

## Summary

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The Norwegian *Barnahus* model, can be roughly translated to 'children's house'. 'Barnahus' is the term commonly used in Nordic barnahus research. This model can be described as a model for interdisciplinary and co-localised work in police-reported cases where children and particularly vulnerable adults may have been victims of violence and abuse. The service is based on the one-door principle. The activities of the Barnahus centres are organised around two main tracks: the criminal proceedings track, which is about coordination and facilitation of matters relating to the criminal case (facilitated interviews/forensic examinations), and the follow-up track, which is about ensuring the child or vulnerable adult subsequent follow-up/treatment. This report presents the results of the second national evaluation of Barnahus. It provides an up-to-date picture of the scheme and the centres' activities. We have looked at how well the centres fulfil their twofold remit now, compared with the previous evaluation in 2012, and provide recommendations for further development of the model.

The evaluation is based on extensive data material comprising regulations and key documents, interviews with managers and staff from the centres, children and parents, representatives of the chain of governance, and prosecuting officers. We have also collected and analysed survey data from children, accompanying persons and physicians affiliated to the centres.

The evaluation primarily shows how the Barnahus model works for children and youths and to a lesser extent how it works for individual groups of users, such as minority groups.

### The Barnahus centres in 2021 – the main picture

When the Barnahus model was evaluated in 2012, the scheme was still in the early stages of development and the service was still taking shape. The evaluation concluded that the service worked as intended, but emphasised that a further increase in the number of investigative interviews without more resources being allocated could tip the scales towards the criminal proceedings track, thus leading to an imbalance in the model. The evaluation also showed variation between the centres in their organisation and the quality of follow-up work, that medical examinations were performed to a lesser extent, that there were inadequate guidelines for the centre's activities and ambiguous governance systems surrounding the centres.

In 2021, the main impression is that the centres provide an important, highly competent and well-established service for children and youths in police-reported cases concerning violence and abuse. The Barnahus model has found its shape in relation to its duties and the actors involved. Seen as a whole, the system appears to work in accordance with international conventions, principles of child-

friendly legal processes and prevailing knowledge about safeguarding children. The children and accompanying persons' perceptions of the service were at least as positive as in 2012. At the same time, however, the model is threatened by a dominant focus on criminal proceedings, which could undermine the model's intention of being a comprehensive and coordinated service.

### *Positive development trends*

We have identified a number of positive trends since the previous evaluation. These trends support the centres' remit and role in safeguarding society's legal and welfare state obligations relating to vulnerable children and adults.

The uptake rate has improved since 2012. The service has become nationwide since the previous evaluation and is now found in all regions of Norway. With some exceptions, long distances to a centre have not represented as big a challenge in 2021. The establishment of more centres and sub-divisions has contributed to this end.

The service is now more regulated. The Criminal Procedure Act was amended in 2015 to include new provisions on facilitated interviews, including that these interviews should generally take place at a Barnahus centre. New regulations concerning facilitated interviews were also implemented, replacing the previous regulations on judicial interviews, which describe the role and competence of the centres. Guidelines have been developed for the centres as well as national specialist advice on medical examinations. The guidelines have clarified the role of the child welfare service in the Barnahus scheme, as have legislative amendments.

The staff have consistently high expertise. There is a high level of staff continuity and the centres have been successful in developing the field through their day-to-day work and various projects. The centres' competence appears important to the child welfare service both in terms of cooperating on individual cases and through the centres' consultation work.

The centres have developed a more uniform practice during the preparation and interviewing phase and express a shared understanding of what their core activities comprise. There is much to indicate that this is related to greater regulation of their activities. Close dialogue between the centre managers at management meetings and the establishment of specialist networks across the centres may also have contributed to a more uniform practice.

The Barnahus centres' follow-up activities are in accordance with the guidelines, and they have developed a highly competent practice that ensures a comprehensive follow-up service for many children. The centres do not express a wish to perform more extensive follow-up or treatment than is currently the case. The evaluation does not therefore indicate that they are moving beyond their remit in this respect, with a very few exceptions. The children and parents interviewed

about the follow-up express their support of the follow-up model the centres have established. Key words are continuity, integrated services and availability.

The Barnahus centres have expedient procedures in place for coordinating their work on criminal proceedings and enjoy a high degree of legitimacy with collaborating bodies, i.e. the police and prosecuting officers, the child welfare service and healthcare services. Interdisciplinary cooperation at the centres has changed for the better. In the criminal proceedings track, the advisers contribute with perspectives about the child/abused children based on their expertise. The interviewers consider it important to know that the child is being looked after following the investigative interview, and illustrate that the interview and follow-up aspects of the centres' activities cannot be seen as separate areas, but form part of the whole. The child welfare service is an important partner for the centres, and we found that the two services complement and supplement each other to some degree, particularly during the post-interview phase.

The Barnahus work more a cross centres than in 2012. The centre managers have monthly meetings where both topical issues and administrative matters are raised, and competence networks has been established across the centres in important areas, e.g. on the follow-up of children who display harmful sexual behaviour (HSB). Annual meetings are also organised for actors from across the field. The centres are characterised by a sharing culture, which means that expedient procedures and practices developed in one centre can be quickly adopted by another. This was particularly striking during the first phase of the COVID-19 pandemic; the lockdown period. 6

### *Tensions and challenges*

While the main picture is positive, we see clear signs of challenges in the Barnahus centres' activities. Some centres have problematic conditions for follow-up work and development of the field, and, in general, the specialist medical expertise appears to be poorly integrated. Overall, we see that the criminal proceedings track of the scheme has become more dominant.

This imbalance represents the main challenge in 2021. The dominant focus on criminal proceedings undermines the Barnahus model as a comprehensive and coordinated service in which the criminal and follow-up aspects are separate tracks, but together comprise a whole. Representatives of the justice sector argue that the criminal aspect takes or should take precedence, i.e. they advocate a narrow model. However, a delimited, unbalanced model of this kind is in contravention of international guidelines for child-friendly judicial processes, which the Norwegian authorities are obliged to comply with. The imbalance that has taken a hold is problematic in this respect and something the authorities should attempt to counter. If it is allowed to continue, it could lead to a domino effect. The centre managers are probably right in believing that, without a clear follow-up remit and room for performing high-quality professional work in the follow-up track of the

model, professionals with the necessary expertise to safeguard child-friendly judicial processes will not wish to be involved in the Barnahus scheme.

It is particularly the differences in the follow-up work that give cause for concern. The situation today is one of unequal access to help for children and vulnerable adults with follow-up needs. The inadequate integration of a medical service and the medical expertise in the model is also problematic. Medical examinations at the centres are almost synonymous with clinical forensic medical examinations, which form part of the criminal proceedings track. This kind of examination is only relevant in a small number of cases. In other words, the main impression is that only a minority of children are assessed for the need for medical follow-up after their investigative interview at a Barnahus centre.

### *What drives prioritisation of the criminal proceedings track?*

The prioritisation of the criminal proceedings track is related to a number of factors, two of which are finances and capacity. Several centres are experiencing a more restricted financial situation, which, among other things, affects their possibility of developing the field of practice. The fact that the same centres experience pressure to prioritise interview-related work at the expense of follow-up work indicates a risk of the centres being divided into an A and B team. As a consequence, the centres on the B team will not be able to provide a service equitable to the centres on the A team. When it comes to medical examinations at the centres, inadequate services are primarily related to a shortage of social paediatrics capacity in the regional health trusts, including qualified physicians and resources allocated to the centres. Insufficient clarification of legal issues related to medical examinations is also important. This particularly applies to the matter of who can consent to the examination when the parents are not in a position to do so.

Another factor is the way in which the centres' activities are regulated. While the criminal prosecution work is regulated by law, the follow-up work, including the offer of paediatric assessments beyond those ordered by the prosecuting authority, is regulated by administrative guidelines. When the centres' activities are under pressure, statutory duties must be given priority.

A third factor concerns the organisation and governance of the model. The centres are placed far down in the police organisation and no longer have control over their own budget. This means that they have lost some of their professional autonomy, which has been important to developing the Barnahus system into a professional practice that safeguards the twofold model. The centres are based in the justice sector and follow a management model that is hierarchical and sector-based, but they are also responsible for tasks that are administered by the healthcare and children's services sectors. The justice sector does not have expertise in these other areas. At the same time, the authorities governing the children's services sector in particular, does not take sufficient responsibility, and does not contribute funding to the centres' activities. The focus of this sector has

almost exclusively been on the role of the child welfare service and how they relate to the Barnahus system. There is therefore a lack of clear professional guidelines in key aspects of the centres' activities that are not related to criminal proceedings. The Barnahus council (Barnehusrådet), appointed as a coordinating body, does not work as intended. Furthermore, there is much to indicate that insufficient resources have been allocated to undertake the administrative responsibility for the centres. This creates a divide between the administrative and specialist management of areas such as medical examinations, follow-up and psychological treatment. When it comes to healthcare, we have seen governance signals being given that are impossible to follow up in practice, e.g. that all children must be offered a paediatric assessment after their investigative interview, while there are neither enough qualified physicians nor sufficient resources allocated to this end. The Barnahus system's basis in the justice sector is a political decision that was taken when the system was established, and we have not seen this issue being opened for debate among the centres or the majority of the informants belonging to governing bodies. However, the evaluation does show a growing frustration about the strong criminal proceedings orientation among the informants representing the Barnahus, the social paediatricians and among the informants from the line of governance that do not fall under the justice sector.

## Recommendations

On the basis of this overall analysis, we recommend an extensive set of measures that, together, aim to restore the balance in the Barnahus scheme, enabling the centres to provide a comprehensive nationwide service for children and youths who are victims of violence and abuse, in accordance with principles for child-friendly judicial processes.

### *1: The service's availability*

**We propose initiating a process to establish a new centre in Northern Norway.**

Basis for the recommendation: Despite large-scale expansion of the service, the distance to a centre in some parts of the country is long. This makes the service less accessible and increases the risk of ad-hoc solutions being developed that, in time, will undermine the Barnahus model.

### *2: Target group for the service*

**We recommend an extension of the service's target group to also include child suspects, in principle within the same types of crimes that apply to victims.**

Basis for the recommendation: Children suspected of criminal acts also require special facilitation because of their age, and many of them are also the victim of crimes themselves. It will also contribute to early intervention in relation to treatment, and may prevent violence and abuse in the future. The inclusion of child



suspects will not break with existing practice, since investigative interviews with this group are already conducted at the centres. The centres have expertise in and also offer follow-up and treatment for children who demonstrate problematic or harmful sexual behaviour, although this is not set out in the guidelines. At the same time, it is necessary to clarify which schemes should apply to this group.

### *3: Deadlines and procedures related to interviews*

**The evaluation supports reconsidering the deadlines for investigative interviews and making them somewhat more flexible on account of both the children involved and the criminal proceedings.**

Basis for the recommendation: The current system of short and absolute deadlines has unintended effects, for example that less serious cases must sometimes be given priority ahead of cases of a more serious nature. The one-week deadline for supplementary interviews is also unrealistically short. Giving the centres and the child welfare service more time to prepare before the investigative interview would improve their chances of obtaining information that could, in turn, benefit the interview. This can also help to improve the remit for clinical forensic medical examinations, enable better care for the child and give the police an opportunity to conduct more investigation and make more accurate decisions about which cases to forward to the centres. At the same time, the deadlines have contributed to investigations being initiated faster, and possibly also to the police giving greater priority to the cases. This indicates that any changes must be carefully considered.

**We propose testing a scheme of initial consultations with the aim of improving the sorting of cases assigned to the centres and the methods of investigative interview employed. The scheme should be evaluated after a certain period.**

Basis for the recommendation: The sorting of cases assigned to the centres could be improved. In cases reported to the police, the prosecuting officer decides whether the investigative interview will take place at a Barnahus centre, whether the facilitated interview will be organised as a sequential interview and whether emergency measures will be initiated to bring the child in for an interview without prior notification when their parents are suspects in the case. The centres possess expertise regarding the welfare of the child that is seldom used in such assessments. Their participation in this assessment could provide a basis for more well-considered sorting processes, protect the children from unnecessary strain and ensure a service for the children who need it.

**We recommend that the prosecuting officer that leads the interview continue to attend the consultation meeting and, as a rule, that he or she continue to administer the interview at the centre. Until better geographical coverage is in place, it should also be possible to use digital solutions in places that do not have a centre nearby.**

Basis for the recommendation: The attendance at the consultation meeting of the prosecuting officer in charge of the investigative interview appears important to ensuring good communication and to having the necessary expertise available if decisions need to be made that require prosecutorial powers. These meetings do not take that much time in any case, and there is little to be gained in terms of efficiency from the police representative not participating.

The Norwegian regulations relating to facilitated interviews allow for the prosecuting officer to lead this interview digitally by way of exception. This practice can be necessary for the Barnahus model to work in places that do not have a centre nearby, but it does not appear necessary in areas where this does not represent a challenge. The centre managers feared there would be more pressure to use digital solutions for investigative interviews after the COVID-19 pandemic, in light of the Director of Public Prosecutions allowing greater use of such solutions during the crisis. It could weaken the interdisciplinary cooperation in the long term if practice depart from the general rule that the prosecuting officer in charge of the interview leads the investigative interview at the centre.

#### *4: Organisation and governance*

**We recommend that the Barnahus continue to be based in the justice and police sector.**

Basis for the recommendation: The centres have been based in the justice and police sector since their introduction. Many aspects work well, including co-operation between the centres and the police/prosecuting officers, although this is not the case in all regions. Moreover, the basis for all the Barnahus centres' work is a police-reported case, which means that the centres work on cases that already fall under the criminal proceedings track of the model. This suggests that they should maintain their basis in the justice and police sector. At the same time, some changes are also necessary to counter the prioritisation of the criminal proceedings track that we are currently seeing.

**We recommend that the centres be organised as separate entities in the police districts, placed directly under the chief of police, i.e. level two of the police organisation.**

Basis for the recommendation: The centres have been placed far down in the police's organisational structure. It can therefore be a drawn-out process to reach a decision in cases that have to be sent in the organisational line. The centres also lose control of their budget. The changes we are proposing will place the centres at level two of the organisational structure in the police districts. The centre managers will thus be included on the chief of police's management team and be made responsible for their own budget. This will give the centres greater influence, visibility and legitimacy, as well as a more uniform organisation.

**We propose the establishment of an inter-ministerial steering committee for the centres, coordinated by the Ministry of Justice and Public Security. We**

**furthermore propose that the Barnahus council (Barnehusrådet) be maintained with the remit to discuss and prepare cases for the steering committee at the ministerial level, and that it be coordinated by the National Police Directorate.**

Basis for the recommendation: The evaluation has identified a need to strengthen the interdisciplinary governance at the ministerial and directorate level. Better inter-sectoral governance can help to improve the balance between the two tracks of the model. An inter-ministerial steering committee can contribute to this end, and to better overall management. For this kind of committee to work as intended, the ministries representing the healthcare and children's services sectors must take a greater share of the responsibility for their respective sectors. Furthermore, all three sectors encompassed by the Barnahus system must strive to achieve a whole-system governance approach that supports and strengthens the centres as a model for interdisciplinary and co-localised work.

The Barnahus council plays an important role in raising and looking into issues that must be clarified in order for the centres to provide comprehensive services. The council currently has members from the three sector directorates (police, health and children), and one representative of the police districts, a representative of the Barnahus managers and a representative of the Director of Public Prosecutions, respectively. This composition should be continued. However, the National Police Directorate as the coordinating body should ensure that, when considering proposals concerning the composition of the council and in dialogue with the represented sectors, the members are competent in all of the system's core areas, i.e. the judicial and police aspects, psychosocial follow-up of children who are victims of violence and abuse, social paediatrics and particularly vulnerable groups.

The proposal for an inter-ministerial steering committee is based on the need to improve the overall management of the centres. It is also essential to strike a balance between control and autonomy to provide a good framework for the centres' activities. A certain degree of autonomy has been important to the centres' development. Such a balance can only be achieved through close dialogue between the governing authorities and the centres, and will be significant in the process of finding a mode of governance that provides the best possible conditions for their activities.

**We recommend that follow-up and treatment be registered in a uniform manner, and that the centres report these activities on a par with the number of investigative interviews and clinical forensic medical examinations.**

Basis for the recommendation: The imbalance in the model is reflected in the centres' reporting procedures. Interview processes are reported to a far greater degree than work related to follow-up, treatment and outreach activities. This leads to insufficient documentation of the follow-up work, making it difficult to monitor the development over time and across the centres. It also sends an unfortunate signal



that the follow-up work is less important than the criminal proceedings track of activities.

**We propose setting aside resources equivalent to two full-time positions in the National Police Directorate for coordination and follow-up of the centres.**

Basis for the recommendation: More Barnahus centres have been established over the years, and the task of overall coordination and specialist follow-up has therefore grown. The resources earmarked by the National Police Directorate for this purpose are no longer adequate. The changes we propose in governance and reporting will entail more work. The task of coordination and follow-up is currently assigned to one position, which also has other duties. It is estimated that resources corresponding to two full-time positions should be set aside for this work.

#### *5: Medical examinations*

**We recommend increasing the capacity for paediatric assessments at the centres. However, it should be assessed whether it would be expedient to offer such an assessment to all children at the centre or whether there are alternatives that can safeguard the children's need for healthcare and follow-up after the investigative interview.**

Basis for the recommendation: The offer of a medical examination at a Barnahus centre is generally limited to a clinical forensic medical examination on assignment for the prosecuting authority. In practice, this means that eight out of ten children do not receive a paediatric assessment at the centre. This probably means that many children who might have needed a thorough healthcare assessment in connection with the investigative interview go without. The capacity when it comes to physicians and resources for such assessments should therefore be increased. Based on the current model, responsibility for this rests with the healthcare authorities.

Given that social paediatricians are scarce and the time it takes to qualify physicians to perform paediatric assessments, it is not realistic to be able to offer all children who come to a Barnahus centre such an assessment there and then. It would also be very costly, particularly since it has not been established that this is the only model that can adequately safeguard children's health after an investigative interview.

**We propose as an immediate solution that a permanent system be established whereby the centres consult a social paediatrician in all cases where a clinical forensic medical examination is *not* carried out. The cases can be discussed anonymously if so indicated by confidentiality rules. The child welfare service should participate in discussions concerning cases it is involved in.**

Basis for the recommendation: Since it is not possible to offer all children a paediatric assessment at a Barnahus centre in the foreseeable future, we believe that an alternative model should be tested that can ensure that children interviewed at a centre undergo assessment by a physician and receive necessary healthcare. The purpose of the consultation is to decide whether a paediatric assessment should be carried out at the centre, or whether an ordinary health check by the child's regular GP is sufficient for the time being. The model assumes that a procedure can be established for 'transferring' the child to their GP. It must also be clarified how consent for a paediatric assessment at the centre can be obtained. We also assume that, before the consultation with the social paediatrician, the centres have filtered out the cases where a health assessment is clearly unnecessary, such as in cases where the child's caregivers have ensured the necessary medical follow-up.

The proposed consultation system will contribute to the interdisciplinary dialogue the physicians have called for and to better integration of the medical perspective in the Barnahus model.

**We propose that a process be initiated simultaneously in the Directorate of Health to estimate the required level of staffing in the social paediatrics environments to be able to provide consultations on a regular basis and offer paediatric assessments in more cases than is currently the case, where a clinical forensic medical examination has not been ordered.**

Basis for the recommendation: The consultation model assumes an increase in capacity to enable paediatric assessments to be carried out at the centres beyond what is ordered by the prosecuting authority, for which resources are already inadequate. The physicians have also reported insufficient resources earmarked for clinical forensic medical examinations, even under the current scheme.

**We propose an amendment to the Criminal Procedure Act to ensure that social paediatricians attend consultation meetings and are consulted to ascertain whether a clinical forensic medical examination should be performed in each case.**

Basis for the recommendation: The physician's participation in the consultation meeting can help the prosecuting authority to reach a more informed decision about whether a clinical forensic medical examination could elucidate the case and/or secure evidence. A counter-argument, however, is that the physician's participation in the consultation could affect their assessment and thereby the evidential value of any findings. This can likely be resolved by involving a different physician in the consultation than the one who performs the clinical forensic medical examination. A disadvantage of such a solution is that the physician performing the examination would lose out on information that could be useful in the paediatric assessment.

**We recommend that the Director of Public Prosecutions implement development work targeting prosecuting officers, with a view to improving**

**the quality of the remits for clinical forensic medical examinations, and that this be expediently implemented in cooperation with the National Police Directorate.**

Basis for the recommendation: The physicians are critical of the quality of the remits for clinical forensic medical examinations, which in a number of regions appear to be far from adequate. This indicates that prosecuting officers need more knowledge about what is required of a remit to enable the physician to perform a thorough and accurate examination.

**We propose that the Directorate of Health initiate a development project with a view to establishing standards for training, supervision and quality assurance of social paediatric work carried out at the centres, which the regional health trusts must comply with.**

Basis for the recommendation: The evaluation has documented shortcomings in the training of new physicians, supervision of inexperienced physicians, quality assurance systems and resources earmarked for the centres' work and reporting. There is great room for improvement in this area. In the development project, it is natural to look to health trusts that have already established well-functioning schemes. During the intermediate phase, schemes should be established whereby specialist registrars working in health trusts without the possibility of specialist support from experienced social paediatricians can receive such support from another health trust. The Directorate of Health must also ensure that the health trusts do not divert resources intended for the centres' medical work to the physicians' ordinary work in their respective departments. The Directorate of Health must also keep a close eye on the medical examination processes at the Barnahus centres, particularly when it comes to the resources needed for this work, and ensure that the health trusts have common data protection guidelines for the physicians related to storage and access to case documents from medical examinations at the centres.

**We propose that the Directorate of Health and the Directorate for Children, Youth and Family Affairs (Bufdir) take a closer look at procedures intended to ensure that information about the children's health is forwarded to the person or agencies responsible for following them up.**

Basis for the recommendation: The evaluation shows that, when it comes to personal health data, the flow of information between the physicians and the child welfare service is not always expedient. It could be a good idea to base this process on the practices of centres that perform better work in this area. We therefore propose that a development project be initiated as soon as possible based on centres with good procedures and results in this area. Lessons learned from the development project should then form the basis for procedures that are later implemented nationwide.

**We propose that the National Police Directorate be allocated funding to rapidly upgrade the centres' IT system and online solutions where this**

**entails a problem for the physicians, and to review medical equipment, the need for more/larger examination rooms and other factors that could affect the quality of the physicians' examinations and thereby the forensic reports.**

Basis for the recommendation: The Barnahus centres are tasked with ensuring that examination rooms and necessary equipment are in order, including IT equipment and online solutions that enable the physicians to work efficiently. There are some shortcomings in this area that lead to unnecessary workload and frustration.

#### *6: Follow-up, treatment and development of the field*

**We recommend clearer regulation of the follow-up work, in line with the current practices of centres where such follow-up works well (see chapter 3). The rules must clearly state that the centres have independent follow-up responsibility that, in some cases, will also encompass treatment pursuant to healthcare legislation, and where the scope of the provisions is clear without necessarily meaning that the number of treatment hours must be specified.**

Basis for the recommendation: There is too much variation in the centres' follow-up services. While interview activities are regulated by law, the centres' follow-up work is laid down in administrative guidelines. The regulation of follow-up work is also not sufficiently clear. In our view, the current guidelines are unclear as to the centres' follow-up work, which leaves room for local interpretation and thereby varying services in different parts of the country.

**We recommend that the staffing at the Barnahus centres and sub-divisions be increased so that children interviewed there can receive follow-up at the centre. Furthermore, that a process be initiated whereby all the centres can inform the National Police Directorate what level of staffing they need to provide good professional follow-up, with a view to allocating more staff to the areas that need it the most.**

Basis for the recommendation: Access to follow-up for children who live far from where they were interviewed is too poor. Follow-up can be improved by deploying staff from the 'main centre', or by appointing specialists who live near the sub-divisions but who regularly attend meetings at the main centre. We also see a need for more staff at the centres that do not currently perform follow-up work in accordance with the guidelines.

**We recommend setting aside sufficient financial resources to allow all the centres to develop the field to an equal extent.**

Basis for the recommendation: The evaluation has shown that some centres have a poorer basis for development of the field than previously. It has also provided a basis for pointing out a number of areas where competence development may be called for. We believe it may be necessary to raise the centres' knowledge about

national minorities, indigenous people and minorities more generally. Although our empirical material on this point is limited, we are of the view that such knowledge varies between the centres as things currently stand. More systematic knowledge development in this area is therefore indicated.

**We recommend that Bufdir in collaboration with the National Police Directorate and the Directorate of Health prepare a standard agreement for cooperation between the centres and the child welfare services, which they may adapt to the local situation in consultation with one another.**

Basis for the recommendation: There is potential to further develop the co-operation between the centres and the child welfare services, both with a view to systematisation and intensification, particularly during the follow-up phase. The centres consider the child welfare service to be an important partner, yet the scope of and climate for this cooperation varies between the different municipalities and is also described as somewhat person-dependent. Most of the centres also have dealings with many different child welfare services. This indicates a need to systematise the cooperation between these institutions, which should be facilitated at the central level. Many Barnahus centres do not currently have collaboration agreements with the child welfare services, despite it being stated in the guidelines that such agreements must be drawn up.

**Concrete collaboration projects should be the subject of external evaluations with a view to elucidating both intended and unintended impacts.**

Basis for the recommendation: Project-based collaboration between the centres and the child welfare service has been implemented in some regions, and the results appear promising. It is important to allow such projects to be implemented and that the outcomes are systematised to encourage learning from experience and each other.

### *7. Regulation of activities at the Barnahus centres*

**We propose a two-step process with a view to improving legal clarification of issues relating to the centres' activities.**

Stage 1: The National Police Directorate, as the coordinating body for the Barnahus centres, strives to obtain a complete overview of the most important legal issues that need clarification. This should be done in collaboration with the two other relevant directorates, the centre managers/advisers, social paediatricians/dentists, child welfare managers/staff, police officers and prosecuting officers.

Stage 2: The issues should then be raised with legal advisers in the respective ministries the issues concern. A deadline for completing the work should be set. This work must be seen in conjunction with the revision of the guidelines for the Barnahus centres. Coordination responsibility should rest with the Ministry of Justice and Public Security in cooperation with the National Police Directorate.



Basis for the recommendation: There is a pressing and urgent need for legal clarification. The centres' activities are regulated by and concern number of different regulatory frameworks, the most important of which are the Criminal Procedure Act, the Police Files Act, the Health Personnel Act, the Patients' Rights Act, the Child Welfare Act and the Children Act. The evaluation shows that the current regulations provide a clear framework for activities relating to the investigative interview, while sufficient guidance is lacking in other areas. Many of the problems concern ambiguity that arises at the intersection between several regulatory frameworks. A review of unclarified legal issues should include an assessment of whether the various frameworks that apply are adequately harmonised.

**We recommend that the Ministry of Justice and Public Security put the matter of introducing a dedicated Barnahus act on hold. At the same time, we recommend initiating a study to learn from other countries' experience of regulating the centres' activities by law, and that this work must be seen in conjunction with the work on mapping areas in need of legal clarification.**

Basis for the recommendation: The evaluation does not provide a clear-cut picture of what can be achieved by implementing a dedicated Barnahus act. We also feel that the need for such an act very much reflects frustration with the dominance of the criminal proceedings track of the model. We recommend initially looking at how the measures we have proposed work in practice, and that the matter of a dedicated act is raised again if the balance in the model does not improve and problems related to unclarified legal issues persist. It could also be sensible to obtain and consider lessons learned by countries in which the centres' activities are regulated by law, such as Denmark.

#### *8. Research and knowledge development*

**We recommend that the authorities set aside resources for further research on the Barnahus model.**

Basis for the recommendation: There are knowledge gaps in a number of areas, including how the model works for different groups and about specific professions' work in the system. There is also a need for follow-up research when new measures are tested. An example is the pilot project for initial consultations, as proposed above. More basic research, for example on how different methods of organisation and governance systems affect the Barnahus model, is also essential to be able to understand its possibilities and limitations.

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