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Diffusion and Translation of the Barnahus Model Through the Lens of Institutional Tensions

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Introduction

Responding to the victimisation of children is a key societal challenge to which nations are increasingly committed. As victims, children have rights and needs that require services from both the justice and welfare sectors. In Europe, the Barnahus ("Children's House") model has been

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introduced as a way to strengthen children's access to justice and recovery in the aftermath of violence and abuse. Researchers have described the model as a social innovation with the potential to drive further changes in its surrounding landscape of services and society at large (Johansson & Stefansen, 2020). Compared to a standard approach, with services operating alone according to their specific mandates, the model represents a new way of organising the services involved in safeguarding victimised children. Barnahus is designed to prevent fragmentation and gaps in service provision by offering multidisciplinary services under one roof (Johansson et al., 2017b) and in a child-friendly atmosphere (Stefansen, 2017). The agencies involved in Barnahus most often encompass law enforcement, child welfare services, and health care and thus include a range of different professionals: social workers, psychologists, police and prosecutors, defence lawyers and appointed legal guardians, doctors, and sometimes odontologists. As described by Johansson (2011), the model combines two tracks that ideally are meant to be balanced: the justice track, which refers to the handling of criminal cases, and the welfare track, which refers to safeguarding and recovery measures.

The aim of the present book is to illuminate the potential of the Barnahus model to deliver on this promise by ensuring both justice and recovery for children who have experienced violence and abuse, as well as the tensions and dilemmas this hybrid model also produces. This discussion is timely, since the model—which was first introduced in the Nordic region (Johansson et al. [Eds.], 2017a)—is now being diffused throughout the broader European context (Johansson & Stefansen, 2020). During this process, and as we will illustrate later, Barnahus's status has also changed from being understood as a promising practice to becoming *the answer* to the complex issue of safeguarding victimised children.

In this book, we approach Barnahus from an institutional lens. Within the institutional theory of organisations, different traditions have often focused either on how organisations within a field become more *alike*, such as through concepts including diffusion and isomorphism

¹ For the sake of simplicity, "European" refers to non-Nordic European nations in this chapter, as well as both European Union (EU) and non-EU nations.

(DiMaggio & Powell, 1983), or how institutional ideas lead to *variations* between organisations when adapted locally, such as through the concept of translation (Czarniawska & Sevón, 1996). We argue that both approaches are valuable at different levels, and that it is important to understand the relation between isomorphism and variation within a field of organisations that are adapting the same institutional idea, in this case the Barnahus model (Røvik, 2004, 2008).

On an overarching institutional level, the Barnahus model may be understood as having diffused across Europe and led to surface isomorphism within the field of organisations that handle victimised children. But on the organisational and agency levels—and in order to understand how the Barnahus model is implemented in varied contexts—we need to focus on comparative analyses of local organisational adaptions and translations (Greenwood et al., 2014). We see the Barnahus model not as a given, but as being affected by the institutional structures and conditions surrounding the organisations involved, and negotiated "on the floor" between institutional agents with different degrees of power (Johansson, 2017). We also see the Barnahus model as a travelling idea that is constantly undergoing translations and adaptions (Stefansen et al., 2017, 2023; Johansson & Stefansen, 2020) and, importantly, as being permeated by institutional logics and tensions, most pronounced between the justice and welfare tracks (Johansson, 2011; Johansson et al., 2017b). The key argument of this book is that the potential of the Barnahus model to deliver both justice and welfare can only be understood if the analysis also encompasses the institutional conflicts, dilemmas, and balancing acts that arise in and from the Barnahus model as an idea and how the model is diffused and becomes adapted and translated locally, as well as the multi-professional work conducted at Barnahus.

Scientific knowledge about the Barnahus model remains limited, so this book contributes to filling that gap. Granted, specialised literature has been written on different elements of the model, particularly on the child forensic interview protocols currently used in Barnahus (Baugerud & Johnson, 2017; Baugerud et al., 2020; Baugerud et al., 2023; Langballe & Davik, 2017; Magnusson & Ernberg, Chapter 8). In this literature, however, Barnahus is often the setting for the practice

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under investigation, and not the object of study per se. St.-Amand et al. (2023) bring an international perspective to varied contemporary practices of child and youth advocacy centre models (which resemble and also have inspired the development of the Barnahus model) around the world, and more research has been conducted on the Children's Advocacy Center model in the USA specifically (Herbert & Bromfield, 2019; Westphaln et al., 2021). But such research has mainly focused on specific outcomes, such as criminal justice outcomes (arrests, charges, prosecutions, and convictions), health care and support outcomes (referrals and completion of treatment), and child welfare outcomes such as measures and placements (Herbert & Bromfield, 2019); researchers have paid less attention to the varying institutional conditions for implementation and goal attainment.

This book, in contrast, draws the ideas and institutional manifestations of the Barnahus model to the forefront of the analysis in order to highlight both the potentials of the model and its tensions and dilemmas. The chapters build from a previous edited collection on the Nordic Barnahus model (Johansson et al. [Eds.], 2017a) that described and analysed the model during the first phase of implementation in countries that were "cultural peers" (Karstedt, 2015). Such peers already shared basic ideas and institutional arrangements for handling violence and abuse against children prior to the Barnahus implementation, for instance by accepting video-recorded forensic investigative interviews with children as "evidence in chief" in cases brought before the courts (Myklebust, 2017). As described below, the Nordic countries nevertheless exhibited variations in how they implemented and adapted the Barnahus model, as well as in terms of target groups and follow-up mandates (Johansson et al., 2017b). Since the time when the model was implemented in the Nordic region, both national regulations and guidelines and European standards for Barnahus have been issued. Such variations warrant further exploration of the model's continued development in the Nordic context, as well as on how Barnahus is debated, translated, and adapted in countries with other types of institutional setups and cultural legacies on how child victimisation should be handled.

In the following, we first detail how the Barnahus model has been diffused, adapted, and translated in the Nordic region (summarised in

Table 1.1), and we describe the ongoing European diffusion and translation process. We then expand on the institutional perspective that this book is grounded in and introduce the various types of institutional tensions illustrated in the book's chapters.

The Continuous Phase of Nordic Diffusion: Similar Contexts, Different Setups

The Barnahus model was first implemented in Iceland, in 1998, inspired by the Children's Advocacy Center model from the USA. The Icelandic model was then diffused, first to Sweden in 2006, followed by Norway in 2007, Denmark in 2013, and finally Finland, where a Barnahus pilot called LASTA was launched in Turku in 2014 and the Barnahus Project in 2019.²

Scope, Tempo, and the Role of the State

Our analysis of the Nordic diffusion process illustrates, firstly, how the *role of the state* has differed. The Icelandic National Agency for Children and Families (Barna-og fjölskyldustofa) (former National Agency for Child Protection, Barnaverndastofa), under the Ministry of Education and Children, introduced the Barnahus model in Iceland in 1998; Barnahus has thus undergone a centralised implementation from the start. In Sweden and Norway, nongovernmental organisations (NGOs) such as Save the Children and the World Childhood Foundation were important in pushing for change in the early phases, but they have not been further involved in the running of Barnahus or in securing funding, although they are still active in debates and as promoters of the model. In Norway, once the decision was made to pilot the model in 2007, the implementation process was state-driven, coordinated by the Ministry of Justice and the Police (Stefansen et al., 2023).

² The various Nordic autonomous regions have also implemented the Barnahus model: the Åland Islands in 2007, Greenland in 2011, and the Faroe Islands in 2014 (see Johansson et al. [Eds.], 2017a).

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Centralised implementation from the start Responsible national authority: The National Agency for	institution: The role of Roll-out and coverage regulation Evaluation Evaluation
implementation from the start Responsible national authority: The National Agency for Children and Families (former Government Agency for Child Protection)	Centralised • One Barnahus in capital

Evaluation	National (state-commissioned) evaluations reported in 2008, 2010, and 2019 Evaluation by NGO in 2013 (save the Children Sweden in cooperation with Linköping University)
Sector affiliation and regulation	 Primarily affiliated with the child welfare sector Not mandatory to use No specific Barnahus law General guidelines and quality criteria since 2009
Roll-out and coverage	32 Barnahus; good coverage in central areas, poorer coverage in the north Fast roll-out initially; fewer new Barnahus establishments after 2013
Barnahus as a public institution: The role of the state	NGOs active initially (Save the Children, World Childhood Foundation) State-initiated pilot project in 2006 at 6 sites; locally initiated further diffusion Responsible national authority: National competence centre "Barnafrid," Linköping University; est. 2015 to coordinate a national network for Barnahus professionals
	Sweden (2006)

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Barnahus as a public institution: The role of the state	f Roll-out and coverage	Sector affiliation and regulation	Evaluation
NGO active initially (Save the Children) State-initiated pilot project in 2007 at 6 sites, followed by further diffusion Responsible national authority: Ministry of Justice and Public Security, coordination lies with the Police Directorate	11 Barnahus, 3 with sub-units; 1 Sami Barnahus under development Fast roll-out to all regions and national coverage; sub-units of developed later	 Affiliated with the justice sector and police organisation Mandatory to use from 2015 through amendments in the Criminal Procedure Act No specific Barnahus law; general guidelines from 2016; guidelines for medical examinations from 	 Yearly national reports from the Barnahus/Police Directorate since 2013 National (statecommissioned) evaluations reported in 2012 and 2021; ongoing evaluation of the role of Barnahus
		2019	for adults with intellectual impairments

	Barnahus as a public institution: The role of the state	Roll-out and coverage	Sector affiliation and regulation	Evaluation
Denmark (2013)	State-initiated implementation from the start in 2013 Responsible national authority: National Board of Social Services	5 Barnahus, 3 with sub-units; national coverage Fast roll-out through simultaneous establishment	 Primarily affiliated with the child welfare sector, but as a stand-alone institution Mandatory to use from 2013 Specific Barnahus law (Order on Children Houses), legal changes in the Consolidation Act on Social Services supporting the use of Barnahus, and exchange of information, since 2013 	No national (state-commissioned) evaluations of Barnahus specifically Evaluation of the "Abuse Package" reported in 2015; studies on particular parts of the model (e.g. medical examinations)
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	Barnahus as a public institution: The role of		Sector affiliation and	
	the state	Roll-out and coverage	regulation	Evaluation
Finland	 Active state, but 	 Gradual and slow 	 Primarily affiliated 	 No national (state-
(2014 /	building on existing	implementation	with the health care	commissioned)
2019)	collaborative services:	process, still ongoing	sector, but part of	evaluations of the
	primarily the Forensic	and related to previous	reforms of the wider	Barnahus Project
	Child Psychiatry Units	collaborative forms and	system of child	 Forensic Child
	at university hospitals	wider reforms	welfare services	Psychiatry Units
	in 5 sites, running		 No specific Barnahus 	were evaluated
	since 2008; 1 Barnahus		law	between 2009–2015
	pilot (LASTA) at Turku		Ongoing	
	University hospital in		standardisation work	
	2014		related to the	
	 The Barnahus Project 		Barnahus Project	
	ongoing between			
	2019–2025			
	 Responsible national 			
	authority: Finnish			
	Institute for Health			
	and Welfare			

In contrast, a pilot at six places was decided by the Swedish Ministry of Justice in 2005 and started in 2006, but within the further implementation process of the Barnahus model, the role of the Swedish state was rather passive, both during and after the pilot project. Instead, politicians, municipality officials, and other local authorities and organisations initiated Barnahus at various locations at different times. The implementation process in Sweden may in this perspective be interpreted as an example of a "mushroom model" of diffusion (Røvik, 2004, 2008). Local Barnahus opened in a scattered and seemingly random way across the country and with somewhat varying structures for collaboration, thus illustrating how a popular travelling idea may be adapted differently at local levels (Johansson, 2006, 2011).

In Denmark, the implementation was largely a top-down and state-driven affair. The five local Barnahus in Denmark were implemented simultaneously in 2013 in connection with a legal reform termed the "Abuse Package" (Overgrebspakken) and set up as independent units, supported and supervised by the National Board of Social Services. In Finland, the Barnahus Project was launched in 2019 by the Ministry of Social Health and Welfare in collaboration with the National Institute for Health and Welfare and the Forensic Child and Adolescent Psychiatry expert units, situated in university hospitals. The Finnish state seems active yet less top-down compared to Denmark and Norway, since the implementation involves and builds from already-existing professional collaborative models.

Secondly, the institutional conditions as well as the *scope and tempo* of the implementation have varied. In Sweden and Norway, the model was implemented as pilot projects at a few locations, successively diffusing and eventually becoming a more or less nationwide service, while in Denmark the service was nationwide from the start. This difference is probably linked to timing: Denmark implemented the model later and could draw on the experiences from Iceland, Sweden, and Norway when its model was designed. The need for a pilot was not as acute, since the Swedish and Norwegian models had already been evaluated, with mainly positive effects documented (Åström & Rejmer, 2008; Kaldal et al., 2010; Bakketeig et al., 2012; Stefansen et al., 2012). Being a smaller country geographically, the whole country also could more easily

be covered with only a few Barnahus, compared to Sweden, for example, where the whole country is still not covered despite having more than 30 Barnahus in operation. The majority of the 68 municipalities (out of 290 in total) that lack Barnahus in Sweden are located in the northern part of the country, where the distances between urban areas are large (Barnafrid, 2019).

In other Nordic countries, Barnahus "satellites" or "travelling units" have been suggested as a solution to reach less central areas, for example in Denmark and Greenland, as well as in Norway, where three Barnahus have established sub-units to reduce travel times for both children and professionals from collaborating agencies (Bakketeig et al., 2021). Such solutions have, to our knowledge, not been developed in Sweden to date. The Barnahus model was initially diffused rapidly in that country, but new establishments have been slower to emerge over time. Various observers have thus called for stronger state coordination and regulation of the Swedish Barnahus model (Landberg & Svedin, 2013; Barnafrid, 2019). An official governmental report (Official Reports of the Swedish Government [SOU], 2022: 70) presented a new national strategy to prevent and combat violence against children; identified several challenges related to the Barnahus model; and suggested strengthened regulation of the collaboration between the agencies involved. The report did not suggest any regulations that would mandate Barnahus specifically, however, or make the use of Barnahus mandatory. A special expert opinion included in the report also critiqued this aspect, acknowledging that Barnahus still was not a right that was accessible to all victimised children in the country (Official Reports of the Swedish Government [SOU], 2022: 70).

Finland has had yet another implementation trajectory. Similar services to the Barnahus had been in operation since 2008 at five Forensic Child and Adolescent Psychiatry and Social Paediatrics Units at two university hospitals (Johansson et al. [Eds.], 2017a; Korkman et al., 2017), at the same time a national Barnahus model had long been planned. The pilot project, initially suggested in a commissioned report in 2009, was not implemented until 2014. The pilot, located at the Turku University hospital, then led to the Barnahus Project, coordinated by the Finnish Institute for Health and Welfare, which started in 2019

and will continue until 2025.3 The Barnahus implementation in Finland seems to have been partly characterised by the previous collaborative forms at similar and varied units for handling cases of suspected abuse in Finland (foremost the Forensic Child and Adolescent Psychiatry Units), and partly linked to larger state-initiated reform processes. One such reform was the Strategic Government Programme (2016-2018), which also included broader reforms of the child protection and family services in Finland. The Finnish Barnahus implementation may also be interpreted as being less material compared to the other Nordic countries. Instead of establishing new physical Barnahus locations at various sites, due to the already-existing units at university hospitals, the implementation was geared towards shaping a new service structure for the handling of victimised children by strengthening the competence in the broader existing institutional landscape of welfare services for children and families; and improve the interagency collaboration and coordination in suspected child abuse cases.4

Previous and sometimes similar collaborative working forms can thus affect the translation and adaption processes of the Barnahus model in different ways. In Sweden and Norway, collaborative forms of working with victimised children existed prior to the establishment of Barnahus, such as the multi-professional team called "BUP Elefanten" in Linköping and multi-agency consultation meetings in child sexual abuse cases that had existed in many municipalities since the 1990s. What sets these structures apart from the Barnahus model is, above all, the lack of localisation under one roof. In Sweden, prior collaborative forms were further built upon when establishing some Barnahus, while in Norway and other Swedish localities, Barnahus were more or less built from scratch, as a new measure. This situation illustrates how established collaborative

³ See https://thl.fi/en/web/thlfi-en/research-and-development/research-and-projects/barnahus-project (accessed 9 June 2023).

⁴ For example, such improvements include providing free evidence-based e-learning programmes for professionals, developing and disseminating methods and standardised forms for risk assessment or screenings in order to identify children at risk of abuse, and exchanging information and improving collaboration between the agencies and professionals involved.

structures can potentially both slow down and speed up the implementation processes of a new model such as Barnahus, depending on how it is perceived, adapted, and moulded into the existing institutional landscape, at both the national and local levels.

Sector Affiliation

Thirdly, the *sector affiliation* may differ in various ways. In Norway, the Barnahus model is closely connected to the criminal justice system and police organisation (Stefansen et al., 2023), while in Denmark and Sweden, Barnahus are linked to the child welfare system and the local municipalities' child welfare services, which often take on the coordinating role at Barnahus. In contrast, the permanent Barnahus staff in Norway (including social workers and psychologists) are employed as civilians by the police organisation.

Finland has yet another affiliation—with the healthcare sector—at least when considering the Forensic Child and Adolescent Psychiatry Units and the pilot in Turku located at university hospitals. But, as described above, Finland's Barnahus Project (2019–2025) is also related to reforms in the broader surrounding landscape of services, such as within the child welfare sector. How this arrangement will affect the model in the longer run requires further study. One hypothesis is that an affiliation close to the healthcare sector will not create the same barriers towards assessing and treating children's healthcare needs as is visible in models with other affiliations, for instance the Norwegian model (Stefansen et al., Chapter 4).

Why these different sector affiliations have manifested also remains to be studied. Stefansen et al. (2023) have suggested that the Norwegian state authorities' choice of a justice-sector affiliation may be understood as an instance of "path dependence", which refers to how "current and future states, actions, or decisions depend on the path of previous states, actions, or decisions" (Page, 2006, p. 88). Since the funding for the model came from the Norwegian Ministry of Justice, because of the ministry's overarching responsibility for the quality of forensic investigative interviews involving children, the model became linked to the police

by default, in part because of the urgency of the implementation process. Over time and because of changes in the police organisation, the model has become more deeply embedded within the justice sector: a scenario that has contributed to an ongoing "juridification process" (Stefansen et al., 2023), which Johansson (2011, 2017) defines as institutional dynamics that lead to tasks related to criminal cases being prioritised over tasks related to the safeguarding and recovery of children. The implementation in Norway thus illustrates how decisions made early on in the establishment of a national model can have unintended consequences in the longer term and may lead to imbalances between the model's two tracks.

Steering, Regulation, and Coordinating Mechanisms

Fourthly, the *steering and regulation* of the Barnahus implementation have differed between the Nordic countries, from a fairly loose regulatory regime without formal guidelines for a rather long period (such as in Sweden and Norway) to the implementation of a stricter regulatory framework prior to or simultaneous with the establishment, such as in Denmark. In Denmark, as part of the implementation process, several legal changes were made in the social welfare legislation, including making it mandatory for the municipal child welfare services to use Barnahus in child abuse cases where at least one additional sector (police or health care) was involved; the government developed a specific law authorising the Barnahus as well as guidelines for the tasks and duties of Barnahus.

The degree of regulation and steering at various stages of implementation seems to be related to timing. In those Nordic countries that first implemented Barnahus (Iceland, Sweden, and Norway), more regulations have instead been issued successively at later stages (Johansson et al., 2017b). Such regulations were issued both within national legislations (hard regulation) and/or through guidelines and standards (soft regulation). For example, in Norway, which introduced the Barnahus model in 2007, the Criminal Procedure Act was amended, and new regulations

regarding facilitated interviews came into force in 2015 (FOR-2015-09-24-1098), making Barnahus mandatory to use for forensic investigative interviews with children (and adults with intellectual disabilities). General administrative guidelines were issued in 2016 (Norwegian Directorates of the Police, Family, and Health, 2016), and in 2019, specific guidelines on medical examinations in Barnahus were issued (Norwegian Directorate of Health, 2019). The general Barnahus guidelines have been under revision for several years, possibly reflecting the complex system of governance set up around the model, which slows down the decision-making process (Bakketeig et al., 2021). In contrast, Denmark has a specific law that regulates the operation of Barnahus, and additional legal changes were made prior to the establishment in order to facilitate collaboration. For example, the agencies involved are allowed to share information without the consent of children's parents or legal guardians.⁵

Varying coordinating mechanisms are also apparent in the different countries. In both Iceland and Denmark, Barnahus supervision is a state-level task. The Danish National Board of Social Services is responsible in that country, while Iceland's Government Agency for Child Protection takes responsibility there. In Norway, the coordinating responsibility is delegated from the Ministry of Justice and Public Security to the Police Directorate, which supervises Barnahus and issues yearly reports on the number and types of forensic investigative interviews and medical examinations conducted at Barnahus, as well as the share of children who have received follow-up services. The Police Directorate also coordinates Norway's national Barnahus advisory board (Barnehusrådet), which includes representatives from the other directorates involved and the local Barnahus. Some have argued that the lack of ministerial-level coordinating mechanisms has contributed to the model's juridification (Bakketeig et al., 2021; Stefansen et al., 2023).

In Sweden, the lack of a central coordinating authority responsible for the steering and supervision of Barnahus has been the subject of much discussion since the early years of implementation. Since 2016,

⁵ For links to all regulations related to the Danish Barnahus model, see https://sbst.dk/boern/overgreb/boernehuse/om-de-danske-boernehuse (accessed 29 October 2023).

the national centre known as Barnafrid at Linköping University coordinates a network for professionals involved in Barnahus and gathers and disseminates knowledge about violence against children. Swedish Barnahus still struggle with a number of problems, however, for example variations among the local Barnahus in terms of medical examinations, support, and psychological treatment, as well as unclear legal regulations for information exchange among collaborating agencies (Barnafrid, 2019).

Documentation and Evaluation

Fifthly, national authorities in the different Nordic countries have not been equally invested in documenting and evaluating the Barnahus model—which is a means to identify not only service efforts and outcomes, but also imbalances and other unintended consequences of the model's organisation, affiliation, and regulatory frameworks, and to instigate changes if necessary. In Norway, the national authorities have commissioned two evaluation studies (Bakketeig et al., 2012, 2021; Stefansen et al., 2012), both tasked with making recommendations on how to secure the dual mandate of the model and ensure equal provision across the country, and for different groups. A third evaluation study is ongoing and focuses on how the Barnahus model works for adults with intellectual disabilities, who also have the right to facilitate forensic investigative interviews. Sweden's national authorities have commissioned three evaluation studies of the Barnahus model (Åström & Reimer, 2008; Kaldal et al., 2010; Barnafrid, 2019). The first evaluated the pilot project with Barnahus at six locations, while the second included the 22 local Barnahus that existed at the time. The third was more limited in the types of empirical data it gathered compared to the prior evaluations, vet it included all 32 local Barnahus in existence at the time (Barnafrid, 2019).

How the aim of the evaluation has shifted over time is interesting to note. While one central task in the initial evaluation was to assess effectiveness in relation to criminal proceedings (Swedish Ministry of Justice, 2005), the main aim for the third evaluation was to evaluate whether

the collaboration between agencies had fulfilled the national guidelines and criteria for Barnahus (Swedish National Police Agency 2009) and to identify good examples and potential deficiencies in order to improve quality and equivalence in the treatment of victimised children (Swedish Ministry of Social Affairs, 2018). In addition to the three commissioned evaluations, one evaluation by Save the Children Sweden in cooperation with Linköping University, financed by the Crime Victim Fund, was undertaken in 2013. This evaluation focused on evaluating and grading the 23 participating local Barnahus in relation to the criteria defined in Sweden's national guidelines (Landberg & Svedin, 2013).

To our knowledge, neither Iceland, Denmark, nor Finland have commissioned full-scale national evaluation studies of their Barnahus models as of 2023, although some studies do exist. The Danish Appeals Board (Ankestyrelsen) conducted an evaluation of the implementation of the "Abuse Package" (Overgrebspakken) in Denmark's municipalities in 2015. While almost all the municipalities used Barnahus and experienced them as beneficial, approximately half reported challenges with delays, coordination issues, and geographical distance (Danish Appeals Board, 2015, p. 3). Later, this picture seems to have become more multifaceted. In 2023, the Danish Appeals Board investigated the reasons for the regional variations in the use of Barnahus among Denmark's municipalities. The results indicated that variations were related to different interpretations of legislation, organisation, and capacity in the municipalities, motivation among children's parents, collaboration between the municipalities and Barnahus, and whether the municipalities experienced the involvement of Barnahus as being beneficial. A small-scale study, involving six children, has also been conducted about the children's experiences after being interviewed at Barnahus; the children's main message was that they wanted more of what Barnahus were already doing (Børnehusrådet, 2016). In addition, Spitz et al. (2022) have reported on the results from a pilot study related to the provision of medical examinations. The Danish National Board of Social Affairs and Health also monitors a national database in which yearly Barnahus-related statistics are gathered and reported on in order to enable research and evaluation.⁶ In Iceland, a study is currently being prepared on children's well-being both before and after they arrive at Barnahus and how they experience their arrival there; smaller-scale studies have been conducted on other issues, such as PTSD symptoms among children referred to Barnahus.⁷

The Cross-fertilisation of Ideas

While the establishment of Barnahus in the different Nordic countries has followed different implementation paths (Markina et al., 2019, p. 22), the national models are also affected by developments in the other Nordic countries: what may be interpreted as an ongoing crossfertilisation of ideas. The model in Iceland inspired both the Swedish and Norwegian Barnahus models. In contrast to the Icelandic model, which for a long period of time was restricted to cases of sexual abuse (Johansson et al., 2017b), these models were implemented with a wider target group from the start, encompassing both sexual abuse and physical violence; in Norway, children exposed to violence among other family members, typically their parents, were also included. In 2015, inspired by the Barnahus models in the other Nordic countries, Iceland expanded its target group to include physical and domestic violence. Another example is how, following the implementation in Denmark and the legal changes that paved the way for the Danish Barnahus model, the issue of a specific Barnahus law was discussed in both Sweden and Norway. In Norway, the issue of a specific Barnahus law or regulation was part of the mandate for a commissioned evaluation study, which suggested that the issue should be discussed at a later point, since the Norwegian model was already highly regulated (Bakketeig et al., 2021).

As will be illustrated in the next analytical section on the Barnahus diffusion in Europe, the development in the Nordic countries has to a large extent influenced developments at the European level. More

⁶ See https://boernehuse.dk/lovgivning/tal-og-undersoegelser/ (accessed 6 September 2023) and https://sbst.dk/boern/overgreb/boernehuse/igangvaerende-undersoegelser-med-boernehusdata (accessed 17 October 2023).

⁷ Personal communication, Ólöf Ásta Farestveit.

recently, however, developments at the European level have also "fed back" towards the ongoing Barnahus development in the Nordic region. In the future, acknowledging cross-fertilisation tendencies from Europe to the Nordic region will also be important, with the Barnahus model moving towards a "transnational field" where exchange and translation loops can take place across many directions over time. One example is through the increased influence from the PROMISE network and the Council of Europe (CoE), which could potentially affect the Nordic Barnahus models as well.

Early European Diffusion: Different Contexts, Varied Setups

At both the European and global levels, guidelines and policy documents on child-friendly justice stress the importance of close multidisciplinary collaboration in child-friendly facilities (Council of Europe, 2007, 2010; EU Agency for Fundamental Rights [FRA], 2015; UN Economic and Social Council Resolution 2005/20; CRC/C/GC/12); some specifically mention Barnahus as an example of a promising, holistic practice (Council of Europe, 2010; Johansson et al., 2017b, pp. 1-5). The CoE also argues that the Barnahus model has inspired its standard-setting work and that the principles of the model today are reflected in a number of legal and policy instruments on the rights of the child: within monitoring committees such as the UN Committee on the Rights of the Child and the Lanzarote Committee, as well as in European Court of Human Rights case law (Council of Europe, 2023, p. 5). One of the objectives of the Council of Europe Strategy for the Rights of the Child (2022-2027) is to continue to promote the Barnahus model, including through cooperative projects with member states (Council of Europe, 2023). The diffusion of the Barnahus model both in the Nordic region and throughout Europe as a whole can thus be understood partly as flowing from these supra-national policies, although the timing of implementation is also related to specific national conditions and processes (Johansson & Stefansen, 2020).

In recent years, and supported by the EU and the CoE, the PROMISE stakeholder network, sometimes termed the "European Barnahus movement," has played a key role in promoting and facilitating the diffusion and implementation of the model throughout Europe (Johansson & Stefansen, 2020). The network consists of various organisations and actors—including state actors from the Nordic and European countries, professionals, experts, various NGOs (such as Save the Children, the World Childhood Foundation, and the Empowering Children Foundation), and more—all involved in the promotion of the Barnahus model. The members of PROMISE conduct advocacy work by arranging seminars and conferences and by providing study visits and links to research milieus; PROMISE has also created possibilities for countries to be supported through the implementation process, for instance by trainings, expert consultations, and webinars. PROMISE has also published a series of reports on the model's history, rationale, and potential (Wenke, n.d.); a compendium and links to international legal frameworks and guidance, such as the UN Convention of the Rights of the Child (O'Donnell, n.d.), a stakeholder strategy toolkit (PROMISE, n.d.), and a set of quality standards or guidelines that can be applied across jurisdictions when setting up and evaluating national Barnahus models (Haldorsson, 2019).

These policy-making and standard-setting measures are examples of the general trend towards transnational regulation within many policy fields. This concept captures how law increasingly extends beyond the borders of nation-states, particularly through the implementation of different forms of "soft regulations" such as standards, norms, and guidelines. These types of legal extensions are often intertwined with the diffusion of travelling ideas, such as the Barnahus model (Djelic & Sahlin-Andersson, 2006; Zumbansen, 2010; Cotterrell, 2012; see also Ponnert & Johansson, 2018; Johansson & Stefansen, 2020). This intertwining makes such extensions difficult to separate from the idea itself once they successively meld together, at least on a symbolic level.

In 2023, the PROMISE network had 26 member countries, mostly within Europe, involved in or working to implement the European

Barnahus quality standards in their respective national settings. In addition, several countries are in the process of establishing the Barnahus model with the support of PROMISE. According to the CoE's mapping study (2023), as many as 28 CoE member states have established Barnahus and/or Barnahus-type services, and more states either are in the process of setting up national Barnahus, or public debate or advocacy is underway for establishing Barnahus. When PROMISE describes its vision, it emphasises Barnahus as an evolving model that can "be adapted to different legal, socio-economic and cultural contexts"; PROMISE notes that "all Barnahus and similar services progressively develop excellence in practice according to international law and to the Barnahus quality standards".9

In this section, we will sketch the ongoing diffusion and implementation of the Barnahus model throughout Europe by providing some illustrative country examples. These examples do not fill the purpose of describing each country's Barnahus implementation; rather, they illustrate tendencies and variations within the Barnahus diffusion, implementation, and translation process at the European level. We focus on some of the lines of division we have identified among the Nordic countries, including steering and regulation, the role of the state, and sector affiliation. The country examples are based on the PROMISE network's map and webpage documentation, as well as data from evaluations, reports, or reviews when available. We should note, however, that research on European Barnahus models is still very limited, probably due to the early phase of Barnahus diffusion and implementation in Europe; the CoE's mapping study also acknowledges this limitation, noting that "very few countries have proceeded with evaluations of the services they [have] put in place", which prevents monitoring, establishing an empirical base for development, and assessing impact (Council of Europe, 2023, p. 98).

⁸ Network map: https://www.barnahus.eu/en/greater-network-map/ (accessed 17 October 2023).

⁹ See https://www.barnahus.eu/en/vision/ (accessed 17 October 2023).

Steering and Regulation

Firstly, similarly to our comparison of the Nordic Barnahus models and their implementation processes, steering and regulation (both hard and soft) seem to differ. Some countries have focused on revising their national legislation and developing specific Barnahus regulations. As an example, Slovenia opened its Barnahus in 2022, as a partner country in PROMISE and with the Ministry of Justice as a founding member. The implementation followed a joint EU-CoE project that laid the groundwork and (according to PROMISE) developed a comprehensive Barnahus law, adopted in 2021, to include children who were both victims of and witnesses to crimes. 10 The Barnahus law was developed with guidance from the European Barnahus quality standards (Haldorsson, 2019) as well as specialist training (see Kaldal, 2020). The Slovenian Barnahus law targets Barnahus as a whole, including all activities in Barnahus. One important factor to note, however, is that the activities mentioned are mainly focused on the pre-trial forensic investigative interview with the child. The law thus is mainly applicable to the investigative interview and related activities, which includes assessing and providing the child with necessary psychological support in connection with the interview. The law does not, for example, focus on the events before or longer after the pre-trial forensic investigative interview, or the coordination of parallel criminal and child welfare investigations. The multidisciplinary collaboration depends largely on the court order to summon agencies to a preparatory consultation meeting before the pre-trial hearing of the child, to which the child welfare services will be summoned and in which the agencies involved have the right to exchange information. A representative from the child welfare services can also monitor the investigative interview from a separate room. The Barnahus law also states that Barnahus should include medical examinations, although the role of Barnahus in this respect is primarily supportive because Barnahus is not a medical facility and has no medical staff. The Slovenian Barnahus has child counsellors who follows children

¹⁰ See https://www.barnahus.eu/en/slovenian-barnahus-law-in-english/ (accessed 17 October 2023).

through their visits at Barnahus and provides them with crisis support and psycho-social assistance as well as information (Kaldal, 2020).

Another example is Germany, where (according to PROMISE) the legislation on video-recorded interviews for victims of child sexual abuse has changed; such interviews are now mandatory, unless the child objects. Scotland is also making progress towards legal changes that support the European Barnahus quality standards. In 2020, again according to PROMISE, an NGO called Children First joined forces with Victim Support Scotland, Children England, and the University of Edinburgh to create a Barnahus in Scotland, supported by the People's Postcode Lottery. In both Scotland and Northern Ireland, researchers have closely followed the planning involved in the establishment of the Barnahus model (see Devaney et al., Chapter 9; Lavoie et al., Chapter 3). Due to the wider political situation, as of 2023, the adoption of the Barnahus model is only being considered in Northern Ireland; no announcement of the model has been accepted or rolled out so far. In Scotland, however, the first Barnahus opened in September 2023. The Scottish model lacks either a statutory or legal basis, but a roll-out of additional local Barnahus is being backed financially, and in policy terms by the Scottish government. The government has produced standards for Barnahus in Scotland, 11 informed by the PROMISE European Barnahus quality standards. In Scotland, the Barnahus model is planned plan to work with children who have experienced a range of harms, as well as those who pose a risk to others if aged under 12 years old, which is the age of criminal responsibility in Scotland.

The Role of the State

Secondly, the role of the state in the Barnahus implementation is not as tangible in the European countries as it is in the Nordic region. Rather, the importance of NGOs in terms of financing, establishing, and running Barnahus is more evident at the European level of diffusion and implementation. Barnahus in Poland, for example, are operated

¹¹ See https://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/bairns_hoose_standards.aspx (accessed 17 October 2023).

by local NGOs with a national network coordinated by the Empowering Children Foundation. Poland was a pilot country in PROMISE and set up Barnahus at five locations, launched between 2017 and 2019. Comparably, Germany was a pilot nation (and now is a partner country) in PROMISE. The first Barnahus in Germany launched in Leipzig in 2018, with support from the World Childhood Foundation and coordinated by the University Clinic Leipzig. Additional locations have opened in (or are opening in) seven locations in Germany to date. Overall, Germany's case seems to be a partial and slow roll-out of the Barnahus model, compared to countries such as Denmark for example, where the implementation was state-driven, nationwide, and simultaneous. The first Barnahus in Scotland is also funded by a philanthropic source and run by an NGO, although the Scottish government has committed to the model by providing funds to establish another five to six local Barnahus there. The local Barnahus are planned to be run by local authorities in partnership with police and NGOs.

Sector Affiliation

Thirdly, several country examples show how the healthcare sector seems to play a more central role in terms of *affiliation* in Europe's Barnahus implementation than has typically been the case within the Nordic region. In Germany, for example, the local Barnahus in both Leipzig and Heidelberg are affiliated with children and youth medicine divisions of university hospitals and are co-funded by the World Childhood Foundation, while in Berlin the Barnahus is affiliated with the six ambulances dedicated to child protection in the city (Markina et al., 2019). In England, the Lighthouse launched in 2018 in London, with the healthcare sector in the lead. England was also a pilot in PROMISE 2015–2017, and in 2016 the Havens opened, jointly commissioned and funded by the commissioners of health and the police.

By knowing how early affiliation can affect the continuous institutionalisation of the Barnahus model, as in the case of the Norwegian Barnahus model's affiliation with the justice sector (Stefansen et al., 2023), we can further explore how an affiliation within the healthcare sector might influence the adaption and continuous institutionalisation of the Barnahus model in these European contexts.

Multiple Adaptations Across Europe

To summarise, large discrepancies seem to exist between the different European Barnahus established. The diffusion and ongoing implementation differ to a large extent among the different countries, including aspects such as funding, affiliation, and regulation. Several implementations appear to be more integrated in the healthcare system, and NGOs play a key role in many countries, not only in the promotion of the model but also in the actual implementation and running of Barnahus, at least at this rather early phase of the European diffusion and implementation. In other countries, the EU and PROMISE, or sometimes combinations of different grant fundings, have been more central to the establishment and financing. As an example, Latvia has a project funded by European Economic Area (EEA) and Norwegian grants that supports the establishment of Barnahus, quality improvements in crime investigations, and the furthering of the Barnahus model implementation. Another example is Lithuania, where the Support Centre for Sexually Abused Children opened in 2016, with support from EEA Grants and as a pilot country in PROMISE. According to PROMISE, the centre is unique among the European Barnahus models in that it enables children and their caregivers to stay overnight.

Another dimension of variation concerns the target group. Today, the target group of Barnahus in the Nordic countries includes children who are victims of both sexual and physical abuse, while several European countries that have launched Barnahus have limited the target group to sexual abuse cases. This situation is interesting, given the broad target group defined in the European Barnahus quality standards, which guide much of the European diffusion process; the standards include victims and witnesses of all forms of violence, according to article 19 in the UN-CRC (Haldorsson, 2019). The criminalisation of violence and abuse

against children also differs among the countries, which in turn will affect the scope of the target group.

Our comparative analysis, which illustrates major local variations related to the ongoing diffusion and translation process of the Barnahus model in Europe, is similarly reflected in the mapping study of Barnahus in Europe initiated by the CoE, which concluded that "the Barnahus model eludes a fixed definition" (2023, p. 5). The CoE's mapping study revealed that differentiating among Barnahus, Barnahus-type, and other multidisciplinary and interagency services is difficult; the study showed how the institutional setup, target groups, scope, and reach of the services varied among the member states (Council of Europe, 2023).

Theoretical Framework: Institutional Tensions and Logics

What then do the diffusion, implementation, and translation processes of the Barnahus model in different institutional settings mean in terms of institutional tensions and dilemmas? Johansson and Stefansen's (2020) previous analysis underlined the importance of how the model is adapted into different contexts due to varied institutional conditions, which contrasts with the arguments put forward by PROMISE, which emphasises the flexibility of the model in terms of multiple possible adaptions. Ponnert and Johansson (2018) noted how the implementation of the Barnahus model in different Nordic contexts has been characterised by an interplay between juridification and standardisation, developing differently in different countries, as well as over time. Given this background, the authors of the chapters included in this book dig more deeply into and discuss the institutional conditions of the model in various contexts, specifically focusing on which different institutional tensions arise and how they might possibly be balanced.

As an overall starting point, the institutional theory of organisations forms a fruitful base for exploring the *institutional tensions* that arise in inter-organisational collaborations such as the Barnahus model. Those who hold an institutional perspective argue that organisations are

influenced and permeated by their surrounding institutional environments—built up by rules, norms, and beliefs, including those codified in criminal and social welfare law—which also creates boundaries and interdependencies among organisations within a given field (DiMaggio & Powell, 1983; Scott, 2008). The institutional elements surrounding organisations within a given field shape how organisations think and act (Scott, 2008). Just as institutions have both symbolic and material sides, organisational life is both structurally determined and agency driven; in that sense, organisational life is not static but rather is constantly negotiated and undergoes changes and adaptions, as we have already shown is the case for the Barnahus model in the Nordic countries.

Increasingly, researchers and others have acknowledged that institutional environments are not homogenous but rather are contested and contradictory, often imposing conflicting demands on organisations and the professional actors within. Researchers have increasingly looked at power, strategic action, and translation processes. When a collaboration context spans several fields and jurisdictions—such as in the Barnahus model—the collaborative processes involved become more complex and can lead to various tensions. The Barnahus model may be said to be permeated by the institutional tension between justice and welfare: a tension that must be negotiated and balanced in collaboration (Johansson, 2011, 2017). But the Barnahus model is an institutional idea that has developed within the context of Nordic welfare states (Johansson et al., 2017b), which probably means that permeating tensions such as justice and welfare might be experienced and interpreted very differently in other contexts. The ways in which such tensions play out in different manifestations of the model thus need to be empirically investigated.

The concept of "institutional logics" refers to interpretative schemas associated with control structures and decision-making systems, as well as organising principles, comprising material rules of conduct and symbolic structures, all of which can be linked to individual organisations in a specific collaborative context (see Friedland & Alford, 1991; Thornton & Ocasio, 2008; Scott, 2008; Reay & Hinings, 2009; Thornton et al., 2012). In relation to collaboration in Barnahus, the tension between the *criminal law-oriented logic* and the *treatment/recovery-oriented logic* is perhaps the most central, yet these logics also have internal tensions, for

instance between the crime victim and the suspect/offender (within the criminal law-oriented logic), and, in the recovery-oriented logic, between child protection and family support (Johansson, 2011, p. 126). Such tensions are yet to be fully understood.

The Barnahus model also entails practices that are hybrid in nature; one example is the medical examination, which ideally should serve a dual purpose of securing evidence (for criminal cases) and identifying healthcare needs and providing treatment (for the recovery process). Members of the Barnahus staff, similarly, have tasks related to both criminal cases (such as coordinating the investigative interview) and the welfare track, such as identifying children's needs for protection, health care, and psycho-social support or treatment and providing or coordinating follow-up. These tasks may overlap in time or be more prominent in different stages of case processing.

In this book, we argue that the concept of institutional logics can be a useful lens for identifying and understanding institutional tensions. Several of the chapters in the book combine this overarching institutional lens with other theoretical and analytical tools, relevant for the specific type of tensions analysed in each chapter. For analytical purposes, we have divided the various institutional tensions into different dimensions or types of tensions, even though they often overlap in practice and are difficult to discern from each other.

Outline of the Book

The book is subsequently divided into four parts. In the first three parts, we examine different types of institutional tensions: legal, organisational, and professional-ethical tensions. In the fourth and final part, we explore how different tensions can be balanced in order to (ideally) reach the goal of holistic service provision in cases of violence and abuse against children. Finally, we discuss several key conclusions based on the contributions in this book. The importance of this final discussion is that it may provide guidance to countries that are currently considering implementing, or are piloting, the Barnahus model.

Legal Tensions

The first focus of the book is what we call legal tensions, i.e. tensions stemming from different laws and regulations related to the agencies involved, and to children being victims of or witnesses to violence and abuse. What is generally considered violence against children can vary between contexts, for example depending on whether corporal punishment of children is prohibited or not. In some legislations, causing a child to witness violence in the family is criminalised. In Norway and Sweden, for example, children who have experienced violence against their parents and other close family members are also formally considered aggrieved parties in criminal cases (in Norway since 2010 and in Sweden since 2021). A common feature in Nordic children's law is the growing emphasis on children as holders of individual rights. The implementation of the UN-CRC is one explanation for this emphasis, although we must acknowledge that such reforms have been implemented at different times, and with varying legal means and statuses within the Nordic region, such as by ratification, transformation, or incorporation. Even though the children's rights perspective has a strong standing in the Nordic region, these differences illustrate varied degrees of institutionalisation that may lead to different legal tensions. The UN-CRC contains several rights that in turn require balancing acts. Numerous studies have shown that the relationship between the two considerations of protection and participation is complicated, for example (Eriksson, 2012; Kaldal et al., 2010; Paulsen, 2016; Bakketeig & Backe-Hansen, 2018; Heimer et al., 2018). A tension might occur between children's rights to participate according to the UN-CRC and their position as victims. Victims (and witnesses) have limited control over their participation, and children's views are not decisive when performing investigative interviews. Furthermore, article 12 in the UN-CRC includes the right to be informed, which can collide with the investigative interests of a criminal case. Thus, the tension between children's capacity as witnesses and their right to a child-friendly approach, versus investigative interests and safeguarding the rights of the suspect, is a dilemma within children's access to (legal) justice (Stefansen et al., 2017, p. 340; Kaldal, 2023).

In the first part of the book, two chapters explore legal tensions in particular. Andersson and Kaldal (Chapter 2) apply a children's rights perspective in their analysis, based on the standpoint that Barnahus represents an outflow of children's rights to protection from all forms of violence and abuse, according to the UN-CRC. They discuss dilemmas related to the fact that the target group in the Swedish Barnahus model is defined by what constitutes a criminal act, and whether this close connection between what is generally considered a crime against children and the definition of the Barnahus target group may exclude children who are subjected to violence and abuse from gaining access to Barnahus services—in conflict with children's rights according to the UN-CRC.

Drawing on examples from Northern Ireland, Lavoie and colleagues (Chapter 3) broaden the discussion on the concept of justice in a Barnahus setting by underlining the significance of understanding justice from the position of children and their families. The authors discuss justice tensions related to the potentially conflicting needs of the victim and offender, between justice and welfare, and between child protection and participation. Some of the dilemmas they examine are the possible tension between securing child-friendly justice in Barnahus and how, in the UK system, doing so may involve a risk of reducing the evidential value of the child's statement, as well as between different perspectives on justice within the multidisciplinary systems involved in Barnahus.

Organisational Tensions

A second focus is what we call *organisational tensions*: those related to governance and organisational affiliations. As illustrated earlier, comparisons of the different Nordic Barnahus models have shown important variations in how the model has been implemented (such as being a pilot project or a permanent institutional setup), whether the government is involved, and how the model is regulated, affiliated, and coordinated. In some countries, for example, the model is strongly connected to the police, while in others the child welfare services or the courts are more involved, thus leading to different organisational tensions and dilemmas. As an interagency model, Barnahus also involves activities that belong

under different fields of governance and cooperation between several organisations. The Barnahus model is thus ideally a hybrid organisation, yet this hybridity is challenging and can lead to tensions, where some perspectives risk becoming more dominant than others within the collaborative practice.

In this part, three chapters investigate different aspects of organisational tensions. Stefansen and colleagues (Chapter 4) examine the role of medical examinations in Barnahus, using the Norwegian Barnahus model as an empirical example. Medical examinations have a dual mandate: to gather evidence for criminal cases and to identify people's healthcare needs. Although the goal is to offer medical examinations to all children referred to Barnahus, in practice such examinations are primarily conducted in the few cases where the prosecutor deems them relevant for a criminal case. Thus, they serve a limited role in the welfare track of this particular Barnahus model. Previous efforts to upscale towards universal provision have so far been unsuccessful. The authors argue that the *institutional inertia* (Aksom, 2022) or standstill that characterises the situation is linked to three types of institutional barriers: long-standing routines catered to criminal cases, regulatory complexity and inconsistencies, and a lack of resources.

Ponnert (Chapter 5) investigates how the Swedish social welfare services' investigations in cases of violence against children are affected both by internal structures and collaboration with Barnahus. She asks what happens with social workers' risk assessments when they are both filtered internally between different units and in relation to Barnahus and a criminal law-oriented logic. By using interviews with social workers as the empirical input and using institutional and discretion theory as analytical tools, she finds that the immediate protection assessment at the intake units may be affected (and delayed) by new intra-organisational interpretations of the legal framework, the division of work between different units, and the Barnahus procedure itself. She argues that multilayered juridification processes can represent an apparent risk for "accumulated silence" when children disclose violence, and as cases are passed on between professionals.

Andersen (Chapter 6) examines the work of the permanent staff of Barnahus to safeguard and support children in Barnahus, particularly in the follow-up phase after an investigative interview—which she conceptualises as "interstitial work". Based on qualitative data from Norwegian Barnahus, she suggests that the loose regulatory regime of the Norwegian Barnahus model in the early years of implementation gave the Barnahus staff ample room for carving out a distinct and highly context-specific practice catered to each child's needs—although the model was affiliated within the justice sector. For this practice to continue, however, she argues that stricter regulation of the welfare mandate of Barnahus may now be necessary.

Professional and Ethical Tensions

Since the Barnahus collaboration implies a balancing of competing institutional logics, we must also address a third set of tensions, which we call *professional and ethical tensions*. Such tensions include the analysis of power dimensions and professional identities in the Barnahus collaboration as a way of furthering the knowledge and potential of multi-professional work against violence towards and abuse of children. Role conflicts and conflicting interests between the different professionals involved in the collaborative work of Barnahus are important factors to address; the same applies to ethical dilemmas in the treatment/reception of the children and families they meet.

In this part of the book, two chapters explore different dimensions of professional and ethical tensions. Johansson and Stefansen (Chapter 7) discuss tensions related to the target group of Barnahus by analysing policy documents (such as standards and regulations) as well as Barnahus practice (through evaluation and research reports). Using Sweden and Norway as in-depth cases, they focus on the inclusion and exclusion of different groups of children, acknowledging discrepancies between formal and actual target groups. Their chapter brings forward dilemmas related to the fact that children are positioned differently—as aggrieved parties, as vulnerable individuals, and as family members—all of which significantly affect both children's access to Barnahus and which services they may receive there. This situation illustrates the ethical dilemma of some children being eligible for Barnahus services while others are not.

Magnusson and Ernberg (Chapter 8) discuss professional and ethical dilemmas related to investigating and adjudicating cases of child sexual abuse against preschool children in the Swedish criminal justice system. Based on archival cases (both prosecuted and not prosecuted) and survey data with prosecutors, police interviewers, and Barnahus coordinators, they describe several challenges related to interviewing and assessing statements from preschool children. While Barnahus can potentially help alleviate some of these challenges, the existing system has several limitations, including the limited number of medical examinations, variations in practice regarding the presence of medical personnel in consultation meetings, and limited access to specialised staff to conduct forensic investigative interviews. They also discuss how time delays and limited access to specialised staff could adversely affect criminal justice investigations and young children's access to child-friendly justice.

Balancing Institutional Tensions

The legal, organisational, and professional-ethical tensions permeating the Barnahus model ideally all need to be balanced and, to some extent, also in relation to each other. In the fourth and final part of the book, we investigate how *institutional tensions* may be balanced in Barnahus, thereby advancing the field's knowledge and ultimately improving justice and recovery efforts for child victims of violence and abuse.

In this part of the book, two chapters especially discuss the balancing of institutional tensions. Devaney and colleagues (Chapter 9) highlight considerations related to introducing the Barnahus model in Northern Ireland and Scotland. Based on data involving policy-makers and senior managers with an interest in the child welfare and criminal justice processes, their findings indicate risks of a juridification tendency in various UK models as well. They find that the discussions have started from ideas of what Barnahus should deliver to ensure that the justice system can meet its objectives rather than starting with children's needs and rights; they argue for the need to shift the perspective to focus more on upholding children's rights, promoting child safety, and supporting children in their recovery.

Bakketeig and colleagues (Chapter 10) relate important lessons from the contributions in this book to key principles found in the PROMISE European Barnahus standards. One important message in this chapter is that the balancing of institutional tensions is a complex and ongoing task that requires closer attention to how the various national systems into which the model is implemented, adapted, and translated affect which tensions and imbalances manifest across jurisdictions and over time. In-depth national studies are important, but to understand how different institutional tensions may be balanced, comparative research is also necessary.

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