children (ICMEC; forthcoming, October, 2023); and
- forensic and child protection medical examinations (e.g. Children's Health Ireland, Barnahus West and South, HSE, Sexual Assault Treatment Units, University programme – inter-professional, broad and bespoke programmes, Faculty of Forensic and Legal Medicine).

The PROMISE Network and the NCAC also have extensive training options available.

5.4 Recommendations: Sustainability

5.4.1 ***Supervision:*** Ongoing supervision, be that peer support, individual or group supervision, is essential to support professionals in maintaining their competencies and preventing burnout.

5.4.2 ***Continuous professional development:*** In order to ensure best practice for those who work both in and alongside Barnahus, it is essential that staff are informed of new research and evidence relating to the nature and impact of various forms of CSA, interviewing skills and therapeutic interventions that could be incorporated into practice on an ongoing basis. Collaboration between the existing agencies involved in developing the Barnahus in Ireland (AGS, Tusla, HSE and The Alders) and university partners would assist with ensuring that training continues to incorporate up to date research in this field.

5.4.3 ***Governance and monitoring of training:*** Those within leadership/management roles with the Irish Barnahus should be tasked with ensuring that all professionals who work in Barnahus undertake a minimum level of continuous professional development as part of their role. This may be linked to specific professional requirements, for example CORU (the statutory regulation body for health and social care professionals in Ireland), AGS, the Law Society, or the requirements or some other standard related specifically to Barnahus.

5.4.4 ***Peer review:*** Peer review is currently in operation as part of forensic medical services offered in Ireland. Peer review offers opportunities to consolidate and share learnings, maintain high levels of practice standards in accordance with current research and guidance, to sustain professionals in their role and ensure that the investment into training is applicable to practice. The development of a peer review model as part of Barnahus is recommended.

5.4.5 ***Measures to prevent vicarious trauma:*** A range of measures should be incorporated into policies and procedures from the outset of service delivery.

5.4.6 ***Evaluation:*** The development of a Barnahus in Ireland presents an ideal opportunity to design a robust evaluation protocol to assess the efficacy of the Barnahus model, attending to all components of this model (i.e. the 4 rooms depicted in Figure 1). A good starting point would be to identify what is working well at the present time and which areas need development, similar to the initial evaluation conducted in Scotland. An independent research team should be commissioned, similar to the team from the University of Edinburgh, to design an evaluation protocol in collaboration with existing Barnahus staff.

5.4.7 ***Centre of excellence*****:** Barnahus centres, in collaboration with existing specialist sexual abuse services for children, families and adults who have experienced abuse in childhood should come together with a third level education institute, combining academic, psychosocial, legal and policy expertise to develop a centre of excellence on CSA in Ireland that could develop resources similar to NSPCC and Centre for Expertise on Child Sexual Abuse in the U.K. and the National Children's Advocacy Center and National Children's Alliance in the U.S.

Section 6. Endorsement by IDG

DEPARTMENT / AGENCY	ENDORSEMENT
DEPARTMENT OF HEALTH	Endorse
DEPARTMENT OF JUSTICE	Endorse
DEPARTMENT OF CHILDREN, EQUALITY, DIVERSITY, INTEGRATION AND YOUTH	Endorse
AN GARDA SIOCHANA	Endorse
HEALTH SERVICE EXECUTIVE	Endorse
CHILDREN'S HEALTH IRELAND	Endorse
TUSLA	Endorse with reservation
CHAIR BNASC	Endorse

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Annex I: International Expert Feedback

Dr Julia Korkman, who has worked for the Barnahus Project in Finland, reviewed the final draft of this report and provided feedback and recommendations. Her international expert input supported us in prioritising recommendations and ensuring thoroughness of this process. The following is a summary of the recommendations made by Dr Korkman.

1. ***Trainings on CSA*** as a phenomenon (including a trauma-informed approach, knowledge about CSA), how to discuss with children in a non-leading way, and specific situations where suspicions can occur for other reasons (including those suspicions that are not founded or that occur in unclear situations). Care should be taken not to work in a way that is suggestive and risks creating false understandings by children or others.
2. ***Training in interagency collaboration***, including the tasks of the different professionals on how the interagency work can be developed to ensure the children are heard in ways that are as evidence-based and child-friendly as possible and that the children and their families receive the necessary support. This could lead to Barnahus workers assisting the police in practicing in as child-sensitive a way as possible and also offering support to the children and families involved.
3. ***Therapeutic Training*** in evidence-based forms of supporting children and families. Dr Korkman recommends beginning with the core Barnahus personnel to create a pool of well-educated staff to ensure the Barnahus becomes a knowledge hub.
4. ***The identification of scientific experts*** (or “pracademics”, persons with both practice and academic background) by the core Barnahus team who will support the team to identify and familiarise themselves with relevant current research.
5. ***Training for medical professionals***: in how to do expert assessments in this context, information about CSA, how to talk to children, and again avoiding bias.
6. ***Basic training for all professionals encountering children***: In Finland, development of a training package to be distributed to all relevant professionals who may receive disclosurers or accounts firsthand is underway. This includes basic training in crimes against children, informing about abuse, giving advice on how to listen sensitively, who to consult, and when to report etc.

Dr Korkman’s specific feedback echoed many of our recommendations. It has been reviewed and applicable recommendations are incorporated into the relevant chapters of this report. We would like to thank Dr Korkman for this invaluable input.