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North Strathclyde Bairns Hoose Evaluation: Phase One Report, March 2023

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Child Safety, Justice and Recovery
RESEARCH GROUP

North Strathclyde Bairns Hoose Evaluation

PHASE ONE REPORT, MARCH 2023

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Children 1st Bairns Hoose
Children England
Supported by players of PEOPLE'S POSTCODE LOTTERY
Awarded funds from POSTCODE DREAM TRUST
Victim Support Scotland
THE UNIVERSITY of EDINBURGH
School of Social and Political Science

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Cover designed by Adam Cavill, University of Edinburgh, artwork created by children involved in the Children 1st Sharing Stories for Change project (2021). See sharing-stories-for-change-impact-report-december-2021.pdf (children1st.org.uk)

Glossary and Acronyms

Bairns' Hoose	Name for Scottish adaptation of European Barnahus model
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 (see page 4 for a fuller explanation of the model).
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	A national Scottish children's charity whose aims are described as 'working alongside families to prevent problems from escalating to the point of crisis; to protect children from harm; and to help children and families to recover from the trauma associated with childhood adversity by providing relationship-based practical, financial and emotional support'
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 with plans to open in summer 2023 in North Strathclyde (East Dunbartonshire; East Renfrewshire; Inverclyde, Renfrewshire)
People's Postcode Lottery	People's Postcode Lottery (funder)
PROMISE	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)
UNCRC	United Nations Convention on the Rights of the Child (1989)

Executive Summary

- In April 2020, Children 1st led a partnership with Victim Support Scotland, Children England and the University of Edinburgh to secure three years' funding from People's Postcode Lottery's *Postcode Dream Fund* to establish Scotland's first Barnahus, (formerly referred to as the Child's House for Healing), now known as North Strathclyde Bairns Hoose.
- The University of Edinburgh agreed to complete an independent formative evaluation of the establishment of the North Strathclyde Bairns Hoose. The overarching aim of the evaluation is to consider:
    - **How does the Children 1st Bairns' Hoose contribute to the safety, justice, recovery and recognition of children (and their families) who use the service in North Strathclyde?**
- Phase One of the evaluation was completed between November 2021 – December 2022 and aims to understand i) children and families' current experiences of services in North Strathclyde after abuse and maltreatment (the system as is) and ii) the processes through which the Bairns Hoose is developing.
- Phase One undertook interviews (*N* = 15) and focus groups *(N* = 5) involving 33 professionals spanning health, social care, police, justice and recovery services in North Strathclyde. They were conducted between March and August 2022 and include representation from frontline, management and strategic perspectives.

Key Findings

Multi-disciplinary perspective of system as is

- Children and families are likely to experience a diverse range of needs after maltreatment. These will vary according to a range of factors (including the nature of abuse, children's circumstance and biography, and their wider family context). There is a clear need for all children who experience abuse and violence to be able to access timely, individually tailored support to address mental health and recovery needs. Children's involvement in criminal justice processes should not impede or delay such access and may indeed heighten the need for such support.
- There is broad consensus that such support should be rooted in the principles of trauma-informed care and relationship-based practice, providing an opportunity for children and their families to develop trusting relationships with a consistent professional.
- Across North Strathclyde there is evidence of a clear cross-sectoral commitment from individuals and services to keep children safe, ensure they experience justice, and get support after abuse or maltreatment and recognition of the need for systems change to facilitate this. This is supported by several recent service and policy developments to address some of the needs of vulnerable child victims and witnesses.

- However, there is strong evidence that in the current system as is, children's rights and needs are not being fully upheld after abuse or maltreatment is identified. The nature of current systems and processes for justice, child protection and recovery services, and multi-disciplinary working can often be a source of further distress or trauma for children and their families, and are often unconducive to children's recovery. 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.
- Particular areas of concern for children and families, identified by cross-sectoral professionals, included:
  - 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
- The evaluation identified **key mechanisms** which underpin these shortcomings:
  - **A lack of clarity and understanding about different professionals' roles, systems and remits** limits effective collaboration between services and professionals to support children and families, and minimises trust (an essential component of effective multi-disciplinary working).
  - **Strained, insecure and short-term funding models** minimise equitable service access and timely relational support for children and families. They also delay timely access to services.
  - **Siloed working and a lack of coordination between different services.** This means that individual children's welfare needs often go unseen or unmet with no single professional or service holding oversight or responsibility for case coordination. This also means that there is no single point of contact for children and families and children may be required to engage with multiple assessment processes and sometimes unnecessarily have to retell accounts of their abuse.
  - **The absence of a coordinated recovery offer**. This was found to be exacerbated by a lack of clarity about what is meant by recovery and who is responsible for recovery services.
- Widespread professionals' awareness of system shortcomings and the implications for children, alongside current resource pressures and limited individual capacity to affect change, can impact professionals' stress, wellbeing and retention.

Development of the North Strathclyde Bairns Hoose

- The Bairns Hoose concept and vision to address current system shortcomings has been effectively shared with diverse stakeholders resulting in broad cross-sectoral support and buy-in. There is an appetite for significant systems change locally (and nationally) to address key shortcomings in children and families' experiences after abuse and maltreatment.
- The North Strathclyde Bairns Hoose development has been supported by its alignment to a receptive national agenda for change for vulnerable victims and witnesses, and widespread recognition of system shortcomings.
- Alongside a number of key partners, Children 1st has played a critical role in bringing the Bairns Hoose model to both Scotland and North Strathclyde through strategic campaigning, leadership and garnering widespread buy-in to the model. The People's Postcode Lottery funding enabled progress toward delivery of Scotland's first Bairns Hoose and is recognised as an important catalyst for national progress.
- Significant progress towards the development of the North Strathclyde Bairns Hoose has been made despite challenges including: identifying sustainable funding; fulfilling the capital build requirements of the model; developing operational multi-agency practice; and building multidisciplinary buy-in. Plans have needed to adapt to contextual constraints and subsequently the North Strathclyde Bairns Hoose is developing incrementally as an 'emerging model'.
- Multi-agency working remains a core ingredient to the success of North Strathclyde Bairns Hoose. Trusting and respectful relationships between partners and mutual understanding of different roles and remits will remain core components to deliver successful multi-agency working. Evidence suggests some current limitations in cross-disciplinary understanding, multidisciplinary collaboration and some level of misrecognition being experienced by all Bairns Hoose stakeholders (at both strategic and operational levels).
- Evidence suggests that, where different partners feel misunderstood by others, this impacts trust, information sharing, workforce confidence and collaborative working practices to address children and families' needs.
- The development of more effective multi-disciplinary working practices, which are critical to the success of the Bairns' Hoose model, will require improved understanding of different roles, responsibilities, contexts and duties. Working agreements and protocols, joint training, colocation of staff, and the deliberate development of familiar language and culture between professionals are all mechanisms that may assist and deepen effective working relationships and are likely to form important next steps.
- Statutory and non-governmental agencies appear to be hesitant to fully authorise the changes within their own local systems and practice, which are required to enable effective multi-disciplinary working within the North Strathclyde Bairns Hoose.
- Professionals from all disciplines shared an appetite for further dialogue and clarity about the practicalities and plans for the emerging North Strathclyde Bairns Hoose model,

including detailed implementation plans for the short and longer term. This dialogue may also aid stakeholder understanding of current stressors being experienced by those leading the North Strathclyde Bairns Hoose and the parameters which inform responses to these.

- There appears to be a need for an increased sense of shared ownership and responsibility for the North Strathclyde Bairns Hoose during the next stages of the project, including in relation to resource commitments and joint funding.
- Clarity amongst key stakeholders about what therapeutic and recovery models will be used within the North Strathclyde Bairns Hoose is required. This will help clarify what and how supports to children and families will be provided by the in-house Recovery Team, to complement other services.
- The development of the Bairns Hoose in North Strathclyde provides an opportunity to utilise the test, learn and develop approach to better understand the challenges of moving from vision to implementation of the Bairns' Hoose model locally, and subsequently with the national roll-out.

Section 1: Phase One Evaluation Context and Methods

1.1 Background

In April 2020, Children 1st, Victim Support Scotland, Children England and the University of Edinburgh came together to create Scotland's first Barnahus, (formerly referred to as the Child's House for Healing) and now known as North Strathclyde Bairns Hoose. This three-year demonstration project (2020-2023[1]) is funded by People's Postcode Lottery as part of the *Postcode Dream Fund*[2]. Barnahus (which means *Children's House* in Icelandic) is an internationally recognised evidence-based model for children and families affected by violence and abuse. Barnahus is formally embedded into national systems and underpinned by the UN Conventions of the Rights of the Child (UNCRC, 1989). Key objectives of the Barnahus model are meeting children's needs for safety, recovery and justice while preventing revictimisation and retraumatisation. The model is supported by the European Barnahus Quality Standards developed and promoted by the PROMISE network, of which Children 1st are active members.

Key criteria of the model (as outlined by the PROMISE network[3]) include:

A multidisciplinary and inter-agency approach provided in a child-friendly space that brings together justice, health, social work and recovery support, to best meet the needs of child victims and witnesses of violence. Governed by the 'one door' principle, this aims to provide integrated services in a single environment i.e., professionals come to the child – rather than an onus on children and families to go to services. Subsequently, the model is sometimes described in terms of a service spanning four multi-disciplinary 'rooms', representing health, justice, child protection and recovery, and includes:

- A forensic interview using an evidence-based protocol
- A medical assessment carried out for forensic investigative purposes and to ensure the child's physical wellbeing and recovery
- Availability of psychological support, including short and long-term therapeutic services addressing the trauma of the child and non-offending family or caregivers
- Avoidance of need for a child to repeat her/his statement in court. Ideally, testimony is taken in the same centre and used in the criminal proceedings – avoiding the need for a child to appear personally in court.

Key principles for the model (as outlined by the PROMISE network standards) are:

- Children and their non-offending family/care-givers/support persons have access to adequate information all times.
- Children and their non-offending family/care-givers/support persons can influence the timing, location and set up of the interventions in the service.

1. As a result of COVID-19 the project timeline has been extended until 2024.
2. https://www.postcodedreamfund.org.uk/
3. https://www.barnahus.eu/en/

- Children are given opportunities to express themselves and their views, needs and concerns inform best interest's assessments and interventions.
- Measures are taken to avoid undue delay:
  - Ensuring that forensic interviews take place within a stipulated time period
  - Ensuring that child protection assessments take place within a stipulated time period
  - Ensuring that children benefit from timely medical and mental health assessment
  - Ensuring that interventions both for the child and child's family/care-givers/support persons can be started as soon as possible (Haldorsson, 2017)

(For further information see the PROMISE network; Johansson et al., 2017; Pereda, 2021)

National context

The North Strathclyde Bairns Hoose aims to follow this model and is developing at a time of complex and rapid change locally and nationally. It 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 Procedural Review (Scottish Crown Office 2015) and the legislative and policy developments that stemmed from this (see for example the Vulnerable Witnesses (Scotland) Act (2014) and Domestic Abuse Scotland Act (2018) (see also Appendix 3). More recently, government-level commitment to the Bairns Hoose model is highlighted in *A Fairer, Greener Scotland: Programme for Government 2021-22 (2021)*, which notes a key aim is to provide all eligible children in Scotland who are victims or witnesses to abuse or violence access to a Bairns' Hoose by 2025. The Scottish Government's vision for Bairns' Hoose is that:

> *All children in Scotland who have been victims 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 and justice. (Scottish Government 2022a)*

At the time of writing, progress at Scottish Government-level included the establishment of a National Governance Group with independent Chair and the development of National Bairns Hoose Standards by Health Improvement Scotland and the Care Inspectorate (currently at consultation phase). The North Strathclyde Bairns Hoose is likely to be the first operational Bairns' Hoose in Scotland and, as such, will be an important learning site for the development of the model nationally.

Local practice context

The North Strathclyde Bairns Hoose will serve the four local authorities that fall under the North Strathclyde area: East Dunbartonshire, East Renfrewshire, Inverclyde and Renfrewshire. The combined areas represent a population of 462,120 (National Records of Scotland, 2021)[4] with a total child population (0-17years) of 91,798. Figures from 2020-21 identify a total of 685 child protection investigations and 133 child protection registrations across North Strathclyde (with rates of registration ranging from 8 in East Renfrewshire to 71 in Renfrewshire) (Scottish Government, 2021)[5]. There are no available figures for prevalence of different types of abuse linked to local authority areas and, even at national level, prevalence is very difficult to measure. NSPCC provides UK-wide estimates of prevalence of certain types of abuse which suggest that around: one in 14 children in the UK have experienced physical abuse; one in 20 have experienced child sexual abuse; 1 in 10 have experienced neglect; and 1 in 15 have experienced emotional abuse (NSPCC, 2021 a,b,c and d).

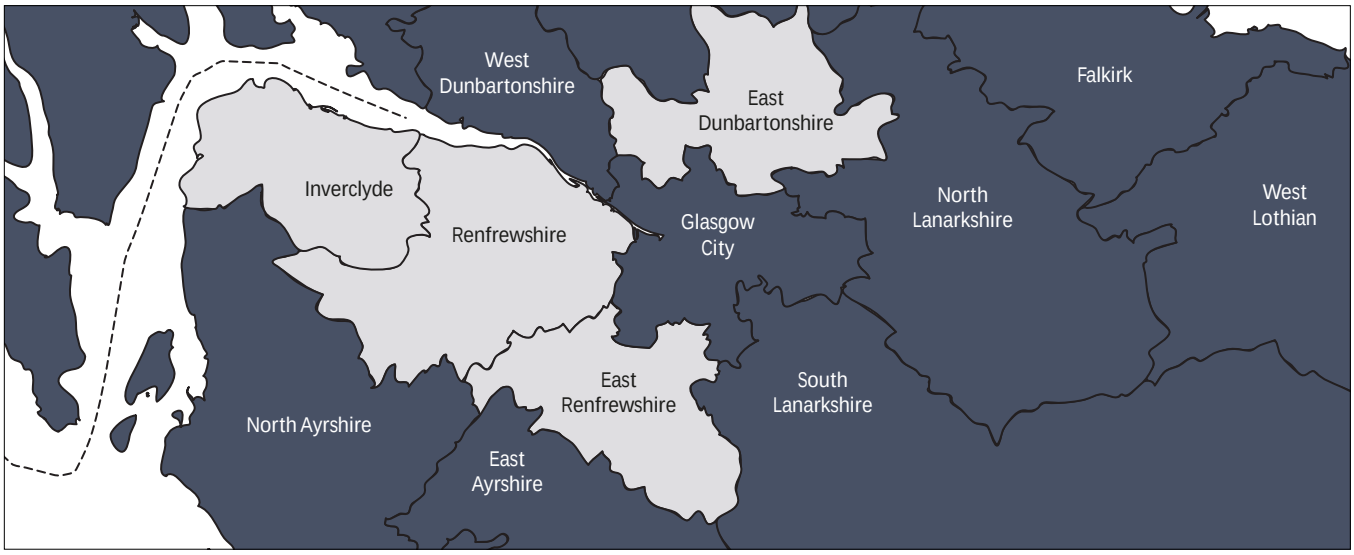


Figure 2: The four local authority areas that make up North Strathclyde

The entirety of the North Strathclyde area falls under Greater Glasgow and Clyde (GGC) Health Board and is served by two police divisions (G and K). In relation to courts it all falls under the North Strathclyde Sheriffdom (one of Scotland's six Sheriffdoms) but represents a smaller geographical area. The four local authorities contain two Sheriff Courts: Paisley Sheriff Court and Justice of the Peace Court, and Greenock Sheriff Court and Justice of the Peace Court, but will also be served by Glasgow Sheriff Court and Justice of the Peace Court.

The North Strathclyde Bairns Hoose development works closely with the North Strathclyde Partnership implementing the pilot of the new National Joint Investigative Interview (JII) model of practice (Scottish Child Interview Model pilot or SCIM). The Scottish Child Interview Model (SCIM) pilot represents one of a series of developments implemented in response to the Evidence and Procedural Review (2013, 2015) and seeks to improve experiences for vulnerable victims and witnesses including children (for further information

4. Mid-year population estimate 2021. Time series data. National Records of Scotland [Available at https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/population-estimates-time-series-data]
5. See Appendix 2 for a more detailed breakdown of child protection registration and investigations across the four local authority areas.

see Appendix 3). Specifically, the SCIM pilot nationally aims to improve the quality of children's forensic interviews and the experience of children undertaking an interview, which is designed to minimise potential for retraumatisation and the need to unnecessarily repeat interviews.The North Strathclyde SCIM pilot has established a new team of specially trained police and social work officers (the Child Interview Team) from four local authorities that make up the North Strathclyde area[6] and two police divisions (G and K) to undertake child forensic interviews according to an internationally recognised evidence-based protocol. The team is currently based in an existing police property in one of the four local authorities where it conducts JIIs. The Child Interview Team aims to ensure it has advanced knowledge, skills, competencies and the required experience of conducting forensic interviews to produce best-quality evidence and ensure the protection of children. Working alongside this team (but not co-located) Children 1st provides a Recovery Team. The Child Interview Team can refer children and families to the Recovery Team following a JII to enable it to access a range of additional support.

The North Strathclyde Bairns Hoose will aim to provide a space where JIIs will be conducted alongside input from the Children 1st Recovery Team and wider multi-agency services as agreed by the North Strathclyde Strategic Oversight Group. The North Strathclyde Bairns Hoose plans to operate across two locations, both in East Renfrewshire. The first - a smaller Bairns Hoose (or Wee Hoose) is due to open in summer 2023 and the second, Capelrig House, will provide space for a larger co-located team and centre of excellence.

Given the complex and changeable context within which this development has occurred (i.e., Covid 19, the Ukraine conflict and a national cost-of-living crisis), there have been unforeseen and significant delays in the opening of the Bairns Hoose. These delays have consequently impacted the development of the Bairns Hoose. The next section explains the scope and approach to realist evaluation in more detail.

6. East Dunbartonshire, East Renfrewshire, Inverclyde and Renfrewshire.

1.2 Phase One of the North Strathclyde Bairns Hoose Evaluation

Aims

As part of the partnership agreement, the University of Edinburgh agreed to carry out an independent evaluation of the North Strathclyde Bairns Hoose. This is a formative evaluation (aiming to support and inform the Bairns Hoose development process through open sharing of emerging findings), and is adopting a realist approach (seeking to understand 'what works for whom, how and in what circumstances?'[7]).

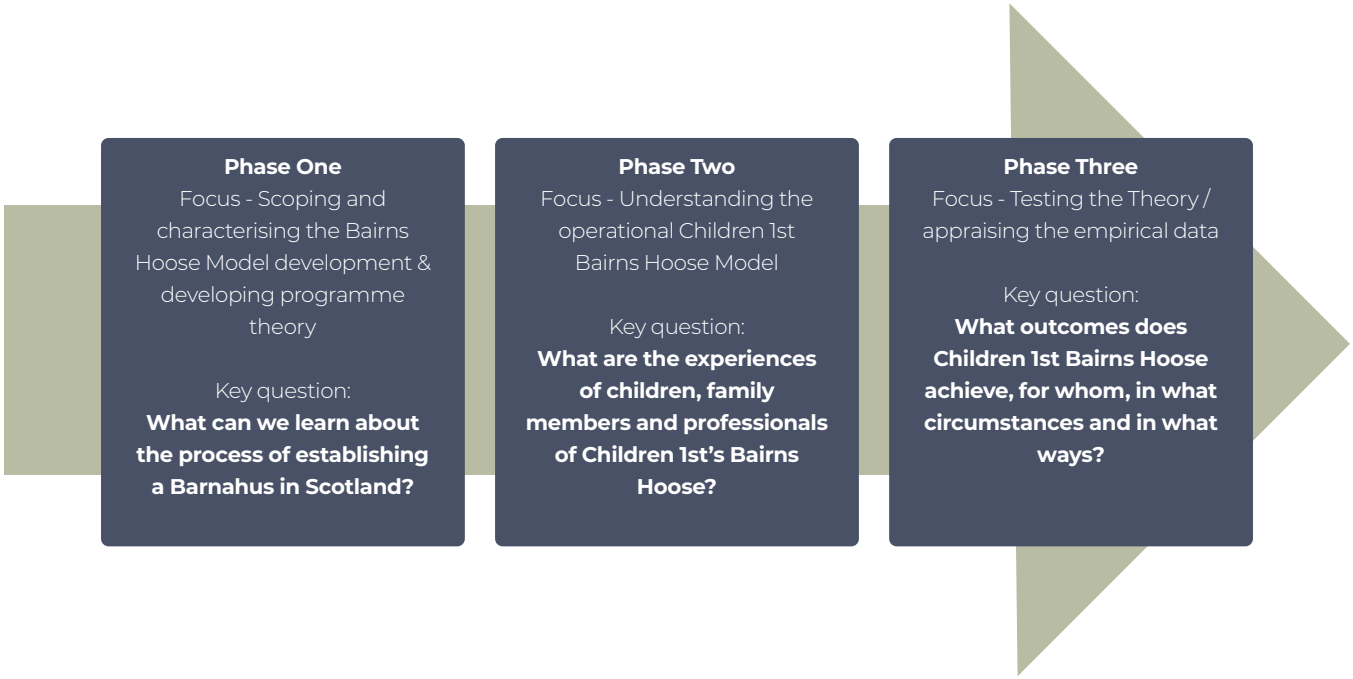
The initial overarching evaluation question is:

How does the Children 1st Bairns Hoose contribute to the safety, justice, recovery and recognition of children (and their families) who use the service in North Strathclyde?

Secondary questions proposed included:

i. What can we learn about the process of establishing the first Bairns' Hoose in Scotland?
ii. What are the experiences of children, family members and professionals of the North Strathclyde Bairns Hoose?
iii. What outcomes does the North Strathclyde Bairns Hoose achieve for whom, in what circumstances and in what ways?

The evaluation is structured over three distinct phases.



7. Pawson and Tilley Ref and RAMSES

This report focuses on Phase One of the evaluation. Data collection for this phase took place between November 2021 – August 2022. The aim of this phase is to scope and characterise the North Strathclyde Bairns Hoose development, including:

i. Understanding the context: children and families current experiences of services in North Strathclyde after abuse and maltreatment (the system as is).
ii. Understanding processes through which the Bairns Hoose is developing, including:
    a. facilitators and barriers to the delivery of the North Strathclyde Bairns Hoose
    b. initial identification of key contexts and mechanisms that support the delivery of the North Strathclyde Bairns Hoose (and will aid our understanding of 'what works and for whom and in what circumstances?' in the development of a Scottish Bairns Hoose)
iii. Developing an initial programme theory – to refine and test in Phase Two of the evaluation

Methodology

Phase One data collection has involved interviews and focus groups with professional stakeholders involved in the North Strathclyde Bairns Hoose. Key stakeholders were identified through initial scoping conversations with Children 1st staff and partners. Further participants were identified through snowball sampling (i.e., suggestions from respondents about other key people we should speak with).

Interviews and focus groups were designed to address two questions:

- What are current experiences for children and families who experience abuse and maltreatment in North Strathclyde (and how is this informed by the service and policy context)?[8] *and*
- What is the nature of the North Strathclyde Bairns Hoose development to date, and what are stakeholder's hopes for, and fears concerning, the model?

Interviews (*N* = 15) and focus groups (*N* = 5) were conducted between March and August 2022. Interviews and focus groups aimed to ensure representation from all relevant agencies and professionals who will likely be involved in the Bairns Hoose model, and include a mixture of frontline, management and strategic perspectives. Phase One of the evaluation purposefully chose not to include interviews with children and families as the focus was on learning about systems, processes and context. Given our awareness of existing research and consultation that captures children's perspectives on support after abuse within current systems (e.g. Houghton et al., 2022; Hill et al. 2021; Brooks-Hay, 2019; Houghton and McDonald, 2018) it was felt appropriate for this phase of the evaluation to focus on professional perspectives. Phase Two of the evaluation will seek to centre evidence from children and families, capturing their experiences of engagement with the Bairns Hoose.

8. Please note that Phase One of the evaluation does not include a review of the system as is for children under the age of criminal responsibility who may have harmed others.

Interviews with professionals were completed individually except in two cases where interviews involved two professionals who worked closely together and chose to be interviewed together. One such interview (with two individuals) took place over two separate occasions due to interviewees' desire to provide a fulsome account of their experiences. Three of the 15 interviews constituted case study interviews where Children 1st recovery workers discussed an individual case to help the evaluation team better understand children's potential journey through the current multi-agency system.

Focus groups were designed to bring together professionals working in and/or linked to one of the four 'rooms' of the Barnahus model (justice, health, child protection and recovery). Following advice from key stakeholders, the planned justice focus group was divided into two: 'investigation' and 'prosecution'. A focus group was also undertaken with the multi-agency Child Interview Team (police and social work). Owing to difficulty coordinating professionals' availability, no health-specific focus group was held but several individuals who were due to attend were interviewed.

In total, **33 professionals took part in Phase One of the evaluation** (18 attended one of five focus groups; 15 attended one-to-one interviews). Eight of the 33 respondents were Children 1st staff. Of these 33 perspectives captured, 21 were frontline practitioners, 9 were operational managers and three were strategic leaders.

Table 1: Phase One – 33 different perspectives collected

Theme	# Perspectives	Inside Ch1st	Outside Ch1st	Practitioners	Management	Policy/ Strategic
Recovery services[1]	9	5	4	6	2	1
Police[2]	4	0	4	3	1	0
Prosecution[3]	6	0	6	4	2	0
Forensic Health	2	0	2	1	1	0
Social Work[4]	8	0	8	7	1	0
Whole System	3	2	1	0	1	2
BH Development	1	1			1	
Subtotal	**33**	8	25	21	9	3

1. includes third sector, CAMHS staff and statutory funded counselling services
2. includes police representatives from Child Interview Team and investigating officers
3. includes staff from COPFS and those in witness support or advocacy roles
4. includes social work representatives from Child Interview Team and local authority child protection teams

Data from this phase of the evaluation has been analysed using a thematic approach[9] and has also informed the development of an initial (realist) programme theory.[10]

Please note that, unless stated, quotes used within the report are illustrative of key themes or findings raised by multiple respondents.

9. Informed by Braun and Clarke, 2021
10. See Pawson & Tilley, 1997.

Governance

International Research Advisory (IRAG) group

We have established an International Research Advisory Group (IRAG) to inform and aid rigour to the evaluation process. The aim of the IRAG is to provide advice, critique and intellectual curiosity to the evaluation team undertaking a robust evaluation of Scotland's first Bairns' Hoose.

There are five main tasks for the International Research Advisory Group:

I. Advising on the design of the evaluation
II. Advising on the application for ethical review
III. Involvement in reviewing the progress of the evaluation
IV. Offering advice on the findings of the evaluation at the interim and final stages
V. Supporting the evaluation team to effectively disseminate the findings emerging from the evaluation.

The IRAG meets approximately twice per year on average (*See Appendix 1 for IRAG membership*).

Ethical Approval

This stage of the evaluation was approved through the ethical review process in the School of Social and Political Science at the University of Edinburgh.

Theoretical framework: realist evaluation and systems thinking

This is a mixed-methods evaluation, collecting and analysing both qualitative and quantitative data[11], and working in partnership with those delivering services and the children and families who access the service. The evaluation team is informed by a realist evaluation approach (Wong et al., 2016). Realist methodology is based on the assumption that the same intervention will not work in the same ways for everyone and across different contexts. Its focus is therefore on identifying 'what works, for whom, under what circumstances and how?' (Pawson and Tilley, 1997). It is a theory-based approach, which means it starts by exploring existing ideas about how and why a service or programme may meet its objectives and then gathers evidence to test or refine that theory. This will mean gathering data about the contexts in which the service operates, the mechanisms by which it hopes to deliver its services and create change, and the outcomes that result.

Realist approaches have been recognised as valuable when evaluating complex interventions that hold wider transferable learning potential. They are also particularly useful for evaluating programmes that produce mixed outcomes to better understand how and why differential outcomes occur. Realist evaluations assume that projects and programmes work under certain conditions and are influenced by the way that different stakeholders respond to them. Underpinning the work of the North Strathclyde Bairns Hoose is an assumption that coordinated multi-agency working, delivered in a child-

11. Only qualitative data has been collected as part of Phase One

centred way, will improve delivery of services and conditions for professionals, resulting in better outcomes for the child, their family and wider society. As such, the Bairns Hoose adopts an ecological orientation (Bronfenbrenner, 1974), recognising the needs of a child as nested within a supportive family or caregivers and an understanding community.

Thus, the orientation of the North Strathclyde Bairns Hoose (and its evaluation) takes a systemic perspective as to how the needs of children, families, professionals and civil society organisations can be best met. Underpinning this systemic perspective are threads relating to a shared vision for the purpose and benefit of the Hoose; a recognition and appreciation of the interdependency between different services in delivering against this vision; and processes and supports which facilitate individual practitioners to deliver against the shared vision, and support their colleagues from different professions to maximise their input to the child, while also being able to deliver their own contribution to a high professional standard.

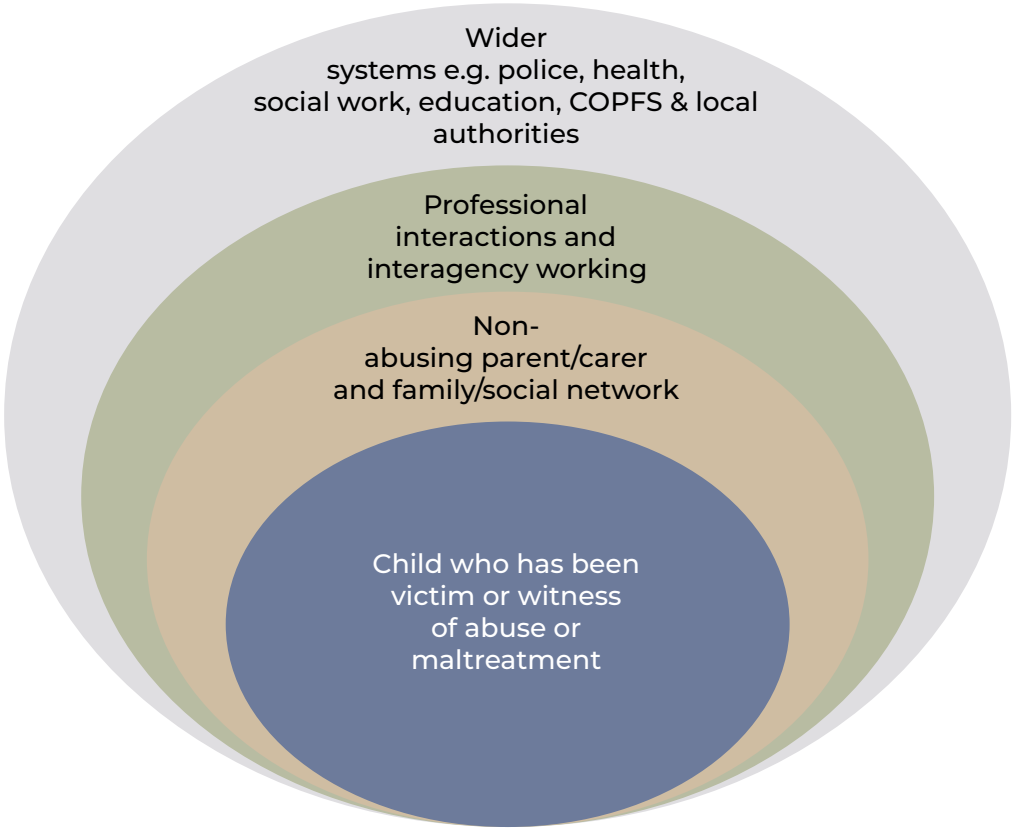


Figure 1: The Bairns Hoose is underpinned by an ecological understanding of the child and family involvement with professional systems. The child is nested in several systems which interact.

As such, the Bairns Hoose is part of a complex adaptive system. Complex adaptive systems thinking is an approach that challenges simple cause-and-effect assumptions, and instead sees the provision of services and other systems as a dynamic complex process which has many contexts and mechanisms impacting a variety of outcomes (The Health Foundation, 2010).

It is acknowledged that the Scottish Bairns' Hoose Standards are in development as the North Strathclyde Bairns Hoose is being developed and, as such, this evaluation does not review the development of the North Strathclyde Bairns Hoose in relation to Scottish Standards regarding how a Bairns' Hoose should be operating. Instead, it discusses both the system as is and learning from the development of the Hoose.

Section 2: The System As Is

2.1 Introduction

As noted above, the first phase of the evaluation sought professional perspectives on how children and families' needs are met by current systems after identification of abuse and maltreatment. This aimed to support the evaluation in two ways:

i) understand current experiences for children and families, as a basis for understanding of how the Bairns Hoose will contribute to improving these experiences, and
ii) understand the context into which the North Strathclyde Bairns Hoose seeks to implement transformational change (including practices or systems it may be building on, developing or aligning to)

The section is split into two parts. The first explores respondents' perceptions of children and families' experiences of the current system. The second identifies key contexts and mechanisms underpinning these experiences.

2.2 Multidisciplinary Perspectives on Children & Families' Experiences

Evidence from literature identifies children and families' needs after abuse or maltreatment to be complex and wide ranging (Plotnikoff and Woolfson, 2019; Houghton and McDonald, 2018; Warrington et al., 2017; Sneddon et al, 2014). They include timely intervention from services to: ensure physical and psychological safety; obtain a sense of justice; receive therapeutic support to aid recovery; and access treatment for related physical health conditions. Children and families' needs are also noted to be wide ranging and systemic, in other words, impacting and intersecting with multiple aspects of their lives (e.g., family, education, communities). Children's engagement with criminal justice processes as a victim or witness is also widely recognised to catalyse further needs for support and advocacy, reflecting the complex and often distressing nature of these processes (Brown et al., 2022; Houghton et al., 2022; Lavoie et al., 2021; Beckett and Warrington, 2015).

There was a strong consensus among interview and focus group participants that current systems in North Strathclyde (as elsewhere in Scotland) continue to fall short of fully meeting such needs and can be a source of further distress and retraumatisation. Despite important examples of improving and supportive practices, the 'system as is' was found to fall significantly short on multiple fronts and appears to struggle to centre the needs of those who have experienced trauma. Findings related to these shortcomings are outlined below and grouped into four key themes – covering key challenges identified by respondents. These are:

i. **Lack of recovery or therapeutic support** (including delays to accessing existing support)
ii. **Delays and adjournments to accessing justice**
iii. **Poor communication and a complex uncertain system**
iv. **Distressing and potentially retraumatising court experiences**

It is, of course, important to acknowledge the recent context of Covid in which this research took place, and the additional pressure this is known to have placed upon all services. For example, wider evidence suggests that Covid has placed particular strain within the court system, significantly increasing waiting times and potentially raising pressures to resolve cases without going to trial (Scottish Government, 2022b). Findings from Phase One should therefore be considered in this context, while also recognising how they reflect wider regional and national research that predates Covid (SCTS, 2021; SCTS, 2016: Galloway et al., 2017), which is more suggestive of deeply rooted problems with the systems under review.

i. Lack of recovery or therapeutic support

A striking observation about children and families' experiences after abuse or maltreatment relates to the lack of appropriate support to address their emotional wellbeing, recovery and mental health needs. Professionals from all sectors raised this as a key concern aligning closely with findings from previous research and reports (Galloway et al. 2017; Glasgow Health and Social Care Partnership, 2021).

Despite spanning both the statutory and third sector, recovery provision was described as the most poorly resourced part of the current system, when compared to justice, child protection and health. Observations were made by participants that it was the part of the system involving more third-sector services subject to short-term procurement models. Subsequently, existing service provision was noted to reflect an inconsistent patchwork of provision with insecure funding. This was noted to result in a postcode lottery of eligibility and access for children and families. Third-sector services that did exist were mostly characterised by limited eligibility criteria or particular specialisms (e.g. service for 13 years plus; services for victims of sexual or domestic abuse only; services without support to families; limited services supporting disabled children). Disabled children and those with additional needs appeared to be served particularly poorly, with no evidence found of specialist recovery provision tailored to their needs - despite wider evidence of their increased vulnerability to abuse (Taylor et al, 2015; Brown and Miller, 2014). Existing models of funding were noted as a factor that limited the degree to which services could be flexible and responsive to children and families' needs.

> *I would just like to echo, what's been said about the random nature of referral processes [to recovery support] the - you know that postcode lottery or just whoever happens to be involved in a child's life at certain point and whether or not they will get support.* (Participant 24)

Where services did exist, children and families' access was often noted to be impeded by obscure referral pathways and lack of knowledge of services (both theirs and professionals'). This was described as creating inequitable access to services, relying on subjective professional knowledge.

My impression is that the vast majority of people do not get offered anything. And then it can be just depending on who their GP is? Who their teacher is? Who their social worker is? You might get a young person, for example, referred to CAMHS[12] who doesn't need CAMHS - who needs some other support - perhaps from Women's Aid, you know - perhaps from another organisation….so even if someone, for example, is referred to CAMHS, they are sitting on a lengthy waiting list before they're even been seen for initial assessment [and then that might not be the right service]. (Participant 22)

Furthermore, recovery services that did exist were noted to be highly variable in relation to assessment processes, models of support and whether they utilised evidence-based practice models, further hindering a consistent approach to recovery. Both statutory and third sector services were noted to have long waiting lists, impeding access to timely support. Subsequently, children and families often experienced long periods in limbo while awaiting an initial assessment or appointment. During this time, there was noted to be potential for distress to increase and there was little opportunity for oversight of the child and family's access to support.

One young woman who reported a rape… they were picked up - the level of trauma was picked up - so that the follow-up support from the forensic Archway was offered - as was a social worker to go out and assess the family - as was [third-sector specialist service support]. The young person was in in a place where they wanted that [specialist support]. They talked about a helpful phone call and then being told you'll be on the waiting list for a year… We know that that must be about 15 months ago, and to our knowledge [that third-sector service] has not been back in touch with this girl to offer [support]. (Participant 1)

So even if someone, for example, is referred to CAMHS, they are sitting on a lengthy waiting list before they're even being seen for initial assessment… There might not be a recognition of how quickly somebody needs to be seen. And they can - very often - it would be the case that they go from that first waiting list for first appointment to an internal waiting list… Other times there are young people that very clearly should be referred to us [CAMHS], who don't get to us till much, much later, by which point the difficulties are really compounded. And compounded far more by the waiting list. (Participant 22)

As noted above, such delays could further exacerbate children and families' distress, running counter to evidence about the importance of timely intervention after identification of abuse or maltreatment.

In summary, the lack of a consistent, well-resourced and evidence-based recovery model for children and families affected by abuse and maltreatment hinders children's equitable access to support and their experience of recovery.

12. CAMHS refers to Child and Adolescent Mental Health Services

ii. Delays and adjournments to accessing justice

Delays were not limited to accessing recovery services. A second striking thematic finding identified by professionals about children and families' experiences was the lengthy time periods in which children and families were engaged in criminal justice processes. This was further exacerbated by the uncertain nature of these periods and poorly managed expectations. Again, this echoes findings from existing research which demonstrate that lengthy delays in criminal proceedings are common (SCTS, 2021; Houghton et al., 2022). Respondents noted that delays made it difficult for children and families to manage expectations about both their short- and long-term involvement in justice processes, or to plan for a future beyond their involvement in the criminal justice process.

> *The delays around court process I think is a massive thing for families, because they give their evidence, they give their statements, the person is arrested and charged... and we do try to manage expectations the best you can but we're ultimately given the answer of - 'we don't know when this'll go to court' and 'we don't know if it'll go to court first time' ... and 'we don't know how many times you're going to be called up', or 'how many holidays you'll have to cancel' ... so I think that's a big thing.* (Participant 32)

As noted in the quote above, intense initial involvement during Joint Investigative Interviews (JII), forensic medical examinations and other evidence-gathering activity was usually followed by long periods with little communication or activity that children and families were aware of or involved in. Respondents noted that children and families were often left '*suspended in a state of anxiety*'[13] through lengthy justice, children's hearing and child protection processes. Although children and families' experiences were recognised as diverse, there was consensus that their distress was regularly compounded by the degree of uncertainty in the justice processes.

Even after months of waiting there was no guarantee that criminal proceedings would progress. Professionals cited multiple case examples where a 'no further action' decision or transfer of a case to the Children's Hearing System was taken after months of investigations and/or court review. For those children whose cases came to court, uncertainty manifested in repeated adjournments.

> *At summary level, the adjournments are difficult because they can happen for so many reasons. In the majority of cases we are finding that children are still going to court, ready to give evidence, prepared to give evidence - you know, we've gone out to school before to run through – 'you remember what it was like last time?' 'This is what's going to happen'. This is, you know, preparing and they're there and they're good to go. And then they're sent home again. And then they're given another date. (Participant 19)*

13. Participant 1

Some focus group respondents noted strategies to mitigate disruption for children, for example through offering standby arrangements where children attended school on the day when they might potentially give evidence in court, only to be removed if this appeared likely. However, it was clear that such strategies did little to mitigate children's anxiety or allow them to continue with a normal routine while facing the potential of court questioning.

iii. Poor communication and a complex uncertain system

The degree of complexity, identified by professionals, present in current systems and services that children and families engaged with after identification of abuse was striking (see Appendix 4 - Children's Pathway Map). Professionals described children and families struggling to navigate these system(s) and the absence of a professional role who provided a single point of contact for families to support them through these processes.

> *We're [professionals] struggling to understand and get our head around [the court system], so I'm intrigued to see how a child or young person and their parent, carer, family member, is supposed to navigate themselves round it.* (Participant 7)

Insufficient or ineffective communication with children and families was acknowledged by professionals to exacerbate children and their families' experiences. Respondents shared multiple examples where children and families were not supported to fully understand the nature of processes they were engaged in, have their expectations clearly managed, gain clarity about their rights, or know the rationale for decision making at multiple junctures.

> *I think for supporting any sort of witness, never mind vulnerable... it's not trauma informed. It doesn't take into consideration the needs that children have - the fact that they might not understand the process quite simply.* (Participant 16)

Furthermore, as the quote below demonstrates, children and families' expectations were often (unintentionally) poorly managed with significant consequence for trust and future engagement with professionals.

> *There's a lot information that's not maybe of the highest quality that's given to children and families... Often they are told that if you do a joint interview, if you're interviewed ahead of time, then you won't have to go to court and it's not true. And then you're already putting the families in a situation where they think we can't trust what we're being told by the system now. (Participant 19)*

iv. Distressing and potentially retraumatising court experiences

Alongside the delays to cases reaching court and a lack of adequate information, the experience of attending court was also identified by professionals as a key source of distress for children and families. Many professionals voiced frustration that children were still expected to attend court at all.

I think most of my team would say that they are hearing regularly from children and families that the experience of the court system has been worse than the abuse that they experienced in the first instance, which is an incredibly dispiriting thing to hear. (Participant 19)

I think it [court]'s pretty awful...and the whole justice system is pretty poor at the moment. They're spoken to, I think not, not very, not like children. And I think it's an absolutely terrifying place for an adult ...never mind children. (Participant 16)

Professionals voiced frustration that, despite publicly stated policy intentions to keep children out of court, the requirement remained in almost all cases. Part of this frustration stemmed from recognised improvement to Joint Investigative Interviews (through the SCIM pilot)[14] and increased nominal potential for these recorded interviews to be used as 'evidence in chief'. Yet this was noted to have little impact on children being asked to retell accounts of abuse in court.

Any sheriff court cases, even the one last week, the JII is played and the child is then called to answer all the same questions in court...see for the ones who are going to a sheriff court, which is 80 per cent of the kids we interview...we interview them, and then they go to court, and in lots of cases recently, the interview hasn't even been played. The child is just then asked to give their whole evidence. (Participant 23)

Welcome initiatives designed to minimise children's contact with court hearings were noted to be extremely limited in scope. For example, the provision for children to give 'evidence by commissioner' (involving pre-recording of cross examination) was eligible for use only in High Court cases – noted to represent a significant minority of criminal proceedings relating to child abuse and maltreatment. Other more widely used special measures such as the use of remote live link, whereby a child gives evidence from another room inside the same court building, were deemed insufficient to protect children from the stress of participation in adversarial court cases and the repeated requirements for them to attend court. In addition, expectations on some older children to appear in the main courtroom (albeit behind a screen) were recognised by many professionals to fall far short of trauma-informed justice or prioritisation of children's wellbeing. For children subject to cross-examination, the nature of questioning by defence lawyers (and its management by Sheriffs and Judges) was also thought to be problematic by many focus group and interview respondents, including court advocacy workers, representatives of the COPFS and police.

Court buildings including waiting areas were described as inadequate to meet children and families' needs as victims and witnesses in criminal proceedings, further adding to children's stress. Specialist waiting areas for vulnerable witnesses were noted to be overbooked. Subsequently, respondents described seeing children in overly busy shared waiting areas populated by uniformed police and multiple other witnesses, and having to use communal court spaces (e.g. entrances) where children feared encountering alleged perpetrators. Unsurprisingly, these spaces were noted to compound children's distress.

14. See Year 1 SCIM report and forthcoming Year 2 SCIM report.

I've seen the children in the witness room, and the trauma and the anxiety... I've seen it first-hand. It's not an assumption for me, [I've seen it] on more than one occasion, I've been there. (Participant 28)

Finally, professionals highlighted that levels of practical, in-person support for children and their family when attending court varied depending on whether witnesses had access to court advocacy services or support workers with capacity to attend. Although support services provided through the courts (Victim Support Witness Services and VIA) were welcomed, the nature of support was often noted to be limited and fell short of many children and families' needs for more intensive engagement and relationship-based practice.

Summary: a system poorly equipped to respond to trauma

In summary, the picture that emerged of children and families' experiences was one where they were required to engage in systems and services that were poorly designed and equipped to respond to the nature of trauma they had experienced. Respondents recognised that this situation was exacerbated by the absence of any one service or professional role which could consistently buffer children and families from the complexity, uncertainty, or adversarial nature of systems with whom they were required to engage.

Consequently, children and families' trust in professionals and processes was noted, by professionals working with them, to be weakened and the likelihood of retraumatisation heightened, further delaying children's opportunities for recovery and sense of control over their own lives.

2.3 System As Is - Thematic Findings

The next section summarises thematic findings about the mechanisms and outcomes that underpinned many of the difficulties for children and families described in the previous section. Although presented separately, these contexts and mechanisms overlap and compound one another and work together to undermine the ability of the current system to respond to children and families' needs. As such they may provide useful areas of focus for the North Strathclyde Bairns Hoose development to consider.

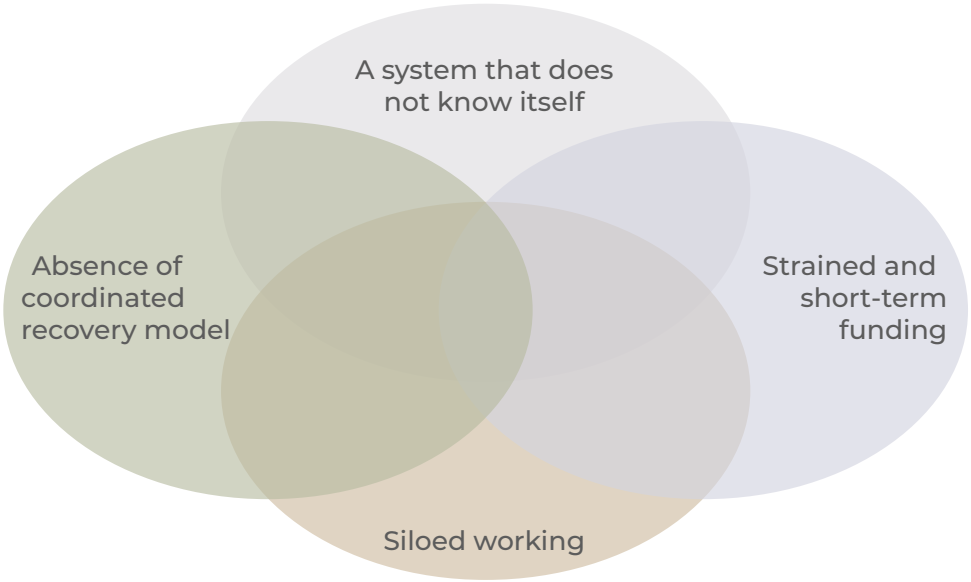


Fig 2. Key mechanisms and contexts reinforcing shortcomings in system as is

i. 'A system that does not know itself'

Evaluation respondents from all sectors admitted to a lack of clarity about the roles and remits of different services, despite working to support the same children and families. This absence of understanding was apparent among frontline staff and operational managers, and within statutory and third-sector providers. All described misconceptions or gaps in knowledge about other people's roles and identified that their own roles and remit were often poorly understood by others.

> *The police were saying that they left an interview at that time with a child, believing that if there was any support needs social work would do it, and then ...social work were saying, unless there's child protection concerns, we don't have a remit. So, so the system does not know itself, there are assumptions made.* (Participant 1)

> *I don't think people are clear about our roles and that comes a lot when you're in meetings, or when you're saying 'actually, there's not a clear role for us here'.* (Participant 29)

As suggested above, there were multiple consequences of this including: professionals feeling subject to unrealistic expectations; receiving inappropriate referrals from different agencies; feeling that the pressures on their roles were not recognised; and misassumptions about the type and level of support services offered to children and families. The latter was noted as a particularly significant factor in contributing to the invisibility of children and families' needs – where assumptions were made that 'somebody else' would be offering support. Effective referrals and information sharing were minimised because of professional blind spots about processes and available support (or lack of it) for children and families. For children and families with additional needs, such as disabled children, those with English as a second language or those without leave to remain, this issue could be exacerbated both due to the complexity of additional service involvement and acknowledged limits of professional knowledge about available specialist resources. The absence of cross-disciplinary understanding also had a demonstrable impact on professional relationships, including minimising trust and affecting coordination between professionals.

Exceptions to this were identified with examples of good interagency understanding and effective partnership working. These were attributed to a number of mechanisms including: co-location, joint training, interagency partnership agreements and established relationships with named individuals (often due to historic collaboration).

> *We're co-located here [Child Abuse Investigation Team and the Joint Investigative Interview/Child Interview team]... so there's an advantage to that. We can have those face-to-face discussions quite quickly, and especially in things like the briefings and debriefings, if there's a rape investigation... so it's quite easy for me then to sit in when [CAIU team worker] and the Child Interview team are debriefing or briefing.* (Participant 33)

Respondents highlighted that opportunities to spend time with professionals from other teams or organisations, such as through joint learning or planning, were effective mechanisms to build working relationships, alongside more incidental or informal time getting to know one another.

ii. Strained and short-term funding

All respondents described working within a context of strained resources exacerbated by Covid. This was noted to compromise levels of services provided and result in significant gaps between children and families' needs and resources to respond.

> *I think we've just seen, which I'm sure everybody has, that Covid has really exacerbated a [justice] system that seems to have already been under a lot of stress, particularly in how it's able to respond to the needs of children and young people who are cited.* (Participant 19)

The police, the police budgets, we don't have any budget for this [child-friendly spaces], that's reality, the police budget is absolutely gubbed (sic)....every year it's been cut. Cut, cut, cut, so things like this...we just don't have the money for them, that's just the sad reality. (Participant 33)

This strain on resources was noted to manifest in several ways.

As noted in section 2.2, the majority of existing recovery and support services were blighted by insecure, short-term funding commitments, placing severe limitations on children and families' equitable access to timely appropriate support. It also meant valuable resources were often diverted to chase future funding and existing provision was unsustainable or subject to the changing requirements of different funders.

Having worked in the voluntary sector that just resonates - that idea of like 'ohh we've got funding but it's only for working with these type of families now'. So that the only thing your service offer is constantly shifting and changing and you're having to become an expert in different things. (Participant 22)

The short-term contracts resulting from grant funding were noted to affect staff recruitment and retention, and inhibit the consolidation of organisational skills and knowledge. Professionals acknowledged being compromised in what they could provide with limited ability to offer sustained support to children and families over the long term. Research evidence was also noted[15] of an overall reduction in funding for recovery provision for children and families affected by abuse over the last decade.

What we reported [on sexual abuse recovery services] in 2017 was that the majority of services maybe had a year or two left in their funding. And then they were, you know, on a shaky nail - and a shaky nail was also the picture across the board. Actually a 'shaky nail' also applied to some of the statutory services who have to continually scrabble to be refunded or to enhance their service in the way that they thought was necessary....There was an attempt to do a kind of similar mapping and scoping of provision in the West of Scotland more recently which found that services had actually diminished [since 2017]. (Participant 23)

The funding picture for the statutory sector also identified a sustained strain on resources resulting in long waiting times for the allocation of cases (CAMHS) and limited offers to children and families (CAMHS and Social Work). In most other statutory services (COPFS, police, and social work) professionals described current resources resulting in having to triage cases, and consequent impacts for delays and subsequent impacts on children and families.

15. See Galloway et al. (2017)

Naturally there'll be a triage scenario [for investigations], where the victim of rape's going to jump over a child that's been hit. So fair enough. However, if that happens a couple of times … then [the] hit child goes two weeks down the line… And that means there's strain on that family straightaway, so that scenario sometimes has gone on and on for a matter of weeks. (Participant 32)

Meanwhile, the Child Interview Team (implementing the SCIM pilot) noted a significant lack of certainty about their future funding and the failure for clear commitments about sustaining the model.

Everybody, police, social work, Crown Office, the whole lot are paying [the SCIM model] lip service, and it's such a big thing, it's so important. They all say it's so important, they all say the buzzwords, but no-one actually puts forward the resources that it needs. (Participant 28)

Finally, professionals described how strains on service resources negatively impacted staff members' capacity and moral. Many participants considered the size of their caseloads or general workloads challenging. Several participants from statutory services noted unfilled posts and recruitment difficulties, which impacted on the consistency of personnel working on cases. Staff also noted jettisoning prior commitments to self-care practices or working without the proper equipment to support their roles.

We've got capacity to do four [Joint Investigative] interviews, but only three laptops, yeah, and from day one, there was a big bun fight at the start where the police weren't giving us cars. And ultimately [local authority] Council borrowed us two, and I know, I've been told they've asked for them back already. (Participant 28)

The combination of these challenges affected professional job satisfaction and staff wellbeing, resulting in the potential for staff burnout and higher turnover. This meant staff teams were less able to retain vital knowledge and experience as noted in the quote below.

A combination of Covid and other factors means that maybe people are not as experienced and as trained as they were - in the sort of subtleties around presentation [of trauma]. (Participant 22)

Despite these findings, it is important to acknowledge evidence of some increased investment across some sectors addressing children and families' needs after abuse. For example, participants from CAMHS noted additional resources which would enable increased capacity in the near future (pending recruitment), and the Child Interview Team, while facing some uncertainty about future funding, was itself a product of national investment in the Scottish Child Interview model pilot. Meanwhile, Greater Glasgow and Clyde NHS had also seen recent substantial investment in new forensic medical suites due to open in 2024. Health professionals noted potential for additional funding for a 'West of Scotland' initiative to improve the recovery service for child sexual abuse victims, although

notably there was a lack of clarity about if and how this might integrate with Bairns Hoose development plans. This latter point highlights the need to ensure cross-agency and strategic collaboration on funding to address the needs of the same children and families.

In conclusion, respondents from all sectors described how limited and insecure funding made it difficult to deliver the trauma-informed services which children and families needed. Consequences for children and families included experiencing long waiting lists for services, delays to processing cases, short term service (and staff) contracts reducing consistent or longer-term support offers, and reduced opportunity to establish trusting relationships with professionals. Additionally, it was clear that equitable support offers were not possible for all children and families. Support and responses to children who had experienced maltreatment was subsequently led by procedural requirements rather than children and families' needs.

iii. Siloed working

A clear challenge impacting children and families' experiences was the lack of collaboration and coordinated working practices across and within different services. Many respondents suggested (with some exceptions) that agencies remained relatively siloed in their work practices. This context manifested itself in several ways including: lack of a single point of contact for children and families across systems; lack of coordination of children's planning and services; and children and families' needs often became invisible at points of onward referral.

Lack of single point of contact

Critically, professionals described a lack of any one role (or consistent individual) who supported children and families from initial investigation activities through court processes and beyond - to longer-term recovery support. Multiple respondents noted a particular concern for children who weren't engaged in child protection - such as in cases of extra-familial harm – which were noted to fail to meet the threshold for an allocated social worker.

> *There is certainly no kind of standard approach to any kind of holistic assessment of a child or young person following abuse of their emotional needs... those children where there isn't an ongoing child protection [concern], you know, there is no single person kind of assigned to them.* (Participant 23)

> *There's the other children who we work with who, for whatever reason ...it was a horrific thing that happened, but it wasn't within the family, so they don't have an allocated social worker, they're probably the ones I worry about a little bit more.* (Participant 23)

In cases where children had an allocated social worker there was more potential for an individual to maintain an overview of children and families' needs. However, even in these cases it was noted that allocated social workers roles were primarily focused on case

planning and management around immediate safety rather than a holistic, systemic and relational response with a focus on longer-term recovery needs.

Lack of coordination

Professionals noted a lack of mechanisms to check if services were able to respond to referrals or check their outcomes. This left gaps in knowledge about whether a child and families' needs were being met or not. Professionals noted that during these times many children and families were left 'in limbo', waiting for further assessments or a service for long periods without any professional contact or oversight.

> *There's a lot of stuff about different parts of the system not really being able to coordinate and communicate with each other effectively.* (Participant 19)

Referral pathways were also unclear with confusion among professionals about whether they were able to make direct referrals to services such as CAMHS. Families and carers were subsequently advised to go to their GP to make a referral to CAMHS – leaving the onus on them to act proactively and despite GPs knowing little about the circumstances underpinning a family's support needs.

Without closer working relationships, professionals described not knowing who to talk to (in different services) about a case – while other professionals described being excluded from case discussions. For example, social workers described struggling to know who a lead investigating officer on a child's case would be or how to contact them. Third-sector services who held strong relationships with children and families, and hence good knowledge of their needs, described not being involved in multi-agency decision-making meetings. Furthermore, where children and families had additional needs and specialist assessment and support was required there was evidence that it was not clearly coordinated with more standard processes for victims and witnesses.

A lack of coordination was also noted to impact effective resource allocation and practice. Examples of how this played out in practice included:

- Multiple assessments of the same child and /or family
- Different (sometimes contrasting) approaches to assessment between different services
- Different timetables for simultaneous processes experienced by a child and family (such as child protection, child contact arrangements and criminal justice proceedings)

iv. Absence of coordinated recovery and support offer

As noted in Section 2, respondents in the study highlighted significant gaps in what they termed 'community mental health' or 'recovery' provision. Although concerns about funding and accessibility have been highlighted above, an additional issue related to the lack of oversight and coordination of the landscape of potential services.

Current support that we were able to identify spanned a spectrum of services from specialist court advocacy (e.g. ASSIST) and specialist relationship-based support or counselling (e.g. Women's Aid and Archway Support Worker), to more trauma-focused recovery support (e.g. Rape Crisis and Children 1st), clinical psychological provision (e.g. CAMHS) and some school-based counselling and pastoral support provision. Access to some services was linked to an experience of a specific type of abuse (e.g. ASSIST, Rape Crisis, Archway), whereas eligibility for other types of services was determined by how children presented in terms of their psychological wellbeing and functioning (e.g. CAMHS).

Lack of clarity about what is meant by recovery

The lack of clarity and precision about what different recovery services did, and how an assessment could be made about the most suitable provision was a noted issue. Although there is evidence that professionals from a range of services have a growing awareness and understanding of trauma, this did not necessarily mean professionals had clarity about children's recovery needs and the most appropriate responses to them. There is clear variation in how such needs were understood, assessed and talked about by professionals. With further evidence of some confusion about what types of services were being offered and who they were suitable for. Consequently, individual professionals who were not involved in formal mental health/ wellbeing assessment processes were left to make assumptions about which recovery service would be suitable to refer children to without clear guidance. Examples given included an assumption that a child with 'complex trauma' could only be supported by a clinical psychologist and that only children with 'simple trauma' could be supported by third-sector organisations. As this example indicates, in the absence of a coordinated assessment process and clear guidelines, decisions are left to individuals about which services 'feel' most appropriate to refer children to.

The variable language used by different respondents to describe recovery provision appeared to compound these challenges. 'Community mental health', 'therapeutic services', 'counselling support' 'relational support', 'recovery services' and 'support services' were all used variably within the interviews. Additionally, language used by clinical mental health professionals such as descriptions of themselves as 'Tier 3 services' meant little to those working in third-sector support services – despite appearing to address some similar needs. In addition, there were services offering more practical support to children and families, sometimes over a sustained period – such as specialist court advocacy services, victim support or witness services. Although distinct from any type of recovery provision, these services were also acknowledged by several respondents to hold potential therapeutic benefits for child victims and witnesses of abuse and maltreatment, despite not providing therapeutic input. For disabled children and those with additional needs

many professionals described a lack of clarity about what specialist recovery provision was available and how the intersection of different needs and experiences could be addressed.

The lack of clarity described above was also noted to impact children's access to pre-trial therapy. Professionals noted continued confusion about children's entitlement to therapeutic support, during involvement in a live investigation or prosecution, and a lack of professionals who felt confident to deliver pre-trial therapy and were clear about current guidelines.

Lack of coordination

Beyond professionals' confusion about definitions and eligibility of recovery services, lack of coordination between services was also noted. This was linked by respondents to the 'the total eradication [community mental health support]'[16] and the subsequent loss of oversight of such provision. Considering this loss, the importance of third sector recovery support was highly valued, as noted in the quote below:

> *Community services such as Women's Aid have demonstrated for decades - as have Rape Crisis - that they are - you know, blindingly badly needed. And they have been the providers.* (Participant 22)

Yet, despite the welcome presence of third-sector support, there remained frustration from respondents at the lack of national leadership and coordination of this part of the system:

> *The Scottish Government has issued a framework around that - for local authorities and health - what they are supposed to be doing in tandem with each other to produce this kind of network of community support - mental health services that are going to really pick up all this and step into the void... but to me the framework looks like la la land. It's like someone's come up with some fairy tale of how they imagine things.* (Participant 23)

In conclusion, it appeared that many professionals from all agencies were left to decide what service they felt most appropriate to refer a child to after abuse and maltreatment. The lack of a clear framework to guide decision-making and limited knowledge of different service remits appeared to exacerbate this situation. Further, the absence of any consistent model or assessment process for children's psychological and wider holistic support needs after identification of abuse and engagement with justice processes was also identified as a potentially significant gap.

16. See JII North Strathclyde Year 1 and Year 2 reports: Mitchell/ North Strathclyde Partnership (2022, 2023)

Conclusion: A System Not Meeting the Needs of Children

Currently, identification of child abuse or maltreatment (or an allegation of abuse) is likely to require children and families to engage with multiple services and complex systems encompassing (but not limited to) social work, health, criminal justice and the voluntary sector. There is recognition from all stakeholders of committed and hardworking individuals working in the system and striving to make positive changes for the children and families they work with. However, tensions remain between the broad-ranging welfare and recovery needs of children and the needs of a system focused on dispensing justice, promoting public protection and meeting statutory child protection duties. Evidence from this phase of the Bairns Hoose evaluation demonstrates that the balance between needs of the justice system and those of children remain skewed in favour of the justice system, and child-centred practice and recovery support is compromised. Furthermore, there is evidence to suggest that engagement with the justice system not only overlooks children's needs but can itself be source of further distress. Current scarcity of resources compounds these tensions and significantly constrains what services and practitioners can do, further adversely impacting children and their families. Additionally, there is evidence that in the context of siloed working, despite well-intentioned individual efforts, children's needs are destined to remain hidden. Where no single professional or service holds accountability and oversight for a child moving through multiple services, visibility of children's inter-related needs are lost. Opportunities for timely intervention, minimising future harm, are subsequently missed.

The hope is that implementation of the Bairns' Hoose model will go some way towards addressing these issues: helping children and their needs become more visible within the system; responding to them in a timely manner; ensuring recovery, safety and justice interventions are coordinated and that retraumatisation is avoided.

Section 3: Findings - The Development of the Bairns Hoose

3.1 Introduction

Findings about the process of developing the North Strathclyde Bairns Hoose are discussed in this section. After clarifying the current Children 1st vision for the Bairns Hoose, we consider key levers and enablers for change in North Strathclyde followed by tensions and challenges identified. It is hoped that our findings will provide learning for both those involved in North Strathclyde Bairns Hoose development and more broadly, those establishing a Bairns' Hoose elsewhere.

3.2 The Bairns Hoose Vision for Change

The development of the Bairns Hoose in North Strathclyde is based on the understanding that Scotland's current systems do not currently meet children's rights to recovery, protection, and justice after abuse or maltreatment. As the first iteration of the Barnahus model in Scotland, the North Strathclyde Bairns Hoose aims to deliver transformational systems change, to better address these needs. It aims to do this through provision of a child-friendly, safe and welcoming space where agencies spanning health, child protection, justice and recovery work together to address children's needs following a report of abuse or maltreatment. As lead partners in this project, Children 1st's publicly stated intention is to develop an exemplar of the model, aligned to European PROMISE standards and providing a 'gold standard' for the Bairns' Hoose model across Scotland[17]. At the time of writing the Children 1st model aims to deliver the following:

- Provision of a child-friendly, safe and welcoming place for all children to go to following a report of abuse or maltreatment[18][19]
- Bringing together professionals representing justice, health, social work and recovery under one roof to best meet the needs of child victims and witnesses
- Ensuring accessibility for all eligible children from North Strathclyde (East Dunbartonshire, East Renfrewshire, Renfrewshire and Inverclyde)
- Provision of a space into which children can:
    - give evidence through undertaking a Joint Investigative Interview utilising the Scottish Child Interview Model (with the intention that this will be used as Evidence in Chief if the case progresses to court)
    - (if required) give evidence for court ideally via pre-recorded cross examination (evidence by commissioner) or through remote live link

17. https://www.children1st.org.uk/who-we-are/news/news/children-1st-response-to-draft-national-bairns-hoose-standards/
18. We note that at the time of writing the North Strathclyde Bairns Hoose aligns with Scotland's vision which includes provision of Bairns Hoose to include children under the age of criminal responsibility who may have caused serious physical or sexual harm and, therefore, there needs to be appropriate assessment, treatment and support provided.
19. https://www.children1st.org.uk/help-for-families/bairns-hoose/

- receive medical care (currently envisaged as 'top-to-toe' health checks with aspirations for forensic medical examinations to take place there in the future)
- take part in decisions about their protection
- receive an assessment and support for their emotional wellbeing including help to recover from trauma and support for their wider family
- receive advice and coordinated support (for them and their family) through the justice (adapted from Children 1st, 2022)

3.3 Developing the Bairns Hoose: Levers and Enablers of Change

The development of the North Strathclyde Bairns Hoose to date has been enabled and supported through a range of conditions (circumstances, decisions and actions) both led by and external to Children 1st. In the section below we outline a number of key conditions identified as significant to the development of Bairns Hoose identified during Phase One of the evaluation.

i. An aligned and receptive national agenda for change

Alongside the direct actions of Children 1st and partners (discussed below) it is important to acknowledge the significance of the wider national policy context in supporting the development of the Bairns' Hoose. The recent Scottish Government announcement that Bairns' Hoose is part of the Programme for Government (2021) marks a significant commitment to systems reforms for child victims and witnesses which emerges from a range of longstanding initiatives to address vulnerable victims. These include the aforementioned Evidence and Procedure Review (SCTS, 2015; and follow-up work - see SCTS, 2017) in which the Barnahus model is specifically noted as providing inspiration for Scottish system reform. Further related initiatives include both legislation such as The Domestic Abuse Scotland Act (2018) and The Vulnerable Witnesses (Criminal Evidence) (Scotland) Act 2019; and 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[20] (SCTS, 2021). Threaded across all of this work has been 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.

> *... consideration is urgently given to the development of a new, structured scheme that treats child and vulnerable witnesses in an entirely different way, away from the court setting altogether... There must be sufficient investment in the quality of interviewing, questioning, and examination applying the highest international standards and requiring appropriate training and qualification* (SCTS, 2015: 37).

20. Improving the management of Sexual Office Cases

Alongside this court-specific work, NHS Education Scotland (NES) has been delivering a National Trauma Training programme[21] to implement trauma-informed practice in all sectors within Scotland including health, justice and child protection. Furthermore, the current work of The Promise Scotland[22] is seen to demonstrate an alignment of values - reinforcing and legitimising the need to centre rights-based approaches which support children's relationships with family and caregivers. The intersection and overlap of these initiatives with the aims of the Bairns' Hoose model appear to have created a conducive context for the Bairns' Hoose vision.

Those involved in the development of the North Strathclyde Bairns Hoose have been able to build on these wider transformational agendas within Scotland highlighting how the model aligns with these wider systems change.

At the time of writing another notable development specific to Scotland's commitment to Bairns Hoose is the development of the Scottish Bairns' Hoose Standards - led by Health Improvement Scotland and currently in the consultation phase (Health Improvement Scotland, 2022).

Alongside the conducive policy context described above, related practice developments include revisions to the Joint Investigative Interview model used in Scotland which can be seen to further reinforce a supportive environment in which to develop the Bairns Hoose model. The Scottish Child Interview Model (SCIM) pilot was developed in response to recommendations from the aforementioned Evidence and Procedure Review and a specific workstream addressing Joint Investigative Interviews. In 2017 the National Joint Investigative Interviewing Project was established from which the SCIM pilots developed and commenced in 2019 in three sites across Scotland – including North Strathclyde (Frier et al., 2022).

The decision to situate one of Scotland's first three SCIM pilots in North Strathclyde is directly linked to the locality's early commitment to developing a Barnahus. Critically, the four adjacent local authorities whose partnership creates the North Strathclyde locality is also the basis of the Bairns Hoose geographic scope. The Child Interview-delivering SCIM in North Strathclyde - represents a co-located joint police and social work team trained to deliver the new Scottish NICHD Protocol.[23]

> *Children and young people who participate in Joint Investigative Interviews can expect a trauma-informed interview, tailored to their individual needs. They can expect interviewers who have taken the time to plan how to support their participation in interview and who will be attuned to the child's needs as they develop throughout.* (Frier et al., 2022)

Their approach aims to provide trauma-informed interviews, supported by careful planning and tailored to individual needs (Frier et al., 2022). The approach aims to promote safety, choice, collaboration, trust and empowerment (Ibid).

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21. https://www.nes.scot.nhs.uk/our-work/trauma-national-trauma-training-programme/
22. https://thepromise.scot/
23. NICHD link: https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2011/12/guidance-joint-investigative-interviewing-child-witnesses-scotland/documents/0124263-pdf/0124263-pdf/govscot%3Adocument/0124263.pdf

Among those delivering and managing the SCIM model and wider partners there appears to be a belief that it has significantly improved children and families' experiences and the evidential quality of interviews. As noted in Section 2, frustration remains that these improvements do not appear to have translated into reduced expectations on children to testify in court.

Furthermore, room for further improvements are noted – particularly in relation to the location and nature of interview facilities (currently housed in a large police property on an industrial estate In Paisley).

However, overall, the model is largely welcomed and seen as a critical foundation for Bairns Hoose development in North Strathclyde. Additionally, as part of a commitment to learn and develop the new JII model, Children 1st was funded to capture children and families' feedback – this has formed the basis of an ongoing partnership and the foundation of the Recovery Team, discussed in more detail below.

Further alignment between the Child Interview Team and the Bairns Hoose development was strengthened through a 2020 Scottish Government-funded trip to visit the Iceland Barnahus model (discussed in more detail below) (see also Appendix 3 for more details).

ii. Witnessing system shortcomings

For Children 1st, and others delivering frontline services, motivation to lobby for change stems from bearing longstanding witness to children and families' experiences as victims and witnesses after abuse or maltreatment. Recognition of system shortcomings from the perspectives of children and families, both in North Strathclyde and beyond, are identified as both a key motivation informing Children 1st priorities and a lever to support that change. This appears to be linked to an organisational commitment to learn and share from frontline practice and the experiences of those using services.

> *The things that we get involved in come from the children and families that we support. So in our delivery - in our family support services, right across Scotland, children talk to us, parents talk to us about things and we decide how we can go beyond just helping individual families and move towards prevention of issues or challenging those issues nationally and Barnahus was one of those areas that touches all of those things.* (Participant 6)

Indeed, a notable aspect of Children 1st's approach to campaigning and development of Bairns Hoose has been a commitment to root this work in the experiences and perspectives of children and families - supported through a programme of participation work.[24] Through this work, children's testimonies and ideas have been used to inform the direction of travel and as a strategic tool to build wider support and motivation for the project's vision. Examples of this practice included participation work to run alongside the

24. See for example the work of the Changemakers youth participation group led by Children 1st and working to capture perspectives from children with experience of services after abuse or maltreatment to inform change (Hill et al.,2021) and Sophie's Song' (www.children1st.org.uk/who-we-are/news/news/fusion-from-children-1st-wins-young-scot-award/).

Bairns Hoose project - and disseminating outputs from this through the *Sharing Stories for Change* (Hill et al., 2021) project. Relatedly an approach has been adopted by Children 1st to systematically foreground children's testimony in strategic spaces (e.g., Delivering the Vision Group) aiming to mirror the child-centred focus which the model aspires to.

iii. Witnessing an alternative approach

The opportunity for Children 1st and local authority partners to jointly witness, observe and learn from existing Barnahus examples, and Iceland in particular (as the originator of Barnahus), was a further mechanism underpinning growing support for the model. It aligned to the aforementioned wider calls for system change offering a tangible example of how responses to child victims and witnesses could be delivered differently. Visits to Iceland[25] organised by both Children 1st and Scottish Government provided policy makers and frontline practitioners with a concrete example of a model that had been proven to be replicable and rooted in a strong children's rights perspective.

> *The start of the Bairns Hoose journey in North Strathclyde was that … [one of the chief social work officers] went to Iceland with [Children 1st CEO], so that was the high-level kind of visit to Iceland. So … brought back from that a desire to have a Barnahus …she liked what she saw. And she saw that route into Barnahus is a quality [forensic] interview.* (Participant 1)

This process of witnessing the model not only provided powerful motivation and focus for staff and partners but also was described being used as a strategic tool in garnering wider buy-in and understanding from others across the sector. The ability to show both senior leaders and later frontline staff what an alternative model could look like supported a shared high-level vision among a select multi-disciplinary cohort of professionals working in North Strathclyde. This was noted to be particularly significant for members of the Child Interview Team (and SCIM pilot) for whom the visit resulted in a significant personal investment in the Bairns Hoose vision.

> *So, Children 1st with Scottish Government for support - we went to Iceland…., and it was operational level in North Strathclyde. It was about taking the people who would be delivering this on the ground. So immediate …. social work managers and social work interviewers, and police managers and ourselves.* (Participant 1)

Though this work predated the People's Postcode Lottery Funding, it supported understanding and confidence in the Barnahus model and became a critical foundation on which the vision and partnership work to build the North Strathclyde Bairns Hoose was later established.

25. There have been two official trips to Iceland to visit Barnahus from Scottish representatives. The first took place in August 2017 and was led by Children 1st, which invited ministerial representatives alongside representatives from Police Scotland, Children's Commissioner, COPFS, Social Work Scotland and Health. The second took place in February 2020 and was organised by Children 1st and funded by the Scottish Government, and provided an opportunity for key partners from North Strathclyde SCIM pilot and Children's 1st Recovery Team to see the model.

iv. Valued-based strategic leadership

Several respondents noted an important role played by strategic leaders in making progress towards operationalisation of the North Strathclyde Bairns Hoose. Both the CEO of Children 1st and then chair of Social Work Scotland (and head of the East Renfrewshire Social Care Partnership) were noted to play a critical role in highlighting system shortcomings, articulating an alternative vision and maintaining a tenacious focus on the direction of systems change.

> *I always think with innovations it comes down to key individuals. And I think that [Children 1st CEO] is very skilled at what she does in terms of both leading Children 1st, but also trying to be a leader within the sector. And I think she does that very effectively.* (Participant 3)

As noted in the quote above, the effective nature of this leadership was linked to the ability to bring people from the sector together and use this as a platform to effectively communicate a principled and strategic vision for change firmly anchored in children's rights.

v. Strategic campaigning and building 'buy-in'

As noted earlier, Children 1st is a campaigning organisation and appears to have played a significant role in campaigning for the Barnahus model as a means of better upholding the rights of child victims and witnesses of abuse locally (in North Strathclyde) and nationally. Respondents noted how one key aspect of this successful campaigning has been maintenance of a long-term focus on the Bairns Hoose model.

> *I'd say from Children 1st perspective, obviously [as] a national children's charity, they have long held the belief that we need Barnahus and they have been a strong advocate … Children 1st had this as one of their kind of campaigning areas - it's one of their influencing areas… I'd say probably over the last 15 years.* (Participant 2)

As part of this work Children 1st has made strategic decisions about how best to target perceived resistance to the model. This has included commissioning a senior legal opinion (2021) on the practicality of the model in response to questions about its suitability in the Scottish socio-legal context. Within the organisation this was considered an important step towards establishing the feasibility of the model and widening acceptance of it.

A couple of strategic things that we did as well is that we invited Janys Scott QC to write a legal opinion for us on the implementation of the European Barnahus standards (in Scotland). And we looked at it and said, you know, from a legal perspective, are these workable? So, she is part of the Faculty of Advocates - a highly respected legal group. She's a QC which gives her status in her own right. She joined our second meeting to present on the legal opinion, which showed that overall, absolutely. We can fully operationalise these in Scotland. (Participant 2)

Further strategic actions such as the development of senior strategic groups including the Bairns Hoose Partnership Board (Victim Support, Children England, People's Postcode Lottery and University of Edinburgh) and the Delivering the Vision Group have also been key to building and sharing senior buy-in for the model – nationally and locally.

There is evidence to suggest that Children 1st's role in campaigning for the Barnahus model has contributed to adoption of Bairns' Hoose within the SNP manifesto (2021) and subsequently the Programme for Scottish Government (2021). Furthermore, by positioning itself centrally in the national dialogue about Bairns' Hoose, Children 1st has had an opportunity to promote its vision of the North Strathclyde Bairns Hoose as a blueprint for national practice. This includes Children 1st's work to shape the initial draft Scottish Bairns' Hoose Standards (HIS, 2022) and its membership of the Scottish Bairns Hoose Governance Group.

vii. Modelling potential for systems change

The final lever for change highlighted here is the ability of Children 1st and the wider partnership to model innovative systems change, supported through identification and response to a unique funding opportunity. Through maintenance of the North Strathclyde Bairns Hoose vision and an ability to respond quickly to the Postcode Dream Fund opportunity, tangible progress has been enabled on an initiative with broad long-standing support but noted to feel mired in inaction.

When there's inertia in a system, sometimes it can be very helpful to have an external stimulant in a way to sort of force things to have to happen, as opposed to dealing with sort of what might be a passive resistance, and definitely [I] think that that has been around, that there's been a lot of talk about Barnahus in Scotland for a number of years, but not much sign of progress. (Participant 3)

Yet, despite these strengths and positive enablers for the project, it was noted that North Strathclyde Bairns Hoose development being led by a national third sector could also come with some risks.

There's a bit of a risk … I suppose reputationally, like sometimes it can be great to be a third sector and, you know, that [our CEO] can be really well respected … but then sometimes as well, there's a view about the third sector occasionally, I suppose [about the] quality about what we deliver, I suppose (the) ability to actually drive transformational change from a children's charity? You know, rather than, you know, and obviously, what we're trying to do is multidisciplinary teams. So, have we got enough power to bring a multidisciplinary team together? Well, we've got very reluctant health partners. So, at the moment, we haven't. We're really struggling to get them properly to the table. So, in some ways, we've got a bit more innovation, you know, and that gets opportunities. And the other ways we've not got, you know, that level of buy-in that might have come if it was driven more from a health board, you know. So that's, that's the kind of that's the risk from us. I think possibly it might mean that it will take us longer. (Participant 2)

Equally, several respondents perceived that initial development of the North Strathclyde Bairns Hoose had acted as a catalyst to quicken progress towards national Bairns Hoose implementation. A number of participants also highlighted some of the potential benefits of third-sector leadership or partnerships in this work. Potential benefits were noted to be the third sector's ability to respond quickly and flexibly to certain funding opportunities, and to champion systems change from an arguably more neutral perspective than statutory partners.

Think the strengths [of being a third-sector-led project] are not being as confined. The innovation that we can do; the opportunity to do things differently. You know, we're a strong charity with, you know, great skilled workers, you know, also the quality of our work… we can really keep children at the heart of what we do, because it's just so much what we do, so it doesn't feel like we're just pretending … like it does feel very connected and very real in that way. (Participant 2)

3.4 Progress to Date for Change - Developing Model and Context

The next section outlines key milestones reached to date towards Bairns Hoose implementation by Children 1st and partners. At the time of writing the North Strathclyde Bairns Hoose remains at a developmental phase with hopes to open the first Bairns Hoose building in summer 2023. The list below aims to capture the breadth of work completed and key achievements but will not be exhaustive. It focuses particularly on the work led by Children 1st in reflection of the evaluation scope but acknowledges that all of these have been supported by or undertaken in partnership with a range of partners.

Milestones are split into two key categories: those relating to North Strathclyde Bairns Hoose Development and those influencing the wider national implementation of the model. Following the list of milestones additional space is given to outline the development of the recovery model (including emerging multi-disciplinary work between the Child Interview Team and Recovery Team), and the capital build projects, as substantive and central aspect of progress to date.

i. **Key milestones relating to local North Strathclyde Bairns Hoose development**

a. **Establishing the People's Postcode Lottery bid partnership** with Victim Support Scotland, Children England and University of Edinburgh and successfully receiving funding (£1.5m) for the project (2020)

b. **Securing additional funding from Scottish Government and private donors**

c. **Establishment of strategic and local operational multi-agency 'delivery' groups** (*Delivering the Vision Group* and *North Strathclyde Operational Group*)

d. **Establishing Children 1st Recovery Team, delivering services across North Strathclyde** (outlined in more detail below)

e. **Securing two buildings in North Strathclyde** – one in partnership with a local authority

f. **Appointing architect and builders, and gaining planning permission** to progress preparation of the Wee Hoose to enable opening by summer 2023

g. **Ensuring an external evaluation of the project** is carried out to inform the Test-Learn-Develop approach

ii. **Key milestones relating to wider influencing of the national context.**

a. **Shifting the concept of 'Bairns' Hoose' from aspiration to reality** and contributing to an accelerated pace of change nationally

b. **Building evidence to challenge identified barriers to Bairns' Hoose implementation**

c. **Raising expectations nationally** about improved responses to child victims/witnesses (and those alleged to have harmed)

d. **Influencing the values of the Scottish Bairns' Hoose model** – e.g. the focus on children's rights (including participation rights), family-centred practice and broad eligibility criteria for support

e. **Facilitating cross-disciplinary working at a senior strategic level -** specifically through the development of Delivering the Vision Group but also representation on wider working groups

f. **Engaged in Bairns' Hoose national developments** e.g. membership on Bairns' Hoose Standards Group and the National Bairns' Hoose Governance Group

g. **Communications and publicity to raise the national Bairns Hoose agenda** for example web pages, social media, and knowledge exchange events and seminars.

Although this list is not exhaustive, the energy and commitment that stakeholders have provided at both operational and strategic levels to develop the North Strathclyde Bairns Hoose has been significant, particularly within a challenging context (e.g., Covid, cost-of-living crisis, Ukraine conflict).

Children 1st Recovery Team and emerging multi-disciplinary working

The Children 1st recovery model is a key aspect of progress to date in developing a Bairns' Hoose and therefore worthy of an additional note. The recovery model represents a new service contribution to the multi-disciplinary landscape in North Strathclyde – sitting alongside the existing network of voluntary sector and mental health provision described in Section 2 and aiming to address some of the gaps identified. A brief description of the process of developing this work is outlined below, alongside reflections on the emerging model.

The Children 1st recovery model was initially developed in response to children and families' unmet support needs identified by the North Strathclyde Child Interview Team and Children 1st. Children 1st's initial involvement with the Child Interview Team was through funding for a single Child's Rights and Participation Worker with a remit to capture children and families feedback on the JII process. It was quickly recognised that seeking children's feedback on the process without offering follow-up support was not appropriate. Children 1st was able to quickly adapt the Participation Worker role to respond to these needs, offering an early iteration of the Children 1st recovery model through a change in remit for the Participation Worker (whose social work skills and knowledge aligned to the needs of the new role). Since then, the Recovery Team has expanded to four posts (three filled at time of writing) with the addition of a service manager. The team members have all received specialist training in trauma recovery[26].

Through links between the Recovery Team and the Child Interview Team (representing police and social work), progress appears to have commenced in developing part of the multi-disciplinary team that will form the basis of the Bairns Hoose. However, to date the two teams still operate as distinct teams that are not co-located. It appears that progress towards closer engagement has started to develop through initial joint training and development days. Opportunities to further develop trusting inter-personal relationships between members of the two teams is likely to be a key next step.

Current referrals to the team stem mainly[27] from North Strathclyde Child Interview team members, who offer children and families the voluntary option of either a) a referral to Recovery Team after a Joint Investigative Interview or b) signposting to Children 1st for children and families to contact directly. Children over the age of 18 are also supported where a JII took place prior to their 18th birthday.

Over the most recent reporting period for which data was available at time of writing (1 August 2021 to 31 July 2022), a total of 348 joint investigative interviews were carried out, involving 319 children and young people.[28] Of 319 children and young people who took part in a JII during this period, 51[29] new individual referrals were made to and accepted by the

26. To date this has been provided by BdT Trauma Recovery Training and Consultancy https://www.betsytraininguk.co.uk/
27. A small number of referrals have come directly from social work and other services but all eligible children will have completed a JII in the North Strathclyde area. Fuller details about the nature of children undertaking a JII during this period are provided in appendix 5.
28. Figures provided come from the anticipated 'JII North Strathclyde – Year 2 Report' which was not published at the time of writing. The report is now published and will be more fully reflected in Phase Two.
29. This compares to 81 referrals made the previous year.

Recovery Team (this compares to 81 referrals made and accepted the previous year). The Recovery Team supported a total of 82 children, young people and their family members during this period (with this figure reflecting ongoing work with children, young people and family members who had been first referred the previous year).

Interviews with Children 1st recovery staff and management characterise their current recovery model as *relationship based*, *ecological* (recognising the interrelated and nested nature of children's needs), *trauma informed*, and *child and family centred* (also referred to as 'bespoke support with issues most important to them' (Children 1st, 2022)).

An initial analysis of the current work of the Children 1st Recovery Team is outlined overleaf. This is based on a snapshot of children and families supported by the team (comprising three recovery workers) on a single day in November 2022. This is based on self-reported information shared by Recovery Team workers and reveals insights into children and families' experiences, needs and support.

Table 1: Children 1st Recovery team 'snapshot' - November 2022

- On this day support was open and actively being provided to 40 children and young people aged 18 or under (including those who were the primary referral and siblings with related support needs) and 11 parents or carers.
- A significant majority (n=30) of children being supported were 10 years or older.

Children's experiences of abuse and maltreatment and support needs

- Some form of sexual abuse (including intra-familial sexual abuse, peer-on-peer sexual abuse; child sexual exploitation or sexual assault by a stranger) was the most commonly recorded form of abuse experienced among children being supported. This was followed by emotional neglect and then domestic abuse. Familial sexual abuse was the highest recorded form of sexual abuse (affecting 18 of the 40 children or young people aged 18 years or under). Three children and young people had experienced attempted murder.
- There was evidence that a majority of children and young people experienced multiple forms of abuse and/or repeat victimisation. More than half (n=24) had experienced four or more 'incidents ' of abuse.
- A majority of children and young people's experiences of abuse had lasted more than two years with around a quarter experiencing 'one-off' incidents (n=13).
- Children and young people with learning disabilities or physical disabilities were significantly under-represented – with only one known child recorded under each heading. Children and young people with a diagnosis of Autism or ADHD represented a quarter of cases and a further quarter had a diagnosed mental health issues (including eating disorders; anxiety and dissociative identity disorder).
- A quarter of the children and young people had experienced some level of legal care proceedings and were currently being cared for via kinship care, adoption, foster care or secure care (n=10).
- Just over half of the primary perpetrators were a male family member (and just over a quarter a father). In seven cases the perpetrator was a peer and three an adult stranger.

Nature of wider needs and support provided

- The children and young people being supported had experienced high levels of disruption in their wider lives as a result of abuse.
- This included over a quarter who had to move home (n=11); and over 75% (n=33) who reported significant impacts on family relationships.
- Just under a quarter had to move schools (n=8) as a result of their abuse and over a quarter (n=15) reported difficulties engaging with education.
- Children and young people being supported also reported high levels of mental health difficulties including anxiety, depression and anger. Over a quarter reported self-harm (n=12) and suicidal thoughts (n=13). Six children and young people had attempted suicide.
- Known physical health issues among children and young people included alcohol and substance misuse; physical injury sustained as a result of abuse or maltreatment; disordered eating and pregnancy.
- Over half of the children and young people being supported (n=26) had ongoing police investigations; just under a quarter (n=9) had ongoing child protection investigations; and over half (n=24) had either appeared in court, received a court citation, or were expecting to receive a court citation.
- Children, young people and their families' additional support needs were wide ranging. They included: financial support; housing support; liaison and advocacy with criminal justice professionals; and liaison and advocacy with schools. Schools were the organisations that recovery workers reported spending most time liaising with.

The Recovery Team reported delivering a range of responses to children and families depending on a child's needs. This included 'information, advice and guidance on child protection and justice processes' (Children 1st, 2022) and support through the justice process alongside an offer of support to help recovery. Support offers are noted to include 'help to understand [and process their experiences], express and manage their thoughts, feelings and behaviours, and support with different forms of self-harm' (Ibid). In practice, this support model is delivered differently for every child (and family). It can vary in relation to: how many and how often sessions are provided; where sessions take place; whether family members receive direct support; and the pace and focus of work (See Children 1st, 2022 for more details). Support is available for children affected by any type of abuse or maltreatment including sexual abuse, physical abuse, emotional abuse, domestic abuse and neglect, and is delivered to those affected by both intra and extra-familial harm. The degree of flexibility and responsiveness to children's needs appears to be supported by the third-sector leadership of this work. This work, however, often sits outside the coordination of other more formal child protection planning, delivered through statutory services.

Children 1st staff welcomed the scope within their role to work responsively and tailor their work to what they identified as children and families' situations and needs. The Recovery Team's current offer of support is open ended and extends an opportunity for children and families to re-access support at any time. Descriptions of support provided by the Recovery Teamstaff to date included: examples of advocacy; signposting; offering a 'boundaried

space'[30] for children to talk and process experiences of trauma; support with school attendance and coping with peer relationships (including the impact of social media in the aftermath of abuse); support to access other services or attend meetings; focused work on self-esteem; liaison with other workers; coping strategies for mental health; and support to strengthen family relationships.

As a relatively new service, there appears to be further work to support awareness and understanding of the Recovery Team offer among wider professionals and a need for further clarity about how the support offer is situated within the wider 'recovery' service environment which includes CAMHS, Archway support services and other specialist third-sector partners such as Rape Crisis or Scottish Women's Aid. Among frontline respondents we spoke to outside Children 1st, there were variable levels of awareness and understanding of the model, and a clear appetite for further information. This included interest in: further understanding about the assessment models used by the team and how this might align with wider assessment processes; details of how the model would be integrated with clinical models of support; and the degree to which the model offered advocacy support. There was also a noted appetite for the development of partnership agreements between Children 1st and statutory partners (for example enabling better information sharing between the Child Abuse Investigation Unit and recovery staff). In the next development phase of the North Strathclyde Bairns Hoose it may be helpful to begin to incorporate agreed quality standards into the routine recovery offers to children and families (for example, drawing on guidance in the PROMISE Standards and/or NICE Guidance).

Development of the capital build project

A significant component of the early development of the North Strathclyde Bairns Hoose has been work towards delivering a Bairns Hoose building. This capital build project is described as ambitious and complex, and also integrates principles of co-design and consultation with children, young people and professionals. Initial requirements for the vision of a North Strathclyde Bairns Hoose building included a need to:

- create a safe, child-friendly and comfortable environment conducive to maximising children, families and professionals' wellbeing
- provide bespoke spaces for provision of:
    - quality, evidence-informed forensic interviews
    - remote court attendance
    - 'top-to-toe' health checks (and potentially forensic medical examinations in the future) and
    - recovery support to children and their caregivers
- support multi-agency working through provision of co-located working spaces provide provisions in the context of a discrete, homely, non-institutional location

30. A 'boundaried space' refers to a therapeutic or supportive professional relationship in which clearly defined boundaries are created between parties to support a sense of safety and manage expectations appropriately.

Decisions about how to create this space included considerations about the merits of repurposing existing buildings versus purchasing land and developing a building from scratch. With the former approach agreed upon, further challenges emerged in relation to identifying a suitable building that would meet the needs of the project, receive planning permission and have community support. As noted earlier, the final outcome has been acquiring two properties:

1. **The Wee Hoose** -The Wee Hoose is a residential property based within a quiet residential street. It is being developed to have provision for forensic interviews, recovery work, remote court link and health checks, but no professional co-working space. Building work is underway at the time of writing.
2. **Capelrig Hoose -** This larger property is based in the grounds of an educational complex and provides potential for the same facilities as the Wee Hoose alongside co-working space and space for sharing learning with external stakeholders. Children 1st is currently awaiting confirmation about timing and feasibility of building work at Capelrig.

Children 1st's capital build work to date has involved extensive and complex partnership work, agreeing diverse specifications required for different partners. Engagement has been noted with both police and COPFS to finalise plans for both interview and remote court link spaces. Health engagement in this process has been noted to be the least forthcoming to date (see section 3.4.iii for more details).

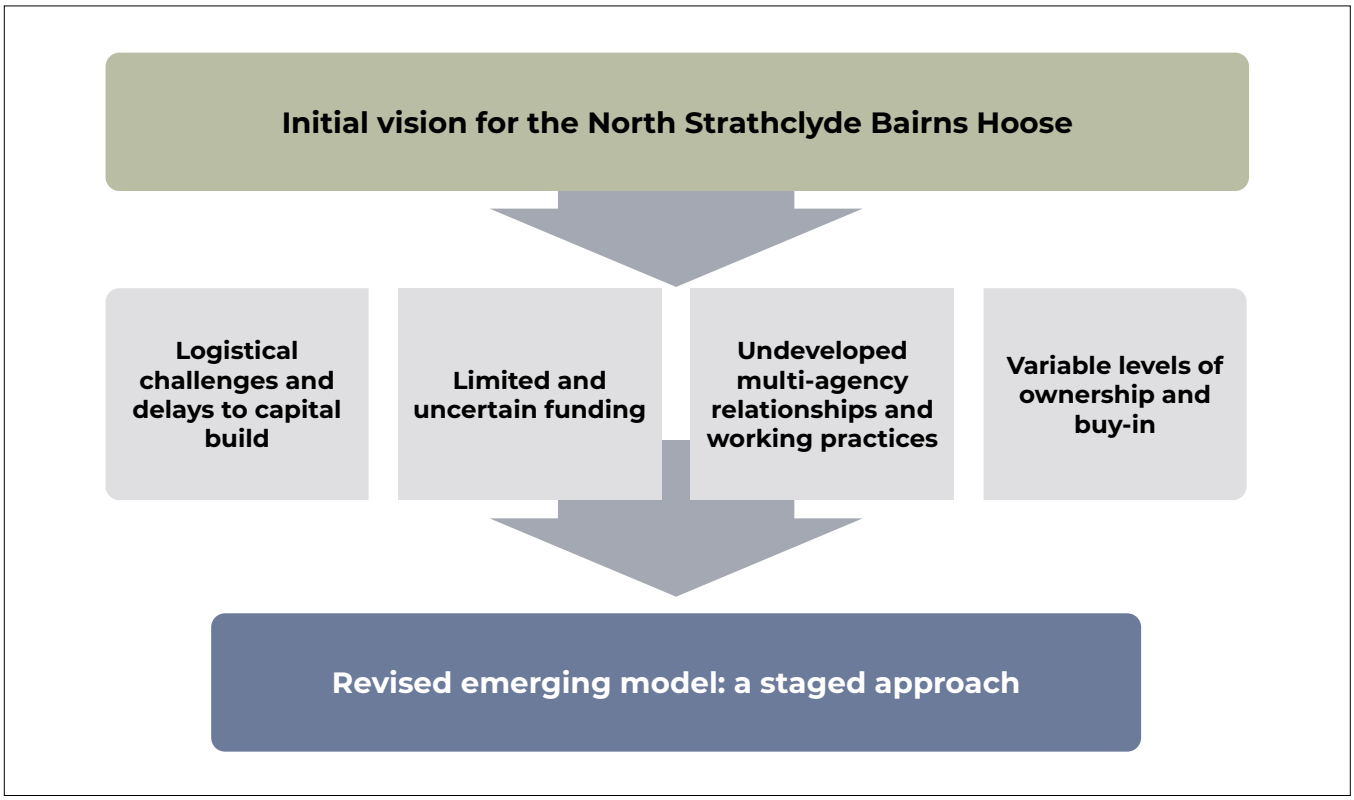
3.4 Developing the Bairns Hoose: Barriers and Challenges to Change

As noted above, one of the strengths of Children 1st's role, identified by evaluation participants, has been its maintenance and communication of a clear vision for the North Strathclyde Bairns Hoose. Participants described how this has been utilised to support national influencing and garner local and national buy-in to the model. This is evidenced through securing development funding (People's Postcode Lottery and others) and the mandate for the model in local strategic planning, and national government commitments.

Next steps for North Strathclyde Bairns Hoose development will involve the initial realisation of the model and its early implementation. Following previous sections which outline levers and conditions which have supported progress to date, this section outlines challenges and potential barriers identified by Phase One of the evaluation. The evaluation has identified four key challenges impeding realisation of the initial vision. These are: (1) difficulties and delays to the capital build, (2) limited and uncertain funding, (3) unresolved partnership and multi-agency working plans, and (4) variable buy-in. Each is outlined below with reflections on potential implications.

It should be noted that these are early findings. We present them to support the Children 1st 'test, learn, develop' framework and believe they provide useful opportunities for reflection and dialogue among partners to support implementation of the emerging North Strathclyde Bairns Hoose model.

Figure 3: Impact of Challenges and Barriers for change



i. Logistical challenges and delays to the capital build

A significant aspect of the early development phase of the North Strathclyde Bairns Hoose has been work toward delivering a Bairns Hoose building. This capital build project is ambitious and complex, and integrates principles of co-design and consultation with children, young people and professionals. Key challenges for the capital build project are linked to the wider economic and geopolitical context which have impacted costs and lead times for planning and building work.

> *Having come through the Covid days as such we've then hit construction costs at you know, horrendous levels. We've had supply issues on account of Brexit and then we've got the war in Ukraine, which has eliminated part of the timber that we would use.* (Participant 11)

This has placed a significant strain on both resources, through requiring additional funding and staff time; and timeframes, by delaying the scheduled opening of the Bairns Hoose. The knock-on impact of these challenges for implementation of the Bairns Hoose should not be underestimated. For a change model with a highly specialised shared working space at its heart, delays to obtaining the space have a significant impact on wider project progress. Several respondents noted continued uncertainty about the building's opening, capacity and associated Bairns Hoose implementation plans. In some cases, it appears that this lack of clarity regarding the practical implementation of the Bairns Hoose is impacting stakeholders' commitment to, and potentially trust in, Children 1st's North Strathclyde vision.

ii. Limited and uncertain funding

An additional challenge for the North Strathclyde Bairns Hoose is uncertainty regarding the long-term funding for the model. While Children 1st has successfully secured significant funding from a range of sources (including PPL; Scottish Government; philanthropic organisations and private donations) demands on staff resources and the capital build project are extensive.

> *Because this was just 'pitch an idea and you get a million pounds' - or slightly more than that - I think going into it there was probably a little bit of naiveté on the part of Children 1st.. about what the actual costs would be. And I think that they are now having to sort of... work through that as an organisation in terms of realising the costs of both establishing a building ...as well as also staffing costs and other delivery costs such as the evaluation... I think they've gone for sort of, trying to establish as gold a standard a model as they can. And that's not a bad thing... But I think... it's actually a relatively small amount to both establish a facility and to also pay for the running costs for a number of years.* (Participant 3)

As suggested above, in addition to covering the capital build, the Recovery Team is only funded in the short term. Similarly, Scottish Government commitments to ongoing funding of the Bairns Hoose model nationally and the Child Interview Team (beyond the timeframe of the initial SCIM pilot) remain uncertain. In addition, questions have been raised about the appropriateness of primarily philanthropic funding for a model with a key criteria to be 'formally embedded in national systems'[31].

> *I suppose for me, there is the fact that we're having to be funded through philanthropy to develop something for child victims and witnesses is not my preference. And I don't mean that in a [criticism] to philanthropy...it doesn't match in a way that the government have said, they've got a vision for the Barnahus and then [funding] that is pennies in the pot for it.* (Participant 2)

Longer-term commitments to fund non-staff running costs for North Strathclyde Bairns Hoose are also unconfirmed at a time of significant inflationary pressures. A decision about where responsibility lies for some of these key costs is also outstanding.

> *But what I would say is, what I probably missed along the whole of this [interview], is ...a critical element of funding and ...financing the vision that is Barnahus... and actually in North Strathclyde we've continued to achieve what we have through hard graft of those involved to make it happen - but now that we have been up and running for two years - without government funding [we're] acknowledging the degree and level [of funding] that is required to make this effectively work for children and young people through this new model and achieve a Barnahus. There needs to be funding that goes alongside it.* (Participant 7)

31. See https://www.barnahus.eu/en/about-barnahus/

At the time of writing, it is unclear what resource commitments there are from Scottish Government and other key partners (e.g. Health, COPFS, SCRA and the four local authorities) for the North Strathclyde Bairns Hoose. The evaluation found that the absence of such commitments gives rise to significant frustrations among professionals invested in the process. Many shared a belief that progress was being made despite, rather than because of, meaningful cross-sectoral support. Whilst the need for whole-systems change and a high-level commitment to the Bairns Hoose model is clear (as seen through its inclusion in the programme for government and ministerial commitment), clarity about funding and the potential need for redeployment of resources remains wanting. The wider current financial context, and pressures across services, create further challenges for all involved.

> *Everybody - police, social work, Crown Office - the whole lot are paying it lip service, and it's such a big thing, it's so important. They all say it's so important. They all say the buzzwords, but no one actually puts forward the resources that it needs to actually do it so much better, and I think it's only because of the commitment of all the dedicated people in it that it's working.* (Participant 28)

The evaluation found that one impact of this funding context is a sense of uncertainty among some stakeholders about the feasibility and sustainability of the intended model. This was noted to have implications for recruitment and retention of staff, the development of partnership working plans, and operational buy-in.

iii. Under-developed multi-agency relationships and working practices

Multi-agency working practices and co-location are at the heart of the Barnahus model, spanning the 'four rooms' of health: child protection, justice (police and courts) and recovery. Delivering this will require both detailed working arrangements and trusting inter-personal working relationships between professionals. However, respondents acknowledged that effective multi-agency working represents a particularly challenging element to get right. While all potential partners agree systems change is required (see Section 2), many noted that differences in partner's remits, duties and working cultures mean building a coherent Bairns Hoose team and service with a genuinely shared identity will require further focused effort, time and resources.

Through one lens, existing joint working between the Child Interview Team and Children 1st Recovery Team can be seen to represent an important first stage of the Bairns Hoose multi-disciplinary team. At present, however, staff are not co-located, nor are likely to be following opening of the Wee Hoose. The Child Interview Team (police and social work) are currently based in Police Scotland offices (Osprey House) alongside the Child Abuse Investigation Team while the Recovery Team works remotely and from Children 1st offices. Phase One interviews and focus groups identified some ongoing uncertainty from both teams about each other's roles, responsibilities and approaches, alongside a desire to further refine and develop referral processes between the two teams.

Beyond the Recovery and Child Interview Team, multi-agency working relationships were less developed and varied depending on agency and role. For example, there was evidence of strategic police and court involvement in the building development – though less clearly developed inter-agency working practices or information sharing agreements at frontline practice level.

Among respondents, there was a desire to understand the roles and responsibility of operational staff and management of the North Strathclyde Bairns Hoose alongside practical arrangements for multi-agency working. This extended to arrangements with partners who are anticipated to be linked with, but working remotely from, the Bairns Hoose building. Stakeholders' appetite for further clarity included details of processes such as information sharing protocols, data-monitoring systems, collaborative decision making, streamlined referral processes, and integrated assessment of childrens' needs. For example, the Child Abuse Investigation Team noted the value of existing partnership agreements with a range of third-sector and advocacy organisations, and noted a need for similar arrangements with the Bairns Hoose Recovery Team. Similarly, the value of further developing information sharing between the North Strathclyde Bairns Hoose with COPFS (including VIA) was also noted. Relationships with local authority social work teams and SCRA were noted to be established at strategic levels, but again less clearly established at frontline levels.

The lack of engagement with health professionals was recognised as significant by professionals from both health services and Children 1st (see also discussion in Section 3.3 vii) and there was some shared appetite for future development. Although there was representation from health professionals on strategic groups, there appear to be gaps in the development of relationships with local frontline staff and no working agreements. This was apparent both in relation to CAMHS and the Archway SARC – both of which may provide critical services to children after abuse or maltreatment but noted not feeling fully linked into discussions regarding the North Strathclyde Bairns Hoose to date. Similarly, substantive work to develop a West of Scotland health-led response to victims of rape and sexual abuse (including children) does not currently appear to be coordinated with the North Strathclyde Bairns Hoose model.

Helpfully, the evaluation found evidence that some health partners were keen to engage with the Bairns Hoose and consider how their work could practically link with and align to the Children 1st recovery model.

> *It's likely to be unrealistic for CAMHS to just be fully embedded in the Bairns Hoose – to be co-located in the Bairns Hoose. But it's really important – you know – the active involvement and being embedded as part of the team.*
> (Participant 22)

Finally, it is worth highlighting that engagement with forensic health was noted to be particularly undeveloped. A number of participants suggested reasons for the lack of engagement with forensic health partners. These included both low numbers of children

for whom this intervention was relevant and parallel work establishing new forensic medical examination suites for the Archway SARC ('William Street') serving Greater Glasgow and Clyde (GGC) and due to open in 2023. Given this recent and substantial investment in GGC forensic examination provision, and concerns expressed by health about the feasibility of resources and capacity to serve a remote site, there is currently no commitment to establishing forensic medical examination suites within the North Strathclyde Bairns Hoose. The North Strathclyde Bairns Hoose sites are therefore progressing with a commitment to securing space in each building that could be adapted for use by medical practitioners – using specifications for health suites available in the public domain. Children 1st's hope is that at a minimum children and young people will have access to a top-to-toe health check in the Bairns Hoose, but plans remain undeveloped.

iv. Variable levels of ownership and buy-in

Overall, there was strong evidence that respondents from all sectors shared a belief in the value and relevance of the Bairns' Hoose model to Scotland and a desire for implementation. Interviews and focus groups suggested that investment in building partnerships and cross sectoral buy-in has been particularly strong at national leadership and policy level (through 'Delivering the Vision'). In addition, significant efforts were also noted at operational levels – through the North Strathclyde Operational Group.

Yet, despite the shared commitment to the concept of a North Strathclyde Bairns Hoose, there was evidence of an absence of co-ownership at operational level, suggesting that for some partners this continues to feel like someone else's project. This appears to be reflected in the varying degrees of success in bringing different multi-agency partners, including local authorities, to the table and to commit resources or actions. The importance of different services having more equitable stakes within the model nationally was highlighted by one respondent who noted:

> *A massive indicator for me [that it's not working] is if individual services start to really dominate the Bairns Hoose. So if one started to become a really, really health-driven model or if one starts to become a really police, justice-driven model. If one starts to become a completely voluntary sector dominated model then it won't be working for me because these are the problems that it's being set up to overcome.* (Participant 23)

Given the scale of ambition for the North Strathclyde Bairns Hoose, further efforts to share ownership may be an important means of securing additional resources and ensuring the sustainability of the model. Without this, a potential consequence is that the burden of responsibility for delivering the model lies disproportionally and unsustainably on Children 1st. Getting this balance right in North Strathclyde will also help inform the rollout of the Bairns Hoose nationally.

3.5 An Emerging Model: Impact on Expectations

In the context of the challenges listed above, Children 1st and partners have been required to adapt their plans and operationalise North Strathclyde Bairns Hoose model on an incremental basis. This emergent model appears to have three distinct stages:

- *Winter 2022*: a developing partnership between the Child Interview Team and Children 1st recovery provision
- *Summer 2023*: the opening of the Wee Hoose providing a child friendly, non-co-located space to provide forensic interviews, remote court link and recovery workspace for children and families
- *Date TBC:* opening a larger second Bairns Hoose providing opportunities for co-location of some agencies and increased partners engagement with training facilities and a space for children to meet to participate collaboratively in the Bairns Hoose.

This adaptation of plans to a staged development which responds to contextual and strategic challenges, while retaining the original vision, represents a significant achievement for Children 1st and partners. However, for some respondents, and particularly those with early engagement in North Strathclyde Bairns Hoose, there was a degree of impatience and concern over changing timescales.

> *When are we going to get to actually put a child in there and give them a nice environment to [use]?* (Participant 26)

Relatedly, several respondents highlighted differences in the rhetoric around the 'gold standard' vision and the short-term realities of the model operationally. Although respondents noted understanding about the reasons behind these differences, several highlighted a need to better manage expectations and for a public narrative that acknowledged the difference between the original vision and the emergent Bairns Hoose model in North Strathclyde and Scotland.

> *I really believe in all the work that's surrounding [the Bairns Hoose]. I think unfortunately what Scotland can produce is not what we thought we were going to – and I think the language needs to change around the Bairns Hoose and what we're delivering. So, it's not 'the child talks once' – we know it's not because they're going to court. It's not 'a fully one stop shop' because health aren't on board; and it was only when we went to visit Capelrig recently with Children 1st that we realised – it's not what we're still spinning. It's not what we're telling people...I feel the language needs to change...I think we need to start being more honest about it...I just feel we're selling an ideal we're not going to achieve. . I'm a bit disheartened.* (Participant 25)

Other participants raised concerns linked to the breadth of ambition for a new and developing recovery model. These related to the feasibility of committing to support children with a very broad range of abuse and maltreatment experiences across four local

authorities, potentially including those under the age of criminal responsibility who have hurt or harmed others. Differences in needs and provision for different groups of children such as disabled children or unaccompanied and asylum-seeking children were also noted to warrant further careful development and specialist knowledge.

> *Can I just say one last thing about my biggest fear about Bairns' Hoose in Scotland? It's just it's trying to do so much so quickly. And it's trying to be everything…I'm just scared about that.* (Participant 24)

> *There's been such a huge emphasis on 'what will this building look like' and 'what are these aspirations' and 'let's make everything'… and my fear is that it's going to fall down'… starting smaller and growing would feel safer and more achievable.* (Participant 23)

Additionally, concerns were noted about capacity and resources. This included questions about the number and locality of proposed forensic interview suites. Observations were made that, under current practice with three child-friendly interview suites based at Osprey House in Renfrewshire[32], capacity was stretched, and remote sites continued to be required. As well as increasing capacity, remote sites were also noted to be valued to serve needs of children who were geographically distant from the facility. Acknowledging these issues was noted to be important by several respondents.

> *I guess the only challenge may be the distance if it's going to be within East Ren[frewshire], getting from East Dun[bartonshire] and just how that will work… I think probably for a lot of the children and families that would be going through this process the social workers would need to be transporting [them to the Bairns Hoose]. So, I guess there will be challenges with that… transporting them and the distance … in traffic, trying to deal with really anxious children in a car.* (Participant 30)

This section has highlighted several complex challenges and barriers which are impeding the full realisation of the Bairns Hoose model in North Strathclyde. Given this, there may be merit in reviewing the developmental conditions for all stakeholders within a revised public narrative of the North Strathclyde Bairns Hoose. This could be linked to a more precise and practical description of this first stage of Bairns Hoose development while retaining the longer-term gold-standard vision set out by Children 1st. Spending time re-establishing a joint vision for the project will also aid this process. Knowledge from this early stage of local development in the North Strathclyde Bairns Hoose will provide important learning for the national agenda for change being led by the Scottish Government. Children 1st and partners' continued collaboration in Scottish Government initiatives - for example the National Standards and membership on the Bairns Hoose Governance Group - will continue to join local and national initiatives and progress.

32. Osprey House – base of Child Interview Team

Section 4: Conclusion

There is a strong consensus for change to improve outcomes for children affected by abuse and maltreatment, and agreement about the potential of the Barnahus model to deliver that vision. This report highlights several of the mechanisms and conditions from which change has been possible on the path to developing the North Strathclyde Bairns Hoose.

System As Is

Children and families impacted by maltreatment and abuse are likely to be required to engage in multiple services and a complex system including police, social work, health, criminal justice and voluntary third-sector organisations. Despite some encouraging examples of improving practice and clear cross-sectoral commitment from professionals to serve children's best interests, the evaluation confirmed that systems remain poorly designed to adequately meet the needs of those who have experienced abuse or maltreatment. Furthermore, at times aspects of these services and systems are the source of further distress and retraumatisation.

One striking finding was the degree of complexity present in systems and services that children and families are expected to engage with after identification of abuse or maltreatment. Professionals described children and families struggling to navigate these system(s) exacerbated by the absence of any one professional role who provided a single point of contact for families to support them through these processes. In addition, children and families' distress was noted to be exacerbated by the lengthy time periods in which children and families were engaged in criminal justice processes, the uncertain nature of these periods and poorly managed communication and expectations. Alongside the delays to cases reaching court and a lack of adequate information, the experience of attending court was also identified as a key source of distress for children and families. Many professionals voiced frustration that children were still expected to attend court at all and participate in adversarial processes as victims and witnesses. It was also noted that how children and families experience these processes has the capacity to weaken professionals' engagement and relationships of trust with children and families, further minimising opportunities for support and recovery.

Thematic findings about mechanisms that underpin system shortcomings provide useful learning for change and improvement. The first such mechanism relates to evidence that respondents from all sectors lacked clarity about the roles and remits of different services and professionals, despite working to support the same children and families. Consequences that fall **from a system that does not know itself** include: professionals feeling subject to unrealistic expectations; receiving inappropriate referrals from different agencies; feeling that the pressures on their roles were not recognised; and misassumptions about the type and level of support services offered to children and families.

Secondly, there was evidence of the impact of **strained and short-term funding arrangements** creating resource challenges that were exacerbated by Covid and wider economic contexts. This was noted to compromise the quality of, and equitable access to, services for children and families who have experienced maltreatment and had identified but unmet needs. It was also noted to significantly affect staff recruitment, retention, capacity and morale, inhibiting the consolidation of organisational skills and knowledge and delivery of trauma-informed support. Direct consequences for children and families identified by professionals included experiencing long waiting lists for services; delays to processing cases; short-term service (and staff) contracts reducing consistent or longer-term support offers; and reduced opportunity to establish trusting relationships with professionals.

Relatedly, it was noted that agencies continue to remain relatively **siloed in their work practices,** resulting in a lack of coordination of children's planning and services; multiple, uncoordinated assessment processes of the same child and family (with potential that children need to unnecessarily 'retell' accounts of abuse); and children's needs often becoming invisible or forgotten as they attempt to move between services through onward referral.

Finally, there is evidence that support for children and families is significantly impacted by **the absence of a consistent, well-resourced and evidence-based recovery offer for all** children and families affected by abuse and maltreatment hinders.

Despite these difficulties there is recognition from all stakeholders of promising elements of progress and committed and hardworking individuals working in the system and striving to make positive changes for children and families after abuse or maltreatment. However, tensions remain between the broad-ranging welfare and recovery needs of children and the needs of a system focused on dispensing justice, promoting public protection and meeting statutory child protection duties.

The Development of the North Strathclyde Bairns Hoose.

The development of and motivation for the Bairns Hoose in North Strathclyde is based on the understanding that Scotland's current systems do not currently meet children's rights to recovery, protection, and justice after abuse or maltreatment. The North Strathclyde Bairns Hoose aims to improve the experience of child victims and witnesses after abuse or maltreatment. Delivering this multi-disciplinary project involves significant systems change and, as such, represents an ambitious and complex process involving multiple partners and professionals. At the point of writing, the project remains in development, with substantive funding secured to develop and open an initial Wee Hoose in summer 2023.

Progress to date, during the set-up phase, has been substantial and supported by several factors. An aligned and receptive national agenda for change including the Bairns' Hoose in Scotland's Programme for Government (2021) has been a supportive context within which developments could occur. Central to the change agenda, driven by Children 1st and partners, have been the efforts to develop and sustain relationships between stakeholders at strategic and operational levels. Children 1st's particular contribution to this partnership

include: successfully applying for the People's Postcode Lottery Dream Fund, witnessing alternative models and approaches by visiting Barnahus in Europe (and supporting others to do so), and campaigning for change at local and national level in ways that centre children's perspectives and experiences to highlight that children's rights are not fully met within current systems.

However, alongside this and wider significant progress, challenges remain to the realisation of the full Bairns Hoose vision in North Strathclyde. Phase One of the evaluation identified four key challenges that impact progress to date and will be a focus for the second phase of the Bairns Hoose development and evaluation. These include logistical challenges and delays in delivering such an ambitious capital build within the current context and the uncertainty of long-term funding for the model. Both delays and the lack of clarity about the long-term funding and resources appear to have influenced some stakeholders' confidence in the sustainability and feasibility for the intended model. Public narratives about plans for a gold-standard model in North Strathclyde provide an important vision and influencing tool but may have also led to a sense of disconnect with short-term, more modest realities of an emerging model alongside a lack of clarity about practical plans for the initial Wee Hoose.

In addition, while there is an understanding that multidisciplinary working is at the heart of the Bairns Hoose model, some joint working arrangements and a 'Bairns Hoose culture' are still underdeveloped at time of writing. A renewed buy-in to the overarching vision for the North Strathclyde Bairns Hoose is likely to be aided by an acknowledgement of this emerging model and the further (longer-term) steps required towards the gold-standard Bairns Hoose, allowing partners to reinvest in the new staged approach.

Building cross-sector relationships will continue to be central to all future stages of the Bairns Hoose development. While progress appears to have commenced in developing part of the multi-disciplinary team that will form the basis of the Bairns Hoose, opportunities to further develop respectful and trusting inter-personal relationships between additional members of the multi-disciplinary teams is likely to be a key next step.

There remain variable levels of involvement in the Bairns Hoose development by different core partners, with further efforts required to ensure all key partners are engaged. There is a clear risk in not investing time and resources to strengthen cross-sector relationships and trust, and to enhance shared ownership for the model, which may result in the burden of responsibility falling disproportionally and unsustainably on Children 1st, and the multi-disciplinary basis for the Bairns Hoose being compromised.

Despite these barriers, the Bairns Hoose concept and vision (as a means to address systems limitations) has been effectively shared with diverse strategic stakeholders, resulting in broad cross-sectoral support and buy-in. There is evidence that progress within North Strathclyde has provided a catalyst for wider national progress and that there is a strong appetite for significant systems change locally and nationally to improve children and families' experiences after abuse and maltreatment.

The development of the Bairns Hoose in North Strathclyde continues to provide an opportunity to utilise the test, learn and develop approach to better understand the challenges of moving from vision to implementation of the Bairns Hoose model in

Scotland. The Scottish Government commitment to ensure all children have access to a Bairns Hoose in Scotland by 2025, if required, provides additional motivation and pressure to get Scotland's first Bairns Hoose right for children.

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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 2: Extract from Children's Social Work Statistics, Scotland 2020-21

https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2020-21/pages/5/

Table 2.4: Number of children on the Child Protection Register and rate per 1,000 population aged 0-15 by local authority [1],[2]

Local authority	2010		2020		2021	
	Number	Rate[1],[2]	Number	Rate[1],[2]	Number	Rate[1],[2]
East Dunbartonshire	28	1.5	37	1.9	23	1.2
East Renfrewshire	31	1.7	9	0.5	8	0.4
Inverclyde	35	2.5	61	4.9	31	2.5
Renfrewshire	119	3.9	98	3.2	71	2.4
Scotland	**2,518**	**2.7**	**2,641**	**2.9**	**2,104**	**2.3**

[1] Per 1,000 population aged 0-15 years. Source: National Records of Scotland mid-year population estimates.

[2] The rate shown in this table includes unborn children who are on the register.

Table 2.5: Number and rate per 1,000 of Child Protection Investigations, initial and pre-birth Case Conferences, and associated registrations by local authority, 2020-21 [1],[2]

Local authority	Child Protection Investigations		Initial and pre-birth Case Conferences			
	Total	Rate[1],[2]	Number with an investigation recorded within 90 days of Case Conference	Number with no investigation recorded within 90 days of Case Conference[3]	Total	Rate[1],[2]
East Dunbartonshire	192	9.8	84	4	88	4.5
East Renfrewshire	12	0.6	10	8	18	0.9
Inverclyde	171	13.8	88	26	114	9.2
Renfrewshire	310	10.3	130	49	179	5.9
Scotland	**11,726**	**12.8**	**3,733**	**664**	**4,397**	**4.8**

Local authority	Registrations from initial and pre-birth Case Conferences			
	Number with an investigation recorded within 90 days of Case Conference	Number with no investigation recorded within 90 days of Case Conference	Total	Rate[1],[2]
East Dunbartonshire	63	1	64	3.3
East Renfrewshire	10	8	18	0.9
Inverclyde	45	14	59	4.8
Renfrewshire	83	28	111	3.7
Scotland	**2,790**	**534**	**3,324**	**3.6**

[1] Rate per 1,000 population aged 0-15
Source: National Records of Scotland, mid-year 2020 population estimates

[2] The rate shown in this table includes unborn children who are on the register.

[3] Case Conferences with no investigation recorded within 90 days are cases where no investigation was recorded in the data provided to Scottish Government in the 90 days preceding the Case Conference.

Taken from: https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2020-21/pages/5/

Bringing Bairns Hoose to Scotland – significant milestones

1990's onwards

Children1st trauma recovery support for child victims shows how traumatising current system is. Justice for Children campaign group established

2013 - 2015

Evidence and Procedure Review. Children1st are the only children's organisation representing child victims and witnesses

October 2016

Children1st host Getting it Right for Child Witnesses Conference

2016 European Barnahus promise Exchange

Children1st participate in Barnahus learning exchange

August 2017 Visit to Iceland

Children1st lead high level visit to Barnahus in Iceland, to get Ministerial commitment to Barnahus approach (Scottish Govt, Police Scotland, Children's Commissioner, COPFS, SWS Scotland, Health)

August 2019

Children1st became a key partner in North Strathclyde SCIM pilot

2019

Secured funding to create dedicated Bairns Hoose Assistant Director role, to lead influencing

November 2019

A.D. Bairns Hoose joined Minister for Justice and Lord Advocate in formally opening Atlantic Quay Vulnerable Witness Suite

November 2019

Children1st represented at Promise Barnahus Network Launch. Child Rights & Participation project starts to gather feedback from child victims & their families

February 2020

Children1st become Associate Member of the European Barnahus Network

March 2020

Children1st lead a trip to the Barnahus in Iceland for key partners in North Strathclyde pilot.

Secured Dream Fund from Peoples Postcode Lottery to open Scotland first Bairns Hoose

2021

Planning process started to identify suitable location for first Bairns Hoose

April 2020

Head of Evidence and Evaluation (Barnahus) post created

August 2020

North Strathclyde Partnership goes live (delayed by Covid) - Child victims and witnesses get access to SCIM JII approach and post interview support

April 2021

In North Strathclyde C1st Child Participation & Rights role becomes Child & Family Recovery support role.

June 2021

Barnahus Participation Lead role starts, to lead Changemakers group – and trauma sensitive participation work

January 2021

4 Children1st advocacy, support and recovery workers start, forming newly expanded Bairns Hoose team

Autumn 2022

Building works start at the Bairns Hoose

Consultation begins on Bairns' Hoose Standards for Scotland

September 2021

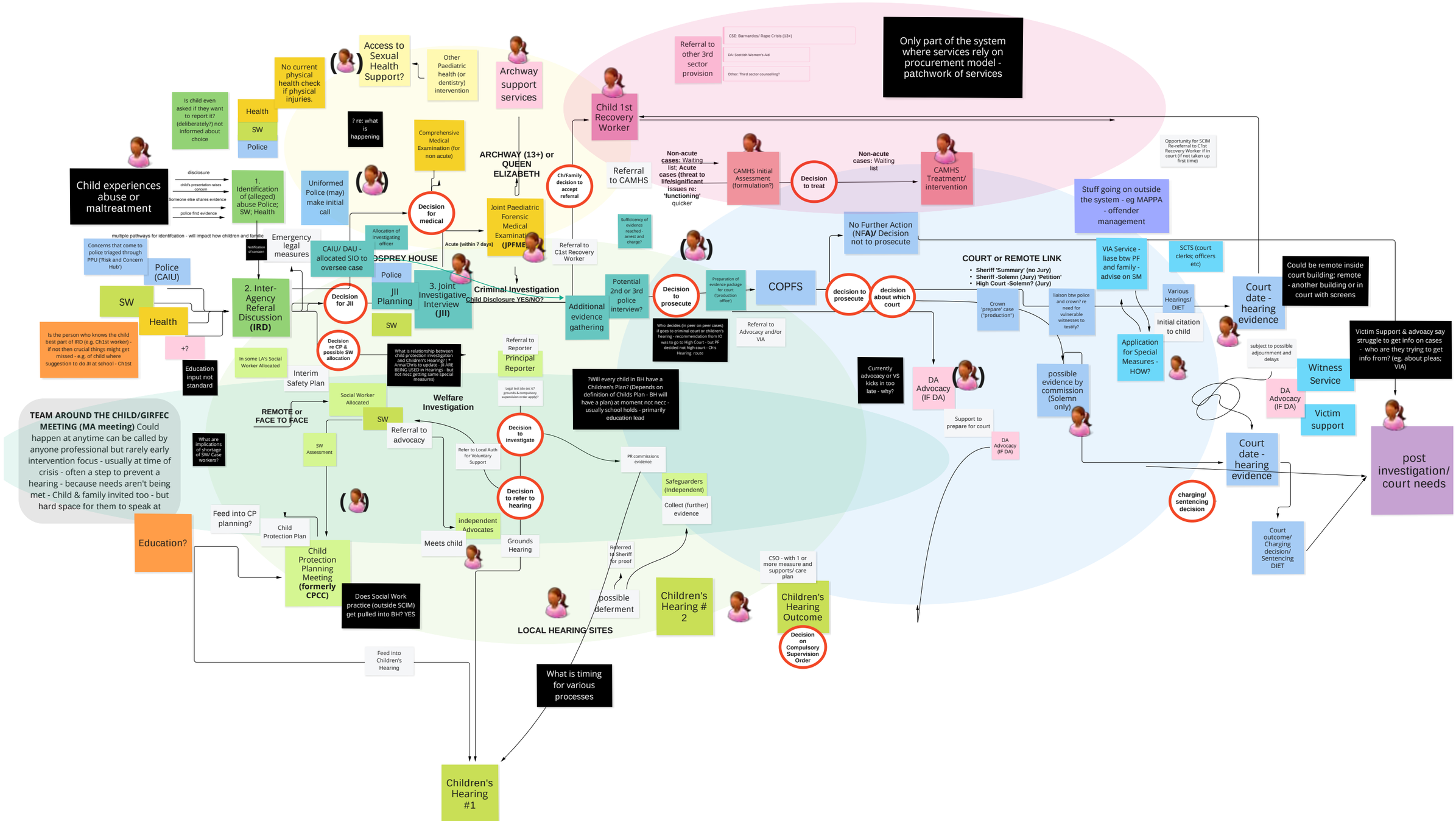
HIS Barnahus Symposium – Scottish Govt Vision for Bairns' Hoose and start of Bairns' Hoose Standards development process

Summer 2023

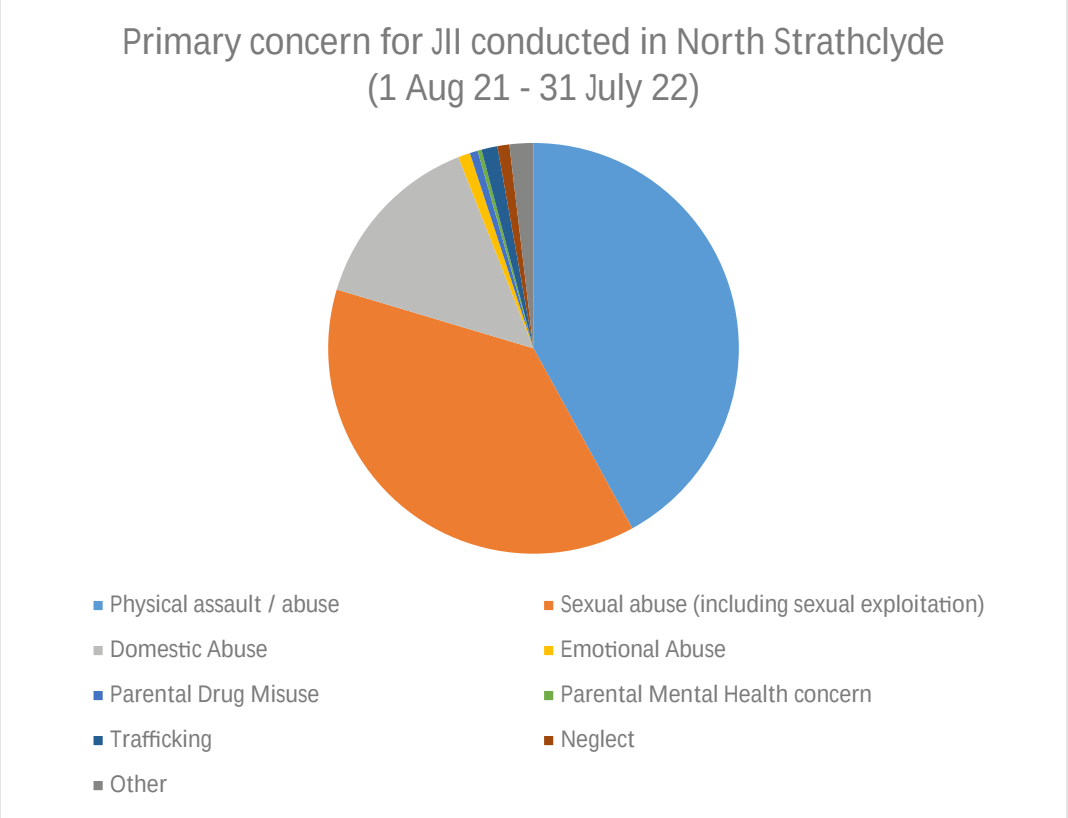
C1st Bairns Hoose opens

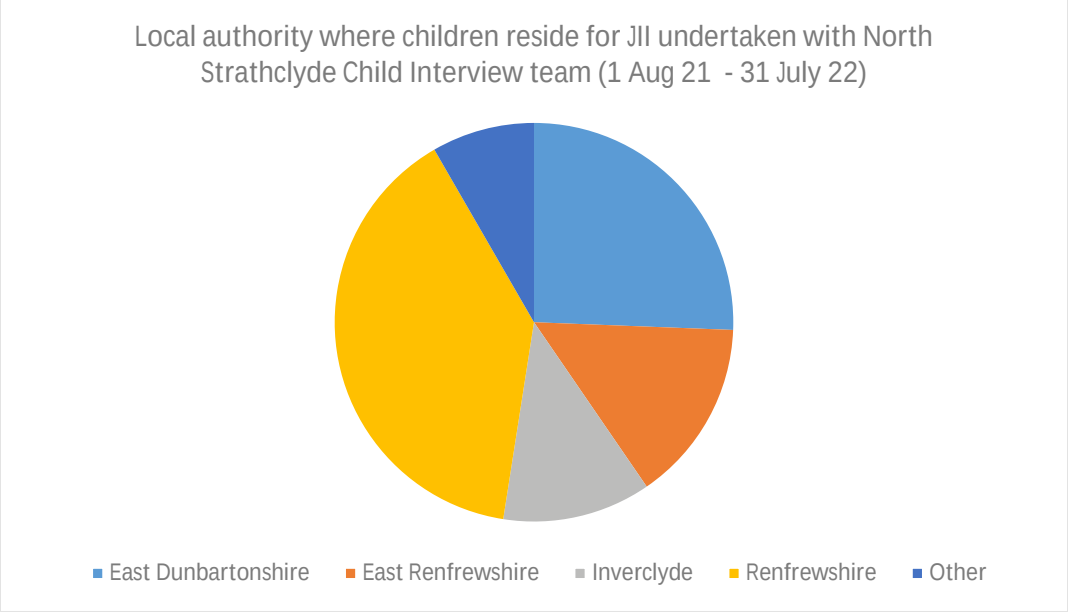
Appendix 4: Mapping System As Is (work in progress)

This map is a working document used by the research team to visualise the current system for children. It is included here to help reflect the complexities of the current system. We are aware there may be some inaccuracies and would welcome feedback regarding content.



Appendix 5: Overview of children undertaking a Joint Investigative Interview in North Strathclyde (1 Aug 2021 – 31 July 2022)





Child Safety, Justice and Recovery

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Children England

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