

Croatian guidelines on the implementation of the Barnahus model in the area of organisational and spatial coordination



Guidelines prepared by:
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Abbreviations

Council of Europe	CoE
European Commission	EC
European union	EU
Guidelines on the implementation of the Barnahus model in the area of organisational and spatial coordination	Guidelines
Ministry of Justice, Public Administration and Digital Transformation	MoJPADT
Multidisciplinary and interagency	MD/IA
UN Convention on the Rights of the Child	UNCRC

Disclaimer: The use of the term “Children’s House” does not imply or suggest the official name of the future Barnahus in Croatia, which is to be decided on.

Introduction

The Croatian Guidelines on the implementation of the Barnahus model in the area of organisational and spatial coordination (hereinafter: Guidelines) were developed in the course of 2025, as one of the deliverables of the joint EU – CoE project “[Implementing the Barnahus Model in Croatia](#)”. The project is co-funded by the European Union via the Technical Support Instrument and implemented by the Council of Europe, in cooperation with the European Commission and the Croatian MoJPADT during the period 1 September 2023 to 30 June 2026. The project was developed following a request by the MoJPADT for the technical support in designing, developing and implementing reforms in the field of justice and protection of children’s rights.

The general objective of the project “Implementing the Barnahus Model in Croatia” is to enhance the quality of service of the judicial system for child victims and witnesses of sexual exploitation and sexual abuse through strengthened capacities of authorities and professionals to respond to child sexual abuse cases and more efficient state coordination to cope with such crimes in a child-friendly manner in Croatia.

Barnahus (Children’s House) is a child-friendly, multidisciplinary and interagency (MD/IA) response model for the coordination of criminal and child welfare investigations in cases of violence against children, including child sexual abuse. It brings under one roof all relevant professionals (the judge, the prosecutor, the police, social workers and medical professionals such as psychologists, forensic doctors) in a safe environment for children, with the purpose of providing a coordinated and effective response and for preventing re-traumatisation and secondary victimisation, during investigation and court proceedings. By integrating timely and effective MD/IA services under one system, children avoid repeated questioning and stressful interactions with multiple agencies. The Barnahus model puts the best interests of the child at the heart of investigative procedures, while taking into account that the child’s disclosure is key to identify and investigate violence against children both for criminal and for protective and therapeutic purposes, with due process safeguards for the defence.

In 2015, the Committee of the Parties responsible for the monitoring of the *Council of Europe Convention on the Protection of children against sexual exploitation and sexual abuse* (the Lanzarote Convention) identified the Icelandic Barnahus as an example of a promising practice with regard to collection of data, ensuring the best interests of the child in investigations and criminal proceedings, and victim support. The Barnahus model has been since recognised by practitioners, legislators, children and their families as a good practice for a child-friendly MD/IA response to violence and abuse.

The Government of the Republic of Croatia formalised the establishment of the Children’s House through the adoption of the [National Plan for combating sexual violence and sexual harassment for the period until 2027](#) (hereinafter: National plan). The National Plan, through the accompanied [Action plan for combating sexual violence and sexual harassment for the period until 2024](#),¹ explicitly envisages the establishment of the Children’s House in Croatia, based on the Barnahus model, as an MD/IA centre for child victims and witnesses.

1. The drafting of the „Action Plan for Combating Sexual Violence and Sexual Harassment for the period 2025-2027“ is currently underway.

The National Plan draws on international and European obligations², including the [Concluding observations of the Committee on the Rights of the Child on the combined fifth and sixth periodic reports of Croatia](#) which urges State parties to ensure that all cases of abuse of children, including sexual abuse, are promptly reported and investigated, applying a child-friendly and MD/IA approach with the aim of avoiding the re-victimisation of the child. Furthermore, the National plan is in line with the subsequently adopted [Commission Recommendation \(EU\) 2024/1238 on developing and strengthening integrated child protection systems in the best interests of the child](#) (23 April 2024). Delivering on the commitment in the framework of the [EU Strategy on the Rights of the Child](#), the *Recommendation* calls upon EU Member States to dedicate specific funding to provide for a targeted, MD/IA cooperation and coordination approach to support children in contact with the justice system, in particular victims of crime, including by establishing Children's Houses in line with the Barnahus model or any other equivalent child rights-friendly model. Member States should make best use of available funds and technical support at the Union level.

2. UN Convention on the Right of the child; Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (the Lanzarote Convention) which Croatia ratified in 2011 and which entered into force in Croatia in 2012; Council of Europe Guidelines on child-friendly justice (2010), Council of Europe Recommendation for child-friendly social services (2011), Reflection Paper of the European Commission proposing 10 principles for integrated child protection systems; Barnahus Quality Standards - Guidance for Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence; IWA 49:2025 - Child-friendly multidisciplinary and interagency response services for children who are victims of violence - Requirements and recommendations; Directive 2011/93 of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography; Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime.

I. Purpose, scope and beneficiaries

The Croatian legislative and policy framework envisage Barnahus-type services, regulated inter-agency cooperation through inter-agency agreements, outlining the main stakeholders, their competencies and code of conduct, as well as extensive experience in child-friendly judicial practices. However, implementation challenges persist, especially regarding the lack of a child-friendly environment, the prevention of contacts between the victim and the perpetrator, the existence of multiple forensic interviews, lack of targeted psychological support for children victims of abuse and their non-offending family members, an inadequate MD/IA approach in child sexual abuse cases stemming from a lack of inter-agency planning, data management and information sharing.

The high quality of services to be provided is paramount to the effective functioning of Barnahus. The Children's House should have a coherent and functional organisational structure, with clearly defined decision-making and operational responsibilities, hosting a trained and highly skilled MD/IA team with operational and unified inter-agency planning and case management, ensuring the child's right to participation and access to justice, without compromising the right to a fair trial for the alleged offender.

The present Guidelines are one of the outputs foreseen within the framework of the project and provide a structured and practical framework for the organisational and spatial concept for the implementation of the Barnahus model in Croatia.

They draw heavily on the guiding principles and standards of the international and European legal and non-legal obligations³, as well as on concrete recommendations for effective functioning of the Barnahus model in Croatia, also produced in the framework of the EU-Council of Europe joint project "Implementing the Barnahus Model in Croatia" under deliverables 1/ „[Analysis of the legislative, policy and institutional framework regarding protection of children and procedures for cases on violence against children, including sexual violence in Croatia](#)“, 2/ the „[Roadmap and Cost Structure Analysis for the Implementation of the Barnahus Model in Croatia](#)“ and the 3/ „[Report on procedures and protocols supporting an inter-agency agreement between Croatian authorities competent for implementing the Barnahus model in Croatia](#)“.

Building upon relevant standards and lessons learned from the respective States⁴, the Guidelines provide general principles and tailor-made solutions for project beneficiaries in setting up and implementing an efficient and operational organisational structure, as well as for the spatial planning and design of the future Children's House premises. They should serve as a basis for the development of Barnahus services enabling a coordinated joint action among all implementing partners, contributing to efficient and collaborative interagency teams, mutual respect for roles and a shared sense of responsibility. This approach will help ensure prevention, early identification and timely and effective protection of children against sexual violence, as well as an inclusive child-centred protection system. The implementation of the Guidelines should foster a safe environment for the child by bringing all relevant stakeholders under one roof to timely secure a valid child's testimony and ensure psychosocial and medical support in a child adapted manner.

The Guidelines should facilitate the implementation of Barnahus and the start of its operations, by ensuring that the legal and organisational preconditions are met. The following is a non-exhaustive list of areas that would need to be defined to ensure the efficient functioning of Barnahus: the roles and responsibilities of stakeholders, the code of conduct, MD/IA collaboration, budget allocation, file management, data protection and privacy, monitoring and evaluation, the competence framework, training and supervision framework, data collection, awareness raising and knowledge sharing; the visual components of the Barnahus such as its name and logo of the House as well as its venue.

3. See under 2.

4. The most relevant comparative solutions that were taken as a source of inspiration for the Croatian Barnahus model are the Slovenian, Finish and Irish practice as regards the inter-agency co-operation.

They can also provide a useful basis for a comprehensive and dedicated legislative framework, which will be adopted subsequently to the Guidelines, regulating all procedural, administrative and operational aspects of the future House.

Competent State bodies involved in the functioning of the Barnahus (primary beneficiaries), and architects, engineers and other professionals involved in constructing and designing of the Children's House (secondary beneficiaries) will also benefit directly from these Guidelines through the practical steering guides for developing the organisational and spatial aspect of the premises.

The Guidelines are based on international best practices and represent a synthesis of the findings from stakeholder consultations, while remaining grounded in Croatia's specific context and needs. They do not give rise to any legally binding obligations and are, in no manner, meant to interfere with or encroach on existing national legislation.

II. Methodology and documents reviewed

1. Methodology

According to the project description, the Guidelines should be developed in consultation and with the support of all the relevant stakeholders included, thus ensuring a transparent, participative and inclusive process of the adoption of a joint and collaborative document, following the recommendations of the *“Roadmap and cost structure analysis for the implementation of the Barnahus Model in Croatia”*.

For the purposes of drafting the Guidelines, a combination of a quantitative and qualitative data collection was applied to ensure a holistic research approach. The tools used for this mixed data collection during the first phase of the work on the Guidelines encompass desk research and mapping of relevant international documents, project’s deliverables, other publications and surveys (see Appendix 1), building on applicable lessons learned from the study visits to Slovenia and Finland (see Appendix 2). This was followed by online consultations with Barnahus experts from Ireland and Slovenia (see Appendix 3), to learn from first-hand experience in developing their national organisational and spatial concepts of Barnahus. Valuable input and support in the process of the drafting was provided by the CoE project team (Frederique Privat de Fortunie) and Ivana Celio Cega, Independent Human Rights Expert. Suggestions and ideas were exchanged between the author, national experts, peer reviewers, CoE project team, MoJPADT and the Advisory group, both through online meetings, meetings in person and through written feedback, on preparatory and earlier versions of the Guidelines.

The second phase of the work on the Guidelines included consultations with children, as the main target group of the project, that will benefit from the Barnahus services. The information regarding these consultations is presented in Chapter III below, while the data collection method, the survey sample and the results of the two surveys are explained and presented in detail in the Appendix 4 of the Guidelines.

The CoE, the EC/SG Reform, the Office of the Ombudsperson for Children of the RoC, the MoJPADT, and the project Advisory Group have been actively involved and have had a key role in the process of drafting the Guidelines, concurrently exploring legal and practical opportunities and obstacles to establishing Barnahus in Croatia.

Where needed, the Guidelines provide flexible and/or multiple solutions and/or options for consideration and final decision, in order to adapt to the national context, professional practices and possibilities, as well as complex needs of children who are victims or witnesses of violence.

2. Documents reviewed

For the purpose of drafting the Guidelines, the following documents have been consulted and considered:

- (1) [UN Convention on the Rights of the Child](#), accompanied by respective [General Comments](#);
- (2) [Council of Europe Strategy for the Rights of the Child \(2022-2027\)](#)
- (3) [Commission Recommendation \(EU\) 2024/138 on developing and strengthening integrated child protection systems in the best interest of the child \(23 April 2024\)](#)
- (4) [Mapping study on multidisciplinary and interagency child-friendly justice models responding to violence against children in Council of Europe member states](#);
- (5) [Barnahus Quality Standards - Guidance for Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence](#);

- (6) IWA 49:2025 - Child-friendly multidisciplinary and interagency response services for children who are victims of violence - Requirements and recommendations;
- (7) Analysis of the legislative, policy and institutional framework regarding protection of children and procedures for cases on violence against children, including sexual violence in Croatia;
- (8) Training Gap Analysis
- (9) Roadmap and cost structure analysis for the implementation of the Barnahus Model in Croatia
- (10) Report on procedures and protocols supporting an inter-agency agreement between Croatian authorities competent for implementing the Barnahus model in Croatia
- (11) Protocol on procedures in cases of sexual violence, adopted at the Government of the Republic of Croatia Session of 7 October 2023;
- (12) Collaborating against child abuse - Exploring the Nordic Barnahus Model (Staging a Caring Atmosphere: Child-friendliness in Barnahus as a multidimensional phenomenon)
- (13) Informing Bairns' Hoose Implementation in Scotland
- (14) National Guidelines for Barnahus in Slovenia.

Summaries of the references in this section, as well as brief review of the main findings of the documents under (7), (8), (9) and (10), for the purpose of drafting this document, are provided in the Appendix 1.

III. Consultations with children

Children's right to participation is one of the general principles of the UN Convention on the Rights of the Child. Children can provide invaluable feedback which will make the environment, the process and interventions child-friendly and appropriate to children's needs and wishes. Children's insights into what constitutes truly child-friendly approaches can significantly enhance professional understanding and practice. Ensuring meaningful child participation throughout the whole process of Barnahus facility development was especially emphasised in the [Roadmap and cost structure analysis for the implementation of the Barnahus Model in Croatia](#).

In order to ensure children's participation in drafting the Guidelines, consultations with the two selected groups of children were conducted – children from the Network of Young Advisors established under the Ombudsperson for Children and children under the protection of the Croatian Centre for Missing and Abused Children. Children were asked to provide important information as regards the spatial organisation of the Barnahus premises. Due to complexity and abstraction of the organisational context of the Barnahus, children were partly consulted on this part, mainly on the competences of the Barnahus staff, the opportunity to provide feedback on the services they received, as well as on visual identity, the name and the logo of the House.

Children from the Network of Young Advisors established under the Ombudsperson for Children were consulted on specific aspects related to basic awareness of children's rights and general perspectives on child-friendly environments, basic training and awareness of experts regarding children's rights, methodologies for working with children and child-friendly communication principles.

Children under the protection of the Croatian Centre for Missing and Abused Children offered particularly valuable insights on practical aspects of service operations, such as scheduling practices, waiting arrangements, and information delivery methods, making services more accessible and child friendly.

In order to enhance children's comfort and preparation for their visits, both groups of children were consulted on room layouts, décor preferences, naming of the rooms, visual identity and logo of the House, as well as the overall atmosphere of the facility based on their firsthand understanding of what would have made their own experiences less stressful. Their perspectives should influence the selection of furnishings and colour schemes. Both groups were consulted on how they experience the process and their interactions with professionals, and what information they found helpful to know about the professionals they meet.

Regular assessment of Barnahus facilities should be conducted to ensure they continue to meet the needs of children, families, and staff while maintaining high standards of privacy, security, and accessibility.

The data collection method, the survey sample and the brief review of the main findings of both surveys are explained and presented in the Appendix 4.

IV. National guidelines

1. General Principles

1.1. All actions undertaken by professionals working in and/or for Barnahus will be governed by the **protection from discrimination** (UNCRC Article 2), the best interests of the child (UNCRC Article 3), the right to survival and development (UNCRC Article 6) and the right to participation (UNCRC Article 12), as fundamental principles applicable in all matters concerning children;

All actions undertaken by the professionals working in and/or for Barnahus should also uphold the right to recovery and reintegration (UNCRC Article 39), ensuring that children subjected to violence are supported to recover their health, self-respect, and dignity, and are reintegrated into their communities;

1.2. All children who will benefit from services of the Barnahus model in Croatia will be treated equally regardless of their gender, age, socioeconomic and cultural background and any other ground for discrimination that could place them at a disadvantage compared to other children;

Particular emphasis should be put on ensuring the protection of child victims of sexual abuse with disabilities and health impairments;

1.3. **The best interests of the child** shall be the key guiding principle for all activities related to the establishment and functioning of the Barnahus model in Croatia;

To ensure the correct implementation of the child's right to have his or her best interests taken as a primary consideration, the professionals shall regularly refer to the [General comment No. 14 \(2013\) on the right of the child to have his or her best interests taken as a primary consideration](#);

1.4. To ensure the **correct implementation of the respective children's right related to the Barnahus services**, the professionals shall regularly refer to the respective [General Comments](#) as explanatory documents to the [UN Convention on the Rights of the Child](#);

1.5. In order to enable child friendly, effective and collaborative practice which provides services that embrace the core principles and features of the Barnahus model, all actions undertaken by the professionals working in and/or for Barnahus should be based on the **Barnahus Quality Standards - Guidance for Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence** and **IWA 49:2025 - Child-friendly multidisciplinary and interagency response services for children who are victims of violence - Requirements and recommendations**;

1.6. A family-oriented approach should be applied in the implementation of the Barnahus model in Croatia, and rooted in family ties as the primary source of support and understanding in co-operation with professionals working for and with children;

1.7. **The core values and principles** of the Children's House should be to establish a child-friendly, child-centred and supportive environment in which children can feel safe, and feel like children, not only like victims;

1.8. **Child-friendliness should not be related to aesthetics alone, but also to other dimensions of the Barnahus activity**, such as staging a child-oriented atmosphere with a supportive setting where children are sensing an atmosphere of ease. This will facilitate the experience of being in familiar and safe surrounding, entailing a feeling of being seen, acknowledged and cared about;

The holistic approach to child-friendliness should be linked to the way the Barnahus staff behaves, how the day is organised and framed, including supportive relationships, welcoming routines, routines for the stay and

the meeting with the professionals at the Barnahus. Apart from the physical environment, the atmosphere of ease should be constructed through relationships between people;

1.9. All professionals working in and/or for Barnahus shall ensure that **children are properly and timely informed** about general aspects of the conduct of the proceedings and explained every step of the appointment or the procedure, as its being done. Children and, where appropriate, their parents and family members should receive regular information and updates about their case in a manner that they can fully understand;

Children should be timely handed **a brochure**, including pictures of the Barnahus environment, to prepare them for the visit. This brochure should explain complex legal procedures in age-appropriate language, describe what happens at the Barnahus, and outline the roles of the different professionals, children might meet. These materials should be available in multiple formats - written booklets, digital content, and possibly short videos - to accommodate different ages and learning styles;

1.10. Child participation shall be ensured in the decision-making process related to the establishment, functioning and the evaluation of the Barnahus model in Croatia;

1.11. Operational framework of Barnahus should be implemented collaboratively with the Barnahus staff and all implementing partners. In order to ensure effective MD/IA response services, all professionals working in and/or for Barnahus shall **foster the “under one roof” principle, sense of togetherness and mutual respect**, as well as a high level of both formal and informal cooperation, bringing together their expertise through the common physical space and collaborative routines;

MD/IA response services should be embedded in broader child protection systems and justice systems and have a formal role in the assessment and safeguarding of children. Interventions should be part of a single continuous planning process which begins, in principle, before referral to the MD/IA response services and ends when necessary. The MD/IA approach should start from the initial report of the abuse and last throughout the activities carried out in the Barnahus. MD/IA response services should continually inform and update the ongoing assessment and support for the safety and well-being of children, and their non-offending family members;

1.12. **Regular case management meetings and joint decision-making processes, with inter-agency planning and case management**, guided by the best interests of the child, should be a core feature of MD/IA service. There should be a systematic, continuous and seamless case management and exchange of information, while all the professionals working in and/or for Barnahus should have access to relevant information about the child and their family when required.

2. Organisational Coordination

2.1. Barnahus services should be formally embedded in national judicial system, in the form of a public institution or an entity which is an integral part of the MoJPADT;

2.2. Depending on the solution opted for, which is to be defined by a formally appointed working group for drafting of the Barnahus Act, the roles and responsibilities for governing, managing and leading of the Children’s House should be clearly defined;

2.3. In order to ensure effective, coordinated and child-friendly response to child victims and witnesses, based on knowledge, expertise and experience gained during the EU/CoE joint project implementation phase, key implementing stakeholders in establishing and operating Children’s House should be identified. These could be the members of the Advisory Group of the EU/CoE joint project. Implementing stakeholders (possibly former Advisory Group) could contribute to the development of Barnahus services with regular consultations and exchange of expertise and best practices. They could provide opinions and proposals in relation to training programmes, protocols for MD/IA cooperation and other questions, and shall consider any other issues regards the professional work of the Children’s House;

2.4. The roles of implementing stakeholders should be clearly defined (such as allocating staff who contributes to the activities and collaboration in the Barnahus, appointing a representative and ensuring participation in the work of the Children’s House (focal points tasked with providing expertise in their field);

2.5. In case of a public institution, apart from bodies clearly prescribed by the Act on institutions (OG 76/93, 29/97, 47/99, 35/08, 127/19, 151/22), such as director, administrative council and expert council, additional bodies/roles of the Children’s House could be envisaged, such as the Barnahus Coordinator. This Coordinator would act as a liaison officer between the Children’s House employees and the focal points, coordinating,

monitoring, planning and screening the Barnahus activities and interventions, with an emphasis put on the MD/IA response services and interventions, as well as on boosting the Barnahus network between the central unit in Zagreb and the regional units, for sharing knowledge and best practices between sites. The Coordinator could oversight the professional development programme and training delivery coordination, develop academic partnerships and research project coordination, and organise information, awareness raising and study visits to the Barnahus with an external audience. The Coordinator could also ensure that statistics are collected, according to the established data collection procedures.

2.6. The recruitment, composition, roles and responsibilities of the Barnahus team should be clearly defined, including conducting investigative interviews, providing medical, mental health and child protection services, with MD/IA coordination as a core feature of the Barnahus services;

The Barnahus team may consist of, for example: coordinator(s), psychologist, social worker, social pedagogue, psychotherapist and a lawyer.

- child interviewer(s) with experience in working with children in a trauma informed way, carrying out forensic child interviews, using the NICHD protocol;

- social worker(s) as the primary contact for children visiting the Barnahus, including caretakers and non-offending parents, and for the provision of continuous support and follow-up, taking care of the information flow and ensuring that both criminal investigations and child protection services maintain a comprehensive understanding of each case. Social worker(s) should be especially informed throughout the legal process, particularly regarding case progression and court decisions that might affect the family's situation. Similarly, the valuable information that social workers gather about family dynamics, support needs, and risk factors should be systematically shared with the Barnahus team to inform decision-making and service provision;

- therapist(s) carrying out evaluations and acute treatment of abused children and their families and coordinating with external service providers to provide ongoing treatment. Mental Health Team with expertise in child trauma and abuse, and appropriate, evidence-based intervention and treatment methods should conduct a preliminary assessment to determine support needs and identify any immediate safety concerns. They support forensic interviewers in understanding children's psychological state;

- medical doctors (gynaecologist, paediatrician, general practitioner, psychiatrist) and nurses can either be employed directly by the Barnahus or engaged on an on-call basis for non-acute examinations, depending on the unit's needs and available resources; Among the child interviewers, a senior interviewer should be designated to oversee method development and coordination. Similarly, a senior therapist should be appointed to lead therapy development and coordination;

Some professionals may serve multiple functions if they possess the appropriate qualifications – for example, a child interviewer might also serve as a family worker in different cases. For the estimated annual caseload, 2-4 child interviewers and 2-4 family workers are required. In addition, the therapeutic team should consist of at least 2-4 therapists, depending on the estimated caseload of in-house evaluations and acute therapies provided at Barnahus. It should be considered that most forms of treatment are given by a pair of therapists: one assigned to the child and one to the family;

All Barnahus Team members should follow the established MD/IA protocols and participate in the Barnahus MD/IA planning and screening meetings sharing case specific information, thus contributing to the joint decision-making process. Continuous case management and case tracking documentation should be ensured. The provision of MD/IA services should be evaluated on a regular basis by all members of the Barnahus Team;

The Barnahus team should undergo continuous training as an integral part in the development of its competence. Joint, interagency training together as a team is key to ensuring strong teams that work well together and understand each other roles.

2.7. Other Barnahus employees should include administrative clerks, human resources and financial experts. IT technician could be employed either through in-house staff or established consulting arrangements, depending on the unit's structure and resources.

2.8. BUDGET ALLOCATIONS

2.8.1. Funds for the operation of the Children's House should be provided from the government budget and other sources. Stable and permanent allocation of budget for covering permanent costs, varying caseloads and emerging activities is vital for sustainability and maintenance of Barnahus services;

2.8.2. Continuous funding for relevant training should be ensured.

2.8.3. Building on comparative solutions, a fundraising campaign could be launched and/or donations could be sought in order to raise funds for specific actions and needs of the Barnahus.⁵

2.9. DOCUMENTATION MANAGEMENT, DATA PROTECTION AND PRIVACY

2.9.1. Documentation management, data protection and privacy is governed by relevant laws, protocols and professional standards and is done in the best interests of the child. The respective implementing parties are responsible for upholding legal requirements and specific agency requirements for information sharing;

2.9.2. In terms of data protection, involvement of strategic, operational, and technical data protection experts from the start can be beneficial;

2.9.3. It should be mandatory to register relevant information about all cases in Barnahus. This will provide the opportunity to acquire data on all cases, with information being collected and centralised in a Barnahus database. According to the relevant legislation in force⁶, electronic case management system should be in force. In addition, archiving should be done by the Barnahus, preferably in the premises, so that case files can be swiftly accessed if need be.

2.10. FUTURE DEVELOPMENT OF SERVICES THROUGH FEEDBACK FROM CLIENTS

2.10.1. Where appropriate, the views and ideas of children and their non-offending caregivers on the venue should be sought regularly to ensure that the venue and the services meet the requirements set out in the Guidelines;

2.10.2. The feedback could include the impressions of the day at the Barnahus, on the child's and care-taker's guidance through the process with the investigative interview, medical examination and the subsequent consultations with the Barnahus staff. It could include information related to the staff at the Barnahus and their approach to the children, as well as about the waiting area and equipment, but refraining from asking about the child's experience with violence or sexual abuse;

2.10.3. For ongoing service improvement, the Barnahus should establish a feedback system that allows children who have used the services to share their experiences. This could include age-appropriate questionnaires about their interactions with different professionals, the clarity of information they received, and their overall experience with the service;

Barnahus units can provide a possibility for children and their parents to give their feedback on Barnahus services directly from their smartphones using a QR code. A QR code can be made visible in the reception area and/or or can be printed out on a leaflet, allowing users to provide feedback, without filling paper forms at the spot.

2.11. FILING A COMPLAINT

2.11.1. Children and their caregivers should have access to complaint mechanisms in cases when their rights have been violated and/or in cases of maladministration of the Children's House. A respective procedure and a body to deal with complaints should be established depending on the type of the entity.

2.12. COMPETENCE, TRAINING AND SUPERVISION

2.12.1. The implementing parties should commit to ensuring that the services in Barnahus meet high quality standards and are implemented by highly qualified and competent staff;

Professionals working in and/or for Barnahus should receive mandatory, continuous, and tailor-made trainings in their specific areas of expertise, and on how to effectively provide services to Barnahus beneficiaries in line with the national child protection system and applicable international child protection standards laid down by the United Nations, Council of Europe, European Union, Key Common Criteria for Barnahus and Barnahus Quality Standards. Focus should be put on specialised trainings on the rights of the child and child-sensitive and trauma-informed methods.

Professionals working in and/or for Barnahus should be specially trained for MD/IA services, and receive joint trainings in cross-cutting issues, as they have proven to enhance confidence and create a shared language, a foundation for effective collaboration. A specific curriculum on interagency collaboration for professionals involved in the process of Barnahus should be developed.

5. In Slovenia, a popular fast food chain donated funds for the aquarium at the premises, while Canada raised a generous amount of donations for relocation and expansion of [Toba Centre for children and youth](#).

6. Regulation on office operations (OG 75/21).

The NICHD interviewing protocol should be adapted to the Croatian context, while specific training for those professionals who interview children based on the protocol should be developed. Training materials for healthcare professionals conducting medical examinations should be developed to ensure the application of the best interests of the child during their work with children. Healthcare professionals, specifically psychotherapeutic professionals, should be involved in the basic training, while their training should be complemented with trauma-informed evidence-based materials.

All trainings must be evidence-based, founded on good practices already existing in the country, drawing from the latest and best available research in the field, with defined minimum training requirements for professionals directly involved in the Barnahus;

Trainings should include effective handling of cases of younger children and children with disabilities due to insufficient know-how of expert assistants on how to question this group of children;

Trainings should be integrated in the national applicable legislative framework. Alignment of training initiatives with existing child protection laws, policies, and international standards should be ensured. Policy reforms or enhancements to support the Barnahus model implementation should be advocated for.

Regular self-assessment and assessment of gained know-how by the Barnahus staff should be performed. Mechanisms for stakeholders and beneficiaries should be established to provide feedback on training programmes and make necessary adjustments. Technical assistance from professionals experienced in Barnahus models should be sought for guidance and capacity building.

Research initiatives should be encouraged to explore innovative approaches in child protection and incorporate findings into training practices⁷.

Collaboration with training professionals should be established in order to develop standardised curricula for training programmes, which are tailored to each profession's requirements. Workshops, seminars, and online courses should be organised to deliver training, ensuring accessibility across different regions. Mechanisms should be implemented to monitor the effectiveness of training programmes, gather feedback, and evaluate outcomes. Sharing experiences and existing curricula with other countries where Barnahus is already established should be encouraged.

2.12.2. The Barnahus will act as a competence centre and support system for all professionals who come in contact with the Barnahus target group;

2.12.3. Professionals working in and/or for Barnahus should have access to regular guidance, counselling and peer supervision to improve their competence. Supervision as a form of support can be provided through individual or group sessions. There could be two types of supervision available: one focusing on addressing difficult cases, while the other supporting staff wellbeing, coping strategies, attitudes, ethical dilemmas and other challenges. Experiences show the importance of mental health support for professionals involved in Barnahus activities;

2.12.4. Online platform (dedicated web page) should be developed, containing useful information and know-how, Barnahus materials and publications⁸.

2.13. ACADEMIC AND RESEARCH APPROACH

2.13.1. To ensure that the Barnahus is up to date with the latest developments in relevant areas, such as child psychology and forensic interviews, the Barnahus should engage in gathering and sharing recent research and data. A close and effective networking with academic institutions can offer valuable insights in the latest research in the area of child abuse, providing a clear understanding of the child abuse phenomena and suggesting possible solutions to navigate the challenges in practice;

2.13.2. Partnering with academic institutions will include examining whether the Barnahus model reduces case processing times, improves information sharing between agencies, and enhances service quality; University researchers should be involved to study children's experiences of their Barnahus visits, which findings can directly inform the development of training materials, with a particular focus on enhancing child-friendly practices;

7. See under 2.14.

8. Effective training can be found in the online education platform established by the Croatian Medical Chamber, which offers a structured curriculum on various medical topics, with mandatory exams to ensure proficiency. This systematic approach ensures that healthcare professionals across Croatia receive standardised training, updated regularly based on new research and best practices, and accessible to all members of the medical community. The platform tracks the completion of training modules, exemplifying a structured and effective approach to professional development within the medical community.

2.13.3. These tasks shall be initiated, coordinated and advocated by the Barnahus Coordinator(s);

2.13.4. All Barnahus procedures are recorded and subsequently analysed by researchers to identify areas for improvement.

2.14. DATA COLLECTION, AWARENESS RAISING AND KNOWLEDGE SHARING

2.14.1. Aggregated and disaggregated data/statistics is collected and shared with relevant stakeholders, including decision-makers, academic institutions, child protection professionals, and the broader public, to create awareness and increase competence about violence against children and the role of MD/IA responses, to facilitate research and to support evidence-based legislation, policy and procedures. This can be done through seminars, academic engagement, study visits, publications etc⁹.

2.14.2. The Barnahus offers targeted action to increase competence and knowledge among professionals working for and with children, by for example organising study visits, information meetings, lectures and producing written material.

2.14.3. Clear channels for communication among stakeholders to facilitate transparency and information flow should be established. A public awareness campaign should be developed to educate the community about the Barnahus model and its benefits.

2.14.4. Barnahus should be tasked with gathering, consolidating and analysing data related to sexual violence against children, and introducing an integrated data collection system, that would enable consolidated statistics and systematic monitoring of tendencies related to sexual violence of children, ensuring evidence-based legislative changes in line with the identified good practices and challenges, and enabling the academic institutions and independent experts access to relevant data necessary for researching this particular topic and shaping recommendations in this respect.¹⁰

2.15. EVALUATION

2.15.1. A regular external evaluation of Barnahus services ensures a qualitative assessment of its continued development, estimation of its actual impact on child victims and witnesses, as well as on the working conditions and professional development of the staff;

Monitoring mechanisms should include systematically tracking of how information flows between agencies, observing whether agreed-upon protocols and timelines are being followed, and documenting any challenges that emerge in the collaborative process;

Regular assessment of these facilities should be conducted to ensure they continue to meet the needs of children, families, and staff while maintaining high standards of privacy, security, and accessibility.

This could be on by submission of regular yearly reports or through regular check-ups on site.

2.16. VISUAL IDENTITY, THE NAME AND THE LOGO OF THE HOUSE

2.16.1. A strong visual identity of the Children's House should be developed, providing identifying features that resonate strongly with children and extending to the broader communication strategy.

2.16.2. According to the members of the Advisory Group and children, the proposed names to be taken into consideration are as follows: "Children's House, Children's House in Zagreb, Central Centre in Zagreb, Barnahus, Children's Centre, Safe House and Children's Rights House.

2.16.3. According to children, the name and the logo should be friendly, playful, and cheerful, without associations to problems or violence. Suggested symbols include a hug, heart, sun, cloud, or star, and colours should be light and pastel, avoiding red and black

2.16.4. Designers should provide few options for the logo of the House, communicating the essence of the Barnahus, which would be presented to the experts and children.

9. [Implementation report on Data collection mechanisms on child sexual exploitation and sexual abuse](#), adopted by the Lanzarote Committee on 3 July 2025 could be referred to.

10. Recommendation 29. It is recommended to set up a dedicated unit within the Ministry of Justice, Public Administration and Digital Transformation tasked with gathering, consolidating and analysing data related to sexual violence of children with a view to identifying good practices and challenges and ensuring evidence-based legislative changes ([Analysis of the legislative, policy and institutional framework regarding protection of children and procedures for cases on violence against children, including sexual violence in Croatia](#)).

3. Spatial Coordination

3.1. LOCATION AND ACCESSIBILITY

3.1.1. The Barnahus premises should be located in a child-friendly, safe, discreet and quiet environment, preferably in a detached building, hosting only the Barnahus activities. The building and location should make the children feel as if they are coming to a private house, and not a police station, hospital, court or other authority. Location should be chosen strategically (e.g. vicinity to hospital). Residential areas and out-of-town location might be feasible, provided that all other location and accessibility criteria are met; Preferably, the premises should have two separate entrances to the premises.¹¹

3.1.2. The premises are accessible by public transport within walking distance to the Barnahus, preferably in the city centre, or close by;

3.1.3. The Barnahus is equipped with a ramp or platform lift, easily accessible, including for individuals with disabilities and/or special needs;

3.1.4. The entrance area should preferably have few parking places reserved for clients, visiting staff and ambulance;

3.1.5. The location and signposting of Barnahus are discreet;

3.1.6. The suggestions from children regarding the House environment, which include green areas, children's park, playground equipment, artificial grove, plant-growing area, sand, pathways for play, and benches for outdoor seating should be well evaluated from the security and appropriateness perspective.

3.1.7. The entrance to the House should be warm and welcoming (a sign on the door, a mat with a positive message), with an elevator for children with mobility difficulties. Access should be discreet – not directly from the street, but from a courtyard or side/rear entrance. The space should be bright, airy, and homely, never resembling a hospital.

3.2. INTERIOR SPACE CONFIGURATION

3.2.1. Architects, designers and/or experts with experience in designing interior spaces for children should be engaged to undertake the renovation and redesign of the Barnahus building;

3.2.2. Professionals in trauma-informed design should be advised, in order to integrate the principles of trauma-informed care into the design of the premises (such as incorporation of transparent materials to enhance visibility, design of spaces that promote a sense of safety and protection, multiple pathways that facilitate access to various destinations, creation of serene and tranquil areas that are distinct from primary activities);

3.2.3. The Barnahus includes a reception and waiting room(s), child protection room(s), interview room(s), observation/conference room(s), medical examination room(s), therapy room(s), visitor and staff toilets, archive room, storage and IT/printer room, boiler room, staff offices, with a staff room with kitchen;

3.2.4. Furnishing and material are child and family-friendly and age-appropriate, catering the needs of children at all ages and development stages. Any association with a formal institution, either police, hospital or court, should be avoided, hence it would compromise the atmosphere of safety and ease;

3.2.5. Concerning a general feeling in the House, children emphasised the importance of feeling safe – through the presence of familiar adults, the possibility to choose who accompanies them, and the need for additional exits and privacy (closed doors, sound insulation, the possibility of withdrawal). Their responses also show greater sensitivity to details such as the possibility of locking doors, windows that do not reveal the interior of the room, and clear rules of conduct. They particularly emphasise how much it means to them that the space is similar to a home – with beds, blankets, toys, and personal belongings, as well as the freedom to choose activities and spend time in the space.

3.2.6. Children particularly highlighted how important it is for the space to be adaptable – to provide peace and privacy for those who need it, but also to enable socialising and group activities for other children.

3.2.7. As suggested by the children, walls should be decorated with children's drawings and pictures with motifs of the sun, flowers, hearts, or animals, with a particular emphasis on the predominant use of blue and white, as well as gentle, pastel tones that create a sense of peace and security. Children find

¹¹. See under 3.9.2.

it important to participate in decorating the space – for example in choosing decorations – building on their sense of belonging and security and making the space “theirs”. Decorations on the walls should be changeable, while children often mentioned the scent of home, such as vanilla or flowers, as an important detail for relaxation.

3.2.8. The child-friendly décor is reserved for waiting areas, kitchen, halls and the medical examination room, while interview room(s) has(ve) a sparse decoration. This use of décor is instructional for the child and suggests that different rooms have different purposes, something children seem to understand. In line with the comparative examples, light colours should be used at the premises. Desks and bureaux are either white, or birch and the fabrics are one-coloured in blue and green tones. The setting should be nice and welcoming, but if overstated there is a risk of it being an over-stimulating environment for the child;

3.2.9. Children prefer all rooms to have plenty of natural light (natural and pleasant lighting, never harsh white light), warm and moderate colours, pastel walls. In rooms where there is a camera, it must be unobtrusive, and the child should be gently informed about recording. Children emphasised the importance of privacy – doors should be closed during conversations, sound insulation and the possibility of locking are desirable, as well as windows that do not reveal the interior of the room.

3.2.10. The premises are physically safe for children at all ages and developmental stages, including for children with disabilities and/or special needs. Safety inspections of the premises are carried out regularly;

3.2.11. The interior is designed according to best practice guidance to maintain indoor accessibility;

3.2.12. A special attention should be given to the position of the interview and observation room(s), and medical and therapy room(s). If all rooms do not have a window or the same amount of the light, the position of the rooms should be planned accordingly.¹²

3.3. RECEPTION AND WAITING ROOM(S)

3.3.1. The child is welcomed by a friendly staff member and offered something to drink or/and snack. Children suggested that food and water should always be available, with an emphasis on fruit, healthy meals, but also some snacks or sweets.

3.3.2. The interior should be designed according to best practice guidance to maintain indoor accessibility, for example with preferably one open space with a reception desk and an open area, divided to two separate areas or two separate waiting rooms. One area/room should be designed for pre-schoolers and young children, while the other area/room is designed for pre-teens and teenagers;

3.3.3. The reception and waiting room(s) area should be open, airy and well-lit;

3.3.4. There should never be more than one child in the waiting room at the same time, except for siblings. The observation rooms for professionals listening to the interview should not be situated next to the waiting rooms, in order to avoid unnecessary encounter of the child and professionals;

3.3.5. Waiting rooms should be separately adapted and equipped with secure toys, furniture, magazines and books, in order to meet needs of both younger and older children, children with special needs and disabilities. From children's perspective, waiting rooms should be gently separated but interconnected, for younger and older children – for the younger ones with wallpapers and drawings, and for the older ones with minimalist design;

3.3.6. Children want the opportunity for free choice of activities – from drawing, reading, playing, listening to music, to using mobile phones or PlayStation (with non-violent games). Music in the space should be moderate and relaxing, and children would also have headphones for private listening. The need for a space for rest and relaxation is especially emphasised, with a couch, books, the possibility of watching TV or playing games, where the child can withdraw and feel calm.

3.3.7. The waiting room designed for the younger children should provide a safe environment where they can play with a variety of age-appropriate toys (for example didactic and educational toys, puzzles, colouring books, markers and colours, a small kitchen with appliances, small tables and chairs);¹³

12. In comparative examples, doctors wanted rooms with windows and a daylight, while the professionals conducting the interview with a child settled for a windowless room.

13. Toys and equipment are not only important in the concrete sense, but also in the symbolic sense - they communicate to children that they are children and not only victims.

3.3.8. The waiting room designed for pre-teens and teenagers should be decorated in a “modern” style with Wi-Fi access provided and magazines for teenagers, digital tablet with a variety of games and appropriate applications etc.;

3.3.9. Children should be able to make a choice between relaxation and play or entertainment, giving them an option to choose the level of activity that suits them in the situation;

3.3.10. Children of all ages should be offered an age-appropriate item to play or fiddle with, to reduce stress. These items could be brought to the interview room; therefore, they should not emit any sounds;

3.3.11. Parents and caregivers should be offered magazines, newspapers and useful brochures;

3.3.12. Reception and waiting rooms should be decorated in soft and soothing colours, designed to be inviting and comforting, helping children to feel more at ease¹⁴

3.3.13. Additional equipment could include: swinging chair, drawing chalk-boards, little garden with plants, interactive walls, educational games, children's instruments, soft sofas with cushions, pictures on the walls drawn by other children,¹⁵ cuddly toys, a colourful child sized coat hanger etc. Besides these, children expressed the wish for books, picture books, board games, stuffed animals, stress balls, plants, and opportunities for drawing. Toys should be accessible to everyone, with the possibility for some to be borrowed or taken home. Children emphasise the importance of animals, especially aquariums with fish, but also the possibility of contact with dogs, cats, or smaller animals such as hamsters or rabbits.

3.3.14. The toilets, directly connected to these areas, meet the architectural standards for small children, as well as older ones, children with special needs or disabilities. The toilets have hygiene supplies for girls.

3.4. CHILD PROTECTION ROOM(S)

3.4.1. The child meets the assigned employee who will provide info and guide the child during their stay in Barnahus. Here, the child meets their lawyer and the interviewer, who will explain the child the procedure that follows. The room(s) is(are) designed so the child feels safe and comfortable (see under 3.2.)

3.5. INTERVIEW AND OBSERVATION ROOM(S)

3.5.1. The interview room(s) have a warm and calming style, not being that over-stimulating and distracting as other room(s) (See under 3.2.). The room(s) is (are) comfortable and child-friendly, furnished and decorated with age-appropriate chairs and tables. Ideally, there are different interview rooms for young and older children. In interview rooms for the youngest children, the furniture is small and designed for children below school age, while the interview rooms for older children will have age-appropriate furniture;

3.5.2. Toys or other items for comforting the child could be provided (not emitting any sounds and kept to a minimum, as they can distract the child during the interview). The room(s) should be small as experience has shown that small rooms are more likely to enhance feelings of closeness and safety in children when disclosing;

3.5.3. Observation room(s) should ideally not be placed next to the interview room. In this way, the child will not have to meet all the professionals involved in a Barnahus case prior to the interview;

3.5.4. Colours are important to make the room look nice, but it is important to consider how they come out on the video-recording. Certain colours, such as bright red, appear too bright on the screen and may distract viewers;

3.5.5. The interviewing room(s) is(are) equipped with cameras and sound systems that enable the live observation of interviews in the observation room. In the observation room, observers watch the live interview through a television screen and are able to communicate with the interviewer during the live interview. The interviewer has an earpiece that allows the observers to communicate with the interviewer and ask questions through a microphone placed in the observation room. The recordings must be clear enough to hear and understand everything that was said during the interview. Therefore, when designing soundproof forensic interview rooms, it is crucial to consider the acoustics of the rooms and the setting;

3.5.6. Since all interviews should be audio-visually recorded, the camera should be set up with good quality audiovisual equipment that can follow the child and capture hand movements if the child is

14. As an example of good practice, a slovenian model could be considered – aquarium with fish children could feed, armchairs with rounded backrest, giving a child sense of safety and privacy.

15. In order for children to know they are not the only ones who received Barnahus services.

drawing or showing something. Camera(s) is(are) visible so the child is acquainted with the fact that he/she is being videorecorded;

3.5.7. Both interview and observation room(s) should be soundproofed;

3.5.8. If possible, there should be at least 3 interview rooms and 3 observation rooms.

3.6. MEDICAL EXAMINATION ROOM

3.6.1. The medical examination room is child-friendly and adapted to different ages and needs, equipped with child-friendly technical equipment for top-to-toe and forensic medical examinations, maintaining proper evidence collection capabilities;

3.6.2. The medical examination room should be equipped with a hand washing station and a separate area (curtained or with a door) for changing clothes;

3.6.3. The room should be soundproofed, since a confidential conversation might take place in it.

3.7. THERAPY ROOM(S)

3.7.1. The therapy room(s) is(are) child-friendly and adapted to different ages and needs, equipped with the necessary equipment and content to carry out therapy;

3.8. STAFF

3.8.1. Children are clear in their desire for staff to be friendly, cheerful, patient, and empathetic. Professionals should be educated, listen to the child, and build a relationship of trust, and communicate in clear, simple language. Children want to be treated with respect, to be greeted when entering the room, offered a glass of water, and to have staff be relaxed and on the same level as the child, without too much formality. Professionals should be recognised by their cheerfulness and empathy, not by uniforms. Their clothing should be casual and in cheerful colours (not uniforms), a name tag is welcome but not necessary. Professionals should know children's rights and needs and be ready to adapt their approach to each child. For children with experience of violence, it is especially important that the professional understands what they have been through and knows how to approach them.

3.9. MULTIFUNCTIONAL ROOMS FOR TRAININGS, CONFERENCES AND MEETINGS

3.9.1. The rooms should be equipped with necessary technical equipment - projector, multimedia projector, internet access, sound system audiovisual equipment, quality camera and microphone for video calls, interactive whiteboards. Rooms can be used as a space for video calls, workshops, presentations and informal meetings;

3.9.2. The rooms should have the capacity to accommodate all the governing bodies meetings, as well as external participants. This dedicated training and meeting space, even if not co-located with the main Barnahus services, will enable the Barnahus to host important educational, collaborative, and operational activities without disrupting the day-to-day functions of the facility;

3.9.3. If there is a limitation as regards the space and number of rooms, the rooms can be also used as observations room(s).

3.10. STAFF PREMISES

3.10.1. The staff workspace includes offices, manager's rooms, breakout areas, and meeting rooms. Designed for adaptability, it supports daily team activities and fosters collaboration by proximity to shared areas. Access to essential facilities like IT support, restrooms, staff toilets and kitchen amenities is crucial for staff needs.

3.11. PRIVACY

3.11.1. There are separate, soundproof and private areas available to ensure privacy, if needed;

3.11.2. The Barnahus is set up so the contact between the victim and a suspect is avoided at all times. Two separate entrances to the premises, if possible, or two separate corridors make it possible for children and their non-offending family/caregivers and suspects to be at the premises at the same time, without meeting each other. Appointments with children and suspects are scheduled to avoid contact (i.e. half an hour difference).

3.12. SECURED AREA

3.12.1. The premises have a secured area for authorised staff. It includes the control room, IT room, and storage areas, with controlled access and restricted entry to maintain security and confidentiality.

3.13. SECURITY AND SAFETY SYSTEMS

3.13.1. Access control – systems are available at the premises to ensure that only authorised personnel can access the premises, ensuring the safety of the child, the staff and others;

3.13.2. Security video surveillance system with the purpose of providing a higher level of protection for people and property, is installed in the building's courtyard, parking lots, garages, main entrance and stairwells, while avoiding their placement in common areas.

3.13.3. If Barnahus services will be provided as a public service under the auspices of the MoJPADT with a security person present or nearby, his/her appearance as regards the uniform should be further elaborated from the perspective of Barnahus concept differing from formal settings, which are often intimidating and can lead to re-traumatisation. A judicial police officer in an official uniform should be avoided, but rather have a security guard without a uniform, trained to work with and for children.

Appendices

Appendix 1: summaries of documents reviewed

(1) [UN Convention on the Rights of the Child](#), accompanied by respective [General comments](#), as an international legally binding framework, gives children a range of rights, articulated in 54 articles, including four core principles of the Convention concerning their right to non-discrimination (Article 2), to have their best interests assessed and taken into account as a primary consideration in all actions or decisions that concern him or her, both in the public and private sphere (Article 3), the right to life, survival and development (Article 6) and the right to respect of the views of the child (Article 12).

Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them (Article 19), as well as from all forms of sexual abuse and exploitation (Article 34). Children who have experienced neglect, abuse, exploitation or torture must receive special support to help them recover their health, dignity, self-respect and social life (Article 39).

The Committee on the Rights of the Child makes recommendations on any issue relating to children to which it believes the State parties should devote more attention. As of September 2023, the Committee has adopted **26 General comments**, while drafting of General comment nr. 27 is currently underway.

(2) [Council of Europe Strategy for the Rights of the Child \(2022-2027\)](#) guides member states in protecting and promoting children's rights over six years, focusing on six key areas: violence prevention, equal opportunity, safe technology use, child-friendly justice, participation, and rights in crises. It aims to ensure a rights-based approach, fostering a safe, inclusive, and empowering environment for all children.

(3) [Commission Recommendation \(EU\) 2024/138 on developing and strengthening integrated child protection systems in the best interests of the child \(23 April 2024\)](#) seeks to support Member States in strengthening their child protection systems. It encourages authorities at all levels of governance and civil society across all sectors to work together to protect children from all forms of violence in a coherent and systemic way. It covers the following: Putting children at the centre of integrated child protection systems; Supporting Member States in adapting their systems using EU tools such as legislation, policy, or funding; Establishing a general framework of integrated child protection systems; Improving coordination and cooperation across sectors and competent authorities through the training of professionals; Establishing comprehensive and coordinated support actions in cases of violence against children; Responding to children's safety needs online and offline; Protecting children's integrity and mental health, preventing and fighting (cyber-)bullying; Making better use of existing EU tools to strengthen child protection systems.

(4) [Mapping study on multidisciplinary and interagency child-friendly justice models responding to violence against children in Council of Europe member states](#) assess the presence and scope of Barnahus, Barnahus-type and other multidisciplinary and interagency services in Europe, and reveals how the Barnahus model is evolving during its journey. Informed by responses to a survey questionnaire administered among all 46 member States, the Study reveals progress within member States and in the region and identifies a continued need to strengthen child-friendly justice and the protection of children from all forms of violence throughout the region.

(5) [Barnahus Quality Standards - Guidance for Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence](#) introduce ten good practice standards for multidisciplinary and interagency services for child victims and witnesses of violence in Europe adapted to the child. The key purpose of the standards is to provide a common operational and organisational framework that promotes practice which prevents re-traumatisation, while securing outcomes in the best interests of the child and valid testimonies for the court, complying with children's rights to protection, assistance and child-friendly justice. The standards are a collection of cross-cutting principles and activities, core functions and institutional arrangements that enable child-friendly, effective and coordinated interventions.

Importantly, the standards correspond to legal obligations set out in European and international law which embody general principles, such as the best interests of the child and child participation, as well as specific provisions concerning key processes, such as interviews with child victims and assistance provided to them.

(6) [IWA 49:2025 - Child-friendly multidisciplinary and interagency response services for children who are victims of violence - Requirements and recommendations](#) provides requirements and recommendations for child-friendly MD/IA response services for children who are victims of violence. It provides a holistic framework for MD/IA collaboration to ensure that children are provided with a child-friendly, professional and effective response in a safe environment. Inspired by successful models such as the Icelandic Barnahus (Children's House), the framework integrates child welfare, criminal investigation, medical and therapeutic services under one coordinated system. The requirements promote a supportive environment that prioritises the well-being and rights of children, minimising further trauma while ensuring access to justice and care.

(7) [Analysis of the legislative, policy and institutional framework regarding protection of children and procedures for cases on violence against children, including sexual violence in Croatia](#) provides for concrete recommendations for implementing Barnahus model in Croatia regarding organisational and spatial coordination. It is recommended to place the best interests of the child as the key guiding principle for all activities related to the establishment and functioning of the Barnahus model in Croatia (Recommendation 1.) and to ensure child participation in the decision-making process related to the establishment, functioning and the evaluation of the Barnahus model in Croatia (Recommendation 3.).

The Barnahus model in Croatia should be nestled within the MoJPADT as the competent national authority for establishing and monitoring its functioning (Recommendation 9.), with Barnahus premises in the vicinity of public transportation to ensure accessibility to all children, in particular those with special needs (Recommendation 12.). It is recommended to design the Barnahus in a child-friendly manner with an adequate number of rooms for each of the provided services and to ensure that the contact between the child and the defendant is prevented at all times (Recommendation 13.). Procedures for interagency planning and case management in Barnahus should be put in place, along with the necessary evaluation and follow-up to ensure that services are provided in line with the needs of the child and their non-offending family members/caretakers (Recommendation 26.), while initial evaluation of the application of the Barnahus model in Croatia should be carried-out, following a four-year implementation period to identify the progress made and challenges occurred and to envisage subsequent regular evaluations within the same timeframe (Recommendation 30.).

(8) [Training Gap Analysis](#) provides an overview of the Barnahus model, highlighting its significance and the objectives of a training needs analysis necessary for successful implementation. The analysis results suggest that Croatia possesses strong professional capacities across multiple sectors critical to the effective implementation of the Barnahus model. Experts from the educational, healthcare and judicial-police systems bring diverse perspectives and rich experience in child protection. Preventive programmes in schools, alongside annual plans and strategies, further strengthen efforts to raise awareness and prevent child abuse. However, challenges remain, particularly in terms of weak intersectoral connectivity and lack of coordination.

Improved collaboration and mutual respect between experts from various sectors are essential to ensure a comprehensive and integrated approach to child protection. The lack of records on conducted trainings, quality of education, and evaluation is recognised, while the need for additional training and evaluation is emphasised to ensure high-quality service provision.

The importance of aligning training programmes with the needs identified is stressed out, to ensure the protection and support of child victims and witnesses. Sustained collaboration between stakeholders and the introduction of specialised protocols and training programmes are needed. In Croatia, it is necessary to establish a new Barnahus training model based on intersectoral cooperation, quality control that includes recording and evaluation, and strong and sustainable institutional support with established leadership, coordination and resources. Proper coordination and effective organisation are key to creating a safe and supportive environment for children

(9) [Roadmap and cost structure analysis for the implementation of the Barnahus Model in Croatia](#) specifies implementation steps, resource requirements, and operational frameworks for both short-term and long-term phases, with concrete, actionable activities for each phase. It synthesises findings from stakeholder consultations and considers international best practices while remaining grounded in Croatia's specific context and needs.

It specifies that a Barnahus must be established as a formal public institution, with defined governance structure and funding mechanisms, as well as with concrete protocols for inter-agency cooperation, including data sharing, case management, and professional obligations. The establishment of the pilot Barnahus unit

demands careful consideration of both location and spatial requirements. Through consultations facilitated by the Ombudsperson's office, children have expressed a preference for a discreet, less centralised location that would enhance their sense of privacy and security. While the final site selection may need to prioritise practical considerations regarding available state-owned properties in the city centre, the facility's design will incorporate robust measures to protect children's privacy and create a welcoming, child-friendly environment. The space will be configured to enable both child friendly service delivery and professional collaboration, adhering to international Barnahus standards while implementing architectural and operational solutions that address children's expressed needs for confidentiality and safety.

The development of Barnahus facilities requires attention to creating an environment that balances the needs of children with professional requirements. At its core, the facility must provide a child-friendly, accessible, and secure space where both the wellbeing of children and the technical needs of staff are met. Professional-grade sound proofing throughout the facility is essential to ensure privacy and create a safe space for sensitive conversations and interviews.

The facility's interview spaces are an important component of the Barnahus model. These include dedicated interview rooms equipped with high-quality audio-visual recording equipment and child-friendly décor. Each interview room connects to an observation room fitted with technical equipment for viewing and recording as well as staying in contact with the child interviewer in the room. The observation rooms also include video conferencing capabilities to enable remote participation in interviews and training sessions when necessary. A key consideration still being determined is whether suspects and court professionals will be physically present at the Barnahus or participate remotely through video-link from the court. While remote participation will be possible, technical specifications and requirements need careful consideration both at the Barnahus facility and the court to ensure reliable, high-quality transmission. Special consideration is needed in the placement of the observation room and interviewing room, so that the interviewed children do not come into contact with the suspect, who may be observing the interview together with the court professionals.

Medical and therapeutic services require specially designed spaces within the facility. Medical examination room should be equipped with appropriate medical equipment while maintaining a child-friendly atmosphere. This space must include a hand washing station and a private changing area, either curtained or with a door. The facility should also have in-house therapy rooms furnished with comfortable, age-appropriate items suitable for therapeutic work with children and young people.

The staff and administrative areas need to support the day-to-day operations of the Barnahus team. These include adequate office space for the core team, meeting rooms for case discussions, and a staff break room with supplies for meal preparation and breaks. Secure storage rooms are necessary for confidential materials and equipment, including a dedicated server room with appropriate security measures.

Public areas of the facility require thoughtful design to create a welcoming atmosphere while maintaining privacy and security. The reception area should include separate waiting spaces designed for younger and older children. Accessible toilets must be available for both staff and visitors, and most public areas must be wheelchair accessible. A separate entrance for suspects ensures they never come into contact with children at the facility.

While not necessarily located within the main Barnahus premises, a nearby space should be dedicated to larger gatherings. This space will serve multiple purposes, including hosting training sessions, workshops, team meetings, inter-agency collaboration, professional development activities, and community engagement events.

The Roadmap detects some crucial mitigation strategies for managing risks for facility development of Barnahus services, such as: detailed space utilisation analysis during planning, flexible room scheduling system, consultations with child development experts and modular design approach for adaptable spaces in order for the future premises to be adequate for concurrent activities and for the child-friendly adaptations fail to meet diverse age group needs.

The Roadmap detects some crucial mitigation strategies for addressing risks in achieving the effective Barnahus services development, such as: implementing robust access controls, conduct regular security audits and provide comprehensive data protection training in order to prevent unauthorised access to sensitive case data; conduct early technical assessment, establish interim data sharing protocols and develop standardised file formats in order to minimise technical incompatibility between agency systems; establish secure backup systems, implement data retention policies and create disaster recovery protocols in order to prevent loss of critical case information; schedule regular inter-agency meetings, establish clear communication channels, appoint agency liaisons, provide joint training sessions, facilitate team-building activities and demonstrate benefits of collaboration in order to enhance good communication and collaborative working methods

between participating agencies. To ensure effective implementation, the *Memorandum of Understanding on implementing the Barnahus model in Croatia* establishes focal points for coordinating activities between signatories under the supervision of the MoJPADT. These focal points could be the members of the Advisory Group for the duration of the EU/CoE joint project, and after that they should be responsible for the coordination of the implementation with MoJPADT. The Project Advisory Group will be replaced by the group of Focal Points once the EU/CoE joint project is completed.

(10) [Report on procedures and protocols supporting an inter-agency agreement between Croatian authorities competent for implementing the Barnahus model in Croatia](#) provides for recommendations for effective functioning of the Barnahus model. At the outset, it is noted that, as regards the inter-agency cooperation, Croatia has a long-standing application of a dedicated by-law regulating the mutual co-operation between relevant stakeholders in sexual abuse cases. Existing legislative, policy and institutional framework will facilitate the implementation of Barnahus by focusing on the areas that need to be put in place for its start of operations, e.g. type of public institution, legal basis for functioning, allocation of budget, venue and implementation phases.

Some of the principles highlighted as important in the context for the effective functioning of the Children's House in Croatia are as follows: importance of awareness to strengthen the implication of international standards in national systems; Barnahus anchored in public institutions, framed by co-operation agreements clearly establishing responsibility of all stakeholders and their mutual communication; attributing specific annual budget over a multi-year period to enhance sustainability of Barnahus services, providing specialised initial and continuous training to all relevant stakeholders with competence-based evaluation and supervision; ensuring regular meetings between all relevant stakeholders to enable exchange of experiences and to discuss activities and services at national and regional level; ensuring clear procedures for the processing of personal data and for data keeping and analysis.

Interviews carried out with relevant representatives from respective member states¹⁶ showed challenges in implementing Barnahus services, such as: lack of clearly defined roles and responsibilities of stakeholders, no child consultations on Barnahus services, issues related to data sharing; lack of training; getting judges on board to use the Barnahus units, data sharing between agencies, planning being key to effective response; no systematic data collection or lack of statistics gathering and analysis as well as evaluation to identify the lessons learned, issues getting all the relevant stakeholders together and on board.

(11) [Protocol on procedures in cases of sexual violence \(PPCSA\)](#) is a dedicated by-law that identifies relevant stakeholders in child sexual abuse cases, regulates their codes of conduct and obligations as well as the co-operation modalities before, during and after criminal proceedings. Other protocols prescribe co-operation modalities in other types of child abuse cases. This report is therefore focused on inter-agency cooperation prescribed in the PPCSA and is supplemented with other by-laws to the extent necessary.

(12) [Collaborating against child abuse - Exploring the Nordic Barnahus Model \(Staging a Caring Atmosphere: Child-friendliness in Barnahus as a multidimensional phenomenon\)](#) gathers contributions from all Nordic countries and offers an interdisciplinary and comparative approach to different dimensions of the Barnahus model. In desk research for the purpose of drafting the Guidelines, a special attention has been given to the parts regarding child-friendliness, support and treatment (Part I), children's rights perspectives (Part III) and interagency collaboration and professional autonomy (Part IV).

(13) [Informing Bairns' Hoose Implementation in Scotland](#) draws on international insights and good practice examples from across American Child Advocacy Centres, Canadian Child and Youth Advocacy Centres, European Barnahus centres and Barnahus-like services that fully or partially adopt the Barnahus model and standards.

(14) [National Guidelines for Barnahus in Slovenia](#) contain a series of guiding principles for the establishment and operation of the first Barnahus in Slovenia. They were developed in the framework of the first phase of the joint EU-CoE project "Supporting the implementation of the Barnahus in Slovenia" (2018-2022), which aimed to contribute towards improving the quality and effectiveness of the justice system to support institutional and administrative reforms for responding to child sexual exploitation and abuse in Slovenia.

16. Slovenia, Iceland, and Ireland.

Appendix 2: study visits to Slovenia and Finland

1. Study visit to Slovenia

On 22 May 2024 a Croatian delegation, consisting of several members of the Advisory Group, visited Slovenian Barnahus – [Hiša za otroke](#) in Ljubljana (Slovenia) –, as a part of the study visit of the EU/CoE joint project on “Implementing the Barnahus model in Croatia”.

From the organisational part, the Children’s House is organised as a public institution, established by Slovenia. The Government of Slovenia has the rights of the founder (granting consent for the appointment of the director, statutes, work programmes, financial plans, and annual reports of the Children’s House), while the oversight of the legality of the operations of the Children’s House and the allocation and use of funds for financing the activities and programmes of the Children’s House are carried out by the minister responsible for justice.

Barnahus employs 7 staff members: administrative and IT staff, lawyer and 3 and a half members that include the interviewer and counsellor. Each child is assigned with 2 staff members upon receipt in Barnahus (interviewer and counsellor for crisis support). Medical staff comes on a need’s basis. Police is authorised to use Barnahus premises for conducting the informative interview with the child during the pre-trial phase (not used in practice often). Preparatory meetings are done before the forensic interview.

Annual report on the functioning of the Barnahus is mandatory. It includes statistics on the number of children received (age, sex, gender, competent court), and types of services provided. It is sent to the Ministry of Justice and is used as an indicator of lawful functioning of the Barnahus and for allocating the budget. First evaluation was done in the pilot phase. Further evaluations are also envisaged to primarily assess the impact of the Barnahus on the rise of criminal cases.

The Children’s House is located in a commercial building, since the initial plan to organise Barnahus services in a semi-detached house was not feasible, due to constraints as regards available state-owned premises. Barnahus is located in a newly constructed facility, in a neighbourhood where it does not stand out from the predominantly residential buildings, located outside the city centre, with a parking lot.

The touring of the House gave the experts a valuable insight of the spatial organisation of the premises. Two entrances to the House prevent the possible contact between the suspect and the child. The premises of the Children’s House extend to 300-400 square meters. With the basement and other parts of the building included, they extend to about 700 square meters. On the left side of the entrance where the child enters is a reception area. Next to the counter is a large aquarium that was acquired at the initiative of the children who participated in the focus group for the arrangement of the Children’s House. The reception area leads to the waiting room for older children, which features seating with high rounded backs so that children can feel more concealed from view if they need to, along with toys and age-appropriate books, as well as a space with a carpet and cushions on the floor for relaxation.

Further, there is a room for medical examinations and three rooms for the staff of the Children’s House. There is a waiting room for younger children, with age-appropriate content, toys, and books. Next, there is a room where the judge and professionals participate in the questioning of the child through audio-video devices. There are two rooms equipped with cameras where the child can be questioned, one of which is equipped with two cameras - one recording the child and the other recording the room, in order to make it visible if someone enters during the questioning. The rooms of the Children’s House are soundproof, with the sound insulation being almost imperceptible, almost as part of the room’s decoration. In the central part of the space, there is a large room intended for conducting trainings and conferences.

2. Study visit to Finland

On 5-6 November 2024 a Croatian delegation, consisting of several members of the Advisory Group, visited [Barnahus in Helsinki](#) (Finland), as a part of the study visit of the EU/CoE joint project on “Implementing the Barnahus model in Croatia”. The lessons learnt from the study visit should inform Croatia’s approach to establishing a sustainable and comprehensive Barnahus model, tailored to local needs.

Finland has five independent Barnahus units, but the Finnish authorities themselves identified this structure as problematic due to the risk of ununified practices. Barnahus units operate under university hospitals that operate as specialized centres affiliated with medical universities, focusing on advanced care, research, and medical education, and serving as regional referral hubs for complex cases. Coordination of all services from a single, centralized level deems crucial, considering that the Finnish model shows shortcomings of a system with a decentralized structure, where the lack of coordination leads to inconsistent practices and therefore different treatment of children.

As the most challenging in providing Barnahus services, they find fragmented regulation, lack of clearly defined roles and responsibilities of stakeholders, unclear referral procedures and child’s age for referral, no systematic data collection, no child consultations on Barnahus services and issues related to data sharing. Therefore, the following considerations were given: bringing together the justice and the social welfare/healthcare sector, the need for preliminary assessment, data sharing, description of stakeholders’ competencies in all stages (pre-trial, trial and post-trial phase), ensuring therapy during all stages, follow-up and long-term case monitoring, and evaluation.

Data is collected regularly, but mostly not on the national level. On the national level only data on multi-agency screening of cases is collected.

Understanding of the Barnahus model by all stakeholders involved in its implementation is crucial for its successful implementation. In this regard, the importance of raising awareness among professionals is emphasised, as well as inter-agency cooperation and ongoing education and consultation for professionals regarding both the subject matter and the role of the Children’s House. While the judicial system prioritises effective investigations, it is equally important to recognise Barnahus as an essential part of the process. Difficulties in follow-up and information exchange has been emphasised, due to the independent nature of certain implementing parties, although it was stated that there is a high level of both formal and informal cooperation and trust among institutions in Finland.

Strong MD/IA cooperation, exchange of information, establishment of good protocols of such cooperation, including a research component that involves the national academic community, have been emphasised as essential for the successful functioning of the Barnahus. A strong cooperation between Finnish Barnahus units and academic researchers has been highlighted as of outmost importance, stating that all procedures are recorded and subsequently analysed by researchers to identify areas for improvement.

It has been emphasised that the Helsinki Barnahus unit is responsible for expert training and supervision. It is considered appropriate for the Barnahus team to act as a support system for all professionals working with children and for children, who can reach out for advice via a special hotline and email address designated for this type of inquiry. Importance of establishing an online platform to provide resources for child protection professionals is emphasised. Such a working model would undoubtedly lead to uniformity in the actions of all professionals working with children, and the most common issues arising from inquiries could be used for further national education.

It proves to be an opportune solution for Croatia for the current Advisory Group to continue to monitor and advise on the further establishment of the Children’s House, with the aim of ensuring continuity and excellence. MD/IA meetings, along with the use of the LASTA screening form, are highlighted as particularly useful in the work of the Children’s House. LASTA meetings are held on a bi-weekly basis between prosecutorial bodies (police/state attorney) and social welfare bodies, where the exchange of information achieves the best decision for each individual case and standardises actions. Although there are certain shortcomings primarily related to issues in accessing data from individual bodies, due to regulations on personal data protection, they do not record significant problems in the area of inter-agency cooperation during such procedures. Therefore, it is possible to draw a parallel between the Finnish model and the current practices and cooperation of the professional services of the Croatian Social Welfare Institute, primarily with the court and police in cases of sexual and other forms of violence against children. Namely, the professional team of the Croatian Social Welfare Institute submits to the court information on the assessment of risk to the child based on social work instruments in the form of a family assessment report.

Croatia could also adopt this model with adjustments to the national system, which would improve, encourage, and facilitate cooperation between all bodies – not only regarding collaboration on specific cases but also concerning the exchange of information and knowledge. In this way, the inconsistency in the actions of law enforcement agencies, social welfare bodies, and courts would also be reduced, thereby achieving the right to protect the best interests of the child. Therefore, such inter-agency meetings, along with the use of the LASTA screening form, are considered particularly useful in the work of the Children's Home.

As regards the Children's House, it is situated on the 2nd floor of a formal, office building. The entrance to the premises contains an open area with one big stuffed toy, indicating that this is a child-friendly premise. Behind this area is another open space waiting area adapted to younger children. This area leads to two sections of corridors, each leading to separate, dedicated rooms (interview rooms, observation rooms, utility rooms, staff meeting rooms.) At the end, there is an open space waiting area adapted to older children.

Appendix 3: summary of consultative meetings

In the course of June and July 2025 the exchange of views with the CoE project team and the Office of the Ombudsperson for Children took place, in order to define the concept and the methodology of the Guidelines. The following issues were identified as the ones to be addressed: as regards the organisational coordination, a set up of a multi-agency steering committee (focal points) should be elaborated with a clear mandate, responsibilities, and roles; case management and operating procedures within Barnahus (based on existing international standards and the Roadmap); profile of staff members and their respective roles should be considered, as well ongoing training in Barnahus. As regards the spatial coordination and design, location and accessibility of the venue should be steered, as well as zoning of the Barnahus premises. Equipment needed, as well as safety and privacy of the spaces, child-friendly design, name of the Barnahus in Croatia, as well as logo/visual identity should be opted for.

On 3 July 2025 the consultations were held between the CoE project team, Office of the Ombudsperson for Children and experts on Barnahus services from Ireland, related to their experiences in conducting children's participation for the purposes of the establishment of the first Barnahus in Ireland. The meeting was attended by Adela Methasani and Carolina Savonitto from the CoE, Anne Griffin and Niamh O'Loughlin from Barnahus West Ireland, Cora Maughan, as the participation officer from Ireland who conducted interviews with the children, and Daška Leppee Pažanin and Nina Ćurčić from the Office of the Ombudsperson for children.

National Intradepartmental Group was set up as the highest political body for establishing and leading the Barnahus model in Ireland. It has set up the National Agency Steering Committee as the decision-making and financing body, while Child and Family Agency (TUSLA) manages the Barnahus at the operative level. Each professional is paid by its respective agency while the management is paid by TUSLA.

Twice a week the Barnahus team discusses the referrals and exchange gathered information. Data sharing between agencies is key to effective response is planning. Each agency has its own database. Common indicators are being developed currently that will include e.g. lapse of time between the referral to carrying out the forensic interview. Evaluation of Barnahus West was done twice. It also included the children's participation.

The discussion revealed the process of furnishing and equipping the Barnahus premises. The premises of the future Barnahus were one large, empty space. Initially, the professionals working with children, with the participation of architects, made their suggestions regarding the layout of the rooms and their requires. For example, doctors wanted rooms with windows and a daylight, while the police officers (who, according to the Irish national law, conduct the forensic interviews) preferred windowless room. Given that, the interrogation rooms are in the centre of the house. The architects working on the Barnahus interior planning were not generally specialised in designing premises for children. In addition, a psychologist was consulted during the furnishment of the premises.

In Irish Barnahus, there are no separate waiting rooms for younger children and teenagers. There are three waiting rooms, where each room directly leads to other rooms in which Barnahus services are provided (interview room, medical room, therapy room). Given this, the Barnahus can accept three families at the same time. With Wi-Fi network available, children can use iPads with dedicated apps during their stay in the waiting room. Despite this amenity, most teenagers are mostly not interested in the iPad but want a conversation instead. In order for children to feel more at ease during the forensic interview, they can bring the sensory object into

the interrogation room. Sensory equipment is also available at the large balcony, where children and families can spend time during the day.

There is no option of an overnight or a longer stay in Barnahus. After the forensic interview, a therapy screening is conducted in order to assess the child's needs and to define further steps in addressing them. A lot of parental work is done, meaning they help and support parents for them to be able to understand and to help their child. If there is a need for a long-term intervention, a child and the family are referred to another specialist or institution.

There are no cameras at the entrance or in the interior of the Barnahus premises. The suspect is never summoned to the premises, therefore there is no security threat to the employees and users of Barnahus services.

There are 11 full-time employees. Children are given the opportunity to provide feedback on their experience after they have used Barnahus services, but the practice has shown that they are reluctant to fill out questionnaires on the spot. Therefore, the development of providing answers via QR code questionnaire is planned.

Children who participated in consultations on the future premises and facilities were not victims and beneficiaries of Barnahus. Since the experts mostly decided on the layout of the rooms, there was not much possibility for *post-festum* changes and interventions, although the children gave significant input regarding the height and the colours of the walls, as well as the lighting. They self-initiated the reception to be open and transparent, so that it does not seem that someone is hiding underneath it, as well as the light music to be playing in the lobby. The children gave a lot of input regarding what they do not want, such as no visible room tags, no corridors which make the space look too „clinical“, no animal drawings or colourful handprints on the walls, with minimum toys' branding (e.g. no Disney theme). If there are pictures on the wall, they should be put on a level of the child's height.

As regards the staffing, children expressed their wish for professionals working in Barnahus to be experts in their fields. They find that the gender of the professionals working with children is not that important. The children participated in the creation of the Barnahus logo, opting between few logos previously prepared by expert designers.

The second initial consultation was held on 28 July 2025 with the CoE project team and experts on Barnahus services from Slovenia, related to their experiences in drafting the National Guidelines for Barnahus in Slovenia, especially regarding the organisational concept of Hiša za otroke, as well as conducting children's participation for the purposes of refurbishment of Hiša za otroke. The meeting was attended by Frederique Privat de Fortunie from the CoE, Mija Cankar as the interim acting director of Hiša za otroke, Maja Čarni Pretnar and Andrej del Fabro from the Ministry of Justice of Slovenia, with Daška Leppee Pažanin and Nina Čurčić from the Office of the Ombudsperson for children.

The National Guidelines for Barnahus in Slovenia were developed in the first phase of the joint EU-CoE project, „Supporting the implementation of the Barnahus in Slovenia“ (2018-2022) and drafted by the Ministry of Justice of Slovenia. It was decided to establish Hiša za otroke as the new, public institution („javni zavod“), with the Ministry of Justice as the lead agency. Slovenian Barnahus operates as an independent public bureau („javni zavod“) formally nestled under the Ministry of Justice. Barnahus is under an obligation to send annual reports to the Ministry that supervises if it functions in accordance with the law. The operative supervision is done by the Barnahus Board. The bodies of the Hiša za otroke are the Board, the Director and the Board of experts. Slovenian colleagues briefly explained the roles of each body, as stipulated by the Child protection in criminal proceedings and comprehensive treatment of children in the Children's House Act (Articles 8-11). Regarding the appointment of the Director as the leading figure with dual roles – on one hand, managing all the professional work and operation of the House, including human resources and finances, and on the other hand as the leading expert in working with children, Slovenian colleagues stated that the complexity and diversity of these roles lead to challenges finding the right person to excel in each role. From Slovenian experience, these should be divided to at least two persons (for example the Director and his/her Deputy), while having in mind that there should be a person responsible for coordinating more than one Barnahus premises (which will be the case in Croatia). Both Boards meet 4 times a year, while only the Board members receive a financial incentive for their role. Beside the Director, the permanent staff of the Hiša za otroke are clinical psychologist, social worker, social pedagogue, lawyer, chief administrator and a technician. A lawyer is responsible for communication with the courts and for appointing of the cases (each case is assigned to 2 persons). Slovenia does not have a systematic and coordinated cooperation with the scientific research institutions developed, although this task is prescribed by the Children's House Act.

As regards the Hiša za otroke premises, the architects with experience in designing interior spaces for children (such as kindergartens) were engaged to undertake the renovation and redesign of an existing building,

transforming it into a space that gives a sense of support and inclusiveness for children, families and staff. The psychologists were involved through the Advisory group, leading the interior design by trauma-informed practices. The consultations with children were not conducted by the Ministry of Justice, but by the national institute, therefore a detailed insight on the scope and the methodology of the consultations has not been gained. The children gave the input on the height and the colours of the walls, while several pictures of different Barnahus premises were used in the process of the furnishment. Slovenian colleagues emphasised that ceilings should not be high, rooms no bigger than 8-10 square meters, given the fact that children feel more secure in small spaces.

No systematic and structured information on children participation in implementing Barnahus model in Slovenia has been provided, since it was done through outsourcing arrangements with Slovenian stakeholders.

Concerning the children's feedback on their experience after they have used Barnahus services, the staff gives the child the opportunity to write down their satisfaction with the service, but they do not insist on it if the child is not willing to provide the feedback. The Logo of the House was not consulted with the children. As regards the name of the House, there were a lot of ideas, but the Hiša za otroke seemed to be the most corresponding to the services themselves, although it may lead to deception to be a place where children can stay overnight or for a longer period of time.

On 10 September 2025, an online meeting, followed by a written peer review of the previously submitted first draft of the Guidelines, was held between the author, the CoE project team and Ms. Ivana Celio Cega. Following the meeting, the author of the Guidelines received Ms Ivana Celio Cega's peer review of the draft, steering the first draft as regards the conceptual framework development, skeleton and annexes. Based on these, the author submitted the second version of the first draft of the Guidelines to the CoE on 19 September 2025. The second version of the first draft was subsequently approved by the CoE, EC and Ms. Ivana Celio Cega, and sent to the MoJPADT for feedback.

After receiving the feedback, with comments, from the MoJPDTA on 10 October 2025, the author updated and adapted the text according to some comments from the MoJPDTA, while leaving few open issues to be further discussed with the project Advisory Group. The revised version of the Guidelines was sent to the Advisory Group members for their written comments on 22 October 2025, with no feedback received subsequently. Given the fact that the Barnahus project has been extended until the end of June 2026, the previously set deadlines for the drafting team to prepare the final Guidelines was extended from 19 December 2025 to 15 February 2026.

On 26 November 2025, an online meeting between the CoE project team, MoJPDTA (Ms Ana Kordej and Petra Gluhak) and the Office of the Ombudsperson for Children (Ms Daška Leppee Pažanin and Nina Čurčić) was held as regards the open questions of the draft Guidelines, especially regarding the organisational structure of the future House. The meeting was concluded with a mutual decision to hold a bilateral, in person meeting between the MoJPDTA and the Office of the Ombudsperson for Children, in order to discuss the organisational structure of the Barnahus in depth. The said meeting was held on 16 December 2025 at the premises of the MoJPDTA (Ms Ana Kordej and Daška Leppee Pažanin).

In the meantime, given the fact that the Draft Law on Barnahus was being worked on by Ms Ivana Celio Cega in parallel with drafting the Guidelines, in order to ensure coherence and alignment between two documents, Ms Ivana Celio Cega made further proposals on the draft Guidelines, submitting these to the author of the Guidelines on 3 December 2025. The proposals were mainly taken into account in further development of the Guidelines.

As previously agreed, the Office of the Ombudsperson for Children submitted to the CoE the 2-page summary of the consultations with children on 17 November 2025, prepared and analysed by Ms Ivona Makvič Salaj, with consultations being conducted by Ms Helenca Pirnat Dragičević, Davorka Osmak-Franjič and Ivona Makvič Salaj.

Given the fact that there were several outstanding issues regarding the operational structure of the House for which there have been no inputs, comments or solutions provided by the Advisory Group, and the fact that these issues needed to be resolved in a more structured and formal way (through a working group composed and appointed specifically for drafting of the Barnahus Act), the meeting held on 16 December 2025 at the premises of the MoJPDTA was closed with the mutual decision to propose to the CoE project team and to Ms Ivana Celio Cega that the Guidelines, especially in the operational part, should remain general, providing basic proposals and recommendations, while the Draft Barnahus Law would be more detailed, providing concrete solutions and, of course, be legally binding. After Ms Ana Kordej presented the abovementioned to the CoE project team and to Ms Ivana Celio Cega at the meeting held on 16 December 2025, all parties agreed on the abovementioned. Taking these recommendations and constraints into account, the deadline to prepare and submit the second draft of the Guidelines was extended to 12 January 2026.

At the 5th Advisory Group meeting held on 3 February 2026 in Zagreb, the drafting team presented the second draft of the guidelines for final discussion and feedback. The tour de table showed unanimous support and broad consensus among participants, reaffirming the document as a solid foundation and clear roadmap for the establishment of the Children's House in Croatia. The final version of the guidelines was endorsed by the Advisory Group and presented at the final conference of the project which took place in Zagreb, on 19 May 2026.

Appendix 4: consultations with children

1. Consultations with children which already took place in the framework of the EC/CoE joint project

Through consultations facilitated by the Ombudsperson's office within the framework of the [Analysis of the legislative, policy and institutional framework regarding protection of children and procedures for cases on violence against children, including sexual violence in Croatia](#), the child participation was ensured by carrying out two surveys aimed at identifying children's views on key areas relevant for the implementation of the Barnahus model in Croatia, including both location and spatial requirements. Children have expressed a preference for a discreet, less centralised location that would enhance their sense of privacy and security. For children, the most important aspects are the atmosphere and the feeling of safety and comfort. Children would prefer a warm space looking like home and not like a cold institution, with a place for relaxing and a playground with toys, books, crayons, beanbags, television and gaming consols included. Walls shouldn't be blue or white, but preferably beige. Half of children expressed their wish for animals presence at the premises (dogs, fish, etc.). Regarding the experts who would be working in the Barnahus, children emphasised the need for experts who understand children, know how to work with them and gain their trust, and do not judge them (psychiatrists and psychologists were most frequently mentioned).

Subsequently, Ipsos produced a research report [on the perception of sexual violence against children in Croatia](#), with the aim to illuminate, amongst other, the perception of Barnahus and how should the Children's House, in general, be organised and designed within Croatian context. From the moment a child enters the House, the focus should be entirely on the child. The child should feel protected and safe. The environment should be child-friendly, with bright and comforting decor and casual furniture resembling a real house. It should not appear like a courtroom or a doctor's office but rather be informal and relaxed - not as a space where the child is interrogated, but as a place where the child has everything needed to feel as comfortable as possible. The [video presenting Barnahus in Iceland](#) children found to be looking excellent and should be replicated in the Children's House in Croatia. The experts working in Barnahus should be compassionate, empathetic, trustworthy, tailoring their approach to each individual child, taking into account their specific situation, circumstances and fears.

The research report showed that the term „Children's House“ in Croatian implies a place for accommodation or a shelter for children, which is not the case with Barnahus. It is important to emphasise that this is a centre that integrates related services but does not have accommodation facilities. This should be highlighted not only through the description but also in the name, suggesting it be called a 'Children's Centre' or something similar. Furthermore, the survey shows that interviewed focus groups assumed that Barnahus has open doors so that victims can come directly to report violence (if applicable).

2. Consultations with children conducted for the purpose of these Guidelines – Objective and scope

According to the [Roadmap and cost structure analysis for the implementation of the Barnahus Model in Croatia](#), the pre-renovation planning phase of the Barnahus premises should primarily incorporate perspectives from children who have direct experience with the judicial and administrative system, while the Network of Young Advisors established under the Ombudsperson for Children might be consulted as an additional resource specifically for aspects related to basic awareness of children's rights and general perspectives on child-friendly environments.

Drawing from feedback in the [Training Gap Analysis](#), children have emphasised the importance of professionals having both experience and training in child friendly communication. To enhance children's comfort and preparation for their visits, Barnahus should consult with children, including those that have visited Barnahus, about what information they found helpful to know about the professionals they met. Within the facility itself, consideration should be given to creating a welcoming and transparent environment through visual staff identification.

Drawing from the previous consultations with children within the project, and the need to consult children on concrete aspects of spatial concept of the Barnahus premises, as well as on child-friendly environment, staffing and routines, the Office of the Ombudsperson for Children carried out two surveys aimed at identifying children's views on spatial features of the Children's House. On 17 November 2025, the Office of the Ombudsperson for Children submitted to the CoE the report summarising the experiences, reflections, and suggestions of children gathered through discussions with those who have experienced violence, as well as children without such experiences, ensuring a broad perspective on the needs and expectations of children of different ages and backgrounds. Individual interviews were conducted with children who have experienced violence (sexual and other forms; N=10; aged 10 to 16; M:6, F:4) in cooperation with the Centre for Missing and Exploited Children Croatia. Group interviews were held with children who are members of two advisory groups of the Ombudsperson for Children – the Youth Advisory Network and the Youth Forum 16+, who do not have direct experience of sexual violence (N=32; aged 13 to 18). The interviews were conducted from September to October 2025.

Children perceived the name "Children's House" as safe and appropriate, but also suggested creative alternatives such as "Children's by centre," "Safe House," and "Children's Rights House." They emphasise that the **name and logo** should be friendly, playful, and cheerful, without associations to problems or violence. Suggested symbols include a hug, heart, sun, cloud, or star, and colours should be light and pastel, avoiding red and black. Children want the House to be discreetly located for privacy protection, but also easily accessible – preferably in the city centre or near a school, with plenty of greenery and space for play. Special ideas include green areas, a children's park, playground equipment, an artificial grove, a plant-growing area, sand, pathways for play, and benches for outdoor seating. They also emphasise the importance of being able to plant and care for plants, which further fosters a sense of belonging to the space.

The **entrance to the house** is envisioned as warm and welcoming (a sign on the door, a mat with a positive message), with sliding doors and an elevator for children with mobility difficulties. Access should be discreet – not directly from the street, but from a courtyard for safety. The space should be bright, airy, and homely, never resembling a hospital. **Walls** would be decorated with children's drawings and pictures with motifs of the sun, flowers, hearts, or animals, with a particular emphasis on the predominant use of blue and white, as well as gentle, pastel tones that create a sense of peace and security. Children highlighted how much it means to them to participate in decorating the space – for example, in choosing decorations. Such activities further strengthen their sense of belonging and security, making the space "theirs." Decorations on the walls should be changeable, and children often mentioned the scent of home, such as vanilla or flowers, as an important detail for relaxation.

Room design is especially important: children prefer spaces with plenty of natural light (natural and pleasant lighting, never harsh white light), warm and moderate colours, pastel walls, with armchairs, beanbags, or sofas. The rooms for psychologists and medical offices should be pleasant, with natural light; if there is a camera, it must be unobtrusive, and the child should be gently informed about recording. Children emphasised the importance of privacy – doors should be closed during conversations, sound insulation and the possibility of locking are desirable, as well as windows that do not reveal the interior of the room.

Waiting rooms should be gently separated but interconnected, for younger and older children – for the younger ones with wallpapers and drawings, and for the older ones with minimalist design. In waiting rooms and other areas, books, picture books, board games, stuffed animals, stress balls, plants, and opportunities for drawing are desirable. Toys should be accessible to everyone, with the possibility for some to be borrowed or taken home. Children emphasise the importance of animals, especially aquariums with fish, but also the possibility of contact with dogs, cats, or smaller animals such as hamsters or rabbits.

Food and water should always be available, with an emphasis on fruit, healthy meals, but also some snacks or sweets. Children want the **opportunity for free choice of activities** – from drawing, reading, playing, listening to music, to using mobile phones or PlayStation (with non-violent games). Music in the space should be moderate and relaxing, and children would also have headphones for private listening. The need for a **space for rest and relaxation** is especially emphasised, with a couch, books, the possibility of watching TV or playing games, where the child can withdraw and feel calm.

Children are clear in their desire for **staff** to be friendly, cheerful, patient, and empathetic. Professionals should be educated, listen to the child, and build a relationship of trust, and communicate in clear, simple language. Children want to be treated with respect, to be greeted when entering the room, offered a glass of water, and to have staff be relaxed and on the same level as the child, without too much formality. Clothing should be casual and in cheerful colours (not uniforms), a name tag is welcome but not necessary. Professionals should know children's rights and needs and be ready to adapt their approach to each child. For children with experience of violence, it is especially important that the professional understands what they have been through and knows how to approach them.

When it comes to **information**, children prefer verbal communication, with simple and visually attractive materials with little text and plenty of pictures and graphic representations. Feedback can be verbal, through drawings, emoticons, a short questionnaire, or an online survey (for older children). The most important thing is that the child can freely express their impressions to a trusted person.

It is interesting to note the differences between the responses of children with and without experience of violence. **Children with experience of violence** often emphasise the importance of feeling safe – through the presence of familiar adults, the possibility to choose who accompanies them, and the need for additional exits and privacy (closed doors, sound insulation, the possibility of withdrawal). Their responses also show greater sensitivity to details such as the possibility of locking doors, windows that do not reveal the interior of the room, and clear rules of conduct. They particularly emphasise how much it means to them that the space is similar to a home – with beds, blankets, toys, and personal belongings, as well as the freedom to choose activities and spend time in the space.

Children without experience of violence are more focused on the arrangement of the space and group activities. Their suggestions often include creative ideas for decoration, access to toys, board games, and interactive wall content. They especially highlight the importance of a sense of togetherness, the possibility of socialising and mutual support among children, as well as flexibility in the use of space – for example, dividing waiting rooms by age, the possibility for more children to be together or to withdraw if they wish.

Both groups of children emphasise the importance that the space does not resemble a hospital, but is warm, pleasant, and homely. Children want the possibility of free choice of activities, expression through drawing, conversation, or play, and the freedom to participate in shaping the space (e.g. their own drawings on the walls). Food and water should be easily accessible, and professionals should be recognised by their cheerfulness and empathy, not by uniforms.

In conclusion, children emphasise the importance of safety, privacy, warmth, and flexibility of the space, as well as the possibility of free choice and active participation in shaping their environment. They particularly highlighted how important it is for the space to be adaptable – to provide peace and privacy for those who need it, but also to enable socializing and group activities for other children. Their voices provide valuable guidelines for creating a space that is safe, supportive, and truly tailored to children.

Appendix 5

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

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



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