An Roinn Leanaí, Comhionannais, Míchumais, Lánpháirtíochta agus Óige
Department of Children, Equality, Disability, Integration and Youth

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STRATEGY FOR THE SCALING UP OF THE BARNAHUS MODEL IN IRELAND

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INTRODUCTION

This Strategy presents a vision for scaling up the Barnahus model of multidisciplinary interagency services for children in Ireland who have or may have experienced child sexual abuse and their families. As such, it signals general commitment by relevant participating agencies rather than imposes specific regulatory obligations. It also focuses on the mid- to long-term implementation, therefore some of the aspirational standards it sets may not be feasible to implement in a short term. With this consideration in mind, the Strategy will be complemented by an Action Plan to set specific implementation priorities and targets for the next years. The Strategy will be subject also to any potential policy changes in the future.

Considering the need to remain focused at strategic-level priorities, this Strategy may in the future be accompanied by specific practitioner-oriented operational guidance to support its implementation. The decisions regarding the timeline for the development and the content of operational guidance will be made by each Barnahus centre individually.

DEFINITIONS

Autism spectrum disorder	As defined by ICD-11, 6A02 *Autism spectrum disorder*.
Barnahus	A child-friendly, multidisciplinary and interagency model of practice that brings child protection, policing, forensic medical, and therapeutic services together, under one roof, to provide an integrated response for children who experience sexual abuse and their families.
Child	A person under the age of 18 years. From p. 9 of this document onwards, the term “child” refers to children who may have experienced sexual abuse. Note that in some instances, where access to certain services is limited to children of younger age, “child” is to refer to children in the age bracket in question.
Child safeguarding	Ensuring safe practice and appropriate responses by workers and volunteers to concerns about the safety or welfare of children, including online concerns, should these arise (definition as per Children First). Child safeguarding aims to protect the child from harm,

	promote their welfare and in doing so create an environment which enables children and young people to grow, develop and achieve their full potential.
Child sexual abuse	Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography.
Cognitive disorder	A disorder that affects thinking and perceptual processes as well as the acquisition of knowledge and new information.
Communication disorder	A disorder characterised by impairments in sending, receiving, processing, or comprehending verbal, nonverbal, or graphic language, speech, and/or communication. Communication disorders are a heterogenous group and include hearing impairment, speech disorders (i.e. disorders affecting the production of speech), language disorders (i.e. disorders affecting ability to use, understand, or express language), and voice disorders.
Specialist interview	A developmentally sensitive and legally sound method of gathering factual information regarding allegations of a crime. This interview is conducted by trained and deemed competent, neutral professionals utilising research and practice-informed techniques as part of a larger investigative process. Also known as “investigative interview.”
Neurodevelopmental disorder	A disorder arising during the developmental period that involves significant difficulties in the acquisition and execution of specific intellectual, motor, language, or social functions.

Sexual exploitation	Child sexual exploitation (CSE) is a type of sexual abuse that occurs when a person pays, gives, offers or promises to pay or give a child or another person money or any other form of remuneration or consideration in exchange for acts of sexual nature.
Specialist Interviewer	In accordance with Section 16(1) (b) Criminal Evidence Act 1992 as amended, Specialist Interviewers are trained to record interviews according to evidence-based protocols, with complainants under 18 years and from witnesses under 18 years of age in sexual and human trafficking offences. The interviewers include An Garda Síochána, Tusla Social Workers and any other person who is competent. A competent person is deemed to be one who has successfully completed the requisite training for the role.
Workers	Permanent directly recruited staff members (full or part-time), seconded staff members (full or part-time), consultants, vendors, students, and others working for or on behalf of the Barnahus in any capacity, whether paid or unpaid.

ACRONYMS AND ABBREVIATIONS

AGS	An Garda Síochána
AIS	Automated information system
ASD	Autism spectrum disorder
BNASC	Barnahus National Agency Steering Committee
CHI	Children's Health Ireland

CPNS	Child Protection Notification System
CSA	Child sexual abuse
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DoH	Department of Health
DoJ	Department of Justice
DPSU	Divisional Protective Services Unit (of An Garda Síochána)
EU	European Union
HSE	Health Service Executive
IDG	Interdepartmental Group
IMS	Investigation Management System
MDIA	Multidisciplinary and interagency
PSEA	Protection from Sexual Exploitation and Abuse
SATU	Sexual Assault Treatment Unit

1. STRATEGY RATIONALE: WHAT IS BARNAHUS AND WHY IT IS NEEDED

Barnahus is the leading European model of child-friendly, multidisciplinary and interagency interventions that brings together child protection, policing, forensic medical, and therapeutic services under one roof, to provide an integrated response within the “four rooms”’ for children who experience sexual abuse and their families, placing the best interests of the child (UNCRC art 3,) at the centre. The Barnahus model originated in Iceland and since 2015 has been adopted as a model for child sexual abuse services in 22 countries in Europe.

Over time, Barnahus has been empirically proven a good practice example, in particular showing its effectiveness as a model of child-friendly, multidisciplinary and interagency (MDIA) response to CSA and provision of services for child victims and witnesses of sexual abuse.[1] 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 identified the Icelandic Barnahus as an example of a promising practice with regard to collection of data, ensuring the best interest of the child in investigations and criminal proceedings, and victim support.

The development and implementation of the Barnahus model in Ireland is a cross Government, multi-agency project, which is a significant initiative to help children who have experienced sexual abuse. The overall importance of the integration and coordination of services for children who have been sexually abused was highlighted in the HSE commissioned report on the development of a national model for sexual abuse services for children in 2011,[2] and the final report of the Ferns 4 National Steering Committee in 2014.[3]

In the Garda Inspectorate Report (2018),[4] the Icelandic Barnahus model and the services provided by Rowan House in Northern Ireland were included in an overall consideration of joint services. In that report, the need for further joint inter-departmental work to assess and develop an appropriate service for the Irish context was acknowledged. The HSE, and subsequently Tusla, established a National Steering Group to commence the development of a multiagency approach to sexual abuse services.

It was determined by relevant government departments that adapting the Icelandic Barnahus model to an Irish context would be the best way forward.

An Interdepartmental Group (IDG) was established in February 2018 which brings together representatives from the key Departments and State Agencies to co-ordinate a child centred response to sexual abuse allegations, and to develop an appropriate governance framework for this multiagency service.

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[1] Lanzarote Committee, Committee of the Parties to the Council of Europe Convention on the protection of children against sexual exploitation and sexual abuse (T-ES), 1st Implementation Report, Protection of Children against Sexual Abuse in the Circle of Trust, The framework, adopted by the Lanzarote Committee on 4 December 2015.

[2] National Review of Sexual Abuse Services for Children and Young People Final Report (HSE, 2011), at https://www.hse.ie/eng/services/Publications/corporate/sexualabuseservices.pdf.

[3] Ferns 4 Steering Committee (2014) Report of Ferns 4 Steering Committee, 2014.

[4] Report of the Garda Síochána Inspectorate (2018) Responding to Child Sexual Abuse.

The membership of the IDG includes representatives from the Department of Children, Equality, Disability, Integration and Youth, (DCEDIY), Department of Health (DoH), Department of Justice (DoJ), the Health Service Executive (HSE), Children's Health Ireland (CHI), An Garda Síochána (AGS) and Tusla Child and Family Agency (Tusla). The IDG is leading the implementation of the Barnahus model in Ireland.

The IDG identified the West of Ireland, based in Galway as the appropriate location for the first Barnahus.

The overall purpose of Barnahus in Ireland is to bring together the relevant agencies, Tusla, HSE, An Garda Síochána, and CHI, the agencies responsible for child protection and providing medical and therapeutic services to children and families. By working together and responding in this way, the services can ensure overall better outcomes through gathering the best evidence, helping prevent any further trauma to the child by limiting the number of times they have to tell professionals what has happened to them and providing the support children and families need.

The Vision and Mission of Barnahus in Ireland is as follows:

> "**Our Vision** is an Ireland where every child who has or may have experienced sexual abuse has timely access to coordinated, child-centred care, where children's rights to safety, recovery, and access to justice are fully upheld.
>
> **Our Mission** is to have a Barnahus where we empower children by ensuring their voices are central, and where we work together with children, their families, and professionals to deliver a coordinated interagency response that promotes children's wellbeing by ensuring that their safety, physical, and emotional needs are met, and that they are provided with access to justice."

The five core elements of the Barnahus model are:

- **A multi-professional approach.**
- **The "one door" principle, meaning professionals come to the child.**
- **A commitment to avoiding secondary victimisation, achieved through a joint child investigative interview which allows for multi-professional observation.**
- **A safe place for disclosure and a neutral place for professional interventions.**
- **A broad client group and definition of child abuse.**

Key components of the Barnahus model are child protection services, forensic medical services, joint specialist interviewing (according to evidence-based protocols), and therapeutic services.

Tusla and CHI are members of the European PROMISE Network (Tusla is one of the founding members). The PROMISE Network has developed ten Barnahus Quality Standards that include principles, specific activities, and institutional arrangements that enable child-centred and effective collaborative actions. The agencies involved in the implementation of Barnahus agreed that Ireland will be guided by the PROMISE Barnahus Quality Standards.[5]

2. OVERARCHING PRINCIPLES

Drawing on international and European law and guidance, the Barnahus Quality Standards underpin the core values and principles of the Barnahus model. The key purpose of the standards is to provide a common operational and organisational framework that promotes practice which prevents (re)traumatisation and complies with children's rights to protection, assistance and child-friendly justice, while securing valid testimonies for Court.

Barnahus operates in accordance with the following overarching principles:

- **Ensuring that the best interests of the child are placed at the centre of practice and decision-making (standard 1.1).**
- **Ensuring that children's rights to be heard are fulfilled without causing (re)traumatisation, including through providing them with adequate information at all times (standard 1.2) and;**
- **Ensuring that protection, assistance and justice processes are undertaken in a timely way (standard 1.3)**

[5] The standards are a collection of cross-cutting principles and activities, core functions and institutional arrangements that enable child-friendly, effective, and coordinated intervention. See https://www.barnahus.eu/en/publication/standards/

3. VISION FOR BARNAHUS IN IRELAND

The needs of children who have, or who may have, experienced sexual abuse require specialised, timely and differentiated services. These have been met separately by the agencies responsible for child protection, criminal investigatory, medical care, assessment and therapeutic service delivery. Multiple reports have concluded that a national model for children who may have experienced sexual abuse should incorporate all resources currently applied to sexual abuse services into an interagency coordinated service, providing standardised models of best practice with national and multiagency oversight.

To respond appropriately, and support children who may have experienced sexual abuse, it has been agreed by the three Government departments of Children, Equality, Disability, Integration and Youth (DCEDIY), Health and Justice to establish the Barnahus model in Ireland.

The vision of the PROMISE project is a Europe where the human rights of children to protection from violence, support and to be heard are fulfilled. To this end, child victims and witnesses of violence in Europe are protected by child-friendly interventions and rapid access to justice and care, based on the following main principles:

- **Respect for the participatory rights of the child by ensuring that they are heard and receive adequate information and support to exercise these rights.**
- **Multi-disciplinary and interagency collaboration during all aspects of the child's journey through the process, including criminal justice, therapeutic and medical interventions, with the aim of avoiding retraumatisation and securing outcomes that are in the best interests of the child.**
- **Comprehensive and accessible services that meet the individual and complex needs of the child and their nonoffending family or caregivers.**
- **Ensuring that high professional standards are maintained and providing training and adequate resources for staff working with children where there is a concern or disclosure of child sexual abuse.**

4. CURRENT STATUS OF THE BARNAHUS MODEL IN IRELAND

4.1. General framework

Tusla – Child and Family Agency and An Garda Síochána (AGS) are the two key agencies mandated by law to conduct child protection assessments and investigations, respectively, of suspected child abuse and neglect. This said, while these agencies cooperate and coordinate in response to child abuse, they each have specific organisational mandates, are governed by different legislative and regulatory frameworks, and carry out discrete activities.

Tusla implements its child abuse response functions through its area-based social work service. In respect of the AGS, Divisional Protective Services Units (DPSUs) have been established across the country with the purpose of delivering a consistent and professional approach to the investigation of specialised crime types, including sex crimes, child abuse and domestic abuse.

The Children First Act 2015 places a legal obligation on certain persons, many of whom are professionals, to report child protection concerns at or above a defined threshold of harm to Tusla - Child and Family Agency. These mandated persons must also assist Tusla, on request, in its assessment of child protection concerns about children who have been the subject of a mandated report.

All persons should consider reporting suspected child abuse to the AGS and/or Tusla if they have reasonable grounds for concern. Tusla and AGS exchange this information depending on who is notified first. CHI, and the HSE as mandated reporters also have a legal obligation to report, but there is no statutory duty for Tusla or AGS to share information with the HSE or other bodies.[6] Data sharing agreements are currently being developed.

The Act's definition of harm expressly includes sexual abuse of a child.[7]

The Act states the need to regard the best interests of the child as the paramount consideration in the performance of all functions under it. One of the stated aims of the Act is to provide for cooperation and information-sharing between agencies when Tusla is undertaking child protection assessments. While the Act was the first to place a statutory duty on agencies to share information with Tusla when there is a child protection concern, it does not go far enough to provide a framework for interagency

[6]Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, s 3.
[7] Children First Act 2015, s 2.

information sharing in a more collaborative way. However, the principle of the best interest of the child is held paramount when considering information sharing and child protection concerns.

The Child Care Act 1991 is another key piece of legislation that regulates child protection policy in Ireland. It states that the welfare of the child should be regarded as the first and paramount consideration and also states that due consideration should be given to the wishes of the child, having regard to their age and understanding.[8] Under this Act, Tusla has a statutory responsibility to promote the welfare of children who are not receiving adequate care and protection.[9] The Child Care Act 1991 is being revised with enhancing inter-agency collaboration an important objective of the review of the Child Care Act. The General Scheme to amend the Child Care Act 1991 includes provisions to encourage co-operation between relevant bodies. It also includes provisions for the Minister to give "practical guidance" for interagency collaboration.

The General Scheme for the Child Care (Amendment) Bill 2023 includes a new guiding principles section that sets out the best interests of the child as the overriding principle. It also includes the principle that children should be able to participate in the decision-making process, strengthening the voice of the child both in court proceedings and in decisions taken outside the court.

4.2. Joint Working Protocol

Under Children First Act 2015 and supporting protocols and procedures, the joint protocol for both Tusla and the AGS sets out the parameters of coordinated response. The protocol notes that while each agency manages the responsibilities within its own brief, their joint efforts are designed to ensure that the protection and welfare of children receives priority attention.

The joint protocol sets out specific actions to be taken by both social workers and Gardaí when either suspects that a child has been or is being physically or sexually abused or wilfully neglected, including notification of the other without delay. The joint protocol is currently undergoing review between Tusla and the AGS.

[8] Child Care Act, 1991, s 24.
[9] Child Care Act, 1991, s 3.

4.3. Joint Specialist Interviewing

A recently conducted training needs analysis states that "joint interviewing continues to be an aspiration rather than a reality in Ireland."[10] However, this reality is beginning to change. There is now an agreed joint specialist interviewing training programme led by AGS and involving Tusla and CHI staff. The current situation is that these interviews currently are predominantly carried out by AGS solely. Following discussions with the Department of Justice, the IDG have agreed to a formal review the 2003 Good Practice Guidelines on Specialist Interviewing with the relevant stakeholders to update as appropriate. This review commenced during 2024.

As stated in the "Analysis of the legal, regulatory, and policy framework concerning child sexual abuse in Ireland with a focus on interagency information and data sharing processes"[11] developed under the joint EU-Council of Europe project "Support the implementation of the Barnahus project in Ireland", "the definition of "competent persons" under section 16 of the Criminal Evidence Act 1992 needs to be thoroughly explained in an unambiguous manner as it is becoming widely interpreted by different agencies." (p. 35). This is no longer considered to be an ongoing issue following the return to joint training for AGS and Tusla staff with CHI staff now also taking part in the training. A single training programme exists for specialist interviewing and candidates are deemed competent in specialist interviewing when they have successfully completed the training.

5. BARNAHUS MULTIDISCIPLINARY AND INTERAGENCY COLLABORATION MODEL

- **The Barnahus multidisciplinary and interagency collaboration model in Ireland is regulated by a comprehensive interagency agreement with clear roles and responsibilities that still allow for flexibility and facilitation of the best interests of the child being met.**

The Barnahus model in Ireland is operated based on the 2021 Interdepartmental Agreement signed by the following implementing partners:

[10] Available at https://rm.coe.int/barnahus-ireland-training-needs-analysis-working-towards-barnahus-in-i/1680aee3b1

[11] Available at https://rm.coe.int/barnahus-ireland-analysis-of-the-legal-regulatory-and-policy-framework/1680aee3b0 .

Regulatory and oversight	Department of Children, Equality, Disability, Integration and Youth (DCEDIY)
	Department of Health (DoH)
	Department of Justice (DoJ)

At the operational level, it is governed by the Interagency Agreement, to be signed by the following agencies:

Operational	Tusla
	An Garda Síochána (AGS)
	Health Service Executive (HSE)
	Children's Health Ireland (CHI)

Note that an updated version of the Interagency Agreement is currently being approved for sign off.

The first three implementing partners (3IP) will assume strategic leadership and coordination role, including budget planning, while on the operational level, the work will be carried out by Tusla, AGS, HSE and CHI (4IP). BNASC will be assigned with overseeing implementation and scaling up of the Barnahus model nationwide.

5.1. Participating agencies

Tusla – Child and Family Agency

Tusla Child and Family Agency holds statutory responsibility for the protection and welfare of children. The specific role of Tusla is to promote the welfare of children who are at risk of not receiving adequate care and protection. Under the Child Care Act 1991, Tusla is obliged to coordinate information from all relevant sources about a child who may not be receiving adequate care and protection. If it is found that a child is not receiving adequate care and protection, Tusla has a duty to take appropriate action to promote the welfare of the child. This may include supporting families in need of assistance in providing care and protection to their children. It is accepted that in general a child fares best within his or her own family. If possible, support will be offered to the child and the family to overcome any difficulties and to ensure that the child is safe. A child is only removed from his or her family as a last resort, and only if it is not possible to keep the child safe within the family setting.

Tusla's Child Protection and Welfare Strategy outlines a new national model of practice, the Signs of Safety approach, which incorporates the values of child and family-centred, evidence-based, outcome-focussed, and strengths-based interventions within child protection and welfare practice. Such a practice aligns to the Barnahus Quality Standard 1, which indicates that a service must be provided to children and non-offending parents/caregivers that is transparent, child-focussed and gives due weight to the voice of the child and their family in all aspects of service delivery.

Within Barnahus West and South, the Barnahus Manager, a Tusla employee, has responsibility for the coordination of the interagency response to children where there is a concern or disclosure of child sexual abuse, responsibility for the effective day-to-day operation of Barnahus, and working with the interagency group to use the PROMISE Evaluation Framework and Impact Assessment[12] to evaluate the service in achieving the PROMISE Barnahus Quality Standards.

Within Barnahus West and South, Tusla is responsible for provision of specialist interviewers who will participate in joint interviewing with An Garda Siochana of children at Barnahus while in the East the involvement of CHI is planned.

Tusla is also responsible in Barnahus West and South for the provision of staff who provide screening, assessment of therapeutic need and provision of agreed therapeutic

[12] See https://www.barnahus.eu/en/wp-content/uploads/2020/09/ImpactAssessmentGuidance.pdf .

modalities as part of a trauma informed approach within Barnahus and in line with the Barnahus Therapeutic Framework. It is planned that Tusla will provide input into the therapy room managed by CHI in Barnahus East, as the model is developed.

Tusla is also responsible for commissioned services, under Section 56 of the Child and Family Agency Act 2013, that may be provided in the Barnahus.

Health Service Executive (HSE)

The Health Service Executive, established under the Health Act 2004, has responsibility for managing and delivery, or arranging to be delivered on its behalf, health and personal social services.

Within Barnahus West and South, the HSE is responsible for the provision of paediatric forensic medical examination services for children under 14 years of age. The CHI Laurels Unit provides forensic medical services in Barnahus East. Sexual Assault Treatment Units (SATU) are responsible for the provision of Acute Forensic Medical Examinations for children from 14 to 18 years of age. SATUs will be collocated with the three Regional Barnahus as is the case with Barnahus West.

Non-acute (historical abuse) examinations for children of 14 to 17 years of age may be undertaken in the dedicated Child and Adolescent Forensic Medical Services depending on the young person's best interests and should be considered on a case-by-case basis. Children under 14 years should be examined in Child and Adolescent Forensic Medical Services within each Regional Barnahus. These services conform to HSE Service Specifications for Child and Adolescent Forensic Medical Services Following Concern or Disclosure of Sexual Assault / Abuse (October 2023) and SART National Guidelines on Referral and Forensic Clinical Examination Following Rape and Sexual Assault (Ireland) (5th Edition, 2023).

The HSE is also responsible for the provision of Child and Adolescent Mental Health Services (CAMHS), the HSE National Counselling Service, HSE Psychology Service and community and primary care services that support children and families outside of the Barnahus.

Under Section 38 of the Health Act 2004, the HSE funds all services in CHI and in this role is a key stakeholder in the governance of the setting up and operation of Barnahus East. In addition, the HSE, under Section 39 of the Health Act 2004, funds non-acute/community organisations for delivery of various supports to local populations.

Children's Health Ireland (CHI)

CHI will be the location for an Interim Barnahus East.

Within Barnahus East, CHI is responsible for the provision of forensic medical examination service for children under 14 years of age in forensic (DNA evidence collection) timeframe and up to 16 years of age in non-acute timeframe. HSE Service Specifications for Child and Adolescent Forensic Medical Services Following Concern or Disclosure of Sexual Assault / Abuse (October 2023) provide for the availability of forensic medical examination for children under 18 years (for acute under 14 years) and scheduled non-acute (under 18 years) cases in each of the three Barnahus centres.

CHI offers a specialist sexual abuse assessment and therapy service to children and young people from the ages of 3-18 years and their families (The Alders Unit). The catchment areas covered by these services are North Dublin City, North County Dublin, Louth/Meath, and Cavan/Monaghan (The Alders Unit in CHI at Connolly) and South Dublin, South County Dublin, Wicklow and Kildare (The Alders Unit in CHI at Tallaght). The units offer a number of specialist services. CHI will lead on the provision of therapy services in Barnahus East.

In Barnahus East, joint specialist interviews will be administered jointly by trained members of AGS with Tusla and CHI.

An Garda Síochána (AGS)

An Garda Síochána (AGS) has a statutory responsibility assigned to it under Section 7 of the Garda Síochána Act 2005, as amended, to provide policing services for the State including to protect life and property, to vindicate the human rights of each individual and to prevent crime and bring criminals to justice by detecting and investigating crime.

AGS has responsibility for the investigation of sexual crimes against children and bringing perpetrators before the courts.

Within Barnahus, AGS, through its specialist interviewers, has responsibility for conducting specialist interviews with child victims of sexual abuse according to evidence-based practice and protocols which conform to the Barnahus Quality Standards and the Good Practice Guidelines. This is done in conjunction with staff members from Tusla and CHI.

5.2. Governance of Implementation of the Barnahus Model

Interdepartmental Group (IDG)

An Interdepartmental Group (IDG), led by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), and with the Department of Health (DoH), and the Department of Justice (DoJ), was established in 2018 to bring together the government departments, State agencies and professional services responsible for the delivery of the key relevant child sexual abuse services in an integrated and coordinated way.

The three Government departments signed an agreement in 2021 that records the commitment of each Department to sustaining and growing the services that operate jointly to provide the Barnahus model in Ireland, in line with the policy and principles set out below.

- **To provide support for the establishment of Barnahus centres, including budgetary support through each departmental estimates process**
- **To establish a Barnahus National Agency Steering Committee (BNASC) with responsibility for the development and operational aspects of the national service**
- **To agree the membership of the BNASC and its terms of reference. All organisations represented on the BNASC have equal status**
- **To develop a formal alignment of Barnahus in Galway, Cork and Dublin with the services provided by relevant Sexual Assault Treatment Units (SATU) in these locations.**
- **To establish parameters of the development of the service.**

The agreement provides the basis for Departmental support for the ongoing development and sustainability of the Barnahus model in Ireland, delivered jointly by the agencies – the Child and Family Agency (Tusla), Health Service Executive (HSE), Children's Health Ireland (CHI), and An Garda Síochána (AGS) and these agencies are also represented on the IDG.

The tasks will be divided as follows (note that the table below reflects an aspirational standard rather than the current status quo):

Participating agency	Agency-specific tasks	Shared tasks

Tusla	▪ Assume coordinating role for multidisciplinary interagency meetings in BH West and South ▪ Assess child protection and welfare concerns ▪ Conduct child protection and welfare assessment ▪ Develop safety plans and/or care plans ▪ Provide trained joint specialist interviewers to conduct specialist interviews using a standardized structured evidence-based investigative interviewing protocol, ▪ Provide trained joint specialist interviewers to participate in pre-interview planning together with AGS ▪ Provide therapy and/or support in line with the agreed National Barnahus	▪ Participate in multidisciplinary interagency meetings

	Therapeutic Framework ▪ Make onward referrals for support and/or therapy for children and their families as required ▪ Jointly with HSE support the Barnahus South estate	
An Garda Síochána (AGS)	▪ Conduct criminal investigations ▪ Deploy trained personnel to conduct specialist interviews using a standardised structured investigative interviewing protocol, Participate in investigative interview planning together with Tusla and CHI personnel	
Health Service Executive (HSE)	▪ Deploy trained personnel to conduct forensic medical examinations based on a standardised forensic medical	

	examination protocol ▪ Jointly with Tusla support the Barnahus South estate	
Children's Health Ireland (CHI)	▪ Assume interim coordinating role for Barnahus East multidisciplinary interagency meetings ▪ Provide specialist intervention and therapy to children and families ▪ Deploy trained personnel to conduct forensic medical examinations based on a standardised forensic medical examination protocol. ▪ Make onward referrals for support and/or therapy for children and their families as required. ▪ Provide trained joint specialist interviewers to conduct specialist interviews using a	

	standardised structured evidence-based investigative interviewing protocol. ▪ Participate in specialist interview planning together with Tusla and AGS personnel	

6. MODEL OF SERVICE PROVISION

6.1. Target group

➢ **The Barnahus target group includes all children (0-18 years) where there is a disclosure or a concern of child sexual abuse**

The Barnahus target group includes children[13] in Ireland, aged between 0 and 18 years, where there is a concern or disclosure of child sexual abuse. This client group will have access to one of the three Barnahus centres in Ireland, located in Cork (Barnahus South), Dublin (Barnahus East) and Galway (Barnahus West). Specifically for access to forensic medicine, it includes the following groups as per the Barnahus Service Specifications for Child and Adolescent Forensic Medical Services Following Concern or Disclosure of Sexual Assault/ Abuse:[14]

- Children under 14 years of age for acute/recent (i.e. those where DNA evidence samples may be taken) and non-acute sexual abuse.
- Children from 14 years of age and upwards who report acute sexual abuse in Ireland, in a forensic timeframe (within 7 days of incident) are currently referred

[13] The Child Care Act (1991) defines a child as a "person under the age of 18 who has not married".
[14] See https://www.hse.ie/eng/about/who/cspd/ncps/paediatrics-neonatology/resources/barnahus/fme-service-specification-document.pdf .

to adult SATU services, however joint examination with a child and adolescent examiner should be considered where available and on a case-by-case basis after initial triage by the adult examiner.

- Children aged between 14 and 17 years, who report non-acute (more than 7 days) have variable needs which may be best served in either children's or adult's services. The service that is most appropriate for individuals is determined on a case-by-case basis.

Non-offending members of the family/caregivers are included as a secondary client group within Barnahus. Due to the size of the three Barnahus geographical regions, and the distance that children and families may be required to travel to access the service, Barnahus teams[15] will endeavour to offer services to children and families locally, where possible.

A multidisciplinary and interagency response will be offered to all children and families within the Barnahus client group, and measures will be taken to ensure that the needs of all children referred are considered and, if deemed appropriate for the service and as far as is possible, met, regardless of their gender, sexuality, colour, language, religion, political or other opinion, national, ethnic or social origin, disability, birth, or other status. Barnahus will be particularly sensitive to the diversity and accessibility needs of children and families accessing the service.

6.2. Range of services

- **The Barnahus provides a wide range of services relevant to ensuring a comprehensive, multidisciplinary and interagency response to child victimisation.**

Barnahus offers:

- Co-ordination with child protection services regarding the needs of the child.
- Joint specialist interview/investigative interviews for children, when appropriate, carried out according to an evidence-based protocol, from an age at which their verbal and cognitive skills enable interview, up to 18 years. It is planned that specialist interviews will be administered jointly by trained staff.

[15] Note: "Barnahus teams" in this context refers to a wide agency involvement around the child and may include the core Barnahus team and others from agencies involved in providing services to the child and family. Staffing is detailed in Section 7.

- Medical evaluation for forensic investigative and well-being purposes, including prevention and treatment of sexually transmitted infection and pregnancy, and physical, developmental, and psychological health and recovery.
- Screening and assessment of therapeutic needs for all children attending Barnahus, as regulated by the Barnahus Therapeutic Framework.
- Therapeutic services to the child and non-offending family members and caregivers.

6.2.1. Criminal investigation and proceedings

- Joint specialist Interviews /Investigative interviews carried out according to a structured evidence-based protocol that is standard for the entire Barnahus system in the country
- Arrangements in place to ensure the evidentiary validity of the child´s statement in line with due process rights, enabling the child to give evidence from the Barnahus centre without the need to appear in court.
- Forensic medical examination provided by trained paediatric medical examiners in line with the Barnahus Service Specifications for Child and Adolescent Forensic Medical Services Following Concern or Disclosure of Sexual Assault/ Abuse that are standard for the entire Barnahus system in the country.

6.2.2. Medical examination and treatment

- Medical examination and evaluation serves both forensic investigative purposes and the child medical care needs
- Appropriate treatment provided by trained medical and nurse practitioners, and referrals to specialist care where applicable.

6.2.3. Mental health examination and treatment

- See Barnahus Therapeutic Framework.

6.3. Recommendations for action

- It is recommended that the current review of the Joint Working Protocol be finalised as a matter of priority.
- It is recommended that the 2003 Good Practice Guidelines for Specialist Interviewing be updated.

- It is recommended that steps be made to ensure that paediatric forensic medical examinations are done in a consistent manner by trained paediatric medical examiners.

7. STAFFING MODEL

- **The Barnahus is a multidisciplinary and interagency model that is governed by a multiagency group, and where all relevant agencies participate and contribute in a coordinated manner. This involves also participation in terms of human resources.**

7.1. Staffing principles

Each agency will assign named staff to work in Barnahus and will ensure terms and conditions reflect the assignment. All services and staff that operate within the Barnahus are required to adhere to the Interagency Agreement as well as to the principles of equality, partnership, respect, collaboration, and consensus building. No one agency holds primacy in responding to the needs of individual children.

Each agency has responsibility to ensure support for staff for ways of working to deliver a child-centred response for each child. All line management responsibilities, including for the standard of services within the Barnahus, remain the responsibility of each agency and the subject of local governance arrangements.

7.2. Future expansion

The expansion of Barnahus nationally in Ireland has been included in the Programme for Government 2025. This may include the expansion of the Barnahus network beyond the three centres, and the expansion of the target group to include children who have experienced other forms of abuse (as well as CSA) in the long-term.

Considering these circumstances, the staffing model selected for the nationwide Barnahus system combines recruitment for dedicated Barnahus-only positions and assignment by participating agencies where the personnel in question performs both Barnahus-related and non-Barnahus related core functions and tasks. This will allow the requisite degree of flexibility to adapt to lower or higher workload, including by deploying surge officers in the unlikely event of mass victimisation. Due to the need for a Barnahus-specific skill set that may not be readily available within the general cohort

of staff, this would require rolling training programmes to support. At the same time, recruitment for dedicated positions will still be done by individual participating agencies.

In addition, outsourcing pre-vetted commissioned services through service level agreements with service providers will be relied upon for technical support roles not requiring regular commitment (such as pickup and drop-off services for children resident in remote areas).

7.3. The Barnahus Team

Each Barnahus will have a core team comprising staff assigned by the participating agencies to work primarily or exclusively in Barnahus. This team will participate in multidisciplinary interagency meetings for the purpose of discussing and forming effective plans for individual children that may address the social, medical, therapy, criminal justice, and child protection aspects of the child's needs.

7.4. The Barnahus Manager

The Barnahus Manager will be a dedicated staff member based in the Barnahus centre, and recruited by the lead agency for that centre. The role of the Barnahus Manager is to:

- Co-ordinate the interagency response to children where there is a concern or disclosure of child sexual abuse.
- Be responsible for the effective day-to-day operation of the Barnahus.
- Chair Barnahus MDIA meetings
- Lead on implementing local guidance of Interagency Agreements.
- Provide line management and supervision (except clinical supervision) for Tusla / CHI Barnahus core team staff (i.e. for staff recruited by the same agency as the Barnahus Manager).
- Provide consultation, support, and information to ensure the child, young person, and family experience a seamless transition through the service.
- Develop and maintain professional relationships and work in partnership with partner agencies and external agencies.
- Support team building among partner agencies in Barnahus.
- Be responsible for the provision of the Barnahus core services.
- Provide excellent vision, direction, and leadership for the Barnahus.

7.5. The Barnahus Administrator

The Barnahus Administrator will be based at the Barnahus centre and recruited by the lead agency for that centre (i.e. Tusla or CHI). The Barnahus Administrator will have a primary role in welcoming children and families to the service and ensuring that their experience of the service is optimal. Key tasks of the Barnahus Administrator include:

- Administration of the referral process, establishment, and storage of Barnahus files and coordination of administration relating to discharge from the Barnahus.
- Typing, storing and distribution of Barnahus activity reports.
- Processing of requests for access to personal data under the General Data Protection Regulation and Data Protection Act 2018.
- Developing and maintaining the reception area to ensure ease of access to information within a child-friendly environment.
- Coordinating use of the spaces within the Barnahus and ensuring that rooms are allocated appropriately for direct work with children and families.
- Gathering and uploading all data as required.
- Supporting clinical staff in the delivery of services to children and caregivers within the service.
- Recording minutes of meetings as allocated by the Barnahus Manager.

7.6. The Barnahus Garda Síochána Regional Coordinator

The Barnahus Garda Síochána Regional Coordinator will be a dedicated member of the Barnahus core team. The Barnahus Garda Síochána Regional Coordinator will:

- Act as a point of contact for An Garda Síochána with its partner agencies in Barnahus.
- Attend the Barnahus MDIA meetings and provide, as appropriate, an update on Garda investigations and, in particular, on joint specialist interviews.
- Maintain ongoing liaison with regional Garda specialist interviewers to progress the conducting of joint specialist interviews.
- Maintain ongoing liaison with Garda investigators of Barnahus cases regarding the timely progression of investigations.
- Develop and maintain professional relationships and work in partnership with partner agencies in Barnahus.
- Encourage joint interviewing in accordance with the Barnahus Quality Standards.
- Ensure the lawful sharing of all relevant information with partner agencies to ensure that the best interests of the child are served at all times.
- Ensure that relevant Pulse incidents are accurately updated following interagency meetings.

7.7. The Barnahus Forensic Medical Services

The Health Service Executive (HSE) and CHI provide forensic medical examination (FME) and general medical services as part of the Barnahus through the work of specially trained clinical staff, including consultant paediatricians and forensic nurse specialists.

The Sexual Assault Treatment Units (SATUs) also provide forensic medical examination (FME) to children between 14 to 18 years and are operationally accountable to the HSE or voluntary hospital and participate in the HSE's Sexual Assault Treatment Unit Network which is accountable to the HSE's National Women & Infants Programme (NWIP) for performance and funding.

Key roles of forensic medical / nurse examiners in the context of Barnahus will be to:

- Provide a dedicated, specialist medical service to children and adolescents who may have experienced sexual abuse within the service area.
- Ensure medical review and appropriate follow up, as required.
- Offer appropriate sexual transmitted infection screening and treatment as clinically indicated.
- Ensure children seen out of hours in a forensic service which is not their local service are referred to their local service for necessary medical aftercare, social work, or psychological follow up. However, the medical / nurse examiner who undertook the forensic medical examination is the person who will write the medico-legal report and attend court, if necessary.
- Prepare reports on each case. The sharing of these reports will be covered by the Interagency Information, Data Sharing and Consent agreements as per Children First Act.
- Participate in external multidisciplinary child protection case conferences.
- Attend court, when required to do so.
- Participate in Barnahus MDIA meetings.
- Participate in local and national peer review meetings, as outlined in the National Guidelines on Referral and Forensic Clinical Examination Following Rape and Sexual Assault (National SART Guidelines) (2023).[16]

7.8. The Barnahus Social Work Team Leader

The Barnahus Social Work Team Leader is a dedicated staff member employed by Tusla to deliver services under the Barnahus model. The role of the Barnahus Social Work

[16] https://www2.healthservice.hse.ie/organisation/national-pppgs/national-guidelines-on-referral-and-forensic-clinical-examination-following-rape-and-sexual-assault-ireland/ .

Team Leader is distinct from that of the Tusla Child Protection Social Worker (outlined in Section 7.1.8 of the agreement).

The Barnahus Social Work Team Leader will:

- Oversee the development of the social work service within the Barnahus.
- Participate in the Barnahus MDIA meetings.
- Oversee the implementation of referral processes to the relevant agencies within the Barnahus.
- Liaise with various agencies involved in the operation of Barnahus and ensure appropriate information sharing and collaborative working practices.
- Support the Child Protection Social Worker in implementing best practice for the child.
- Participate in joint specialist interviewing of the child alongside Gardaí.
- Engage in therapeutic work with the child and family in partnership with other MDT members.
- Support local Tusla teams and community services to implement best practice for children who may have experienced sexual abuse.
- Engage in clinical supervision, as required for professional registration.

7.9. Barnahus Therapy

Barnahus therapy will be provided by dedicated Tusla and CHI staff trained to deliver services in line with the Barnahus National Therapeutic Framework. The role of Barnahus therapy is primarily to provide therapeutic screening, assessment, and intervention to children and families involved with the service. Barnahus therapy staff will work collaboratively within Barnahus to ensure that the therapeutic needs of children are met by:

- Barnahus Therapy representative(s) participating in the Barnahus MDIA meeting
- Assessing the therapeutic needs of children attending Barnahus.
- Providing consultation, support, and recommendations to children, parents / caregivers, and professionals regarding the therapeutic needs of the child and their family.
- Engaging in therapeutic work with the child and family in partnership with other MDT members.
- Ensure that the best needs of the child are met via onward referral of children from the Barnahus to other community-based or acute services.
- Engaging in clinical supervision, as required for professional registration and in line with maintaining quality standards.

7.10. An Garda Síochána Specialist Interviewers

An Garda Síochána Specialist interviewers have a role within the Barnahus to:

- Interview children using an evidence-based protocol in accordance with the Rules of Evidence in Criminal Law.
- Record the interview and submit it as evidence at the trial for the offence, in accordance with Section 16(1)(b) of the Criminal Evidence Act 1992 (as amended).
- Provide advice, support and guidance to service users and staff regarding the criminal justice aspect of the Barnahus.
- Share information with the Barnahus team, either directly or via the Garda Regional Co-ordinator in accordance with the best interests of child.
- Administer joint interviews with competent persons.

7.11. The Child Protection Social Worker

The Child Protection Social Worker (Allocated Tusla Social Worker) continues to have a statutory role in the delivery of child protective services to the child under the Child Care Act 1991, Children First Act 2015 and 2017 Guidance. The Child Protection Social Worker will be allocated to an individual child and based in that child's local area. The role of the Child Protection Social Worker within the context of the Barnahus is to:

- Consider the referral information in line with Children First definitions of child sexual abuse and consult with Barnahus, if required.
- Send or receive Child Abuse Notification form to or from An Garda Siochana.
- Explain and discuss Barnahus with the child / family and provide with relevant information.
- Inform the child and/or parent/legal guardian regarding the referral to the Barnahus.
- Complete the Barnahus referral form and submit to Barnahus.
- Attend the Barnahus MDIA meeting at the allocated time when required, to discuss the child and their circumstances, provide relevant and/or contextual information and participate in collaborative coordinated planning for the child and family.
- For as long as the Tusla worker is involved, support the child and family to engage with Barnahus, discuss the family's needs with Barnahus and advocate for the best interests of the child.
- Maintain appropriate records through Tusla record management systems.
- Continue to support the child and family where safety planning is required and continue to participate with Barnahus and/or divert the child and family to another service appropriate to the welfare needs, or close to Tusla. The Child Protection

Social Worker will keep Barnahus informed of the status of the child and family up to the point of closure.

7.12. The Child Advocate

The Child Advocate position must be extended to all Barnahus in the mid to long term. The role of the Child Advocate within the context of the Barnahus is to:

- Act as a dedicated support for the child, upholding their rights under Article 12 of the UN Convention on the Rights of the Child on every child's right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.
- Contribute to promoting the Barnahus Quality Standard 1.2 on the right to be heard and receive information, including taking due account of the views of the child, provision of information and the right to interpretation & translation
- Determine and instruct that the child victim be heard through the use of appropriate communication technologies.

7.13. Recommendations for action

- It is recommended that the Interagency Agreement be adopted as a matter of priority and include sufficiently detailed and clear provisions concerning agency-level responsibilities with regard to staffing.

8. Minimum requirements for Barnahus facilities

- **The minimum requirements for Barnahus facilities are informed by the PROMISE Quality Standards and are designed to promote compliance with these.**

Out of the PROMISE Quality Standards, the standards 1.2 (Children's rights to be heard and receive information), 4 (Child-friendly environment); 6 (Forensic Interviews); 7 (Medical Examination); and 8 (Therapeutic services) involve aspects related to facility design and maintenance. The specific criteria to be met to ensure compliance with these standards are listed below, insofar as feasible. Note that these are aspirational standards intended to be implemented on an ongoing basis as implementation progresses.

8.1. Location and premises

- Both the location itself and wayfinding signage are discreet.
- The premises are easily accessible by public and private transportation.
- The facility is co-located with the SATU. Co-location with other services is not permitted.
- The premises include, as a minimum, the following facilities:
    - Reception area
    - Waiting area(s) (with adjacent non-staff restrooms)
    - Investigative interview room(s)
    - Medical examination room(s) (with its separate waiting area)
    - Therapy and counselling room(s) with multimedia resources
    - Conference room
    - Secure evidence storage room
    - Permanent staff office area and shared workspace (with adjacent staff restrooms)
    - Server room
    - Kitchenette

8.2. Child-friendliness

- The materials used in construction, finishings and furnishings are child-friendly and pose no health hazards.
- The rooms accessible to children are furnished with child-friendly furniture in soft colours perceived as gender-neutral.
- The walls in all rooms accessible to children are painted in solid, soft, light pastel colours. Decorations are ornamental in nature or else depict neutral child-friendly scenes.
- The colours of the wall paint and decorations are chosen to avoid potential triggers for any child and includes children with ASD and/or epilepsy.

8.3. Accessibility and barrier-free environment

- Accessibility routes from public transportation stops and the parking lot are envisaged.
- The entrance is plinth-less. If an existing facility is retrofitted for Barnahus use, an accessibility ramp as well as easy-climbing stairs (low riser height, equipped with secure graspable handrailing, anti-slip cover) are provided.

- The interior environment is laid out and furnished so that to remove all obstructions and objects that are unnecessary, confusing or hazardous for individuals with various disabilities. Objects that serve a functional purpose and are therefore required, are placed out of the travel path.
- Signage and other visual communication is visually consistent and clear.
- High-contrast signage is used. Red/green and yellow/blue combinations are not used to avoid confusing colour-blind persons.
- Tactile signage that is colour-contrasted to its mounted surface is used.
- Non-staff restrooms are placed adjacent to the waiting area and designed for the ease of use by children of different ages and by individuals with various disabilities (including clear floor space for wheelchair access, horizontal grab rails both on the wall next to the toilet and behind the toilet, etc.).

8.4. Safety and security

- The facility is furnished to be both child-friendly and meet occupational health (including infection prevention and control) and safety criteria.
- Measures are in place to prevent loss, destruction and/or deterioration of forensic evidence, including, but not limited to, biological specimens.
- Special attention is paid to avoiding tripping hazards. In particular, cables and cords are not left exposed, are properly secured (for instance, using in-floor cable management systems or cable covers) and never run across walkways.
- Flooring materials are not excessively slippery or prone to buckling, and easily cleanable with environmentally safe cleaning products.
- Tile floors are carefully inspected for lippage (i.e. the difference in height of the installed tiles) and floor tiles that pose higher-than-average risks of lippage – such as travertine tiles – are avoided.
- If carpeting is used, rug runners and other loose rugs (e.g. area rugs) are avoided. Preference is given to broadloom low-pile carpeting that is installed wall-to-wall and permanently secured in place.
- Noise-reduction flooring (e.g. rubber underlay under carpeting) may be used to enhance impact insulation.
- Any objects placed inside rooms accessible to children are safe. The decorations are carefully chosen to avoid hazards posed by easily breakable objects or objects – such as toys – containing small details (small details in particular may be ingested or inhaled).
- Electric outlets are equipped with protective covers.

8.5. Investigative interview room

- The room is spacious but not overly large. The ceilings are not too high. If an existing room with high ceilings is retrofitted for Barnahus use, a faux-ceiling is installed.
- The furniture is available in two sizes so that to seat comfortably younger and older children, as well as the interviewer.
- The room is sound-proofed to block out external noise.
- The room is well-lit and has a source of natural light. Artificial light sources are evenly spaced and of adequate intensity. Adjustable lighting is used insofar as possible.
- The Barnahus centre should have comfort objects such as blankets and cushions in soft but saturated colours, and age-appropriate toys for a range of ages available. The use of these should form part of the interview planning on a case-by-case basis, dependent on need. The number of toys, such as stuffed animals, is limited to prevent creating unnecessary distractions.
- The video camera/s is/are located out of small children's reach. The camera may be hidden behind a cover (if the camera is hidden, the child is nevertheless informed that they are being recorded).
- The investigative interview room is placed adjacent to the live observation room. The investigative interview room and the live observation room are separate but connected via an audiovisual system.

8.6. Audiovisual system specifications

- The video camera/s is/are of pan-tilt-zoom type and set up to be able to follow the child and capture hand movements if the child is drawing or pointing to something.
- The audiovisual system supports industry standard MP4 high-definition video.
- The audiovisual system software allows for indexing and searchability of video files.
- The audiovisual system software allows to grant user permissions and rights to segment which users can access specific videos and application features.

8.7. Recommendations for action

- It is recommended that Barnahus East and Barnahus South set up be completed in compliance with the standards outlined in this section.

9. Information security. Interagency information exchange protocols

- **The Barnahus is committed to effective interagency information sharing to facilitate seamless provision of services and promote the best interests of the child.**

The data governance principles at the national Barnahus model are as follows:

Collection and processing

- **Fairness, lawfulness and transparency:** Information is obtained and processed fairly and in strict compliance with the requirements of the law, and this is transparently communicated to data subjects.
- **Legitimate and limited purpose:** Information is collected for specified and legitimate purposes, and not used for other purposes.
- **Relevance, accuracy and proportionality:** Information is relevant, accurate and not excessive in relation to the legitimate purpose for which it has been collected.

Storage

- **Secure and limited storage:** Information is stored securely, no longer than necessary and destroyed as appropriate.

Use and access

- **Data minimisation:** Access is strictly managed on the "Need to Know" basis. No access is granted beyond the user's legitimate interest.

Governance

- **Accountability:** Roles and responsibilities of data controllers are clearly identified and documented along with processes and procedures to demonstrate data protection compliance.

The types of personal data processed:

- Identification data: name, age, gender and contact details.
- Information on family, lifestyle, personal and social circumstances.
- Health, welfare and information relating to the child sexual abuse.

Depending on the circumstances, the following Personal Data may also be processed:

- Education, employment, immigration and financial information.
- Information on racial and ethnic origin, religion or political opinions.

- Data relating to criminal convictions, offences or court orders.

The information sharing across the partner agencies is currently performed based on an information sharing protocol. For the longer term, an automated information system (AIS) could be considered for Barnahus to facilitate seamless information exchange across relevant partner agencies' databases. Such a project however would need to be evaluated based on the government Public Spending Code, following the Department of Public Expenditure, NDP Delivery and Reform cost-benefit analysis and value-for-money framework while also being in strict conformance to the various agencies' mandates.

The Data Protection Officers from relevant agencies should be consulted to ensure privacy by design principles are implemented and assist with carrying out data protection impact assessments and due diligence on potential system vendors. Any such system should be developed with privacy by design and by default in mind to ensure data protection and privacy considerations are embedded at every stage of the development process.

This means implementing technical and organisational measures at the earliest stages of the design of the processing operations, in such a way that safeguards privacy and data protection principles right from the start; while ensuring that only the personal data necessary should be processed for a defined storage period with limited accessibility, so that by default personal data is not made accessible to an indefinite number of persons.

Data protection will be governed by a Code of Conduct developed in addition to a Barnahus-wide Information Security Policy.

Note that information will be only shared where a legal basis has been identified and it is necessary and proportionate to share that information for the identified purpose.

The following modules (access restricted to specified personnel based on the identified need) may be proposed for the Barnahus Automated Information System (AIS):

Module	Information
Intake module	Initial information on the child, the grounds for referral, the type of incident, the details of the alleged perpetrator (if known).
Child welfare/protection module	Multidisciplinary child protection assessment files, information including text entries and supporting electronic documentation in digital format

Criminal investigation module	Criminal investigation information insofar as relevant to Barnahus, including text entries and supporting evidence in digital format
Criminal investigation module: Forensic medical submodule	Forensic medical examination information, including text entries and supporting evidence in digital format
Criminal investigation module: Investigative interview submodule	Information related to investigative interview planning; interview recordings
Therapy Module	Therapy-related information.

9.1. Recommendations for action

- It is recommended that the Data Protection Code of Conduct be developed and adopted.
- It is recommended that discussions on the terms of reference for the Barnahus Automated Information System be kickstarted.

10. Child safeguarding

- **The Barnahus is committed to ensuring safety for children and their siblings. This includes exercising duty of care to prevent and respond to harm to children who come into contact with the Barnahus system.**

While each relevant service within the Barnahus will have responsibility for agency specific child safeguarding, the Barnahus system will have an overarching child safeguarding statement (CSS). A Barnahus CSS will operate in instances not covered by constituent agency child safeguarding.

Each agency would remain responsible for their CSS, policies, procedures and staff training etc which would be required as per legislation from the constituent members within Barnahus.

All staff working in Barnahus are expected to adhere to Barnahus child safeguarding procedures. This includes reporting any reasonable concern, as defined in the Children First National Guidance for the Protection and Welfare of Children. Certain professionals involved in front line service delivery are mandated persons under the Children First Act 2015 and are, therefore, obliged under this legislation to report child protection concerns

at or above a defined threshold to Tusla and to support Tusla in assessing concerns, when requested to do so. Under this legislation, all relevant services within Barnahus are already required to produce a Child Safeguarding Statement to promote the safety of all children who avail of the service. In addition, all staff involved with Barnahus are legally obliged to report details of certain crimes perpetrated against a child to An Garda Síochána, under Section 2 of the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012.

For the purpose of this Strategy, "child safeguarding" is understood as ensuring safe practice and appropriate responses by workers and volunteers to concerns about the safety or welfare of children, including online concerns, should these arise.[17] Child safeguarding aims to protect the child from harm, promote their welfare and in doing so create an environment which enables children and young people to grow, develop and achieve their full potential. "Workers" is understood as permanent and/or temporary staff members (full or part-time), consultants, vendors, students, and others working for or on behalf of the Barnahus in any capacity, whether paid or unpaid.

One of the main objectives of the Children First Act 2015 and the Children First National Guidance is to ensure that organisations keep children safe from harm while they are availing of services. One of the focuses of the legislation relates to the obligations of relevant services to prevent, as far as practicable, deliberate harm or abuse to the children availing of their services. While it is not possible to remove all risk, organisations should put in place policies and procedures to manage and reduce risks to the greatest possible extent. The Act places specific obligations on organisations which provide services to children and young people, including the requirement to:

- Keep children safe from harm while they are using your service
- Carry out a risk assessment to identify whether a child or young person could be harmed while receiving your services
- Develop a Child Safeguarding Statement that outlines the policies and procedures which are in place to manage the risks that have been identified
- Appoint a relevant person to be the first point of contact in respect of the organisation's Child Safeguarding Statement.

Under the Children First Act 2015, if an organisation is providing a relevant service, it must undertake a risk assessment. This considers the potential for harm to come to children while they are in your organisation's care. It should be noted that risk in this

[17] Definition as per Tusla Child Safeguarding: A Guide for Policy, Procedure and Practice.

context is the risk of abuse and not general health and safety risk. The organisation then uses this risk assessment to draft a Child Safeguarding Statement to outline how these risks will be managed. A risk assessment is an exercise where the organisation examines all aspects of the service provided from a safeguarding perspective to establish whether there are any practices or features of your service that have the potential to put children at risk.

The risk assessment process is intended to enable the organisation to:

- Identify potential risks
- Develop policies and procedures to minimise risk by responding in a timely manner to potential risks
- Review whether adequate precautions have been taken to eliminate or reduce these risks.

10.1. Safeguarding principles[18]

- **Best interests of the child:** The best interests of the child must be a primary consideration in all actions that directly or indirectly affect children.
- **Do no harm:** Any actions taken as part of service delivery or intended to safeguard a child from harm must not cause further harm or distress to the child.
- **Non-discrimination:** Barnahus will provide services in a way that does not discriminate against any child based on their ethnicity, race, sex or gender, religion or belief, language, sexual orientation, social origin, disability, or other status. This involves providing equal access to services in accordance with each individual's needs and experiences.
- **Confidentiality:** Barnahus will manage sensitive information in compliance with the applicable law and with utmost professionalism and respect for the privacy of the child and all others involved with the Barnahus.
- **Evolving capacities and the right to be heard and have one's views to be taken seriously:** Any child who comes into contact with the Barnahus system will be afforded the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. In doing so, the child's evolving capacities to make informed decisions will be recognised.

[18] These principles are Barnahus-specific and complementary to the national child safeguarding policy and procedure Children First in Ireland. They are not intended to replace or revise the national child safeguarding policy and procedure Children First in any way.

- **Survivor-centred approach:** In working with children who have experienced sexual abuse, been criminally victimised and/or have experienced secondary victimisation, the Barnahus personnel will put the needs and rights of the child at the centre of decision-making.

10.2. Prevention

- All measures that involve or directly affect children are subject to a risk assessment.
- Children who come into contact with the Barnahus will be made aware of the Barnahus safeguarding commitments and informed in a way appropriate to the child's age and developmental maturity of the Barnahus responsibility to keep them safe from harm and the reporting procedure for child safeguarding concerns.
- The participating agencies in the Barnahus system will ensure that appropriate processes are in place for safe recruitment, including in terms of evaluating the suitability of candidates to work with vulnerable children, encompassing the consideration of appropriate values and attitudes.
- The functions of Designated Liaison Person for the Barnahus will be to receive concerns outside the scope of the partner agencies child safeguarding procedures, or where concerns are brought directly to the Barnahus employed staff, and respond by reporting to Tusla as required.
- Barnahus personnel will receive child safeguarding information[19] and training by their employing agency upon assuming duties with the Barnahus system, as well as will receive regular refresher training on child safeguarding.

10.3. Reporting

- The reporting channels for child safeguarding concerns will be designed in a way that is streamlined, child-friendly and accessible for people with various disabilities. Both electronic and paper-based reporting channels will be provided.
- Oral (unwritten) reports to Barnahus personnel will be treated as reports for child safeguarding purposes. The personnel member who receives the oral report will be obligated to report pursuant to the reporting procedure.
- Where a report relates to an allegation of abuse against a member of staff working in Barnahus, the employing organisation has a dual responsibility in

[19] https://www.tusla.ie/children-first/organisations/advice-information-and-training-for-staff-and-volunteers-of-organisations/ .

respect of both the child and the worker. There are two separate procedures to be followed:

The reporting procedure to Tusla in respect of the child/young person and the alleged abuser;

The internal personnel procedure for dealing with the worker.

- Where a report relates to an allegation of abuse against a member of staff working in Barnahus, the Designated Liaison Person will register and route the report to the agency employing the subject of allegations indicated in the report, as well as making a report (or joint report with the person who raised the concern) to Tusla, and An Garda Síochána where appropriate.

10.4. Disciplinary investigations and response

The employer's internal personnel procedures for dealing with a worker who is the subject of an allegation of abuse will apply, since this area is an individual agency responsibility.

10.5. Recommendations for action

- It is recommended that the Barnahus Child Safeguarding Statement and associated policies and procedures be developed and adopted.
- It is recommended that all relevant services within Barnahus adhere to their agency specific child safeguarding and are aware of the function of the Barnahus Child Safeguarding Statement.

1. Risk management

The participating agencies will continue to adhere to their own internal incident and risk management policies. To ensure compliance with these as well as to fulfil the statutory requirement to report incidents to the State Claims Agency, the National Incident Management System (NIMS) will continue to be used as a confidential national end-to-end incident, risk and claims management platform.

Risk management, including risk identification, assessment and mitigation, will be conducted by each participating agency separately based on the division of functions and responsibilities as well as staff allocation, as specified under sections *6.2. Range of services* and *7. Staffing model* above.

At the same time, information concerning risks will be shared among the participating agencies. In the event that an incident occurs, the participating agencies will be informed that the incident in question is being recorded on NIMS.

2. Child participation

- **The Barnahus ensures that effective, meaningful and non-tokenistic child participation is embedded across its procedures and practices.**

The Barnahus child participation policy is based on the Lundy model of child participation,[20] consisting of four key pillars:

Child participation

Space: Children need space and time to participate effectively. This, in turn, requires creating a supportive environment where children are encouraged to speak up.

Voice: Children can participate through a variety of channels and media. Participation also needs to ensure universal accessibility.

Audience: Central to the right to participate is the importance of adults listening respectfully to what children have to say.

Influence: The right to participate does not imply that children's views must always be acted on. However, it does require that their views are given proper consideration and that any decision that is subsequently made should be reported back to them with an explanation of how and why it was made in the way that it was. Ideally this should apply in all settings.

[20] See https://commission.europa.eu/system/files/2022-12/lundy_model_of_participation_0.pdf .

The Barnahus child participation policy is governed by the principles set out in the General Comment No. 12 (2009) of the Committee on the Rights of the Child, and National Strategy on Children and Young People's Participation in Decision-Making in Ireland.[21] Specifically, all processes in which children are heard and participate, must be:

- **Transparent and informative** - children must be provided with full, accessible, diversity-sensitive and age-appropriate information about their right to express their views freely and their views to be given due weight, and how this participation will take place, its scope, purpose and potential impact.
- **Voluntary** - children should never be coerced into expressing views against their wishes and they should be informed that they can cease involvement at any stage.
- **Respectful** - children's views have to be treated with respect and they should be provided with opportunities to initiate ideas and activities.
- **Relevant** - the issues on which children have the right to express their views must be of real relevance to their lives and enable them to draw on their knowledge, skills and abilities.
- **Child-friendly** - environments and working methods should be adapted to children's capacities. Adequate time and resources should be made available to ensure that children are adequately prepared and have the confidence and opportunity to contribute their views.
- **Inclusive** - participation must be inclusive, avoid existing patterns of discrimination, and encourage opportunities for marginalised children, including both girls and boys, to be involved.
- **Supported by training** - adults need preparation, skills and support to facilitate children's participation effectively, to provide them, for example, with skills in listening, working jointly with children and engaging children effectively in accordance with their evolving capacities. Children themselves can be involved as trainers and facilitators on how to promote effective participation.
- **Safe and sensitive to risk** - in certain situations, expression of views may involve risks. Adults have a responsibility towards the children with whom they work and must take every precaution to minimise the risk to children of violence, exploitation or any other negative consequence of their participation.
- **Accountable** - a commitment to follow-up and evaluation is essential. For example, in any research or consultative process, children must be informed as to how their views have been interpreted and used and, where necessary,

[21] https://assets.gov.ie/24462/48a6f98a921446ad85829585389e57de.pdf .

provided with the opportunity to challenge and influence the analysis of the findings. Children are also entitled to be provided with clear feedback on how their participation has influenced any outcomes. Wherever appropriate, children should be given the opportunity to participate in follow-up processes or activities. Monitoring and evaluation of children's participation needs to be undertaken, where possible, with children themselves.

At the practical level, these principles will be mainstreamed into the work of the Barnahus through the following measures:

- **Information provision:** Children will be provided with clear, accessible and age- and developmentally appropriate information in a language that the child understands. If a child has a disability – including, but not limited to, sensory, intellectual and learning disabilities – the way and format of communicating the information to the child will be informed by the child's special needs arising from the disability. Oral explanations will be complemented by written and visual child-friendly information, as appropriate. Visuals in particular will be designed using child-friendly and culturally sensitive imagery, non-triggering colour palette and paying special attention to avoiding crowded visuals and unnecessary detail. Information will be provided at intake and regularly as the process unfolds, so the child is aware of the next steps and their likely consequences.
- **Child participation in decision-making:** The child's views will be solicited at every decision-making point and given due weight considering the child's evolving capacities and the best interests of the child. The child's voluntary informed consent or assent will be sought to all decisions affecting the child insofar as possible, and the child will be given sufficient time and information to consider whether to consent. The consent requirement may be overridden only if it can be demonstrated that not implementing the decision because of the child's lack of consent would be manifestly contrary to the child's best interests. In such cases, the child will receive a thorough child-friendly explanation of the reasons why the decision must still be made despite their lack of consent.
- **Holder of parental responsibility:** The holder of parental responsibility in respect of the child (a non-offending parent or another non-offending caregiver) is likewise provided information and their informed consent is sought to decisions affecting the child, unless a finding has been made that seeking such consent is not in the child's best interests.
- **Language interpreters and intermediaries:** Children who do not speak the official language will receive language interpretation support. An intermediary to facilitate communication will be assigned pursuant to the relevant provisions of

the Criminal Evidence Act 1992, and reiterated in the Criminal Justice (Victims of Crime) Act 2017. The intermediary will be required to possess the requisite degree of cultural awareness to be able to act as a cultural mediator where the child comes from a minority culture or immigrant community with the cultural differences assessed to be as significantly likely to affect understanding. Interpreters and intermediaries must be trained in the child-sensitive and trauma-informed approach. The interpreters will be selected from a list of pre-vetted vendors, and will be required to sign a non-disclosure agreement prior to the commencement of contractual services.

- **Gender considerations:** Where the practitioner's gender can be selected, the child's preference will be given due weight. Under no circumstances it shall be assumed that the child must be more comfortable with a practitioner (e.g. interview intermediary, interpreter etc.) of a specific gender merely on the account of the child's gender and/or age.
- **Participation in specific service components and procedural steps (note that some components of this process may not be possible to implement in the short term, therefore the list below should be viewed as aspirational standards for long-term implementation):**
    - **Intake.** From the moment the child is referred to the Barnahus, they are assigned a child advocate (once this role is available across all Barnahus centres) or support worker as a caseworker, who is responsible for maintaining seamless communication and follow-up with the child throughout the proceedings. It is the caseworker's responsibility to ensure that the child's consent and decisions are being made in the best interest of the child is sought at each decision-making point and to regularly assess and reassess the child's developmental maturity and capacity to give informed consent, as well as the child's ability to understand the consequences of each decision.
    - **Investigative interview.** The child participates in the interview only voluntarily, and is informed that they can stop the interview at any point. Before the interview, the child is given full information, in a developmentally and linguistically appropriate manner, on the room setup, the role of the Joint Specialist Interviewer(s) and the fact that the interview is to be recorded on camera and observed by practitioners in the observation room. Insofar as possible, the intermediary should be involved in this process.
    - **Forensic medical examination.** The consent of children of age 16 and above to the forensic medical examination shall be sought, as will the consent of the holder of parental responsibility in respect of children under 16. As a matter of good practice, the assent of the child under 16

should be sought as well, even if not required by law. The child may only be examined voluntarily, and should be informed prior to the examination that they can stop the examination at any point. The forensic medical examiner is required to precede photo-documentation by an explanation of its purpose and procedure to the child and the holder of parental responsibility in a developmentally and linguistically appropriate manner. Since photographing children in the aftermath of sexual abuse may be traumatising and constitute secondary victimisation if taking photographic images was part of the abuse, it is of paramount importance that the forensic medical examiner ensures that the child feels safe and understands the difference between forensic photography and photography as part of sexual abuse.

- **Therapy.** The child's participation in therapeutic intervention is voluntary.
- **Referrals to external providers.** The child and parent / guardian should be able to express their views on specific referrals being made, and to have these views given due weight.

- **Evaluation:** The child's feedback on the services provided is a crucial element of the monitoring and evaluation cycle underpinning the Barnahus commitment to excellence. Children who are able to read and write are offered to fill out anonymous online/offline survey forms, which are processed and provided to the Monitoring and Oversight Group. Note that this monitoring and oversight mechanism only concerns services provided as part of Barnahus, while no changes will take place to the agency-specific monitoring mechanisms in respect of services provided by these agencies outside Barnahus. The Barnahus system will also publish a child-friendly version of its annual evaluation report and make child users of Barnahus services aware of its existence.

3. Professional development, including continuous professional education and other capacity building. Competency framework for key practitioner groups

- **Barnahus staff, including directly recruited staff and seconded staff, are supported in their professional development and receive help to excel in their performance.**

The commitment to constant growth and support to frontline workers to promote their professional and personal development is a crucial part of the Barnahus vision. Training and capacity building of the Barnahus personnel is therefore an important ongoing priority.

To promote and coordinate training and capacity building in respect of services provided as part of Barnahus, a training needs analysis will be mandated for all entities within the national Barnahus system on an annual basis. It is the responsibility of each participating agency to ensure that the training needs analysis for the relevant practitioner category/segment of services under Barnahus centre is completed. Cross-sectoral needs will be analysed and determined collaboratively. The managing agency for each Barnahus centre will take the lead in collating and consolidating training needs analysis data and findings. The training needs analysis will inform the training plan for the following year (with the implementation funded from training budgets of the participating agencies depending on which agency employs the staff targeted for training).

Training will be provided in the following formats:

- By in-house experts where relevant expertise exists
- By experts deployed by participating agencies
- By nominating Barnahus representatives to participate in external training programs with a view to subsequent sharing of the knowledge and skills acquired within the system
- Through peer-to-peer support schemes.

Other capacity-building activities may include the development of manuals, handbooks, operational guidance and other resources designed to promote excellence in service delivery.

Barnahus personnel, including both full and part-time staff, will have access to the following support:

- All personnel receive Barnahus-specific induction training as part of the regular onboarding process upon assignment to Barnahus.
- All personnel are offered individual training plans with regard to their tasks under Barnahus.
- All personnel have access to continuous professional education, including both mandatory and optional refresher training, according to their individual training plans.
- All personnel have access to peer-to-peer support, including mentoring support for new hires by personnel with experience working as part as Barnahus.
- Reflective practice is used across all areas of service to promote excellence in performance.
- All personnel are offered well-being plans.

- All personnel have access to an outsourced independent staff counsellor as needed to address vicarious trauma and burnout.
- Personnel in supervisory and mentoring roles receive mandatory training on effective and supportive people management, and on embedding reflective practice.

Training and capacity building will be informed by competency and capability frameworks for specific job roles and job groups (Child protection; Criminal investigation; Therapy; IT; Administrative support) and by job descriptions for each position. For evaluating skill gaps, skill matrixes will be deployed. Competency and capability frameworks and a skill matrix template are given in Annexes.

3.1. Recommendations for action

- It is recommended that an interagency training plan be agreed upon.

4. Quality assurance

- **The Barnahus is committed to continuous improvement to ensure the highest standard of its services, and has in place a viable quality assurance mechanism underpinned by rigorous monitoring and oversight processes.**

The IDG and BNASC will assume the responsibilities of internal oversight, as well as commission regular external audits. The remit and responsibilities of each agency will remain in place for effective operating within Barnahus to ensure a quality service.

4.1. Recommendations for action

- It is recommended that an agreement be reached at the IDG and BNASC level regarding the specific model of internal oversight.

CHECKLISTS AND TEMPLATES

Annex 1. Safe recruitment checklist

Note that while Barnahus is not a legal entity and each agency will adhere to its own safe recruitment standards and policies, this checklist is included for the purposes of setting a

joint aspirational standard that each agency would ideally consider if it were to review its safe recruitment procedures.

Prior to vacancy advertisement:

- Conduct a basic child safeguarding and asset safeguarding risk assessment including an assessment of the following factors:
  - Does the position involve one-on-one contact with children?
  - What level of supervision will the incumbent receive?
  - Does the post involve any direct responsibility for finance or valuable assets?
- Determine the job risk level and decide on the appropriate safeguards, including vetting checks required.

Vacancy advertisement and application:

- Include child safeguarding and prevention of sexual exploitation, abuse and harassment clauses in the vacancy advertisement.
  - Ensure that the application form includes a requirement for applicants to self-disclose prior misconduct, including sexual misconduct, and prior instances of disciplinary investigation and termination of past employment, as well as consent to the disclosure of any misconduct, investigation or termination information by their former employers in the event that the candidate is shortlisted. *Note that the verification of the information provided by the candidate, such as thorough vetting checks involving seeking and obtaining sensitive information, should be made after a decision to hire was taken (see* Pre-employment vetting checks *below), so it cannot be claimed that the information tainted the recruitment process.*
- Ensure that the application contains a requirement for counter signatory references.

Candidate interviews:

- Include child safeguarding and prevention of sexual exploitation, abuse and harassment questions in the interview.

Pre-employment vetting checks:

- In advance of conducting reference checks, provide notification to all candidates that references will be verified and that they will be vetted for prior misconduct.
- Conduct thorough vetting checks, including obtaining a police clearance, at the standard required for the job risk level.

- Pay close attention to long or sudden unsubstantiated gaps in the candidate's working history and seek explanations from the candidate and through reference checks.

Induction:

- Provide the new hire with a copy of the Code of Conduct and Child Safeguarding Policy to sign as part of the standard onboarding procedure.
- Include child safeguarding and prevention of sexual exploitation, abuse and harassment clauses in the employment or service provider contract.

Performance management:

- Ensure that the organisational human resources regulations limit promotion opportunities or transfer options for individuals under disciplinary investigation, while making sure that due process is respected at all times.

Annex 2. Competency framework: General competencies

Competencies included in the Competency Framework are not intended to replace competencies required by an employer for professional or regulatory purposes.

Category	Position	General competencies	Behavioural indicators
Managerial	Barnahus Manager Central IT Hub Coordinator	▪ **Analytical thinking** ▪ Problem solving ▪ **Strategic thinking** ▪ Teamwork ▪ **Stakeholder focus** ▪ Effective communication ▪ **Planning, organising and**	▪ **Critically examines issues** ▪ **Organises, classifies and synthesises the information into fundamental blocks** ▪ **Analyses information to understand cause-and-effect relationships** ▪ **Identifies patterns and singles out root causes** ▪ Identifies problems and develops relevant options to address them

		resource management ▪ Organisational alignment ▪ **Management and leadership**	▪ Considers and evaluates the alternative courses of action identified ▪ Follows up with the chosen course of action and takes accountability ▪ **Employs big-picture thinking** ▪ **Anticipates challenges and obstacles and prepares accordingly** ▪ Models behaviours that show respect and professionalism in dealing with coworkers ▪ Models behaviours that show respect for diversity ▪ Builds and maintains collaborative relationships ▪ Employs active listening ▪ Encourages two-way communication and feedback ▪ Demonstrates and encourages empathy ▪ Demonstrates ability to prevent and manage interpersonal conflicts ▪ **Demonstrates respect, professionalism and understanding in dealing with stakeholders, including clients, of diverse backgrounds** ▪ **Fosters organisational culture that views stakeholder feedback as an essential source of information to promote continuous improvement**

			▪ Communicates effectively with diverse audiences both orally and in writing ▪ **Manages time effectively** ▪ **Demonstrates integrity, accountability and efficient stewardship of organisational resources** ▪ **Prioritises issues effectively** ▪ **Makes plans and follows through with them, making timely adjustments as necessary** ▪ Effectively advocates for the organisation bearing in mind the mission, structure and statutory functions and responsibilities of the Barnahus ▪ Operates in accordance with and within the limits of applicable law ▪ **Coaches and develops people** ▪ **Evaluates people fairly and constructively** ▪ **Delegates effectively** ▪ **Manages differences through open and constructive dialogue and encourages mutually beneficial resolutions** ▪ **Clarifies tasks and goals as necessary**

Specialist – Core services	Child protection officer Joint Specialist Interviewer Criminal investigator Forensic medical examiner Forensic Physician/ Paediatrician Paediatric Forensic Nurse Specialist SANE_P Forensic Clinical Nurse Specialist Medical and nursing service _____ Therapist	▪ **Analytical thinking** ▪ Problem solving ▪ **Strategic thinking** ▪ Teamwork ▪ **Stakeholder focus** ▪ Effective communication ▪ **Planning, organising and resource management** ▪ Organisational alignment ▪ **Management and leadership**	▪ **Critically examines issues** ▪ **Organises, classifies and synthesises the information into fundamental blocks** ▪ **Analyses information to understand cause-and-effect relationships** ▪ **Identifies patterns and singles out root causes** ▪ Identifies problems and develops relevant options to address them ▪ Considers and evaluates the alternative courses of action identified ▪ Follows up with the chosen course of action and takes accountability ▪ **Employs big-picture thinking** ▪ **Anticipates challenges and obstacles and prepares accordingly** ▪ Shows respect and professionalism in dealing with coworkers ▪ Shows respect for diversity ▪ Builds and maintains collaborative relationships ▪ Employs active listening ▪ Responds well to constructive criticism ▪ Demonstrates empathy ▪ Demonstrates ability to prevent and manage interpersonal conflicts

			▪ Treats children in a respectful and trauma-informed way, without patronising or fraternising ▪ Demonstrates respect, professionalism and understanding in dealing with stakeholders, including clients, of diverse backgrounds ▪ Views stakeholder feedback as an essential source of information to promote continuous improvement ▪ Communicates effectively with diverse audiences both orally and in writing ▪ Communicates effectively with children of different ages and backgrounds ▪ Manages time effectively ▪ Demonstrates integrity, accountability and efficient stewardship of organisational resources ▪ Prioritises issues effectively ▪ Makes plans and follows through with them, making timely adjustments as necessary ▪ Understands and is able to explain the mission, structure and statutory functions and responsibilities of the Barnahus ▪ Operates in accordance with and within the limits of applicable law

			▪ Takes on mentoring and advisory roles with coworkers
Specialist - IT	Barnahus Hub IT Coordinator Central IT Hub Staff – Technical	▪ **Analytical thinking** ▪ Problem solving ▪ **Strategic thinking** ▪ Teamwork ▪ **Stakeholder focus** ▪ Effective communication ▪ **Planning, organising and resource management** ▪ Organisational alignment	▪ **Critically examines issues** ▪ **Organises, classifies and synthesises the information into fundamental blocks** ▪ **Analyses information to understand cause-and-effect relationships** ▪ **Identifies patterns and singles out root causes** ▪ Identifies problems and develops relevant options to address them ▪ Considers and evaluates the alternative courses of action identified ▪ Follows up with the chosen course of action and takes accountability ▪ **Employs big-picture thinking** ▪ **Anticipates challenges and obstacles and prepares accordingly** ▪ Shows respect and professionalism in dealing with coworkers ▪ Shows respect for diversity ▪ Builds and maintains collaborative relationships

			▪ Employs active listening ▪ Responds well to constructive criticism ▪ Demonstrates empathy ▪ Demonstrates ability to prevent and manage interpersonal conflicts ▪ **Demonstrates respect, professionalism and understanding in dealing with stakeholders, including clients, of diverse backgrounds** ▪ **Views stakeholder feedback as an essential source of information to promote continuous improvement** ▪ Communicates effectively with diverse audiences both orally and in writing ▪ **Manages time effectively** ▪ **Demonstrates integrity, accountability and efficient stewardship of organisational resources** ▪ **Prioritises issues effectively** ▪ **Makes plans and follows through with them, making timely adjustments as necessary** ▪ Understands the mission, structure and statutory functions and responsibilities of the Barnahus, including the importance of information security

			▪ Operates in accordance with and within the limits of applicable law
Administrative support	Office Manager Central IT Hub Staff – Administrative	▪ **Analytical thinking** ▪ Problem solving ▪ **Strategic thinking** ▪ Teamwork ▪ **Stakeholder focus** ▪ Effective communication ▪ **Planning, organising and resource management** ▪ Organisational alignment	▪ **Critically examines issues** ▪ **Organises, classifies and synthesises the information into fundamental blocks** ▪ **Analyses information to understand cause-and-effect relationships** ▪ **Identifies patterns and singles out root causes** ▪ Identifies problems and develops relevant options to address them ▪ Considers and evaluates the alternative courses of action identified ▪ Follows up with the chosen course of action and takes accountability ▪ **Employs big-picture thinking** ▪ **Anticipates challenges and obstacles and prepares accordingly** ▪ Shows respect and professionalism in dealing with coworkers ▪ Shows respect for diversity ▪ Builds and maintains collaborative relationships ▪ Employs active listening ▪ Responds well to constructive criticism ▪ Demonstrates empathy

			▪ Demonstrates ability to prevent and manage interpersonal conflicts ▪ **Demonstrates respect, professionalism and understanding in dealing with stakeholders, including clients, of diverse backgrounds** ▪ **Views stakeholder feedback as an essential source of information to promote continuous improvement** ▪ Communicates effectively with diverse audiences both orally and in writing ▪ **Manages time effectively** ▪ **Demonstrates integrity, accountability and efficient stewardship of organisational resources** ▪ **Prioritises issues effectively** ▪ **Makes plans and follows through with them, making timely adjustments as necessary** ▪ Understands the mission, structure and statutory functions and responsibilities of the Barnahus, including the importance of information security ▪ Operates in accordance with and within the limits of applicable law

Annex 3. Capability framework

Capabilities included in the Capability Framework are not intended to replace capabilities required by an employer for professional or regulatory purposes.

Job group	Position	Capabilities
Child protection	Barnahus Manager	▪ Child protection assessment and intervention planning ▪ Case management ▪ Child safeguarding and PSEA
	Child protection officer	
Criminal investigation	Criminal investigator	▪ Investigation process, planning, strategies and techniques ▪ Child investigative interviewing ▪ Report writing ▪ Evidence management ▪ Court testimony ▪ Child safeguarding and PSEA
	Joint Specialist Interviewer	▪ Child investigative interviewing ▪ Language and behavioural screening ▪ Child safeguarding and PSEA

Forensic medical services	Forensic medical examiner i.e. Forensic Physician/ Paediatrician Paediatric Forensic Nurse Specialist SANE_P Forensic Clinical Nurse Specialist	▪ Expertise in general paediatric medicine/ paediatric nursing for FMEs supporting children <14 years ▪ Expertise in paediatric and adolescent gynaecology (as part of core specialist training) for FMEs supporting <14 years ▪ / A specific qualification in Child and Adolescent Sexual Assault Forensic Medical examination as per National SART Guidelines 2023 (Ref)) for FMEs supporting <14 years ▪ Examination and interpretation of signs that may be important a) medically and b) forensically ▪ Sexual abuse documentation ▪ Forensic sample collection ▪ Referral for testing and interpretation of histopathological, toxicological, microbiological, DNA profile and other testing reports for investigative purposes ▪ Report writing ▪ Court testimony (expert witness) ▪ Child safeguarding and PSEA
Therapist		▪ Has appropriate qualification / experience in providing therapy to children. ▪ Multi – disciplinary working. Evaluation and referral for therapy provided by other services ▪ Report writing ▪ Child safeguarding and PSEA

IT	Central IT Hub Coordinator	▪ Technical management ▪ Network administration ▪ Information security ▪ Data governance
	Barnahus Hub IT Coordinator	
	Central IT Hub Staff – Technical	▪ Network administration ▪ Information security ▪ Diagnosing and troubleshooting software and hardware, including professional audiovisual systems ▪ Remote desktop applications and help desk applications
Administrative support	Office Manager	▪ Process management ▪ Research and report writing ▪ Logistics and procurement
	Central IT Hub Staff – Administrative	

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All other correspondence concerning this publication should be addressed to the Children's Rights Division; children@coe.int.

The "Supporting the Barnahus model in Ireland" 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 in close co-operation with the Irish Department of Children, Equality, Disability, Integration and Youth (DCEDIY) from 12 August 2022 to 21 April 2025.