Child Safety, Justice and Recovery
RESEARCH GROUP

The story so far: North Strathclyde Bairns Hoose

PHASE TWO EVALUATION REPORT (AUGUST 2023 - SEPTEMBER 2024)

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Glossary and Acronyms

Bairns' Hoose	Name for Scottish adaptation of European Barnahus model. Please note: North Strathclyde Bairns Hoose spelling does not include an apostrophe. We use the latter version throughout this report when describing North Strathclyde Bairns Hoose.
Barnahus	Describes a European service model where multi-disciplinary and interagency professionals cooperate in a child-friendly building to respond to children's needs for justice, safety and recovery after abuse and maltreatment. Directly translated, the term means 'children's house' in Icelandic.
Children	Any child under 18 years
Child abuse and maltreatment	Denote all forms of child abuse and maltreatment including (but not limited to) child sexual abuse, physical abuse, domestic abuse, emotional abuse, neglect and witnessing abuse towards others.
Children England	A national charity supporting, and campaigning on behalf of, a network of members, which comprises charities working to support children across England
Children and families	Refers to children, their caregivers and wider close family members such as siblings. In this report the term specifically refers to children and non-abusing caregivers/family members
Children 1st	As Scotland's national children's charity Children First stand up for children, keep them safe and support them to recover from trauma and abuse through our national and local services.
COSLA	Convention of Scottish Local Authorities: the national membership organisation for Scottish local government
COPFS	Crown Office and Procurator Fiscal Service
JII	Joint Investigative Interview
IRAG	International Research Advisory Group
North Strathclyde Bairns Hoose	The first iteration of the Scottish Bairns' Hoose model in North Strathclyde (East Dunbartonshire; East Renfrewshire; Inverclyde, Renfrewshire)
People's Postcode Lottery	People's Postcode Lottery (funder)
THE PROMISE – now known as the Barnahus Network	PROMISE is a network supporting uptake and standards of the Barnahus model across Europe
The Promise	The outcome of Scotland's Independent Care Review - a pledge to care-experienced children and young people that they will grow up loved, safe and respected
The Promise Scotland	An organisation that exists to support Scotland in keeping its promise to care-experienced people
SARC	Sexual Assault Recovery Centre
SCIM	Scottish Child Interview Model
VIA	Victim Information and Advice Service (part of COPFS)
Victim Support Scotland	Scotland's independent charity providing support and information to people affected by crime, and campaigning for victim and witness rights
UNCRC	United Nations Convention on the Rights of the Child (1989)

Executive Summary

The support of families and protection of vulnerable children is at the core of policy making and a vision for service provision in Scotland. As part of a suite of approaches to improve children's lives, and to help children recover from adversity, there has been a long-held aspiration to bring the Nordic Barnahus model to Scotland. The Barnahus model is a child centred and trauma informed transformational, whole-system approach to delivering child protection, justice, health and recovery services to child victims and witnesses of violence and abuse.

In 2020, a partnership led by Children 1st, Scotland's national children's charity, in collaboration with Victim Support Scotland, the University of Edinburgh and Children England, secured funding from the Postcode Dream Fund, which was raised entirely by players of People's Postcode Lottery to build Scotland's first Bairns Hoose in North Strathclyde. Building upon strong interagency relationships in North Strathclyde, where the new Scottish Child Interview Model was being piloted, the North Strathclyde Bairns Hoose was established and subsequently opened in the summer of 2023. The University of Edinburgh have been evaluating this first Bairns Hoose, and this is the second of two reports reporting learning gained through a formative evaluation of the development, implementation and operation of the North Strathclyde Bairns Hoose.

Notably, in 2021 Scottish Government committed to implementing the Barnahus, or Bairns Hoose model in Scotland. As such, there is substantial and significant learning for the other areas in Scotland currently working to develop a Bairns Hoose as Pathfinders and Affiliates.

This phase of the evaluation involved interviews with children and family members (n=17), and interviews and focus groups with practitioners and service managers associated with the North Strathclyde Bairns Hoose (n=36). This data was supplemented with information collected at two workshops with staff involved with the North Strathclyde Bairns Hoose, and statistical information from key partnership members. All data was collected in the 7 month period (October 2023- April 2024) after the opening of the North Strathclyde Bairns Hoose in August 2023.

The development of the North Strathclyde Bairns Hoose has been supported by the prior introduction of the well-received Scottish Child Interview Model. In addition in 2023 Health Improvement Scotland published the Scottish Bairns Hoose Standards, which are informed by the European Barnahus Quality Standards.

Despite the house being operational for only a brief period of time it is clear that the house is already deeply valued by children, their parents, professionals involved with children after violence and abuse, and the wider service system.

> *You can tell it's a safe space when you walk in...like, with a lot of services, like I said, going to CAMHS, people can see you walk in there... Whereas, here, it just looks like*

a house, and you're going to visit someone...And that could be, like, really important, for someone to feel comfortable, like, to talk, it feels a lot more relaxed. ***(Parent – 'Trish')***

It feels like a more familiar environment, I suppose, the whole thing is, you know, a bit less scary, as opposed to going into somewhere that does look really scary. ***(Child - 'Jill')***

Since September 2023 the North Strathclyde Bairns Hoose has become the preferred choice for joint investigative interviews, accounting for 68% of all interviews. Other interviews have taken place elsewhere for a variety of reasons including distance from home address, and the need to interview children in school without parental involvement. The Children 1st Recovery Team have commenced work with 153 children[1] and their families, and the remote justice suite has now started to be used.

Key learning about establishing a Bairns Hoose includes the importance of a strong partnership between agency partners that is built upon a common set of values, a shared vision, and clear governance processes for both developing and establishing a house.

[for] somebody who has come through their career mainly in the children and justice world, I think you become, no matter how much you try not to, you become part of that challenge, part of that programme, because you say, actually this is how it's always been done. And you think about it very much from an adult perspective, at times. But what happens is, Children 1st always, and rightly, put the child at the centre and challenge why these adult things have to happen the way they do. ***(Professional 7)***

This takes time, and resources, and establishing these foundations will increase the likelihood of a realisation of the vision. The experience in North Strathclyde is that partner agencies have made important progress in a relatively short time, but that not all partners within the Partnership and wider system have been able to commit to the same degree or at the same pace. While this can be challenging, it is also important to work with this tension so that it does not stymie progress, while retaining the ability to involve others at a future point.

Within North Strathclyde there is clear evidence that the house has provided a highly valued resource to support the new Scottish Child Interview Model. This goes beyond a child friendly location in which to interview children (which in itself is important) – it has also facilitated stronger relationships between professionals with different sets of responsibilities, especially the child interview team and the recovery team.

1. Children 1st . Number covers period 01/08/2023 – 31/05/2024, representing data from when the Bairns Hoose was formally opened in August 2023.

We [Child Interview Team] meet them first and then Children's 1st will, kind of, go in, offer them tea and coffee and then explain, we'll be back in, kind of thing. And they go and speak to the parents whilst we're in interview, which means in the child's break, mum or whoever can say, 'oh I've met X or Y or whoever, they're going to come chat to you'. So, yeah, I think it seems to be working fairly well. ***(Child Interview Team member 2 – Focus Group)***

A focus on developing and strengthening working relationships is as important as the work to establish a physical location for the delivery of services. Children are most likely to experience a joined up and holistic response to their needs if the practitioners and processes they are involved with operate in an integrated way. While the North Strathclyde Bairns Hoose does not have sufficient space to accommodate the co-location of police officers and social workers alongside recovery workers, the provision of separate shared office space has clearly helped in fostering effective co-working.

The house is an important element in meeting the needs of children and families. Children 1st are to be commended for their efforts in securing the funding to build the house and establish the recovery team, and commitment to ensuring that the needs of children were central to the design and operation of the building. Providing a child friendly location that can also facilitate professionals to undertake their responsibilities is likely to lead to better outcomes, as hypothesised in the Phase One work on a programme theory for how a Bairns Hoose could deliver better outcomes (Mitchell et al., 2023). This formative evaluation has found evidence of the importance of such a child-centred and trauma-informed space in meeting the needs of children, families and professionals.

...It was actually amazing to see the young person. She just walked in the recovery room, and there'd been a massive crisis that had just happened - and it was as though you seen it lifting off her.. And it was, it was like - that was her space - and she used it for what she needed that day. I could see how it would progress a lot quicker - her recovery work - if we could regularly use the space. ***(Recovery Team Focus Group Member)***

There is clear evidence that Children 1st's facilitation of participation of children and families in the design of the house has ensured that children and their families feel that the space is centred on their needs and conducive to feeling safe and supported. In addition, involving partner agencies in key design decisions has also ensured that the house is able to meet the individual needs of various agencies, including those in the wider system such as the Scottish Courts and Tribunal Service.

The recovery (and advocacy) model used by Children 1st is clearly providing children and their families with a sense of being supported and cared for, and has led to an expressed reduction in feelings of insecurity, uncertainty and worry. Such an approach to recovery addresses a significant gap in support to children and can co-exist alongside more clinical psychological therapies.

There are areas for the North Strathclyde Partnership to address going forward, but this should not detract from the significant progress that has been made by the involved partners over the past three years.

A number of key reflections are offered for consideration by the North Strathclyde Bairns Hoose Partnership, and for the benefit of the other Bairns Hoose Pathfinders and Affiliates.

Firstly, there is a need to continue discussions with other statutory partners in the Crown Office, Scottish Courts and Tribunal Service, local authority education and social work, and NHS services about how further centring of services around the child can be met through the Bairns Hoose model. It is appreciated that there are significant challenges for some services in seeking to adapt, but, as noted by some interviewees, the challenges are surmountable in most instances. Current and ongoing changes related to the implementation of the evidence and procedure review, and the making permanent of some of the Covid changes in the operation of the courts will likely help. Similarly, the appointment of a Senior Nurse Practitioner in the Bairns Hoose will help to ensure that children's need for more comprehensive health services can be quickly ascertained, alongside providing reassurances to children and parents at an early stage.

Next, 'recovery' support within the North Strathclyde Bairns Hoose is developing a distinct offer, which is highly valued by those children and families engaged with this support, aligning well with the unique needs of children and families within the Bairns Hoose system. The flexibility of the offer is well-received and appreciated by children and families. The model is underpinned by core principles which reflect a trauma-informed and responsive service and is delivering an intervention that is experienced as holistic and therapeutic by children and families. While this approach complements more traditional clinical therapies, there is a need for greater clarity about the offer, its assessment frameworks, joint working protocols and referral pathways to and from clinical services to ensure that children who may benefit from such approaches receive them as soon as possible.

Taking steps to help Children 1st practitioners feel more valued and respected by colleagues in partner agencies would help further embed recovery across all stages in the young person's justice and recovery journey. Clear information sharing protocols between statutory services and Children 1st are crucial. One important step would be to consider involving Children 1st recovery staff in Interagency Referral Discussion meetings. This would enhance early sharing of information to assist children's recovery journeys.

Ensuring young people have access to reliable, trauma-informed legal services is seen as a crucial component of an improved justice journey. A realistic and pragmatic staged approach to tackling children being citated to, and testifying in court proceedings is required. Seeing how the live link technology in situ at Bairns Hoose operates will be an important mechanism to deliver the aims of the Bairns Hoose. Testing different areas of the court system would be helpful going forward. For example, Sheriff Courts processing

multiple summary cases could attempt to differentiate and then prioritise those involving vulnerable witnesses. Similarly, wider use of Evidence by Commissioner beyond solely High Court cases and including Children's Reporters having the authority to use Evidence by Commissioner recordings could also be a significant area for improvement.

However, we also must bear in mind that for a variety of reasons a substantial proportion of children are not being interviewed in the Bairns Hoose in North Strathclyde, and as such, may not benefit from all the services and support offered through this location. Local partners should consider how they will ensure that a two-tier service does not develop in the area covered by the Partnership.

Finally, our evaluation is formative, given the early stage of the rollout of the Bairns Hoose model in Scotland. Gathering fuller information about children and their outcomes from point of disclosure to the completion of judicial processes would be extremely important. Such data, and its rigorous analysis is seen as fundamental to ongoing development and improvement of the Barnahus model in other jurisdictions. Without such analysis there is a danger that the Bairns Hoose becomes a nice place in which to interview a child, but that children still endure too many negative experiences of engaging with the system meant to protect and support them.

In conclusion, partner agencies in North Strathclyde should be congratulated on reaching this important milestone. There is still much to do to ensure that children receive, and benefit from a truly child-centred and trauma-informed response to their needs after violence and abuse. Seeing children and families as partners in the area is likely to ensure that the principles informing the work to date are realised. If the gains that have been realised can be maintained and extended, then it would be hoped that the Bairns Hoose can start to be a catalyst for the transformational system change required for children who are victims of violence.

1. Introduction

The support of families and protection of vulnerable children is at the core of policy making and a vision for service provision in Scotland. Scotland has recently incorporated the United Nations Convention in the Rights of the Child (UNCRC) into domestic law, further emphasising that every child has the right to grow up free from violence, but if this should not occur, to have access to appropriate protection, justice and care. However, it is recognised that there is still much to do to meet these obligations. While Scotland aspires to be the best place for children to grow up, it is recognised that many children experience a range of adversities from growing up in families experiencing poverty, to suffering abuse and neglect.

As part of a suite of approaches to improve children's lives, and to help children recover from adversity, there has been a long-held aspiration to bring the Nordic Barnahus model to Scotland. The benefits of adopting the Barnahus model have been championed over several years by a range of organisations working with children and their families. The Barnahus model is a transformational, whole-system approach to delivering child protection, justice, health and recovery services to child victims and witnesses of abuse and harm (Johansson et al., 2017). The European Barnahus Network describe Barnahus as a multi-disciplinary and interagency intervention organised in a child-friendly setting. Services are organised under one roof, placing the best interests of the child (UNCRC article 3) at the centre. Each child is offered a holistic multi-disciplinary, professional and child-centred service, which aims to be supported through joint case management and review. Services are organised on a multi-disciplinary basis around four 'rooms' attending to a child's need for protection from further harm, access to justice for the harm they have experienced, medical care, and support to recover from the harm that has occurred. Essentially, services come to the child in a child-friendly space, with professionals coordinating to minimise the possibility of investigating and responding to a child's maltreatment causing further upset or emotional harm to the child.

The overall vision in Scotland is that all children who have been victims of, or witnesses to abuse or violence, as well as children under the age of criminal responsibility whose behaviour has caused significant harm or abuse, will have access to trauma-informed recovery, support, protection and justice through a Bairns Hoose – the Scottish Barnahus. The Scottish Government vision for Bairns Hoose is outlined in the Scottish Bairns Hoose Standards which states an aim to provide:

> *holistic, child-centred support … connecting services around the needs of the child by collaborating across agencies and disciplines (Health Improvement Scotland/ Care Inspectorate, 2023:3)*

It states that service design and practice principles centre children's rights and recovery. This means the best interests of the child should be paramount in all system design, actions and decisions. Key elements of the vision include: upholding the child's right to be informed and to be heard; all processes and procedures taking place within the Bairns' Hoose system are supportive, integrated and designed around the needs, views and pace

preferred by the child. It also aims to ensure children can experience interviews, examinations, recovery support and remote access to legal proceedings under one roof in a child-friendly space and that children experience as few delays as possible and the system reduces the number of times children are asked to retell their stories (Ibid).

Professional advocacy for such an approach has been bolstered by political commitment to the model. Scotland's Justice Secretary and Minister for Children visited Iceland's Barnahus in 2017 and former First Minister, Nicola Sturgeon visited in 2021, providing valuable insights into the model working in practice. These connections have been invaluable in informing the Scottish approach, resulting in the Scottish Government's 2021-2022 Programme for Government announcing the formal approval for the adoption and roll out of the model. The Bairns Hoose development also sits within a broader national agenda for change to embed children's rights, keep 'the Promise' (Independent Care Review, 2021) and improve the experience of vulnerable witnesses in court processes. This follows on from the influential Evidence and Procedure Review (Scottish Courts Service, 2015) and the legislative and policy developments that stemmed from this including implementation of the new Scottish Child Interview Model (Frier, Ingram and Nicol, 2022).

Political commitment has been supported by the early learning from the inaugural Bairns Hoose in Scotland. In 2020, a partnership led by Children 1st, Scotland's national children's charity, in collaboration with Victim Support Scotland, the University of Edinburgh and Children England, secured funding from the People's Postcode Lottery Dream Fund to build Scotland's first Bairns Hoose in North Strathclyde. Building upon strong interagency relationships in North Strathclyde, where the new Scottish Child Interview Model was being piloted, the North Strathclyde Bairns Hoose was established, and subsequently opened in the summer of 2023.

The North Strathclyde Bairns Hoose Evaluation

A core component of the development of the North Strathclyde Bairns Hoose has been the commitment to a culture of learning, including evaluating the development and implementation of the model. Responsibility for this evaluation has rested with the University of Edinburgh. The evaluation of the very initial stage of establishing and operating the Bairns Hoose has had two distinct but interconnected elements:

Phase One (November 2021- March 2023)

- Scoping of the international research evidence on the Barnahus model, and other similar multi-disciplinary and co-located models of responding to the holistic needs of children who have experienced abuse or neglect.
- An overview of the 'system as is', drawing out the complexity for children and professionals of how current arrangements for protecting and supporting children work together, and where the system is not child centred, and may even be re-traumatising.
- Development of a programme theory (a form of theory of change) to clearly articulate what difference a Bairns Hoose should make for children and how – alongside the difference it will make for their family, professionals working with the child, and the wider justice, child protection and health systems.

The conclusion of this first phase of the evaluation is available as a report **here**.

This second report provides an overview of the learning gained from Phase Two of the evaluation, which has sought to understand the initial operation of the new Bairns Hoose since its opening in August 2023. In that sense, this is very much a formative evaluation.

Phase Two (April 2023- SeptemberF 2024)

- Interviews with children and family members about their experiences of the child protection investigation, subsequent support provided through the Bairns Hoose and related justice experiences.
- Interviews with front-line staff and senior managers in North Strathclyde and other relevant sectors about the inception and initial operation of the North Strathclyde Bairns Hoose.
- An initial exploration of the impact and use of the Bairns Hoose building and how space is experienced and conceptualised within the North Strathclyde Bairns Hoose.
- A focus on the model of recovery used in the North Strathclyde Bairns Hoose.
- A refinement of the programme theory developed in Phase One of this work.

The development of the North Strathclyde Bairns Hoose has also informed the Scottish Bairns Hoose Standards (Health Improvement Scotland, 2023), alongside the rapid roll-out of Bairns Hoose development across Scotland through the Scottish Government-led Bairns' Hoose Pathfinder Phase. As such, learning from the development and implementation of Scotland's first Bairns Hoose is pivotal in helping to resource this expansion of the model's availability across Scotland, and successful implementation.

The findings in this report are based upon data collected primarily through interviews or focus groups with two key groups of stakeholders, and supplemented with information from Children 1st and the North Strathclyde Scottish Child Interview Model Team. Interviews include:

a) children and their non-abusing family members (n=17); and,

b) professionals associated with the North Strathclyde Bairns Hoose (n=36).

All children and parents or carers interviewed were receiving support from the North Strathclyde Bairns Hoose Recovery Team (or had recently completed support), and all children had undertaken a Joint Investigative Interview in response to an experience of abuse (albeit none of the children had had their Joint Investigative Interview in the Bairns Hoose due to the timing of the evaluation). The recovery service is provided by Children 1st, who also own and manage the Bairns Hoose building (although children and agency partners were involved in the design of the house itself).

Evaluation interviews with children and families were framed as guided conversations covering key themes but aiming to maximise participants' sense of choice and control (both in relation to content and interview form). All interviews were supported by a recovery worker known to the child who was available to provide support for children prior to and following an interview.

In addition, 63 professionals (some of whom had taken part in interviews or focus groups) attended one or both of two North Strathclyde Bairns Hoose events where participants gave permission for content to be used to inform the phase 2 data analysis.

All data was collected in the 7-month-period (October 2023- April 2024) after the opening of the North Strathclyde Bairns Hoose in August 2023.

Our aim in producing this summary report is to provide initial learning from the introduction of the Barnahus model to Scotland, and to provide support to the North Strathclyde Partnership to further roll out and embed the Bairns Hoose in their area, while also resourcing the Bairns Hoose Pathfinders and Affiliates as they embark on their journey.

2. Children and families' experiences of systems change

1. Introduction

A core rationale for the introduction of the Barnahus model has been the desire to improve the experience of children and their families of engaging with the justice and protection systems in Scotland. Introducing the Barnahus model has the potential to provide a place where vulnerable children are supported and worked with in an environment that is child-focused and trauma-informed. However, the model is more ambitious – it aims to support existing systems and processes to adapt to the needs of children, and to carry forward practices and processes which embrace child-focused and trauma-informed approaches system wide (Devaney et al., 2024). In this way, rather than systems and processes working in parallel, with the child and their family constantly having to navigate between justice, welfare, health and recovery systems, a Bairns Hoose can facilitate a more integrated and co-ordinated multi-disciplinary and inter-agency approach around the child, from initial disclosure or identification of abuse, to final resolution of legal proceedings and longer-term recovery.

Children's experiences in North Strathclyde prior to Bairns Hoose

As outlined in our Phase One report (Mitchell et al., 2023), there is evidence that a system-driven agenda (which prioritises criminal justice system needs) rather than child-centred practice often trumps the needs of the child. Poor communication with children, their families (and supporting professionals) about aspects of justice, safety and recovery processes limits their understanding of the complex processes in which they are involved. A system-driven agenda means there is poor management of children and families' expectations, which subsequently compounds the distress of children and families. In addition, a system-driven agenda limits children and families' abilities to be able to effectively participate in processes and decision-making of relevance to them. From our previous work particular areas of concern for children and families, identified by professionals across sectors and roles, include:

- A lack of access to timely and appropriate recovery or therapeutic support
- Extended delays and adjournments to justice processes
- Requirements on children to engage with court processes and spaces that are characterised as significantly distressing and potentially retraumatising

This phase of the evaluation has sought to explore the contribution that a Bairns Hoose can make to wider system change by speaking to children and their parents or carers, front line staff and managers of services. Meanwhile it recognises that the Bairns Hoose contribution to children's experiences occurs in the context of wider systems changes (such as the Scottish Child Interview Model or introduction of Evidence by Commissioner), some of which are also reflected in children and families' testimonies.

2. Exploring the early influence of Bairns Hoose on children's welfare and justice experiences

2.1 Initial contact with services

The Bairns Hoose is being introduced into an already crowded landscape of services, processes, and individual practitioners that children have contact with from the point of an initial disclosure of abuse, to final resolution of legal proceedings, through to support with longer-term recovery (Mitchell et al., 2023). As such, the evaluation was keen to understand whether the North Strathclyde Bairns Hoose was merely adding to this complexity, or whether there is initial evidence of improvements in children's welfare and justice experiences. When a child discloses abuse, or others suspect that a child has been harmed, the National Guidance for Child Protection in Scotland 2021 (updated 2023) structures and informs what should happen (Figure 1). This section of the report presents evidence of children and their parents or carers' experiences of professional contact and after identification or disclosure of abuse, and considers how this relates to the emerging North Strathclyde Bairns Hoose model.

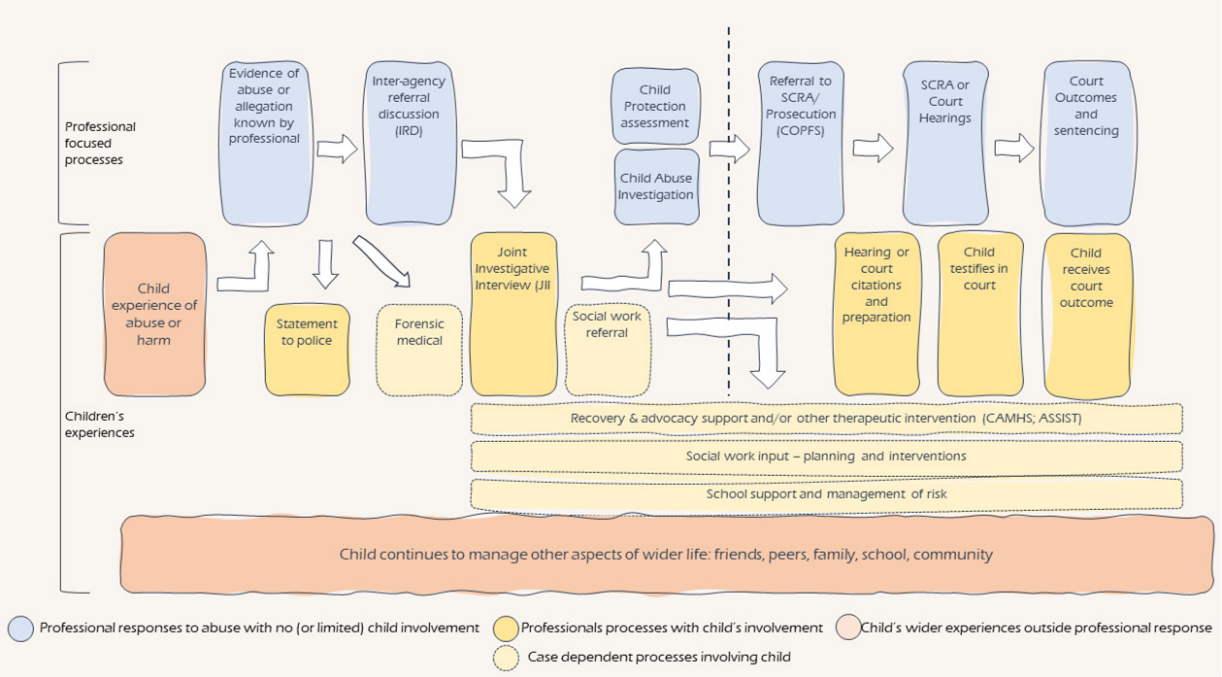


Figure 1: Simplified process map of children's welfare and justice experiences following disclosure of abuse or maltreatment

Children and families currently identify the initial phase of professional involvement after referral about abuse or neglect as a highly stressful time, with identification of abuse often associated with significant fear, shame, embarrassment and self-blame on the part of the child and catalysing shock, grief and anger among those close to a child:

> *it is really scary, and you don't know how it's going to go. And its people in big uniforms, sitting in your living room, while your mum's eating a Chinese, like.....and it's like two completely different worlds that are blended into one.* (Child - 'Millie')

Although this aspect of children's experiences precedes the current scope of 'Bairns Hoose' services it is important to acknowledge how children's initial contact with professionals marks the start of their own justice, welfare or recovery pathway and can frame children's future expectations about service engagement in both negative and positive ways:

> *He [the police man] was absolutely lovely... because honestly, I was shaking, like, an absolute leaf when he came - He goes I'm not going to do anything. I'm just going to ask how you are and stuff like that, and just go from there. Is that alright? And he's so...I feel, like... obviously you just expect prim and proper...no, honest to God, he was so down to earth and stuff like that, but it was refreshing to me. I was, like, oh my god, I'll do it, and I won't be judged for it. And obviously he had a partner with him. I forgotten her name. But she's lovely as well.* ***(Parent of Jack)***

An Interagency Referral Discussion is usually the starting point for both a child protection and criminal investigation into the concerns. The North Strathclyde Bairns Hoose model currently has limited impact when children provide an initial statement to the police, or in Interagency Referral Discussions (in line with the boundaries of the current Bairns Hoose remit which starts with an investigative interview). However, it is important to recognise the consequences of this and the potential disparity that exists in children's experiences of policing or other professional contact at this early stage with more favourable contact at later stages including the during an investigative interview.

Recent Bairns Hoose multi-agency knowledge exchange events have highlighted this as an area for further exploration within the multi-disciplinary partnership, including considerations about the potential for better-planned police contact in cases where time allows, and the potential for involving Bairns Hoose Recovery Team staff as early as possible in the Interagency Referral Discussion processes.

2.2 Best evidence forensic interview - Scottish Child Interview Model

The North Strathclyde Partnership was a pilot site for the new Scottish Child Interview Model – an evidence-based protocol for interviewing child witnesses based on international best practice (COSLA, 2021). The model seeks to create a holistic trauma-informed approach to Joint Investigative Interviews. The North Strathclyde Partnership's approach to the piloting of the new model was to develop a whole system approach across a large number of partners, informed by the Barnahus PROMISE quality standards (Barnahus Network, 2017; COSLA, 2021). Since the model became operational in North Strathclyde (August 2020) the Child Interview Team (the police officers and social workers who have been specially trained to undertake the investigative interviews) have interviewed 1,096 children (this includes continued, subsequent interviews and re-interviews). Since September 2023 (when the Bairns Hoose interview facilities became operational) the Child Interview Team have undertaken 141 interviews, with 96 of these (68%) having been completed in the North Strathclyde Bairns Hoose. The remaining interviews have taken place in various other venues, for a variety of reasons (Source: East Renfrewshire Health and Social Care Partnership). To our knowledge none of these interviews were undertaken with children under the age of criminal responsibility (12 years old) in situations where the child

may have caused serious physical or sexual harm. Although children interviewed for this study completed an Investigative Interview prior to the Bairns Hoose opening, their reflections provide important insights into children's experiences of the process and their priorities. Their perspectives, along with those of professionals suggest the introduction of Bairns Hoose is likely to improve the investigative interview experience for children on three fronts: an improved interview experience; an improved space in which interviews are undertaken; and immediate referral to recovery support. What remains unclear at this early point is the impact of the revised Child Interview Model, setting and support on later court processes and outcomes.

2.2.1 An improved forensic interview model and experience

Facing formal questioning about difficult or traumatic experiences will always likely be difficult for children. However, there is strong evidence that the introduction of the Scottish Child Interview Model in North Strathclyde has improved children's experiences (East Renfrewshire Health and Social Care Partnership, 2024). In this study children's testimonies identified their recognition of effective rapport building, facilitating choice and control, and individually-tailored interview planning within their interviews. Crucially, as the quote below shows, they indicated potential for the forensic interview experience to provide children with a sense of care, validation and recognition.

> *I've actually done two police interviews, one in 2021 and one in 2022, and both, I had the same person, so that was a good thing...the person I had was sweet, told me the same things you told me, I could stop, pause at any time, and I had full control over the interview... Just talking to her made me feel so happy....she told me where everything was, cameras, she gave me fidgets. They did everything we needed...she remembered things I told her from the last interview... And that just, kind of, made me feel good, because she remembered me.* ***(Child - Sam)***

Children and families interviewed for this study highlighted significant difficulties associated with the main interview space (Osprey House) utilised prior to the Bairns Hoose opening. Key concerns related to the location (difficult to find); the nature of the building (institutional and intimidating); the wider building use (encountering multiple unknown professionals); audio qualities (parents and carers being able to hear elements of their child's interview within waiting areas – including distress); and children being distracted by wider sounds within the building.

Conversely children and families who had visited the Bairns Hoose space identified that it had potential to address these issues, with children and families identifying the ability of the Bairns Hoose building to communicate child-centred values, provide comfort, heighten calmness and provide privacy. For example, parents reflected on the way the Bairns Hoose might have been helpful for their children had they been interviewed there. They noted that, the trauma sensitive resources and calming environment in the Bairns Hoose may have helped support their children to undertake the interview with less stress:

Because there's room here (in Bairns Hoose) where he could like...he could have sat and like read books or calm him down with toys and stuff like that, and then maybe go try and speak to him when he's got stuff to distract him.....Whereas in that building [where his forensic interview took place] they had nothing to distract him whatsoever. It was like a room with recording equipment. ***(Parent - Ann)***

Children and parents' views were confirmed by professional observations that the effect of the improved setting on children and family members was positive.

When considering the use of the Bairns Hoose as an improved setting for Joint Investigative Interviews, it is important to recognise a number of children have joint interviews that are and will continue to be completed elsewhere. Given the Bairns Hoose is the setting of choice for the Child Interview Team, those children whose interviews do not occur in the Bairns Hoose may have a substantially different experiences when being interviewed.

2.2.2 Improved referral and access to recovery support.

A central aspect of the North Strathclyde Bairns Hoose model is the development of the Children 1st Recovery Team and support offer. This is explored in greater depth in chapter five but key messages are included here. The model and associated team have been developed over the last three and a half years (including prior to the opening of the Bairns Hoose building). It aims to provide a consistent offer of relationally driven, advocacy and recovery support to all children who have undertaken an investigative interview in North Strathclyde, and their family members. Since August 2023 this includes face-to-face contact (and a direct referral offer) with a Recovery Team member from the moment investigative interviews are conducted in the Bairns Hoose. The model provides children and families with a single point of contact and flexible individually-tailored support.

Since the opening of the Bairns Hoose a Recovery Team member is present and 'on duty' in the Hoose for all investigative interviews which take place within the house. This provides an opportunity for family members or carers who are waiting for their child to receive dedicated support and information from a professional outside of the formal interview process, and the offer of recovery support to be offered directly and immediately to children and family members following the joint investigative interview.

We [Child Interview Team] meet them first and then Children's 1st will, kind of, go in, offer them tea and coffee and then explain, we'll be back in, kind of thing. And they go and speak to the parents whilst we're in interview, which means in the child's break, mum or whoever can say, 'oh I've met X or Y or whoever, they're going to come chat to you'. So, yeah, I think it seems to be working fairly well.
(Child Interview Team member 2 – Focus Group)

Children and families interviewed for this evaluation reported high levels of satisfaction with, and trust in the recovery support offered to them as outlined in chapter 5. In particular, they noted the significance of a consistent family-focused support offer; strong relationships built through time spent getting to know them fully; a sense of genuine care; a holistic offer

that extended beyond a narrow focus on their abuse; and tailored support including advocacy, therapeutic work and planning for the future. Critically, interviewees identified a range of positive outcomes associated with this support including improvements to their sense of safety and stabilisation and help to buffer them from the worst impacts of justice processes.

> *If you want me to be honest [my recovery worker] is probably the only reason I'm talking now – my anxiety was so bad back then I couldn't speak.*
> *('Calm' aged 20 yrs.)*

Children and families reported the style of support offered by the Recovery Team to be distinct to other support offers. This was associated with its flexible and open-ended nature and a particularly strong focus on relationship building.

> *CAMHS is more like therapy, but talking to [recovery worker]...that's someone that's worked with another child that's been in the exact same position as me - that feels better, because she'll know exactly what I'm talking about when I say something... That just means so much. (Child - 'Sarah')*

There was clear evidence from both members of the Recovery Team and colleagues from other services that the Children 1st practitioners were increasingly valued and respected by colleagues in partner agencies and their roles better understood – a marked change from Phase One of the evaluation.

In addition, although the recovery role alone has limited impact on children's experiences of justice processes, there is evidence that it can act as a 'buffer' from some of the more challenging aspects– for example through the advocacy aspect of the role and facilitating children and families understanding, access to information and sense of influence and control relating to children's hearing or criminal court processes.

2.3 Moving forward

Despite the general agreement that children and families experiences of investigative interviews has improved since the introduction of the Scottish Child Interview model respondents noted, however, that the assumption that this would reduce the need for children to testify in court has not yet been met. This is an area where existing systems and their limitations are still to be addressed.

There are two key issues relating to the recovery element of Bairns Hoose in North Strathclyde with implications nationally. Firstly, funding of recovery work is still short term, and not established. This has implications for the long term development of the service, retention of key staff, and support for children through their recovery and justice journeys. Secondly, there is a need for further exploration of additional opportunities to involve recovery staff in statutory decision making fora, including Children's Planning processes and Interagency Referral Discussion (IRD) meetings, and embed links to the Recovery Team within other aspects of children's justice journeys.

In relation to the physical space, it is recognised that, for various reasons, not all children in North Strathclyde will be interviewed in the Bairns Hoose. The issue remains therefore as to how the experience for these children can be improved, and the continued need to ensure these children do not miss out on access to recovery support.

The issue of co-location of staff has been reported to be valuable in other countries in building a strong system and response around the child. Although some initial co-location has taken place through identification of shared office space for Recovery and Child Interview Team members close to the Bairns Hoose building, this element of the model is worthy of further consideration – including as the Bairns Hoose model is extended to other parts of Scotland.

3. Children's experiences of 'the system' which are less impacted by current Bairns Hoose implementation

3.1 Co-ordination with other services around the child

The Bairns Hoose has the potential to support wider change in how professionals and services respond to the needs of vulnerable children. As outlined above, there is good, initial evidence of the Bairns Hoose supporting and extending the benefits of the Scottish Child Interview Model, and children's access to recovery support after an investigative interview. However evidence from children and families, alongside professionals suggests the full potential of the model remains unmet.

Both professional and children and families' testimonies suggested a number of opportunities for their justice and recovery experiences to be strengthened through better coordination between professionals from health, education and children and family social work services with Bairns Hoose staff and processes.

Child and Family Social Work

For children interviewed for this study, social work contacts varied depending on the nature of their experience of harm and relationship to the perpetrator. Communication was a clear theme relating to children and families' experience of social work. Children and families noted limited understanding about the social work role, some difficulties contacting workers and limited understanding about changing levels of social work involvement.

> *I had a social worker talk to me in school, following, like, the police being notified ... I spoke to them twice and then they didn't ever speak to me again. I think they said to my mum...oh yeah, "Jill" is out of social work now... the fact that such a big part of my life, there was no communication with the police or social work. People that were handling very, very sensitive things to do with me that then just withdrew without really saying anything (Child - 'Jill')*

Another key concern for children and families interviewed was the degree to which they felt social work were able to intervene to support wider family member's safety. In some cases

social workers were recognised to play a critical role in supporting children's safety from abuse and in other instances children felt their fears - particularly in relation to the safety of siblings in contact with an alleged perpetrator - were not responded to. Linked to this, there was recognised to be a particularly important role for social work in cases that did not progress to a criminal trial but did reach a threshold for a children's hearing.

> *They didn't take it to court, the police didn't...it was my social worker, she took it to court... it's in a child's court now. .... because I've got siblings, but everything to do with me is finished, it's now on all my siblings, to see if he can be trusted near children.* ***(Child - 'Sarah')***

Opportunities for contact between recovery workers and local authority social workers were noted to support communication with children and families but happened on a case by case basis - in some cases supported by Child Interview Team contact with local authority colleagues.

> *It's like [my recovery worker] can talk to my social worker and she'll find out stuff that I've not been told. It's like, working with [my recovery worker]'s so much easier as well, because she's, like, easier to talk to* ***(Child - 'Sarah')***

Although social workers are fully integrated within the Bairns Hoose model through their role within the Child Interview Team, plans for more formalised local authority social work coordination remain unclear, including the degree to which content from Investigative interviews informs child protection processes. Furthermore, there appears unmet potential for Recovery Team knowledge of individual children and families to feed into social work assessment, planning and decision making to enhance the support for vulnerable children, their siblings and parents/carers.

Education

Children, and to a lesser extent their parents and carers, spoke extensively about the significance of education in their lives following identification of violence or abuse. Schools were identified as both a source of additional support - through individual pastoral care, access to school based 'wellbeing hubs' and counselling – and as a space that could present further challenges. They described the impacts of their experiences of abuse, and engagement in welfare and justice processes, on their school attendance and attainment. For some children school was the context in which abuse or violence occurred while for others it represented a protective space. Several examples were shared where Recovery Team members undertook advocacy roles in children's education setting or supported schools to design and implement safety plans for children during school. Given the significance of schools in the lives of children and young people using Bairns Hoose there is clear potential for stronger links between education and the Bairns Hoose partnership to positively impact children's recovery.

Health

Health services were also raised by children interviewed for this research, this was primarily in relation to Child and Adolescence Mental Health Services (CAMHS), which most children had had experience of. Children and parents described mixed experiences of CAMHS ranging from those who valued it highly and felt it provided a useful compliment to Bairns Hoose recovery support, to those who voiced frustrations with waiting lists, limited numbers of sessions and a style of support that felt too narrow in focus to meet their needs. Where coordination was recognised between a child's CAMHS worker and recovery worker this was noted to be beneficial but there did not appear to be a standard planning or information sharing protocol between CAMHS and the Recovery team.

Beyond CAMHS, children and families made little reference to the role of wider health services in their justice or recovery journeys. No children or families interviewed for this study referred to accessing sexual health services or undertaking a forensic medical examination, perhaps reflecting the relatively low numbers of children who undertake an investigative interview and are referred for a forensic medical in North Strathclyde (approximately 5% - source: East Renfrewshire Health and Social Care Partnership, 2024). However, there was a strong desire from professionals to ensure better coordination between the Bairns Hoose and health services and recognition of a clear need to offer a health check and support to all children undertaking investigative interviews. The forthcoming appointment of a Senior Nurse Practitioner based within the Bairns Hoose will begin to address this gap, offering general health assessments of children and making referrals to other services. This will mark a further significant change to children's access to services after violence or abuse and help to deliver on the aspiration to provide multiple services to children through the Bairns Hoose space.

For the small number of children who require a Forensic Medical examination these take place outside the Bairns Hoose at two sites in Glasgow (under 13 year olds in the Children's hospital and 13-17 year olds at a Sexual Assault Referral Centre). There are no current plans to incorporate this aspect of health into the Bairns Hoose building and coordination between these services and the Bairns Hoose model and pathway remains unclear.

3.2 Criminal justice processes

Beyond stronger co-ordination with other services, there was evidence of unrealised potential of the Bairns Hoose to influence wider criminal justice processes for those children whose cases do proceed to trial.

Following an investigative interview, children's experiences of justice processes is markedly less central. Children and families described experiencing a heightened sense of marginalisation and feeling 'in the dark' about the progress of their case. Understanding the progress of a case represents a significant concern of families and in the absence of clarity uncertainty, anxiety and frustration were noted to prevail.

> *I would phone to say, right, I need to speak to this police officer, or, are you dealing the case? 'No, I'm not dealing with the case'. You were getting told one person was dealing with the case and because there had been two rapes, it was...'well we're*

going to merge the cases', and then, 'no we've not merged the cases.' ...to me, the left hand didn't know what the right hand was doing. ***(Parent – 'Cath')***

Where children and families (or their recovery worker) had access to a named police officer responsible for investigating their case this was noted to be helpful and valued, countering predominant dynamics of uncertainty and confusion.

There was a police officer allocated to our case in particular, who was a woman, who was really helpful. So, I could email her, phone her, to get updates. ... ***(Parent - 'Joan')***

Despite the quote above, this degree of access to investigating officers and clarity about case progression did not appear to be available to all (or even most) children and families and varied across individual testimonies.

Timescales for investigations were another major concern for children and families particularly where they had limited access to information about 'case progress' and the potential for court or children's hearing processes remained unknown. Children and families described a significant anticipatory anxiety that spanned this period and misalignment between families' expectations and responses.

Like, after the interview, we were told we'd have someone talk to us about maybe like a month later to just give progress. Six months went by, and nothing happened. We didn't get spoken to at all. ***(Child - 'Sarah')***

I would keep phoning for updates. So, from like the August to December, I was just getting from her like...'oh, the defence, we need to wait till he's appointed a solicitor, until he even comes in for questioning.' That's what I couldn't get my head round. ***(Parent – 'Alison')***

The prolonged nature of children and families' wait for court citations and the potential for adjournments to further delay court dates at short notice was a major source of concern. Children and their parents interviewed for this study had waited up to 2 years to appear at a court hearing date following their forensic interview. Given the nature of these waiting periods, short notice adjournments to these dates became sources of significant distress, deepening the sense of unpredictability associated with court processes and the limited nature of children and families' control.

I very much mentally prepared myself for this date, to be on this date, and I'd worked on everything, and I was live, you know what, this is going to happen' like, 'you're going to be able to deal with it'. and afterwards [when it was adjourned], it was really really difficult- like I want to say – one of the most difficult few weeks I've ever been through. ***(Child - 'Millie')***

While it is intended that the Bairns Hoose will improve the quality of children's evidence

presented to court, there is also a desire to reduce children's need to attend court. Standardising the use of the Bairns Hoose space for a 'live link' to court would represent one step towards this - reducing the compromises to children's safety and wellbeing that attending court buildings currently presents for children.

> *So, see where we were sitting, there was a big window, we actually saw that person walking in to go to lunch. And then my dad's like, 'don't look at them, don't look at them, turn this way, turn this way'. And then we saw all of these, like, some of the [perpetrators] family members there. And honestly, it was like a gut punch to the system.* ***(Child - 'Clementine')***

Furthermore extending the use of Bairns Hoose for Evidence by Commissioner hearings could reduce children's experience of delays and adjournments and the use of cross-examination. However plans for implementation of this within Bairns Hoose were unclear.

> *I suppose what we would all strive for down the line would be that any questioning of a child, including if there was to be defence question, like Evidence by Commissioner - would be done really early doors 'cause that would be.. that's what you would love to happen....* ***(Professional 6)***

It is too early to be able to comment upon whether the introduction of the Bairns Hoose can increase the number of prosecutions and convictions for violence and abuse against children.

For children who had recovery workers the Bairns Hoose model and partnership working enabled a single trusted point of contact supporting children to assist in preparing for court, get answers to questions, and help them liaise with Victim Information and Advice, Procurator Fiscal's office and courts. However, Recovery workers' own access to information about court preparation was also limited and interviews with professionals indicated that there was not yet a standardised process for information sharing between Victim Information and Advice, and recovery workers. Furthermore, at the time of writing (when the Bairns Hoose court suite had only just begun to be used) the seemingly most significant issue for children and families – delays and adjournments – were not able to be mitigated through the presence of the Bairns Hoose.

3.3 Moving forward

Practitioners and families interviewed for this evaluation felt that the values and approach embodied by the Bairns Hoose model had the potential to be extended to the way the wider criminal justice system responded to the needs of children who have been subject to violence or abuse. Improvements cannot be delivered by those managing and running a single Bairns Hoose, or even a local partnership, although strong working relationships, a shared value base and clear commitments are necessary. The roll out of the Bairns Hoose model nationwide holds potential for wider system change.

3. Partnership and systems change

1. Introduction

Fundamental to the Barnahus model is a child-rights based approach in terms of the child's best interest, their right to participation in decisions being made about them, and the right to recovery (UNCRC, 1989). Implementing such an approach requires significant systems change – not only reliant on changes to individual systems and processes but more fundamental shifts in the structures, coordination and relationships between multi-disciplinary partners.

Bairns Hoose implementation, like any 'systems change', essentially involves multiple actors who work together to solve complex social problems by shifting or changing component parts of a system so that the way those component parts work together ultimately forms a new system that operates and behaves differently.

However, systems change is challenging because it is complex and takes leadership, time, political will and resources for meaningful change to take place. This section of the evaluation focuses on three key aspects influencing systems change within the North Strathclyde Bairns Hoose: (1) multidisciplinary working across sectors with differing mandates and methods of working; (2) leadership and partnership working to catalyse change; and (3) the political landscape.

2. Multi-disciplinary working with differing mandates and methods of working

Multidisciplinary working is a key element of the Barnahus model given that professionals—even entire systems—must work collaboratively with differing institutional remits and work practices. The North Strathclyde Bairns Hoose and Children 1st has aimed to implement a child-rights based approach which has informed the approach to multi-disciplinary working. In the context of Bairns Hoose it aims to help ensure the model remains responsive to children's experiences and needs, helping systems become more accountable to children both individually and collectively. It has been linked to a strong drive and motivation for change with recognition of potential systems harm, no matter how unintentional. Children's 1st participation work in the Bairns Hoose is informed by the Lundy model of participation (Lundy, 2007; Hill et al., 2021, Mitchell et al., 2023).

Just one of these elements, multidisciplinary working or a child-rights based approach is a substantial systems-change disruptor. When combined - multidisciplinary working with a child rights-based approach at the core - there is great potential for systems change on many levels. For example, in how children are positioned and spoken to (e.g., as having agency and capacity to reflect on and discuss their views on their experiences and have this be given due weight in decision-making), and also how policies and procedures are designed. However, there are also many challenges to incorporating both. Children 1st have

used a model of child participation through the "Changemakers Group[2]", supported through internal and Scottish Government funds, to inform the design and development of the North Strathclyde Bairns Hoose. Key activities of the Changemakers Group are outlined in Appendix A.

Children 1st highlighted the belief that by enabling children to share their views on the Bairns Hoose design and development, that the model would remain responsive to children's needs and experiences. In this sense, a multidisciplinary approach that is underpinned by a child-rights based approach is advancing systems change by helping systems to become more relevant to children's needs and accountable.

Our analyses found that some professionals welcomed having a partner organisation that puts child rights at the centre of the Bairns Hoose. This ensured that children's needs have been a prominent element influencing strategic and operational multiagency discussion. For example:

> *[for] somebody who has come through their career mainly in the children and justice world, I think you become, no matter how much you try not to, you become part of that challenge, part of that programme, because you say, actually this is how it's always been done. And you think about it very much from an adult perspective, at times. But what happens is, Children 1st always, and rightly, put the child at the centre and challenge why these adult things have to happen the way they do. (Professional 7)*

Despite the challenges posed by the level of systems change required to fully implement Bairns Hoose, there is some evidence that taking a child-rights based approach has helped to keep partners working together, striving to continue to make progress for effective whole systems change. Further, children and young people involved in the Changemakers group, who were also interviewed as part of the evaluation research, highlighted their contribution and what this meant to them.

> *I think the Scottish Government should learn more about how kids get impacted by these events, and how court, like, how court is for children. Because they're basing it through adult minds. They're not basing it through children's minds. (Child - 'Clementine')*

Working with multidisciplinary partners - Challenging the siloed mindset

Establishing systems change is complex because different partners come with different remits, professional expectations and cultures which impact how each sees the others and how they operate together in the best interests of the child (Metz and Albers, 2014). Interviews with professionals suggest that there is still a lack of clarity about the processes, role and function of multidisciplinary working in the Bairns Hoose. For example, the Child

2. In 2022 Children 1st brought together a group of young people between the ages of 13 and 19 to become the Children 1st 'Changemakers'. These courageous and inspiring young people have experiences of the care, protection and justice systems, meaning they have significant insights from their own journey and experiences. The Changemakers group gives young people a significant role in informing the design and development of the North Strathclyde Bairns Hoose.

Interview Team and Children 1st Recovery Team were noted to currently operate as distinct teams working alongside each other, with individual team leaders.

> *We have to stop thinking as the SCIM [Scottish Child Interview Model] as being a separate entity and the third sector's delivery of it being a separate entity of what Bairn Hoose looks like. It should be one team...(Professional 13)*

Pervasive professional or institutional identities were noted to prevent deeper integration and collaboration. Specifically, a lack of understanding about how other agencies operate tends to detract from inter-professional trust (as identified in Phase 1). Several professionals noted the need for professionals from different disciplines involved in the Bairns Hoose to proactively focus on how they could work better together through aspects such as improved coordination, communication and minimised duplication of work across agencies to improve outcomes for children and families. There was recognition of promising practice in relation to the strengthening of links between the Recovery and Child Interview Teams since the house had opened. However further clarity regarding how wider teams will formally work together was needed to assist in understanding respective roles and responsibilities. The iterative development of multidisciplinary working appears to have affected the development of processes and protocols for inter-agency working in the Bairns Hoose with frontline practice protocols not yet fully developed, and this has caused tension and misunderstandings across the partnership.

> *Tensions of management and knowledge of one's role impacts the capacity and competency of workers to operate together. This impacted operational decision making.... If we're meant to be a partnership how does that then operate in the field? If we're only seeing parts of things and saying 'this is mine' so this is what I need' ...what does a partnership mean? (Professional 11)*

> *I think the difficulties have... (been for) Bairns Hoose is there hasn't been clear boundaries and clear understandings of roles and remits and what's happening and that...in those spaces that I think there has been tension, which sometimes comes out...across as animosity and some poor behaviour. (Professional 4)*

Within North Strathclyde there is a sense the Bairns Hoose has provided a catalyst to develop closer multidisciplinary working around children's justice and recovery. The opening and use of the building has been linked to a growing momentum for addressing operational challenges including multidisciplinary working, however further work is needed to realise the ambition of the North Strathclyde Partnership. This includes a need for more detailed implementation strategies and clearer protocols for interagency coordination which support role clarification, information sharing, case oversight and joint decision making fora.

3. Leadership and partnership working to catalyse change

The North Strathclyde Bairns Hoose Partnership involves Children 1st, four local authorities, two police divisions and one health board. They were originally brought together to oversee the implementation and roll out of Scottish Child Interview Model pilot and are now delivering the Bairns Hoose implementation – first as a local demonstration initiative and subsequently part of the wider national Bairns Hoose Pathfinder process. The multidisciplinary composition of the partnership was noted as providing advantages of broad strategic and operational leverage, but interviewees reported a perceived drawback as there was not strong cross sector alignment in the vision of the project.

> *I think the Bairns Hoose has always suffered from not having everybody on the same page and the same...with the same understandings and the same levels of power to affect that change or to influence it.* ***(Professional 4)***

Professionals interviewed also highlighted that the current governance structure needs to focus more on developing a clear implementation strategy moving on from a sole focus on campaigning for and influencing change. Several respondents suggested there is a need to move towards a project management approach to help address operational issues quickly as the service gets fully up and running.

> *So, the Delivering the Vision Group is a very interesting enjoyable group to go to, but it is not a business group.... It's not a ... strategic oversight group. It's not a group where everyone gets around the table and deals with the operational issues that crop up.* ***(Professional 1)***

At time of writing, the partnership group were reviewing a proposal for a new governance structure of operational and strategic groups with working subgroups, but the approval of this new structure has been delayed. A joint strategic and operational group planning day was scheduled for August 2024 and was focused on local governance and implementation planning.

Third Sector Leadership

Phase 1 of the evaluation found that a strong value-based strategic leadership within the partnership was an important enabler in the early stages of Bairns Hoose development and implementation (Mitchell et.al 2023). This is still the case. Professionals recognised how members of the partnership and in particular, Children 1st, have held a substantial role leading and driving the North Strathclyde Bairns Hoose development and implementation. A key example of this is through obtaining funds with Victim Support Scotland, the University of Edinburgh and Children England from the People's PostPostcode Lottery Dream Fund to create the first Barnahus in Scotland.

> *So, the opportunity with the funding from People's Postcode Lottery I think was really critical as a game changer because, in some ways, I think it's allowed us the freedom to drive ahead.* ***(Professional 10)***

As a third sector organisation, Children 1st is considered a different "type" of partner involved in the development of the North Strathclyde Bairns Hoose. A recognised strength of Children 1st is their ability to campaign for change and their agility to pivot and respond to opportunities. This means that Children 1st have been able to source creative solutions to implementation and change. This is both a strength to the partnership and a challenge to practical implementation.

> *And I think it not being a traditional justice partner leading on the creation of this has its inevitable benefits because of that, they can question or say put things in place or suggest things that the rest of us might automatically have never considered or thought about... So, I think I think at this juncture that it's had a positive effect. (Professional 9)*

Children 1st have also been recognised as influencing the national agenda for change, for example supporting the development of the Bairns Hoose Standards, funding the legal opinion of compatibility of the Barnahus Quality Standards with Scots law, linking international Barnahus networks and having knowledge of local and national partnerships.

> *Children 1st have very much brought on board the senior judiciary and obviously Lord Carloway, Lady Dorrian have both visited and being very ...vocal about how impressed they were with the house and things like that. So, I think that is key, because if it comes from them that this is our positive way forward then it's a real endorsement. You find then that that sets the tone for what happens. (Professional 6)*

Complexities of Third Sector Leadership.

Although there was overall agreement that there are many strengths to having Children 1st drive the development of the North Strathclyde Bairns Hoose, challenges were also highlighted in this initial implementation phase. In particular, professionals mentioned tensions in decision-making regarding whether Children 1st were making the best use of wider expertise within the Partnership, and whether they were taking on work other agencies were better-suited to undertake:

> *And whilst at times they've [Children 1st] gone, 'Oh well, you know we're facilitating this for you', you know? But they're not. They're ' this is what we think and this is what you have to do'. So, I think that that's had its challenges definitely....I suppose my feeling at times is, that they have bitten off more than they can chew, and they're trying to do too much themselves. And, and there's a kind of running about talking to different agencies, but there's a lack of ...kind of [a] cohesive project group. (Professional 6)*

Relatedly there was the sense by some that decision-making and ownership was not always distributed equally or appropriately across the partnership. Differing visions played a role in this but equally difference in status and funding structures of statutory versus

voluntary sector partners were felt to exacerbate this. Children 1st identified themselves as occupying a less secure position in relation to other partners, due to their reliance on grants and donations, and this was linked to their need to retain a strong sense of ownership over the North Strathclyde Bairns Hoose given their organisational investment – both financially and reputationally.

> *I would ask the question what is a partnership? If only one agency wants to - I've always, since I came into this, thought we were a partnership and tried to ensure that ...we're including everyone we need to ..., and therefore was quite surprised when the building was - you know heading along the way of opening and realizing – 'Ohh right! This this is going to be kinda operated and headed by Children 1st'. (Professional 11)*

> *Because we're a third sector charity, because we've got to raise the money, manage the stakeholders and get stuff done in a very different way, it sometimes has caused raised eyebrows that we are out there publicising, talking about it as if it's this thing that we've achieved alone. I know that that's caused, and I hear that that's caused, a lot of concerns.... (Professional 14)*

The tension of who has authority and status to have 'difficult discussions' or indeed challenge public service providers was also raised within the partnership. There were recognised advantages in Children 1st, as a more independent organisation, challenging statutory systems but it was also noted this was a joint responsibility to resolve among partners and should not fall to Children 1st alone.

> *I think my worry is about who takes this on, and who has these difficult conversations with people. Because you're not always saying the things that people want to hear either, particularly from a local authority view. I mean, third sector have got a bit more freedom to do that, but then, when they do it, they're not necessarily tolerated that well ...Which is a Catch 22 situation, you know what I mean? Because, you know, whilst there is that responsibility for that collective influencing, particularly when, sometimes, local authority and the police hear it, they don't react well to it. So, it really is about the maturity of the partnership, and how we take that forward, too. (Professional 13)*

Children 1st also highlighted the challenges inherent to campaigning, development and implementation of systems change at the same time – alongside the pace of change.

> *How do you build a plane and have to fly it at the same time too...So, things like the money worries, the obligations to external funders, external audiences, internal demands that are not always quantified or visible to other partners..... Normal stuff, people just are tired, they're exhausted and they're trying to do their best and the conditions they're operating in are really hard. (Professional 14)*

Professional 14 highlighted the tensions inherent in the funding model for the North

Strathclyde Bairns Hoose. Resourcing the operational components of the Bairns Hoose (e.g. staff costs, build and maintenance of the space, IT equipment, utilities, food etc) was discussed as being a key challenge. Funds are currently being delivered by different partners without formal partnership agreements. Thus, the current funding model for the North Strathclyde Bairns Hoose reflects a pragmatic and opportunistic approach, which has been enabling, but it can, at times, cause tensions in the partnership in relation to long term sustainability and competition for funds.

4. The Political Landscape: legislation, policy and the North Strathclyde Bairns Hoose

Developing and using supportive policy and legal frameworks has been crucial for the implementation of the North Strathclyde Bairns Hoose. In 2021, the Scottish Government built upon previous initiatives to improve the criminal justice response to children who have experienced abuse, including the Evidence and Procedure Review (Scottish Courts and Tribunal Service, 2015), in which the Barnahus model was specifically noted as providing inspiration for Scottish system reform. Additional legislation such as The Domestic Abuse Scotland Act (2018) and The Vulnerable Witnesses (Criminal Evidence) (Scotland) Act 2019, alongside other government initiatives such as the vulnerable witnesses' group(s) within Scottish Government Justice Department; and Lady Dorrian's Review into management of sexual offence cases (SCTS, 2021 Improving the Management of Sexual Office Cases) have built momentum for change and recognition of a need for improved approaches to ensure children (and vulnerable adult witnesses) can give the best quality of evidence while being protected from further trauma.

The enactment of UNCRC in Scotland through The UNCRC (Incorporation) (Scotland) Act 2024, enshrines the rights of children to recovery, participation and protection in domestic legislation and public bodies (including services to children). This legal commitment alongside the ongoing policy and practice framework for all services working with children: Getting It Right for Every Child (2014) provide a significant foundation for all work with children being rights respecting.

Since the initiation of the North Strathclyde Bairns Hoose as a demonstration project (2020-2024) the Scottish Government has committed, in their National Programme for Government (2021), to rapidly roll out the 'Bairns Hoose' model across the country. This has included the development of national standards for Bairns Hoose in Scotland, led by Health Improvement Scotland (2023), informed by the European Barnahus Standards. In October 2023 the Scottish Government announced funding for six Bairns Hoose 'pathfinders' and four other local Bairns Hoose 'affiliates' in an effort to rapidly implement whole systems change utilising the model in different locations across Scotland (**https://www.bairnsHoosescotland.com/**). One of these is the North Strathclyde Bairns Hoose.

These changes occur alongside development and wider implementation of the previously mentioned Scottish Child Interview Model - a revised practice model for investigative interviews in Scotland.

Considering the political landscape as outlined above, the Phase Two Evaluation timeframe intersects the transition of the North Strathclyde Partnership emerging from establishing the first Bairns Hoose in Scotland (a demonstration project supported by players of People's Post Code Lottery), with becoming one of six national pathfinder sites across Scotland in receipt of Scottish Government funding. The North Strathclyde Pathfinder application, led by Inverclyde Council on behalf of the Bairns Hoose Partnership (which includes Children 1st), aims to enhance and build on the implementation of the Bairns Hoose model in North Strathclyde.

> *We've actually done it. We've actually opened it. The ripple effect is - I don't think we would have 6 Pathfinders happening without us doing this, [it] would not have happened, would not have happened. (Professional 10)*

There is a real sense, supported by messages from Scottish Government, that the North Strathclyde Bairns Hoose has influenced and galvanised the national Bairns Hoose agenda. At the same time, this dynamic policy environment has meant that implementation of the North Strathclyde Bairns Hoose has itself been influenced by the national agenda for change.

Further, the North Strathclyde Bairns Hoose transition from being a sole demonstration project to one of many in Scotland, all of which sit within a national agenda for change, does raise tensions for North Strathclyde Bairns Hoose implementation. Several respondents highlighted the tension associated with moves towards consistent national implementation, suggesting that the local implementation model may be required to accommodate this, or vice versa, alongside dangers of 'watering down' the vision.

> *Yeah, I mean it's great, isn't it, just to think that... this was always about a show and tell, this was always about providing inspiration, this was always the first of its kind, not the first and only. So, it's brilliant that other partnerships are, you know, developing their own models. I'm a wee bit...I think the dangers are that it's going to be far too permissive, and we'll see different Bairns Hoose in different places. (Professional 14)*

5. Moving forward

It is clear that the contribution of Children 1st in leading the development of Scotland's first Bairns Hoose has been well-received, even if it has also presented some challenges. In moving forward, there is an open opportunity for the leadership within the North Strathclyde Partnership to have a key role in building a collective culture that facilitates implementation of the Bairns Hoose model locally and nationally.

> *I think the most important thing is that is the partnership as a collective that everyone has ... a clear understanding, not just about what they're trying to achieve actually, but how they contribute to that, what is their unique contribution and are they being valued in the partnership? .... And understand that for some, you know*

people, people approach things differently and take longer to get the air and it's not necessarily that they don't agree with what's happening. It's just their own process. If you've got a lead agency that understands all of that, I don't think it matters who the lead agency is. ***(Professional 12)***

Phase Two of the evaluation has highlighted a number of key factors impacting the implementation of the North Strathclyde Bairns Hoose and consequently the broader aim of system change. There is strong recognition of the important role Children 1st has played in progressing work alongside some of the challenges that all the partners have faced delivering the vision of Bairn Hoose to date. There is a clear desire amongst those interviewed to focus on developing an implementation strategy to help progress operational challenges.

Addressing these complex challenges requires an ongoing commitment to: understand and respond to the dynamic policy and legislative context; respect and value the important role children have in influencing change by recognising them as experts by experience; fostering open and respectful communication, while building trust among all those involved in the development and implementation of the Bairns Hoose; and finally responding to the operational demands of the Bairns Hoose itself.

4. The Bairns Hoose Space

1. Introduction – Why space matters in the Bairns Hoose model

The first phase of the evaluation (Mitchell et al., 2023) identified multiple negative experiences associated with existing spaces where children were required to undertake investigative interviews or provide evidence to court in North Strathclyde. These were noted to undermine the emotional and physical safety of children and families, and lead to further distress at significant junctures with justice and welfare processes. As noted in chapter two, key concerns related to: the institutional and intimidating nature of buildings; unwanted contact with either unknown individuals (or in the case of court, perpetrators); minimal comforts or distractions; and limited levels of privacy. This also reflects evidence from wider research that formal, institutional and adult-centred spaces for welfare or justice contribute to children's feelings of disruption, powerlessness and trauma (Hayes and Bunting, 2013).

> *When we went to the interview it was really far away from, like, all of civilisation. It was quite scary actually, just going into this random building to go and talk to some people you've got no clue about ... the interview itself, it was long, it was uncomfortable sometimes.* *(Child - 'Jill')*

Related concerns were the number of different professional spaces children and families have to attend and a desire to reduce the number of literal and metaphorical 'doors' that children have to go through in response to their abuse. Furthermore, for professionals there was recognition that siloed working spaces inhibited inter-professional trust and information sharing and that the absence of a dedicated office space for recovery workers contributed to isolation and potentially burn out.

2. The North Strathclyde Bairns Hoose space

The opening of the North Strathclyde Bairns Hoose space in August 2023 represents one of the partnerships' most significant achievements: an operationally and symbolically significant milestone for bringing the model to both North Strathclyde and Scotland.

Children 1st are widely acknowledged to have provided the leading role in securing funding for, and managing, the capital build project linked to their long held organisational vision. However, the building also reflects close working between Children 1st and partnership members, in order to meet multi-disciplinary professional needs and technical requirements. In addition, the design process reflects a strong participatory principle, aiming to embed children's influence through consultation and collaboration via the Children 1st Changemakers group. Key aims of the space include:

- enhancing children and families' comfort and sense of safety when engaging with justice and welfare services after abuse
- minimising different professional contexts children are expected to engage with, and
- improving multi-disciplinary collaborative and coordinated working through co-location.

Current responsibility for management and upkeep of the space lies with Children 1st. The space currently includes provision of dedicated health, forensic interview and court facilities alongside recovery and some limited office space.

The remainder of this chapter explores evidence of the impact of the space on:

- Operational changes or practice changes
- Children and families experiences, and
- Professional experiences.

3. Child Interview Team use of the Bairns Hoose

As outlined in chapter two, the Bairns Hoose building has arguably had most significant and direct impact through provision of a new space and resources in which to undertake children's Joint Investigative Interviews (hereafter referred to as investigative interviews).

Prior to Bairns Hoose opening, the majority of investigative interviews took place in a section of a larger, multi-functional, police building ('Osprey House'), situated on an industrial estate in Renfrewshire (one of the partnerships' four local authorities). Since becoming operational there is strong evidence that the Bairns Hoose has quickly become the Child Interview Team's preferred choice for investigative interviews with over two thirds (68%) of investigative interviews completed there since September 2023[3]. Benefits of undertaking interviews in the house perceived and cited by the Child Interview Team include:

A better, calmer experience for children

> *I think a lot of children have said... it's different, like, coming to somewhere that's in the middle of a residential street...you can see that they're a bit, kind of, happier when they're coming in.... when you come into Osprey, it's got big metal gates, you know, it's a big, dark building.* ***(Focus group with Child Interview Team members)***

3. Key reasons for interviews not being completed in the Bairns Hoose include i) the need to complete an interview in school (where parents cannot be informed) ii) distance from a child's home to the house resulting in a preference to use a space that is more local to them

High levels of trust in the equipment and space

> *The quality of the recording was just like a different class. So, I think that was, sort of, great feedback for all the team that actually, you know, not just, it's not just a nicer place to come, but……technically, that, you know, that was, sort of, far better from that side of things as well. (Child Interview Team Focus Group Member)*

A related **improvement in the quality of evidence** (technically and in relation to the amount of information children feel able to share)

> *I think children appear more relaxed in the Wee (Bairns) Hoose…at Osprey [House] (previous default forensic interview space), they're just about to maybe say something or whatever and then there's a noise or…and then you can see them maybe shutting down a wee bit. So I suppose maybe you do get a bit more information or it goes quicker, because there are less interruptions. (Child Interview Team Focus Group Member)*

4. Recovery Team use of Bairns Hoose

The other aspect of multi-disciplinary practice where the Bairns Hoose building has had a clear impact is on delivery of recovery support. As with the Child Interview Team, recovery workers express a high degree of confidence in the space, and its ability to support children's well-being – reducing anxiety and increasing their sense of comfort and control.

> *…It was actually amazing to see the young person. She just walked in the recovery room, and there'd been a massive crisis that had just happened - and it was as though you seen it lifting off her.. And it was, it was like - that was her space - and she used it for what she needed that day. I could see how it would progress a lot quicker - her recovery work - if we could regularly use the space. (Recovery Team Focus Group Member)*

In addition, the Bairns Hoose has also allowed the Recovery Team to move from a remote working model to having a physical base (also supported by identification of a nearby co-located office space). This has addressed a key operational challenge identified by the Recovery Team, in strengthening team identity, cohesiveness and wellbeing.

The Bairns Hoose space has also enabled the delivery of a 'duty' recovery role, widely valued by both Recovery and Child Interview team members and more fully integrating their practice. For children (and their families) interviewed in the Bairns Hoose this provides a significant change, removing barriers to access and ensuring they have a face-to-face introduction to recovery support from the moment of their forensic interview, with the potential of immediate referral for recovery support.

There remain some limits on the role of the Bairns Hoose space on recovery work. Key issues include:

4.1 The limited size of the Bairns Hoose

An agreed need to prioritise use of the Bairns Hoose for investigative interviews places some limits on wider use at these times. This ensures waiting room, kitchen and garden spaces are available for children and family members attending an interview – who then experience the house as calm and discrete.

4.2 The geography of the four local authority partnership

Geography means that many children who are eligible for Bairns Hoose support live at significant distances to the house. For these children and families, journey times to and from the space inhibit a choice to schedule regular recovery sessions there.

4.3 Responsiveness to different children's preferences and certain types of recovery work

Recovery workers noted that certain types of therapeutic work are more difficult to undertake in the house – such as those involving 'messy play' or messy creative activities which weren't as easy to conduct in the space without unduly disrupting the existing calm atmosphere. Similarly, children and families often had preferences for recovery work to take place outside the Bairns Hoose – for example within schools or community spaces.

5. The impact of the Bairns Hoose space on children and young people

All children and families interviewed[4] expressed strong support for the idea that the Bairns Hoose building had potential to improve the nature of their encounters with professionals and could support their wellbeing. There was a particularly strong message validating the building's role in fostering safety. These findings mirrored Recovery and Child Interview team members own observations about the impact of the space on children and their families. Key themes identified included:

5.1 A space which was calming and promoted a sense of safety

Children and their families repeatedly used the terms 'safe' and 'calm' to describe their experience of the building. They highlighted the buildings design, audio qualities, upkeep and discrete, residential nature.

> *You can tell it's a safe space when you walk in...like, with a lot of services, like I said, going to CAMHS, people can see you walk in there... Whereas, here, it just looks like a house, and you're going to visit someone...And that could be, like, really important, for someone to feel comfortable, like, to talk, it feels a lot more relaxed.*
> *(Parent – 'Trish')*

4. All children and family members interviewed had visited the Bairns Hoose at least once and most had experience of undertaking some recovery work meetings or participation in group meetings in the space. The timing of fieldwork meant none of those interviewed had their investigative interview in the Bairns Hoose.

5.2 A space which felt homely, familiar and distinct from normal institutional settings

Children identified a clear distinction between the Bairns Hoose building and most other professional spaces they encountered, which were described as more formal and intimidating.

> *It feels like a more familiar environment, I suppose, the whole thing is, you know, a bit less scary, as opposed to going into somewhere that does look really scary. (Child - 'Jill')*

5.3 A space which facilitated children's sense of control

Children interviewed clearly recognised child-centred values communicated by the building, and explained (and sometimes visually demonstrated) a sense of ownership and choice supported by the space itself.

> *It would be better [to do an interview] here [the Bairns Hoose] ...You know that it's 'for me' here. They're [professionals] kind of coming here for me. It's on like my side. - I know if I want a break I can get a break. When it's there [Osprey House] it's on their territory – you've got more support here. There [Osprey House] it's more intimidating - and you just feel like you need to get it done – under pressure. Here it is more obvious if you need a breather you can take a breather... (Child - 'Lucy')*

6. The impact of the building on professionals

Alongside evidence of the impact of the building on children and families, professionals who visited and worked in the house identified benefits for their own well-being and experience of work. These are summarised below.

6.1 Supporting multi-disciplinary working

There was a clear message that inter-disciplinary understanding, trust and communication - between Child Interview and Recovery Team members specifically - improved as a result of working alongside each other within the house. The additional resource of a co-located office space – for the same staff - nearby to the house was noted to support this. This created further opportunities for cross team contact, thus strengthening relationships and was also noted to support efficient communication. The challenge which remained was acknowledging that a significant proportion of Recovery Teams practice still needed to take place remotely.

> *Until the house was open, I didn't fully understand the Child Interview Team process... So, actually seeing it working, is huge. And then, being able to do, have a discussion with the interview team, and ask about some of our young people ... (Recovery Team member)*

I think it's really positive, Children 1st being there. Massive difference... They make you feel relaxed and just the space itself. So I've seen a big difference (Child Interview Team member)

I've loved working alongside the interview team, .. I think it's been great to, like, see them with families, and their practice, too. .. and they prioritise, like, using the house, which is brilliant. (Recovery Team member)

6.2 Supporting professional working experience and associated wellbeing

Professionals who used the house also highlighted the potential of the space to contribute to their own wellbeing and experience of work. Given the stressful nature of their work, and potential for vicarious trauma, the value of this may be significant.

With the Bairns Hoose, you go in, your sit your laptop down and you're ready to go. It's just so stress-free. And the environment for us in the Bairns Hoose, to interview in, it makes us happy because it's such a nice environment to be working in ... we've said it loads of times, 'God, I can't believe I work here, I'm so lucky to be working in here. (Child Interview Team member)

6.3 Embedding working values

Several professionals identified a role of the space in reinforcing child-centred practice. They suggested that being in the space provided a visual reminder of key principles underpinning the Bairns Hoose model and raised professional expectations about children's experience.

You're not used to stepping into a professional space that looks or feels like this. So, you immediately become more mindful. Why is it like this? Why am I here? What am I here to do? What matters most in this space? How do I pay attention? And to be totally mindful and present in the role I'm going to play within the next hour, two hours .. people are held in a space that's not chaotic, that is by its very nature calm, that people are more thoughtful, more reflective, they're softer, they're calmer they're more, you know... you breathe differently in this space, you just do. You feel the containment, you know? (Professional 14)

7. Unrealised potential and next steps: court, hearings and health use

Alongside these clear achievements there is recognition that organisational 'buy in' and the implementation of operational practice in the Bairns Hoose varies significantly across partners. This is most obviously reflected in the absence of Health, Scottish Children's Reporter (SCRA), Scottish Courts and Tribunal Service (SCTS) and the Crown Office (COPFS) among those currently using the space, despite provision of both a specialised health and court 'live link' facility since August 2023. Ongoing work is aiming to address these gaps.

In relation to court (and children's hearings) the court suite, at the time of writing this report, has just started to be used. As such, children can begin remotely participating in court (and subsequently children's hearings) from the justice suite in the Bairns Hoose. The length of this process is noted to reflect, in part, technical and partnership complexities of an agency other than Scottish Courts and Tribunal Service hosting a remote suite. It has also relied on development of further protocols – for example between Victim Information and Advice (VIA) and Children 1st. Realising the potential to deliver 'Evidence on Commission' hearings with the Bairns Hoose in the future (essentially hearing children's evidence pre-trial) would represent one of the most significant aspects of system change for children within the justice system but remains a longer-term goal following initial 'live link' usage.

Meanwhile a dedicated "health suite" within the Bairns Hoose provides a space and specification for physical health checks but has not been used to date. Current work is underway to secure a Senior Nurse Practitioner to set up, coordinate and deliver this service for children who visit, aiming to facilitate children's access to and engagement with checks and support with physical health issues.

It is recognised that until such partners are actively using the space there remains untapped potential to improve children's experiences of welfare and justice and reduce re-traumatisation.

8. Conclusion – trauma-informed design

Emerging evidence suggests that the Bairns Hoose space aligns to principles of trauma-informed design (see Lamb, forthcoming), and can significantly improve children's experiences of otherwise stressful professional encounters, while also supporting multi-disciplinary coordination and trust. However, the partial implementation of multi-disciplinary use of the space (evidenced by the current absence of health, and key justice and child protection partners) also represents the enduring barriers to systemic change for children, and at the same time reflects the ongoing complexity of the task.

5. Recovery support

1. Introduction

Recovery support aligns to what the European Barnahus model describes as support for 'mental wellbeing': a key element, or 'room', within the multi-disciplinary approach. The Barnahus Network propose:

> *'All children are offered a mental health assessment and appropriate support by specialised and highly competent staff, including crisis support, short and long-term therapeutic services addressing the trauma of the child and non-offending family members and caretakers' (Barnahus Network Quality Standards, 2024).*

The Scottish Bairns Hoose Standards (Health Improvement Scotland/ Care Inspectorate, 2023) position recovery support as a core component (Standard 9) of the model, and highlight children's right to access mental health support where needed (Standard 8). Both frameworks place an emphasis on: timely access to assessment and support; options for short-, medium- and long-term support; tailored and specialised support; access to information and a right to inform decision-making; access to therapeutic support that addresses trauma; and support that is inclusive of family and carers. The following section explores evidence from those using and delivering recovery support in North Strathclyde, the potential impact of the Bairns Hoose, and reflections on the degree to which this aligns to European and Scottish standards.

2. The Children 1st Recovery model

In North Strathclyde, the Bairns Hoose Rights, Recovery and Advocacy model (hereafter referred to as recovery support or the recovery model) has been developed and is delivered by Children 1st. Prior to introduction of the service in November 2020, there was no single offer of recovery support to children following a forensic interview in the area covered by the North Strathclyde Partnership. This was identified as a key gap for children who had experienced violence and abuse in both North Strathclyde, and Scotland more widely (Galloway et al. 2017; Glasgow Health and Social Care Partnership, 2021; Mitchell et al., 2023). Subsequently the introduction of the recovery model represents a significant change to children's experiences of services. Since the opening of the North Strathclyde Bairns Hoose 153 children, and their families, have received recovery and advocacy support (1 August 2023- 31 May 2023). The majority of children have been of school age (Table 1).

Table 1: Age of children supported by the North Strathclyde Bairns Hoose Recovery Team 1 August 2023- 31 May 2024

Age Group	Number of Children	%Total
Child Age Unknown	2	1%
0 – 3	3	2%
4 – 5	10	7%
6 – 8	21	14%
9 - 11	28	18%
12 - 15	61	40%
16 - 18	28	18%
Total	**153**	**100%**

It is of note that the majority of children supported by the Recovery Team have been female (Table 2), whenever statistics on child protection in Scotland show a more even distribution of both boys and girls being harmed.

Table 2: Gender of children supported by the North Strathclyde Bairns Hoose Recovery Team 1 August 2023- 31 May 2024

Gender	Number of Children	%Total
Female	102	67%
Male	48	31%
Transgender	2	1%
I prefer not to say	1	1%
Total	**153**	**100%**

Further statistical information about the children in contact with the North Strathclyde Bairns Hoose Recovery Team are available in Appendix C.

The recovery model builds upon Children 1st's experience of delivering trauma recovery support for child victims and witnesses in other areas of Scotland. It offers individually tailored, highly flexible, relationship-based support and advocacy, both to children and their family members, following a forensic interview.

In August 2023 the model moved from 1:1 support, delivered remotely, to more integrated working with the Child Interview Team, and is beginning to establish more standardised protocols. The service established a 'duty' recovery worker role present for investigative interviews taking place in the Hoose; a co-located office base with the Child Interview Team and an interim support model for those who would otherwise be subject to a waiting list. During this period evidence suggests that working relationships between the Child Interview Team and recovery workers have strengthened substantially.

3. Key values and principles

Children 1st's approach to trauma recovery purposefully defines the model broadly and outside a clinical approach. It aims to offer children and their families a flexible service where support centres and responds to children and families' individual needs. As such, while it may complement evidence-based clinical interventions, it is not a replacement for such approaches for children who may need them (Lorenc et al., 2020, McTavish et al., 2021). A challenge associated with this non-manualised approach is communicating the model to others, and there is evidence that this may have impeded trust from, and coordination with, some multi-disciplinary partners.

Despite this breadth of offer there is clear evidence (from children, families and professionals) that current practice is underpinned by clear and consistent values and approaches. These are:

- **Relationship-based practice:** development of consistent trusting relationships at the centre of practice – the means through which young people come to be fully known.
- **Child-centred, flexible and responsive:** tailoring support to individual needs (how, where, when child is met and supported and what the focus and approach to the work is) and responsive practice enabled through limited case load size.
- **An ecological, systemic approach:** committed to recognising and responding to interdependent aspects of children's lives (families, peer groups, communities and the wider social structures).
- **Family inclusive support:** acknowledging interdependencies between children's wellbeing and that of family members.
- **Trauma-informed and responsive:** able to recognise and respond sensitively to trauma and work to counter re-traumatisation.
- **Optimistic and strengths based:** recognising children and families as experts in own live, and maintaining a focus on the future.
- **A rights-based approach:** promoting children and families right to be part of decision making (participation rights).
- **An open-ended support offer:** support is not time bound or limited to a set number or type of sessions.

In addition to these principles, evidence gathered for the evaluation suggests Children 1st recovery support can be recognised as having four distinct (though overlapping) elements which align to key principles of trauma recovery (see Figure 2). The remainder of this chapter presents learning about these elements, drawing on children and families' service experiences.

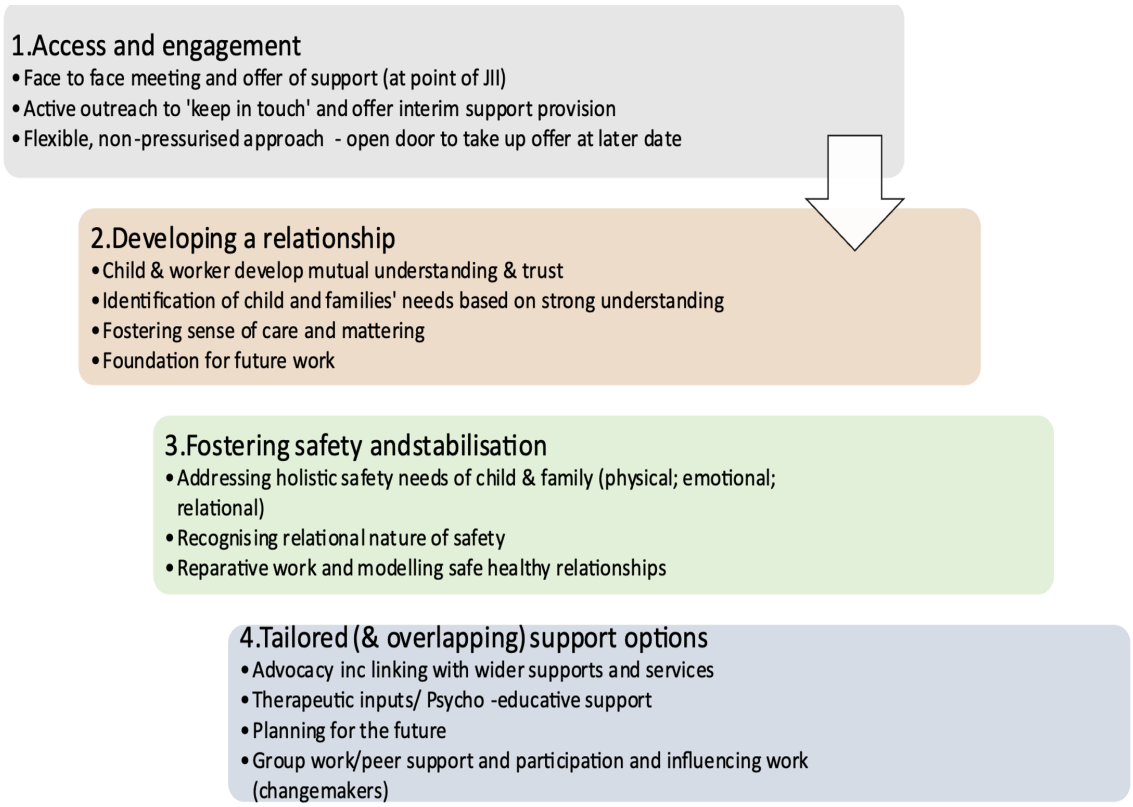


Figure 2: Key stages or elements identified within the current recovery model offer

4. Access and engagement – Introductions

4.1 Timely access to support

Children and families' means of accessing recovery support has developed significantly since the opening of the Bairns Hoose in August 2023. Prior to this, access to recovery support relied on the Child Interview Team (police and social workers) proposing a referral to children and families social work services, and the child proactively 'opting in'. Professionals suggested this could inhibit children's timely access to support.

> *Social workers that would ask the family like, 'do you want recovery support, or whatever?' And I would say the uptake of [recovery support] was pretty slim 'cause at that point [children and families] were just like, I just want done with this... Where [now] actually putting a face to the name .. I would say more families are taking up that support (Child Interview Team member)*

Since the opening of the house, children and families have an opportunity to meet a recovery duty worker face to face when attending investigative interviews in the Bairns Hoose. This appears to increase their likelihood of accessing recovery support. For children whose forensic interview takes place outside the house (32% in last year), less is known about the effectiveness of the referral pathway - representing an area for future learning.[5]

5. Source East Renfrewshire Council (June 2024)

4.2 The Interim support model

In response to increased referrals, Children 1st has also implemented an *interim support model*. This means those who want access to recovery support can opt for regular phone, letter or text contact prior to allocation of a worker. This aims to ensure children and families have support immediately following a forensic interview and know they are 'held in mind' while waiting for more active support to begin. A triaging system supports case allocation based on need and case progress. While representing a potentially valuable strategy it also reflects an emerging (though not yet quantified) issue about a mismatch between current Recovery Team capacity and need.

5. Developing a relationship: knowing and understanding child and family

From early planning, Children 1st prioritised embedding a safe, caring, authentic relationship at the heart of recovery, and Bairns Hoose, provision (Mitchell et al., 2023). Evidence from children and families suggests this vision reflects their experiences of receiving support and aligns to wider evidence showing the centrality of relationships to trauma recovery models (Frederick et al., 2023). Modelling safe, healthy relationships was also noted to hold reparative qualities for children whose trust had been deeply undermined through abuse or maltreatment (and some professional responses to this).

In our work, children and families highlighted five key characteristics of relationships with recovery workers: consistency, reliability, time spent, a holistic focus and informality. These were associated with positive outcomes of trust; feeling seen and understood; and feeling valued.

5.1 Prioritisation of consistent relationships builds trust

Children and families repeatedly highlighted staff consistency, reliability and time spent together as the basis for a relationship of trust, enabling further support to take place.

> *Having the consistency - their worker has been [C1st worker name] since the start, which has been really good. [My child] and [her sister] have built a really good relationship with her. (Parent - Alison)*

Prioritisation of relationship development by recovery staff (and their authorisation to invest the time required) was considered to create a distinction with many other professional interventions.

5.2 Relaxed and non-formal approaches to support

Strong relationships, and a genuine sense of care, were supported by an approach which children described as informal and unpressurised. Children's recognition that recovery workers demonstrated an interest in them beyond a singular focus on their experience of abuse, and did not place pressure on them to focus on specific 'problems' helped relationships feel authentic and respectful.

They were talking to me, like, normally. They weren't treating me like a teacher would treat me like a child. They were just talking to me normally and they would pick me up and, like, have a chat. And then they'll be like, 'I get it. I understand'. … And I think that really helped us out a lot. And helped me out a lot.
(Child - 'Clementine')

5.3 Being seen, valued and understood – a basis for holistic assessment

The holistic focus of relationship-building appears to provide a strong sense for children feeling able to be open and hence being more fully seen and understood.

Like one thing that I know [my recovery worker] does especially well is, she makes me feel very comfortable, and I can talk about anything. Like, I can talk about the serious stuff, but then if I also want to, like, tell her stuff about, like, my friends, or a boy, or something stupid like that, I can do that as well. *(Child - 'Millie')*

Recovery workers' deep sense of knowing children and their family members appears to provide a strong basis for meaningful assessment, rooted in an ecological approach which considers broader life circumstances.

An area for future development is exploring how this holistic, relational approach to assessment can be captured and used to support multi-disciplinary planning and decision making beyond the recovery worker, but involving the Recovery Team.

A further consequence of strong relationship-based practice, was children feeling that they mattered to their recovery workers, helping them feel valued within systems that otherwise felt alienating.

6. Fostering safety and stabilisation

You're able to feel safe, and talk about your problems, and you know that you're talking to trusted people … I don't need to feel guilty about what I'm saying, or worried, or anxious… Because I don't know, it's just like a feeling of safety, that I know you get when you start speaking to your recovery worker *(Child - 'Millie')*

6.1 Introduction and context

A strong theme emerging from children and family members was the role of recovery in improving their sense of safety. Primarily this related to reducing anxiety and stabilising children emotionally, but also included support with relational and physical safety. Recovery workers noted that children's safety and stability were essential precursors for other aspects of recovery such as therapy or planning for the future – as described in trauma recovery literature (Herman, 2023).

6.2 Emotional, relational and physical safety

The trusting relationships described above were key to supporting children's sense of emotional safety. Children highlighted links between their sense of safety and workers' reliability and the presence of choice in recovery work: working at their chosen 'pace' and responding to needs they prioritised.

> *I would say, [the recovery worker is] just someone that you can rely on that, if you want to speak about serious issues, there's room for that, but also, if you don't, you don't have to immediately. There's no pressure in it.. with Children 1st, a lot of the time it's a lot more lenient [than other services], in how long you work with a worker what you work on, and whether you want to work on, like, big issues, or just talk to someone. (Child - 'Jill')*

Alongside support promoting emotional safety, children and some parents described a role for recovery workers building relational stability and safety, through enabling better understanding and communication within families.

> *She's helped me and my mum get along way better and we communicate way better, like before, if we get into an argument, we, like, stop talking to each other for days, but now my mum just comes up and she's like, 'yeah, I'm sorry'.*
> *(Child – 'Sam')*

Children and parents themselves also identified the relational nature of trauma and the importance of others (beyond the immediate victim) receiving support in their own right. Knowing wider family member (siblings and parents/carers) had access to support was described by both children and parents as reducing anxiety and supporting them to feel 'held'.

> *My dad was kind of in the dark and didn't know anything about it. Because my dad is a single parent so, like, obviously that's going to take a toll. Two weans and he doesn't know what's happening. And then they [the Ch 1st Recovery Team] came in and then they talked to them and reassured him and everything like that.*
> *(Child - 'Clementine')*

Recovery workers role actively contributed to children and families' physical safety through both safety planning work and advocacy addressing issues of safety within the home, school, court or wider community.

6.3 Buffering children from harm

Despite access to recovery support, involvement in justice and welfare systems could clearly compromise children and family members' sense of emotional and physical safety. Until children and families could experience the safety and stabilisation of being 'beyond court processes' there were noted to be significant limitations on the type and effectiveness of 'recovery work' that could take place including (real or perceived) restrictions on talking to children about an alleged crime prior to conclusion of a criminal trial.

There was evidence that recovery support held potential to reduce stress during court processes, buffering children from the worse impacts of systems harm: helping access and make sense of information; advocating for children or family member's needs and being physically present at key moments.

> *The child's at a loss because they've had to go through this big, massive thing and that anxiety is everywhere and, like, their paranoia is everywhere. And then that's where somebody needs to pick up the pieces and be like, 'It's okay. We've got you'.*
> *(Child - 'Clementine')*

Equally there was recognition that the aftermath of an investigative or court process also marked another moment of significant vulnerability. This highlighted the importance of support extending beyond the duration of an investigation or court procedures and the value of Recovery Team being able to 'step the intensity of their support up or down' in response to changing needs and/or provide an open door for cases that had nominally closed.

7. Tailored support - responding to individual needs

7.1 Introduction and context

A recognised strength of the recovery model was the ability to respond to a range of needs including: therapeutic inputs; advocacy; planning for the future and participation work. Each element is described below.

7.2 Advocacy and information sharing

> *Everything kind of goes your way when I've got my Children's 1st worker with me – they come up with solutions ...me and [my recovery worker] talk before a meeting and write down everything we need to beforehand. I used to just blow my top in those meetings .. [now] I've learnt that the worst thing you can do at a meeting is walk out. Now I can just sit there and let [my recovery worker] do the talking.*
> *(Child - 'Lucy')*

Children and families strongly endorsed the value of the (non-legal) advocacy role adopted by all recovery staff, identifying it as a central to their care. Advocacy work in this context

included help accessing and making sense of information; support to represent a child's (or family member's) views to professionals and ensuring children's rights were being met by other professionals. It was noted to support children and families sense of control, understanding and wellbeing, and ensure their needs were better recognised (and responded to) by wider professionals.

> *One half of [my recovery worker's] job is keeping me updated on the court stuff, and telling me how things like that are going to work, and she's very, very good at doing that … I always know my questions will be answered, and I always know, my head's always in a good place after talking like that.* ***(Child - 'Millie')***

Recovery workers were often described as acting as mediators between children and other services – streamlining information and enabling children to receive and process it via a trusted relationship. Recovery workers also helped present children and their family members' needs to other professionals, ensuring they had someone '***on their side***'.

> *It's like [my recovery worker] can talk to my social worker and she'll find out stuff that I've not been told. It's like, working with [my recovery worker]'s so much easier as well, because she's, like, easier to talk to.* ***(Child - 'Sarah')***

> *[The recovery worker] basically was a voice for my dad… … like, he didn't have a voice, and they gave my dad a voice and put his feelings forward to, like, court, and, like, put his feelings forward to my sister's school and my school…And I think, honestly, that's one of the best things they could have done, and it helped my dad and my wee sister and me out a lot.* ***(Child - 'Clementine')***

Finally, there was a simple but highly valued element of advocacy support that involved recovery workers being alongside young people's side in engagements (such as court attendance) that might otherwise feel isolating or overwhelming.

> *I don't do anything or arrange any meetings with, like, anyone unless I run it through [my daughter's recovery worker] first to see that they're there to support her. As much as I am her mother, she doesn't always want her mum there…she's a different person when she's with them, 'cause it's…they're more a friend as well with her.* ***(Parent – 'Ann')***

7.3 Therapeutic support or therapy?

> *[My recovery worker] is awesome – we just do fun stuff. We did like a volcano thing to talk about anger – it's like baking powder and you explode it. We done another anger thing …And also she helped me think about my happy place - a thing what you imagine in your brain that's a place that you feel safe and go to, to feel happy* ***(Child - 'Rowan')***

Children (and their parents or carers) recognised a key role for Children 1st recovery workers responding to the emotional and mental health impacts of trauma. Interestingly, for many children, recovery workers were identified as their primary source of mental health support – even where they also had access to Child and Adolescent Mental Health Service (CAMHS).

> *I count [my recovery worker] as like...she's kind of like a therapist, because you can tell her anything...she basically, like, helps you get through what's happened to you. (Child - 'Sarah')*

> *They basically made me feel, like, better about myself. Because I was really, like, in a dark place after I came out of it all, and I didn't feel great about myself at all. (Child - 'Clementine')*

A key distinction made between children's experience of Children 1st recovery work and the clinical mental health support offered by Child and Adolescent Mental Health was the scope of the work's focus. Child and Adolescent Mental Health was felt to hold a narrower focus on diagnosable mental health issues and the associated clinical 'formulation'. Recovery workers drew upon a range of skills including their therapeutic mentoring and trauma recovery training with a majority of their work best classified as 'therapeutic work'. This meant supporting a trauma recovery process through a focus on healing relationships; safety and stabilisation and work to support children to move forward. However, there were also elements that more clearly align to formal therapy – psycho-educative work and support for children to understand and process their unconscious responses.

Elements of more formal 'therapy' offered by the Children 1st Recovery Team were informed by individual skills and training, including creative therapies; psychotherapy and systemic family therapy. These therapeutic skills were integrated in broader holistic support rather than delivery as a formally defined and limited set of sessions. Further clarity about the use of these approaches could be helpful, both in terms of embedding their value and potential, and ensuring that more clinical approaches align with appropriate clinical standards and models of supervision.

7.4 Planning for the future and support with education and learning

> *They [my recovery worker] like, push you to do better things. And give you the support you need and make you do, like, astonishing things in your future... I didn't stick in at school at all. I wasn't doing anything..., And then I've done a full year. I got As and Bs ... (Child - 'Clementine')*

Another important role identified for the recovery model was helping children plan for and face the future, including through education and learning. The presence of optimistic and strengths-based perspectives from workers supported children to recognise their own abilities and potential positive futures.

[C1st worker] is more, kind of, more to do with now, and going forward. So, she's kind of, made that distinction. And she's definitely doing better for it. I mean, the fact that she's actually going to college, because we had that worry of her, she'll enrol but not go. But her attendance has been perfect, she loves it. ***(Parent – 'Trish')***

Interestingly the majority of children and families interviewed identified a role for recovery support in helping children sustain engagement or re-engage with education. Identified strategies included work to co-develop strategies to manage emotional responses in a school environment and safety planning; liaison with schools to implement reasonable adjustments for children; educating school staff about the impact of trauma; and structuring support meetings in or around schools.

7.5 Participation and influencing work

A final central element of recovery support was the invitation to children to influence wider change, representing their views and experiences to practice and policy stakeholders. This work was embedded both in the rights-based approaches of individual support and opportunities for children to participate in Changemakers - a consultative participation group (see Appendix A for further details).

For those children interviewed who were part of the Changemakers group, the benefits of participation went beyond opportunities for influence, through provision of peer support and a sense of community.

There's a group of, like, eight or nine or us, and we've all been through similar things, and obviously, like, when I was first meeting them, I'm so nervous because I'm meeting people I don't know ... But then I'm really close with this one girl, and it's because we've both been through the exact same thing. So, I've just felt more, like, comfort talking to her, because she knows how I feel. So, I was like, see, this feels so much better, because I can talk to someone that isn't parents, isn't a social worker, isn't the police, and it's just someone that knows exactly how I'm feeling, and when I'm talking about it, she knows exactly what I mean. That group's just helped a lot. ***(Child - 'Sarah')***

8. Conclusion: the contribution of the Children 1st Recovery model

For children, the introduction of Bairns Hoose recovery support represents one of the most significant changes to their service pathway in North Strathclyde. It addresses a significant, well-recognised gap, providing a consistent and holistic offer of support for all children who undertake a forensic interview.

Children and families interviewed expressed very high levels of satisfaction with recovery support provided and suggest it helps to address a broad range of needs children are known to experience after violence and abuse. This includes increasing their sense of safety and stabilisation; feeling cared for and understood; and helping them to make sense of their experiences of harm. There is also emerging evidence that advocacy provided by recovery support can buffer children and families from wider impacts of engagement in justice and welfare processes.

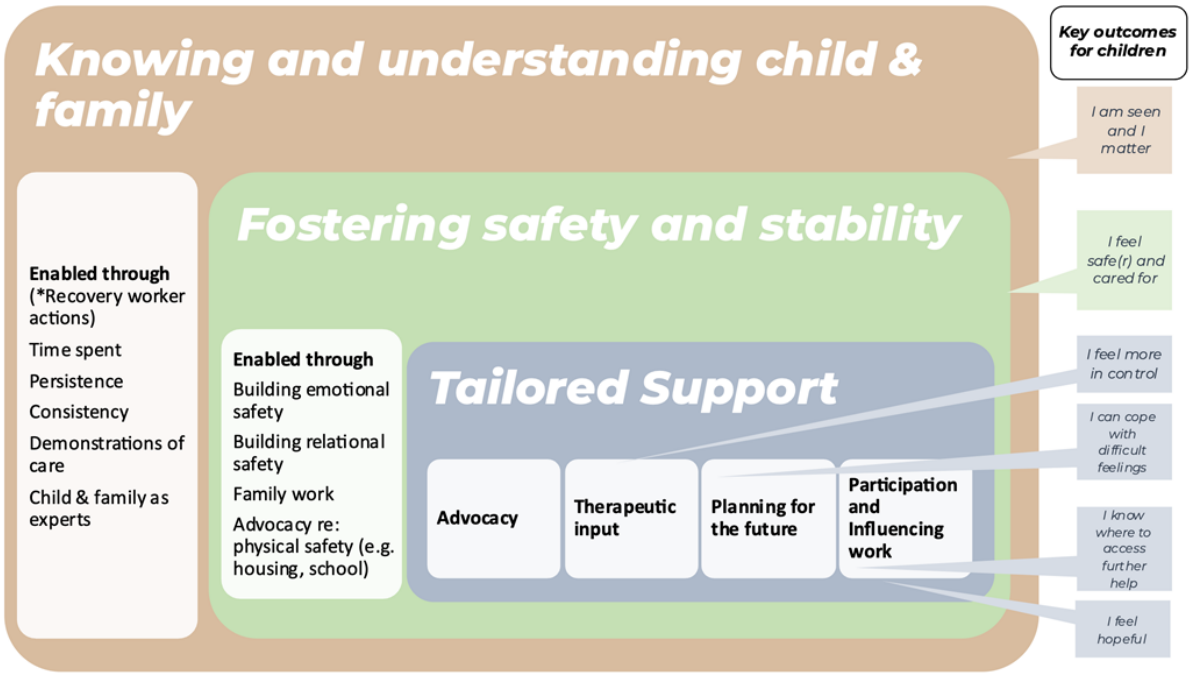


Figure 3: Visualising the Children 1st Bairns Hoose recovery model.

The model appears to align well with many key elements of the Scottish Bairns Hoose standards. Meanwhile opportunities for the Recovery Team to work with and alongside the Child Interview Team since the opening of the Bairns Hoose (and co-located office) appear to have increased children's access to support and strengthened aspects of multi-disciplinary work.

Areas for future development remain and include deepening Recovery Team coordination with wider multi-agency partners beyond the Child Interview Team. This includes developing protocols for information-sharing, referral pathways into other specialist services where required, assessment recording processes; contribution to child planning processes; and a clearer description of the recovery model (Figure 3). Further work is also required to understand if and how children's access to recovery support differs according to the location of their forensic interview and wider aspects of children's identity or experience. Evidence of longer-term outcomes associated with the recovery model are not yet available.

6. Conclusion

This report presents learning from the second phase of the formative evaluation of the North Strathclyde Bairns Hoose. Scotland's first Bairn's Hoose has only been operational for a year at the time of writing this report. It is clear that the house is already deeply valued by children, their parents, professionals involved with children after violence and abuse, and the wider service system. As such, there is substantial and significant learning for the other areas in Scotland currently working to develop a Bairns Hoose.

Key learning includes the importance of a strong partnership between agency partners that is built upon a common set of values, a shared vision, and clear governance processes for both developing and establishing a house. This takes time, and resources, and establishing these foundations will increase the likelihood of a realisation of the vision. The experience in North Strathclyde is that partner agencies have made important progress in a relatively short time, but that not all partners within the Partnership and wider system have been able to commit to the same degree or at the same pace. While this can be challenging, it is also important to work with this tension so that it does not stymie progress, while retaining the ability to involve others at a future point.

Within North Strathclyde there is clear evidence that the house has provided a highly valued resource to support the new Scottish Child Interview Model. This goes beyond a child friendly location in which to interview children (which in itself is important) – it has also facilitated stronger relationships between professionals with different sets of responsibilities, especially the Child Interview Team and the Recovery Team. A focus on developing and strengthening working relationships is as important as the work to establish a physical location for the delivery of services. Children are most likely to experience a joined up and holistic response to their needs if the practitioners and processes they are involved with operate in an integrated way. While the North Strathclyde Bairns Hoose does not have sufficient space to accommodate the co-location of police officers and social workers alongside recovery workers, the provision of separate shared office space has clearly helped in fostering effective co-working.

The house is an important element in meeting the needs of children and families. Children 1st are to be commended for their efforts in securing the funding to build the house and establish the recovery team, and commitment to ensuring that the needs of children were central to the design and operation of the building. Providing a child-friendly location that can also facilitate professionals to undertake their responsibilities is likely to lead to better outcomes, as hypothesised in the Phase One work on a programme theory for how a Bairns Hoose could deliver better outcomes (Mitchell et al., 2023). This formative evaluation has found evidence of the importance of such a child-centred and trauma-informed space in meeting the needs of children, families and professionals. There is clear evidence that Children 1st's facilitation of participation of children and families in the design of the house has ensured that children and their families feel that the space is centred on their needs and conducive to feeling safe and supported. In addition, involving partner agencies in key design decisions has also ensured that the house is able to meet the individual needs of various agencies, including those in the wider system such as the Scottish Courts and Tribunal Service.

The recovery (and advocacy) model used by Children 1st is clearly providing children and their families with a sense of being supported and cared for, and has led to an expressed reduction in feelings of insecurity, uncertainty and worry. Such an approach to recovery addresses a significant gap in support to children and can co-exist alongside more clinical psychological therapies.

There are areas for the North Strathclyde Partnership to address going forward, but this should not detract from the significant progress that has been made by the involved partners over the past three years.

A number of key reflections are offered for consideration by the North Strathclyde Bairns Hoose Partnership, and for the benefit of the other Bairns Hoose Pathfinders and Affiliates.

Firstly, there is a need to continue discussions with other statutory partners in the Crown Office, Scottish Courts and Tribunal Service, local authority education and social work, and NHS services about how further centring of services around the child can be met through the Bairns Hoose model. It is appreciated that there are significant challenges for some services in seeking to adapt, but, as noted by some interviewees, the challenges are surmountable in most instances. Current and ongoing changes related to the implementation of the Evidence and Procedure Review, and the making permanent of some of the Covid changes in the operation of the courts will likely help. Similarly, the appointment of a Senior Nurse Practitioner in the Bairns Hoose will help to ensure that children's need for more comprehensive health services can be quickly ascertained, alongside providing reassurances to children and parents at an early stage.

Next, 'recovery' support within the North Strathclyde Bairns Hoose is developing a distinct offer, which is highly valued by those children and families engaged with this support, aligning well with the unique needs of children and families within the Bairns Hoose system. The flexibility of the offer is well received and appreciated by children and families. The model is underpinned by core principles which reflect a trauma-informed and responsive service and is delivering an intervention that is experienced as holistic and therapeutic by children and families. While this approach complements more traditional clinical therapies, there is a need for greater clarity about the offer, its assessment frameworks, joint working protocols and referral pathways to and from clinical services to ensure that children who may benefit from such approaches receive them as soon as possible.

Taking steps to help Children 1st practitioners feel more valued and respected by colleagues in partner agencies would help further embed recovery across all stages in the young person's justice and recovery journey. Clear information sharing protocols between statutory services and Children 1st are crucial. One important step would be to consider involving Children 1st recovery staff in Interagency Referral Discussion meetings. This would enhance early sharing of information to assist children's recovery journeys.

Ensuring young people have access to reliable, trauma-informed legal services is seen as a crucial component of an improved justice journey. A realistic and pragmatic staged approach to tackling children being citated to, and testifying in court proceedings is required. Seeing how the live link technology in situ at Bairns Hoose operates will be an important mechanism to deliver the aims of the Bairns Hoose. Testing different areas of the

court system would be helpful going forward. For example, Sheriff Courts processing multiple summary cases could attempt to differentiate and then prioritise those involving vulnerable witnesses. Similarly, wider use of Evidence by Commissioner beyond solely High Court cases and including Children's Reporters having the authority to use Evidence by Commissioner recordings could also be a significant area for improvement.

However, we also must bear in mind that a substantial proportion of children are not being interviewed in the Bairns Hoose in North Strathclyde, and as such, may not benefit from all the services and support offered through this location. Local partners should consider how they will ensure that a two-tier service does not develop in the area covered by the Partnership.

Finally, our evaluation is formative, given the early stage of the roll-out of the Bairns Hoose model in Scotland. Gathering fuller information about children and their outcomes from point of disclosure to the completion of judicial processes would be extremely important. Such data, and its rigorous analysis is seen as fundamental to the ongoing development and improvement of the Barnahus model in other jurisdictions. Without such analysis there is a danger that the Bairns Hoose becomes a nice place in which to interview a child, but that children still endure too many negative experiences of engaging with the system meant to protect and support them.

In conclusion, partner agencies in North Strathclyde should be congratulated on reaching this important milestone. There is still much to do to ensure that children receive, and benefit from a truly child-centred and trauma-informed response to their needs after violence and abuse. Seeing children and families as partners in the area is likely to ensure that the principles informing the work to date are realised. If the gains that have been realised can be maintained and extended, then it would be hoped that the Bairns Hoose can start to be a catalyst for the transformational system change required for children who are victims of violence.

Appendices

Appendix A: The Changemakers Group

The Changemakers Group was established in February 2022 as a specific group of young people with experience of welfare and justice processes after abuse or harm. The group aimed to ensure that children had influenced a number of aspects of the Bairns Hoose (Children 1st 2024). Group membership has changed over time and the term 'The Changemakers' has developed to refer to both collective and individual participation. Since 2022, Changemakers has involved a number of projects to help influence change in the Bairns Hoose. These include:

a. **Sharing testimonies from the Changemakers** (provided in statements, interviews, letters, poems and song form) with key strategic leaders. Testimonies including Sophie's song and Lydia's poem have been presented as a core element of national and local strategic meetings, sent to representatives of criminal justice and Court systems and published on line ensuring the experience of children remain central in decision making fora and are heard by people in positions of power.

b. **Targeted consultation on development of the Bairns Hoose building**. Seventy children (n=70) were involved in creative workshops. This included consultation on design priorities and key elements and involvement in the final design of the Hoose and in particular the garden space.

c. **Introduction to the Bairns Hoose building**. Changemakers provided voice over for the House videos introducing the Bairns Hoose to professionals and another version for children and young people to see prior to their attending the Bairns Hoose.

d. **Responding to the Scottish Bairns Hoose standards**. Changemakers were consulted on the Scottish Bairns Hoose Standards using a range of approaches including film making and posters. Children had a mixed response to these activities).

e. **Staff recruitment** – applicants for posts related to the Bairns Hoose have either been interviewed by a panel of young people to asked to submit a video to be reviewed by young people and or parents for feedback prior to the interviews.

Appendix B: The International Advisory Research Group membership

Professor Ramona Alaggia - Factor-Inwentash Faculty of Social Work, University of Toronto

Dr James Herbert - Senior Research Fellow at the Australian Centre for Child Protection, University of South Australia

Olivia Lind Haldorsson - Senior Adviser and Head of the Children at Risk Unit at the Council of Baltic Sea States Secretariat (childrenatrisk.cbss.org).

Felix Dixon Kakowa - Senior Lecturer in Social Work and Head of the Sociology Department at the University of Malawi

Professor Judith Masson - Professor Emeritus at the University of Bristol.

Dr Franziska Meinck - Senior Lecturer in the School of Social and Political Science at the University of Edinburgh and an Honorary Professor at North-West University South Africa

Dr Leslie McCallum - the Director of Research and Program Evaluation at Cedar Centre, a community-based agency in York Region, Canada

Margret Tendai Mwale - Lecturer and Head of the Department of Social Work at St John the Baptist University, Malawi

Professor Kari Stefansen - Research Professor at Norwegian Social Research, Oslo Metropolitan University, Norway

Professor Peter Sidebotham - Retired paediatrician and Emeritus Professor of Child Health at the University of Warwick

Professor Carl Goran Svedin - Affiliated Professor in child and adolescent psychiatry at Ersta Sköndal Bräcke College University

Professor Laura Lundy - Non-attending member of the RAG. Co-Director of the Centre for Children's Rights and a Professor of Education Law and Children's Rights in the School of Social Sciences, Education and Social Work at Queen's University, Belfast.

Appendix C: Statistical Information on Children in Contact with the North Strathclyde Bairns Hoose Recovery Team as of June 2024

Overview

This report contains summarised data from the Bairns Hoose service operated by Children 1st for the purpose of further analysis and research by the University of Edinburgh. The questions outlined in the Data Sharing section were provided in advance by researchers at the University of Edinburgh in consultation with Children 1st Policy, Evidence, and Impact Team. Data in this report has been fully anonymised and provided in summary form only.

Methodology

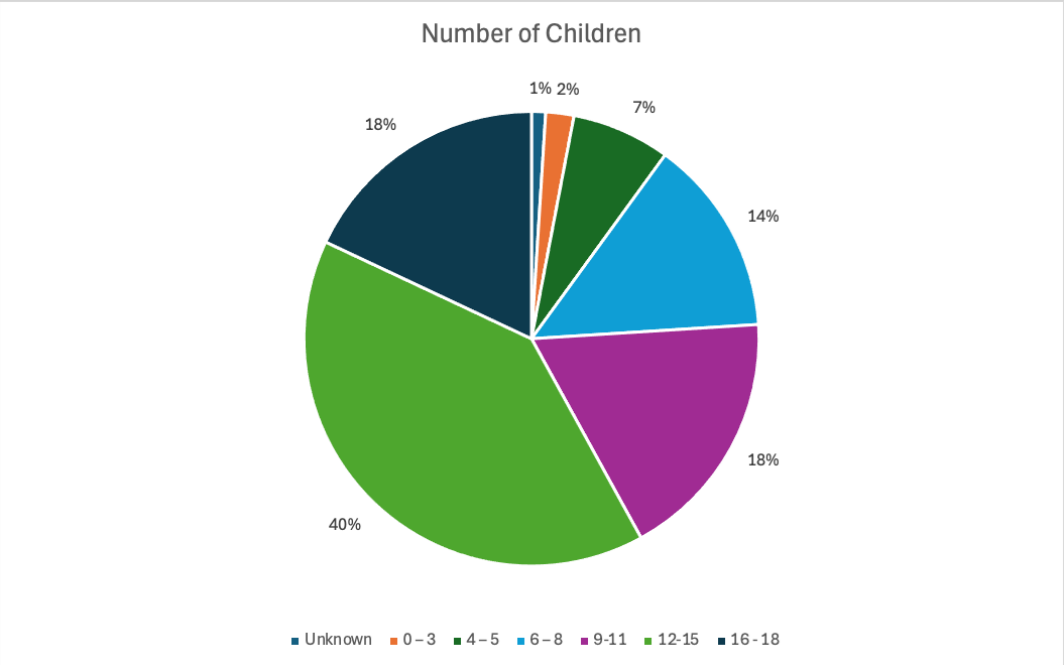
To provide accurate and consistent data, a snapshot of relevant information from the Children 1st Dynamics 365 database that forms the basis of this report was generated on 11th June 2024. Dynamics 365 is the primary database used by Children 1st to record support work with children and families. This data was extracted and transformed in SQL and Power Query before being loaded into Power BI reports, and in some cases exported to Excel for further analysis. The data below relates to the period 01/08/2023 – 31/05/2024, representing data from when the Bairns Hoose was formally opened in August 2023.

Demographic information regarding children accessing support

Age

Since the opening of the Bairns' Hoose in August 2023, more than 90% of children accessing support were ages 6 to 18 years (see Figure 1 below). Approximately two-thirds were adolescents or pre-adolescents (ages 12-18).

Figure 1: Age profile of children accessing support in the Bairns Hoose



Gender

Two-thirds (67%) of children accessing services since the August 2023 opening were female, with 31% male, 1% transgender, and 1% prefer not to say.

Ethnicity

Parents reported the child's ethnicity, with reports since the August 2023 opening indicating that 88% were of "White" ethnicity, seven percent "Asian" (Scottish Asian or British Asian), and 5% unknown or not indicated.

Legal Status

Of children who accessed services since August 2023, nine percent had a formal legal status; of those six children were in foster care, three were in formal kinship care (looked after), three were in residential care, two in informal kinship care, and one looked after at home.

Disability

Seventeen percent (17%) of children accessing services since August 2023 responded that they did have a disability (57% no disability; 13% prefer not to say; 13% left response blank).

Language

Nearly all children identified English as their preferred language, with one child (<1%) identifying Gaelic as their preferred language. No child required an interpreter.

Children's locality (local authority)

Of the four local authorities within the partnership, Renfrewshire accounted for the largest number of children (43%), followed by East Dunbartonshire (16%); Inverclyde (15%) and East Renfrewshire (13%). A small number of children (12%) were based outside the four local authority partnerships. The distribution of children by local authority has remained relatively unchanged since the opening of the house – suggesting that geography may not significantly impact uptake of the service.

Challenges being experienced by children at point of contact with Bairns Hoose

Children and families indicated the number of life challenges that they were facing, as well as the specific type of challenge since the August 2023 opening. Two-thirds of children and families (101 of 153) reported six or less challenges. The three most common challenges listed were emotional well-being of the child (64%), child was victim or witness of a crime (42%), or sexual abuse or exploitation (38%).

Frequency of support activities

The average number of support activities per month is 2.8 per child since the opening of the Bairns Hoose. Children and families who report a higher number of challenges in their life tend to also receive a higher number of support activities per month (linear regression analysis, $p < .05$).

Recording progress towards outcomes

Children 1st have seven charity-wide outcomes which are recorded as part of the relationship with the children, young people, and families worked with. Every Children 1st outcome is linked to a specific article of the UN Convention on the Rights of the Child (UNCRC) and the National Getting it Right for Every Child (GIRFEC) framework.

The worker connected with a family will generally have a check in with that family every twelve weeks. As part of this check in, in addition to reviewing the work undertaken and effectiveness of the agreed plan, the worker will aim to - alongside the family - scale progress against each of the relevant outcomes identified as part of the plan. The seven outcomes are:

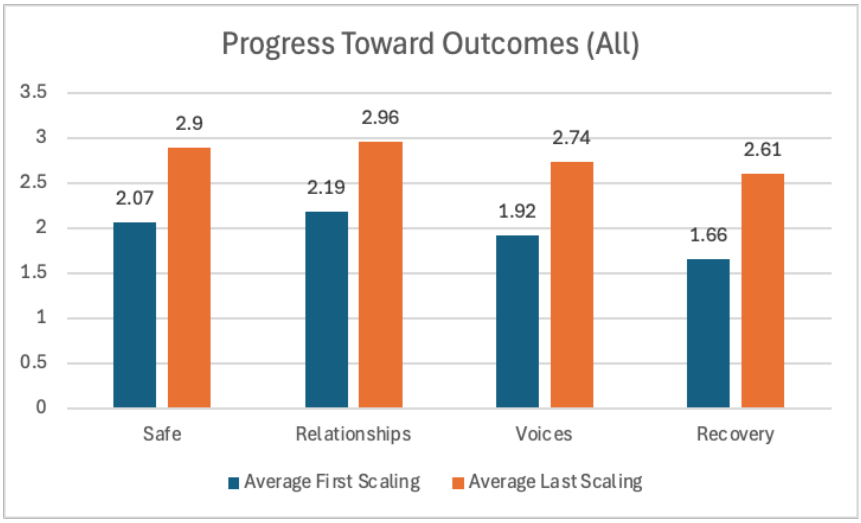
- Safe
- Relationships
- Voices
- Recovery
- Wellbeing
- Community
- Achieving

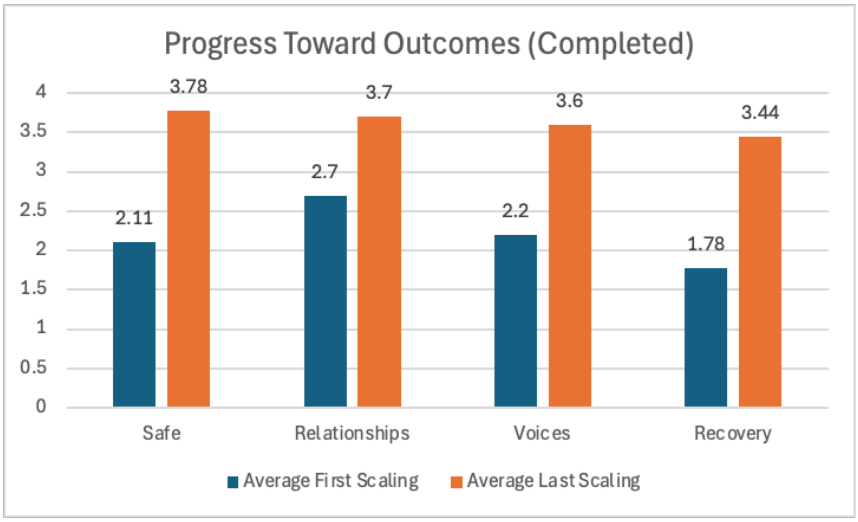
The scaling of an outcome between 1 and 5 corresponds to general progress against an outcome. In general, an individual will start on the lower end of this scale and progress upwards as the agreed plan of support is put into place. The numbers within the scale correspond to the following sentiments – though the exact wording and nature of the discussion will depend on the worker and family.

1. Stuck
2. Getting started
3. Making changes
4. Settled and doing well
5. Confident and looking forward

Since the opening of the Bairns Hoose in August 2023, 95% of children and families or higher have been working towards three or four of the following outcomes: safe, relationships, voices, or recovery. At each check-in, children and families along with their recovery worker scale their progress toward the pre-determined outcomes. Since the Aug 2023, opening, across all children and families there has tended to be an improvement toward the outcomes listed. Figure 3 depicts the difference between the average first scaling (out of 5) and the average last scaling (out of 5) for the four main outcomes (N = 136). Figure _ depicts this difference for those children and families who have completed services (N = 20).

Figure 3: Recovery outcomes for children over time





Of note, there has been a difference in the reported progress toward the four main outcomes between children and families who have completed services prior to the opening of the Bairns Hoose and after the opening of the Bairns Hoose (Table 1). This may be to do with the house, but Children 1st staff also suggest that this could reflect better recoding practices as the Recovery Team have become established and more familiar with the recording system.

Table 1: Difference in reported outcomes for children seen prior to and after the opening of the Bairns Hoose

	N = 27 (prior to Bairns Hoose opening)	**N = 20 (after Bairns Hoose opening)**
Outcome	% Change	% Change
Safe	28	79
Relationships	27	37
Voices	29	64
Recovery	46	93

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