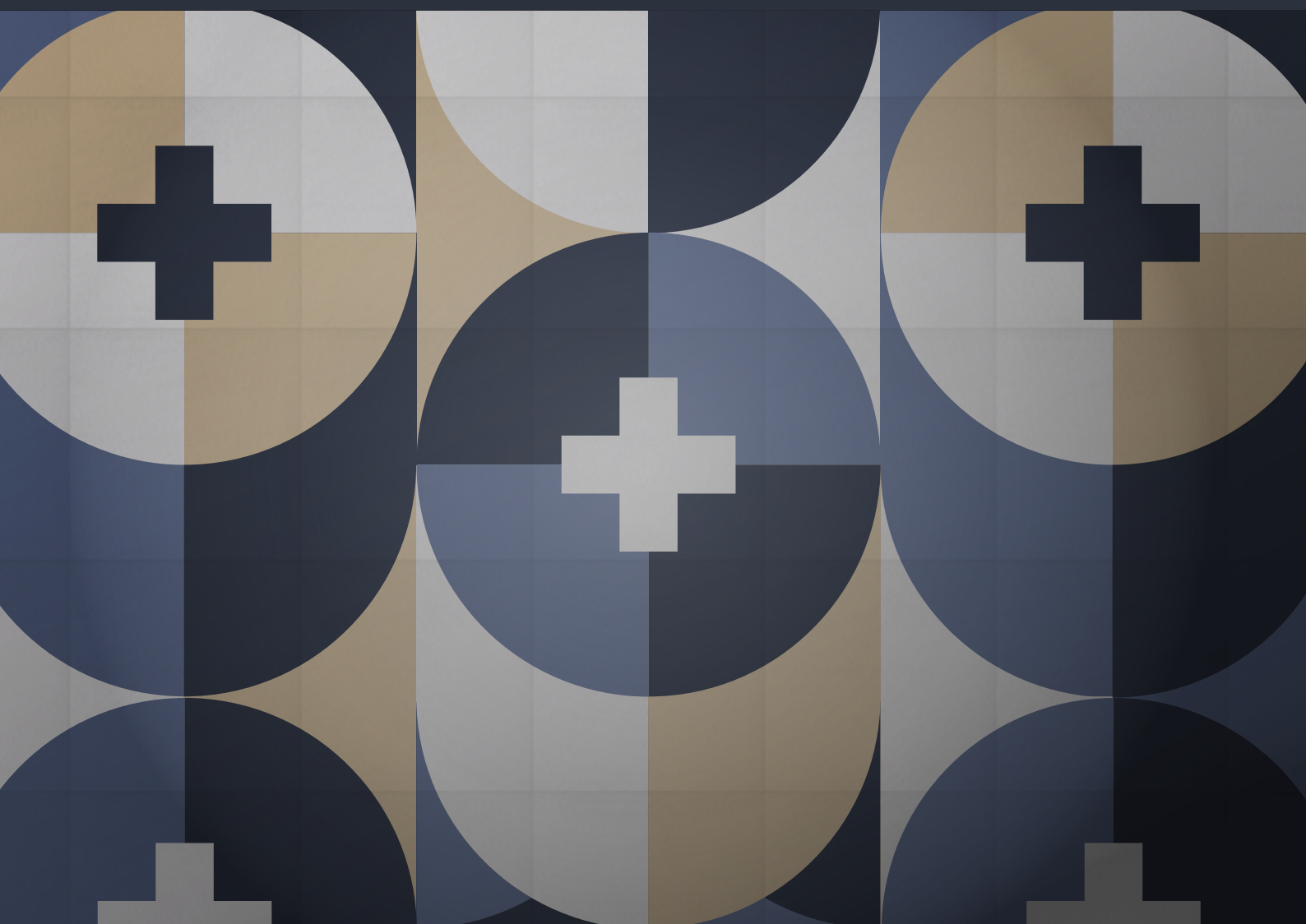


Healthy Foundations

Understanding the health offer within Aberdeen City and Aberdeenshire Bairns' Hooses

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Executive Summary

Findings from a short research project undertaken over a six-week period in early 2026 are presented here to explore a range of health services and their contribution within the Bairns' Hoose. Perspectives on potential health involvement following a disclosure of child abuse have often tended to focus heavily on the provision of forensic medical examination and/or child protection medical assessment to support a child protection investigation. This approach risks overlooking the significant contribution that a range of health staff can make at each stage of the child protection process, alongside their role in supporting recovery and potentially preventing future harm by early identification of health needs.

The study focused on two Bairns' Hoose pathfinder sites¹ - Aberdeen City and Aberdeenshire. These Bairns' Hoose sites currently (2026) have health support from a nurse coordinator, speech and language therapist and assistant, and child and adolescent mental health lead from NHS Grampian. In addition, specialist Child Protection paediatric examinations (health and wellbeing assessments) are conducted by the child protection paediatrician with the majority undertaken in the Royal Aberdeen Children's Hospital alongside a limited number of examinations undertaken in the medical room in the Aberdeen City Bairns' Hoose. Plans are in place to ensure the room can be used for Joint Paediatric Forensic examinations in the near future. A health room will also be available to be used for health assessments within the Aberdeenshire Bairns' Hoose in Kemnay, but the space will not be used for Joint Paediatric Forensic Examinations. Clinical governance oversight is provided through the Lead Nurse for Child Protection, the Lead Paediatrician for Child Protection and the Lead for Allied Health Professionals.

This briefing outlines learning about the offer and role of health staff in the care of children across two Bairns' Hoose sites. Specifically, it focuses on three areas: their contribution to supporting children in the planning for formal joint investigative interviews through identification of children and young people's communication needs; considering children and young people's wider health needs, including the support given to children and young people whose health needs may not have been previously identified without the Bairns' Hoose health offer, to facilitate tailored support; and the ways in which health staff can contribute to support for recovery from experiences of abuse and harm.

Key Learning

This report examines the health offer within Bairns' Hoose in Aberdeen City and Aberdeenshire, drawing on learning from the pathfinder phase to inform future development and sustainability. The preliminary findings highlight the potential positive impact of a coordinated, trauma-informed, and multidisciplinary health approach in identifying, assessing, and responding to the health needs of children and young people affected by abuse and harm—particularly those whose needs may otherwise have gone unmet.

Evidence from the pathfinder sites demonstrates that health staff, working as part of a multi-agency team, play a central role in reviewing referrals to Bairns' Hoose and ensuring timely,

1. The Scottish Government have funded six Bairns' Hoose 'pathfinders' and four other local Bairns' Hoose 'affiliates' in an effort to implement whole systems change utilising the Barnahus approach in different locations across Scotland.

appropriate responses. The introduction of a dedicated health coordinator role has been impactful, facilitating access to wider health services and strengthening engagement with children and young people who may previously have been overlooked, including those not in education. Early evidence suggests this role has enhanced continuity of care and improved system navigation for vulnerable groups.

Specialist inputs have further strengthened the Bairns' Hoose model. Speech and language therapy (SLT) has supported children's engagement with the Scottish Child Interview Model (SCIM) and other services by identifying and addressing communication needs, while also contributing to improved outcomes in both child protection and recovery processes. Similarly, the development of collaborative practices with Child and Adolescent Mental Health Services (CAMHS) has enabled regular consultation and support to Children First Advocacy, Rights and Recovery workers. Evidence suggests this has enhanced workforce confidence, promoted shared learning, and supported more effective responses to children with a wide range of needs.

Early implementation of a general health and wellbeing assessment led by a consultant paediatrician within the Bairns' Hoose environment also shows promise. Initial feedback suggests that delivering care within this setting improves the experience for children, families, and professionals, reinforcing the value of a child-centred, trauma-informed approach.

At a strategic level, the report identifies key opportunities for strengthening and sustaining the health contribution to Bairns' Hoose. Locally, there is a need to embed core roles - including the health coordinator, paediatric services, SLT, and CAMHS - as permanent posts within child health and allied health teams that have a clear remit to work within the Bairns' Hooses. This should be supported by appropriate IT infrastructure to ensure integration with wider clinical systems. Such investment would enable health boards to extend their reach to vulnerable children and young people who are less likely to engage with universal services.

Nationally, the findings raise important considerations for policy and practice. These include the potential for routine health assessments for all children discussed at Interagency Referral Discussions (IRD), and the provision of dedicated SLT support to meet communication needs within child protection and recovery pathways. There is also scope to explore alternative funding mechanisms, particularly in recognition of the contribution of SLT to justice processes.

The importance of a whole-family approach is also emphasised. Future planning should consider the integration of adult mental health and adult learning disability services to support parents and carers, recognising their role in enabling recovery for children and young people. In addition, there is a need for national guidance to ensure equity of provision across Scotland, including clarity on the health coordinator role and minimum service expectations.

Policy gaps remain regarding eligibility and access. In particular, further clarity is required on how services meet the needs of 16- and 17-year-olds, especially those not in education, and whether Bairns' Hoose support should extend to care-experienced young people receiving throughcare and aftercare up to age 25. Addressing these issues is essential to ensuring equitable, rights-based access to services.

While the pathfinder phase has demonstrated strong outcomes and innovative practice, there is concern about the long-term sustainability of the Bairns' Hoose health offer. Securing permanent investment and embedding these roles within core service provision will be critical. This aligns with the responsibility of health boards to support public protection, uphold human rights, and deliver equitable, high-quality care for vulnerable children, young people, and their families.

Introduction

When children and young people are identified as having experienced abuse or maltreatment, they often interact with multiple systems and services. These include child protection, the justice system, healthcare, and the third sector, responding to children's needs for safety, justice, and recovery. Navigating these overlapping systems can be complex and overwhelming for children and their families, potentially leading to further distress or harm.

The European Barnahus model is a globally recognised, evidence-informed approach designed to support children, young people, and families affected by abuse and maltreatment. Its primary aim is to meet children's needs while minimising the risk of secondary victimisation and further harm. It is a multidisciplinary child protection model that brings together a range of coordinated services in a safe, child-friendly environment. Barnahus is intended to be formally integrated into national systems and is grounded in the principles of the UN Convention on the Rights of the Child. The term "Barnahus" means "children's house" in Icelandic.

The Scottish approach to the Barnahus model is known as 'Bairns' Hoose'. Bairns' Hoose is designed to provide a child-centred, trauma-informed, multi-agency response for children who are victims or witnesses of abuse or violence, and for those under the age of criminal responsibility whose behaviour has caused significant harm. The model integrates justice, health, child protection, and recovery services ideally under one roof, aiming to reduce re-traumatisation and improve outcomes for children and families (Scottish Government, 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, 2022). As such, the Scottish Government have funded six Bairns' Hoose 'pathfinders' and four other local Bairns' Hoose 'affiliates' in an effort to implement whole systems change utilising the Barnahus approach in different locations across Scotland. To aid the development and implementation of Bairns' Hoose, a set of standards were published in 2023 which outline the core standards expected of Bairns' Hoose in Scotland (Health Improvement Scotland, 2023).

This research briefing reports on findings of a short-term research project carried out by a senior health professional Dr Stephanie Govenden, acting as a Visiting Fellow at the University of Edinburgh. The research focused on understanding what the health offer is in two Bairns' Hoose Pathfinders in the north-east of Scotland. Stephanie's professional role as Lead Paediatrician for Child Protection in NHS Highland allows for insight into child protection and health services.

Aberdeen City and Aberdeenshire Bairn's Hooses

Aberdeen City and Aberdeenshire are 'Pathfinder' sites which means they are tasked with early testing and embedding of the Bairns' Hoose approach within local contexts. As part of the Pathfinder phase, the University of Edinburgh, working with the University of Bedfordshire, partnered with two of the participating Bairns' Hoose Pathfinder Partnerships to carry out an independent formative evaluation of the development of the Bairns' Hoose model in each partnership locality. These partnerships are led by two adjacent local authorities, Aberdeenshire Council and Aberdeen

City Council, and involve the Crown Office and Prosecution Service (COPFS), NHS Grampian, Police Scotland, the Scottish Children's Reporter Administration (SCRA), the Scottish Courts and Tribunal Service (SCTS) and the voluntary sector, represented by Children First. These learning partnerships have been operational since February 2024.

This study is part of the existing learning partnership between the University of Edinburgh and the Aberdeenshire and Aberdeen City Bairns' Hoose partnerships (see also: Duncan et al., 2025; Mitchell et al., 2025; and Mitchell et al., 2025). This focused review was developed by the University of Edinburgh to support the Pathfinders to begin to understand the context, value and challenges of the current health offer in the Aberdeenshire and Aberdeen City Bairns' Hooses.

Scottish Policy and Guidance Context

Scottish statutory responses to child protection concerns

Scotland's child protection system, and consequently its health service response, are underpinned by a combination of primary legislation, national policy, and international conventions. Key statutes include: the Children (Scotland) Act 1995; the Children and Young People (Scotland) Act 2014; the Children (Equal Protection from Assault) (Scotland) Act 2019; the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021; the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 and the Children (Care and Justice) (Scotland) Act 2024.

Together this legislation embeds children's rights in practice and sets expectations for multi-agency planning. The law places a legal duty on local authorities and health boards to jointly produce Children's Services Plans on a three-yearly cycle. The acts provide important protection for the human rights of children and young people in Scotland and make clear that all individuals under 18 in the care and justice system are to be treated as children. In Scotland, within social work and police agencies, teams have statutory powers to protect children from harm and there is provision for key senior roles such as the Chief Social Work Officer. Social work services have lead responsibility for enquiries relating to children who are experiencing or are likely to experience significant harm, and assessments of children in need. The police have lead responsibility for criminal investigations relating to child abuse and neglect; and share responsibilities to keep children safe. It is required that these statutory agencies make informed decisions considering information provided by health staff.

However, unlike other parts of the UK, the legislative framework in Scotland does not provide a statutory basis for the machinery of child protection. This means that although national guidance for child protection exists in relation to health, health boards can decide their safeguarding arrangements based on local priorities and needs. This can result in a lack of specialist expertise in child protection for children in some localities leaving practitioners isolated and unsupported, particularly in rural or remote areas. For example, one nurse may be doing the child protection work for the health board in a rural locality, whereas larger boards could have a clinical team of staff to provide a child protection service. This results in an inequitable provision of care for children and families across Scotland, with the potential for inequalities in support between health boards. In contrast, statutory national guidance in England places a legal duty on police, health and social work to coordinate their safeguarding partnership

activities. This provision sets out the responsibilities of health staff, and this includes statutory roles for senior health staff, statutory national guidance and a statutory basis for child protection registration.

Bairns' Hoose Standards relevant to health

The health provision in the Bairns' Hoose is informed by the National Bairns' Hoose Standards (2023). Of the eleven Standards two are specifically relevant to the health offer:

Standard 8: Health and wellbeing

My physical, emotional and mental health is looked after. Someone helps to plan appointments and I'm supported to attend.

Standard 9: Therapeutic recovery services

If me or my family need help, we can speak with someone who understands what we are going through. I get the help and support I need to recover.

Methodology

Research aims

This study aims to:

1. provide a brief contextual description of safeguarding role and processes currently provided by health services.
2. describe what health disciplines can be accessed within i) Bairns' Hoose and ii) through the Bairns' Hoose clinical networks (for example, speech and language, paediatrics, CAMHS) and what potential contribution these teams can make to the care of a child in Bairns' Hoose.
3. identify evidence of contributions made by the health teams in both sites to support both the child protection investigation process and the care and experiences of children and young people seen within the Bairns' Hoose, from the perspectives of health staff based within the service.
4. consider the capacity required for sustainable health service provision within the Bairns' Hoose model.

Research questions

This study sought to answer the following research questions:

- How does and might health, as an agency, support different children and young people through the Bairns' Hoose?
- How can we make changes to health services and offers sustainable?

What we did

This was a short-term qualitative study planned to be completed within six weeks, with the researcher being a Consultant Paediatrician who was released from clinical duties for the duration of the study on a period of sabbatical leave. Semi-structured interviews were carried out with health staff connected to the Bairns' Hoose and those working alongside them on Teams or in person. In addition, there was a day shadowing the Bairns' Hoose health coordinator as well as observation of a health professionals clinical governance meeting.

In total, 10 interviews with 11 professionals (one joint interview) were carried out and one meeting observation of the Bairns' Hoose health professionals' group was completed. One day of shadowing the Bairns' Hoose health coordinator also informed the results of this study. Inductive approaches to collect and analyse the data were used. Ethical approval was granted through the University of Edinburgh and informed consent obtained for all those interviewed or observed.

Limitations

This was a short and focused piece of work with interviews undertaken primarily with health professionals. Therefore, the findings should be viewed as being potentially focused on health perspectives and drawn from a relatively limited group of staff. Direct perspectives from children and young people or their families were also not sought. Due to the timing of the study, the main hub of the Aberdeenshire Bairns' Hoose was undergoing renovation and therefore the space at this site was not explored, but the health provision to the service was considered fully.

Findings

3.1 Local Health Context

Health is one of the four key service offers or ‘rooms’ of the Bairns’ Hoose model. Children’s health needs after violence and abuse will vary, spanning multiple different services, and interplay with their wider safety, recovery and justice needs. Under the umbrella of ‘health’, there are multiple services with relevance for supporting child victims of violence and abuse. Key health components of the Bairns’ Hoose model being considered in Aberdeen City and Aberdeenshire include: medical examinations (comprehensive and forensic), speech and language support, school nursing, and child and adolescent mental health support. Health care for children is provided by the local health board, NHS Grampian, which serves both Aberdeenshire and Aberdeen City. Delivery of health within the Bairns’ Hoose is subsequently significantly affected by a commitment to operate ‘soft boundaries’ across the two Pathfinders.

Children’s contact with health support in a Bairns’ Hoose pathway may include some form of medical examination.² In Scotland there are different types of medical examination which may take place after a disclosure of abuse: forensic medical examination, and a (non-forensic) comprehensive medical assessment (Scottish Government, 2023). While forensic medical examinations are understood to be required for assessment of any injuries, comprehensive medical assessments may be undertaken with a larger cohort, such as in the case of chronic neglect, other unmet health needs or historic sexual abuse. Comprehensive medical assessments are undertaken to identify wider health, or treatment needs and can help to address (and ideally ease) children’s and families’ concerns about the health impacts of abuse (Stefansen et al., 2024)³. Forensic and comprehensive medicals currently take place at the Royal Aberdeen Children’s Hospital although a small number of comprehensive medicals have also taken place in Aberdeen City Bairns’ Hoose.

Beyond medical examinations, there has been less clarity about the scope of the Bairns’ Hoose health offer. This may, in part, be due to a lack of national guidance in relation to the Bairns’ Hoose health room. Potential additional relevant health services supporting Bairns’ Hoose could span (but are not limited to): health visiting, general practice, school nursing, child and adolescent mental health (CAMHS), sexual health, occupational therapy, physiotherapy, speech and language therapy, dentistry, and child community health. This demonstrates both the potential breadth of the potential Bairns’ Hoose health remit and the complexity of representing ‘health’ at a strategic level through only one or two individuals. Partners acknowledge existing gaps in the provision of a comprehensive plan of health support to children following a disclosure of abuse but recognise Bairns’ Hoose as an opportunity to tackle this.

In 2025, both sites jointly secured funding for the appointment of temporary NHS Grampian Bairns’ Hoose health posts (funded by the Scottish Government) operating as ‘tests of change’

2. Joint paediatric forensic examination or single doctor examination

3. In Aberdeen City: In the twelve-month period 1 August 2024 to 31 July 2025, a total of 84 medicals (forensic or comprehensive) took place for children living in Aberdeen (source: Aberdeen City Council). In Aberdeenshire: In the period October 2024 to September 2025, 18 medicals (forensic or comprehensive) were undertaken for children in Aberdeenshire in response to child protection concerns (Source: Aberdeenshire Local Authority)

to trial future health offers in both Aberdeenshire and Aberdeen City Bairns' Hoose and identify potential impacts (Mitchell et.al 2025:48). These include:

- **a FTE health coordinator** (across the Aberdeenshire and Aberdeen City Pathfinders), with a remit to explore holistic health needs and how to coordinate these within the Bairns' Hoose model and vision.
- **a 0.6 FTE paediatrician** (split across the two Pathfinders), with a remit to explore delivery of forensic medicals within Aberdeen City Bairns' Hoose, as opposed to a hospital setting. (This post was not appointed).
- **two part-time speech and language posts** (split across the two Pathfinders), one highly specialist speech and language therapist (0.6FTE) and one therapy assistant practitioner (0.4FTE), supporting the joint investigative interview processes and enhancing referral pathways.

The challenges and areas for development from a health perspective identified in the Aberdeen City and Aberdeenshire Bairns' Hoose Key Learning for Change Programme Theory Reports (see Mitchell et al., 2025 and Mitchell et.al., 2025) are as follows:

Challenge 1: Identifying opportunities to enable sustainability of new health roles

Challenge 2: Ensuring commitment of all health partners and bringing new partners to the table

Challenge 3: Enabling equity of health provision and building workforce capacity

Challenge 4: Supporting effective information-sharing

Alongside the challenges identified there are also some differences in the health offer (as described above) provided by the Aberdeen City and Aberdeenshire Pathfinders. While health staff are allocated an equal amount of time for both partnerships, the difference in the facilities means there is a different health offer in each site, for example no forensic medicals are planned to be undertaken in the Aberdeenshire Bairns' Hoose site. Both Bairns' Hoose sites have agreed to continue to share their health facilities and resources so children can have access to care throughout the area regardless of where they live, and where they need to access acute and longer-term care and support. This is in part possible because Aberdeenshire have adopted a hub and spoke Bairns' Hoose model. This means delivering Bairns' Hoose services through rooms or buildings in six different geographic areas of Aberdeenshire beyond the central Bairns' Hoose hub in Kemnay, which together cover the whole of the Aberdeenshire area.

3.2 What is the health offer in the Bairns Hooses?

I think people that work in health realise how massive a machine that health is, and as massive as it is, a lot of services don't talk to each other. ... And I think when you've got children that have already experienced trauma and are already trying to navigate systems, or, families of children that have experienced trauma, and trying to navigate systems ... so we know by default, they're not gonna access health, they don't like professionals and that kind of thing. So, making it a one stop shop and an easy thing to navigate I think is really important.

(Professional 11)

The standard role of health in child protection is to participate in Inter-agency Referral Discussions (IRD) and to provide medical assessment where this is required. The Bairns' Hoose provides an opportunity to broaden the health offer to children and their families affected by abuse and maltreatment. Health staff in Bairns' Hoose support children of all ages at various stages of the child protection process, from disclosure to interview and through their recovery. Across both the Bairns' Hoose sites, health staff offer a number of services:

- a) Sharing of health expertise and information on individual children in a multidisciplinary context within the environment of the Bairns Hoose through, for example: participation in IRDs; helping to support children, who have not previously managed an examination in a hospital environment, to undergo one and have that evidence added to their investigations; providing focussed discussion on children by a health team with expertise of physical and mental health difficulties. Children's vulnerabilities and communication needs are given particular attention in the context of recovery, advocacy and support.⁴
- b) Supporting Joint Investigative Interviews (JIIs) by delivering specific speech and language assessment of communication needs prior to interviews and supporting interview planning.
- c) Providing a paediatrician-led medical examination (forensic medical or comprehensive medical) to meet the needs of children and young people who require an examination to gather evidence for an investigation and carry out an assessment of wider health needs.
- d) Providing a tailored health assessment to the individual needs of the children themselves and their families where possible, and every child accepted to receive services within the Bairns' Hoose will receive some form of health assessment unless they are already well supported by health services. Health needs assessments are directed to health staff who may have an existing relationship with those children, but for any that do not, the health coordinator will step in to ensure that is completed.

3.3 Bairns' Hoose as a mechanism to support the lives of children and young people to meet unmet health needs

Evidence from those interviewed indicates that the Bairns' Hoose health offers provided by the health co-ordinator, speech and language service and Child and Adolescent Mental Health Ser-

4. This is currently held weekly in Aberdeen City and fortnightly in Aberdeenshire.

vice (CAMHS) were actively supporting the identification and addressing of children and young people's unmet health needs.

All professionals interviewed recognised the specific role of Bairns' Hoose in offering a service which directly addresses the health needs in relation to the harm a child may have experienced. However, they also highlighted the opportunity Bairns' Hoose offers in identifying other broader health issues and preventing future harm associated with ongoing unmet health and developmental needs.

Particularly in cases like neglect, we know that there can be such a wide scope of unmet health needs... I think that for very young children what we know is that, you know, you've got a real opportunity there to address the neglect before it becomes chronic and before it really impacts on that sort of developmental and educational trajectory. So for me, sort of bringing the youngest children into a Bairns' Hoose setting should just really cement the principles of early intervention, you know, get all of the services and place early, start on a pathway and a plan to make sure that needs are met so that so that you are sort of mitigating, I guess, the potential harm from the abuse or the neglect.

(Professional 2)

The role of the health coordinator

was seen as pivotal to delivering early intervention and holistic health principles through the Bairns' Hoose. The health coordinator appears to do this by:

- focusing on early intervention and adopting a holistic health focus
- joint working with other health professionals
- working in a flexible way that meets the needs of children and young people and families.

Those interviewed provided insight into the unique task and role of the health coordinator in Bairns' Hoose. The Bairns' Hoose coordinator:

1. acts as a single health contact for agencies within the Bairns' Hoose and a gateway to wider health service support.
2. identifies health staff who may already work with children to support them indirectly, or by undertaking a health assessment and supporting examinations.
3. links in with the multidisciplinary Bairns' Hoose team and other health services, where needed, so professionals can agree the best course of action for each child's health.
4. offers health support to children and young people sensitively and in a way that is supportive but not overwhelming.
5. has a role in reviewing health records for evidence of need and engagement with health care services. The health coordinator shares relevant information with other agencies to support child protection processes such as interviews and reminds and supports parents and carers of missed appointments, vaccinations and dental care, or any other relevant health issues.

6. helps bridge the gap between recovery and health services by offering healthcare and building trust so that young people may be more likely to take up a focused psycho-social recovery offer when they feel ready to do so.
7. supports children who are seen within the Bairns' Hoose for medical examinations through professional understanding of the child's mood and behaviour. Based on understanding of every child's age and stage of development and through play and collaborative approaches, the health coordinator prepares a child for their clinical assessment and enables them to be sufficiently receptive to having an examination.

■ **Early intervention and holistic health assessment**

The role of the health coordinator offers an ideal opportunity to make an early assessment of a child's health needs and then facilitate the ongoing support of a child's health needs, in a trauma-informed manner, through their existing networks. This can help play a role in reducing some of the inequalities in service provision by supporting those who may be at a disadvantage due to their experiences. There is recognition that the population of children and young people referred to the Bairns' Hoose is likely to include those that have previously been marginalised from services and/or found it hard to keep appointments

... I think the health coordinator role is absolutely key because they're that gateway to all of the other health services that exist and ...they will be able to develop that skill, that specialism, that expertise about, you know, having understood this young person's needs, what is it that they required to access to make sure that all of their health needs are...being met as part of their Bairn's Hoose journey.

(Professional 6)

■ **Joint working with other health professionals**

Operationally, the health coordinator also draws on the expertise of the other health staff (consultant paediatrician, clinical nurse lead, speech and language therapist, CAMHS clinicians and recovery workers) who are all recognised as having key information to understand unmet health needs. Joint working between health staff enhances the information and decision-making when assessing and supporting the unmet health needs of children and young people.

Yeah, so [the health coordinator] and I probably...spend quite a lot of time kind of together working ... So, I guess it's kind of that she brings a bit of the picture, I bring another bit of the picture and we kind of put the puzzle together and work out what the best kind of support package for that child would be...we look at, have you got unmet health needs? ... You know, is there unmet need with the family?

(Professional 9)

■ **Working flexibly to meet needs of children and young people and families**

The health coordinator appears to address a gap in health provision to adolescents no longer in education and therefore closed to the school nurse service. The example below describes an offer of health support accepted by a young person who felt they were not ready for direct recovery support.

[The health coordinator] also went and did an assessment for a 16-year-old who was a school leaver...there wasn't enough evidence to kind of go for a forensic medical So...[the health coordinator], met with her and did just a general SHANARRI [wellbeing] health assessment to kind of understand, you know, make sure that she was okay health wise, you know, and,... from that [the young woman] was able to say that she's never been to a dentist since she was a toddler. So [the health coordinator] ...was able to...reach out to different health bits, so her health needs were...met, So again, you know, recovery from that young person's point of view was her health needs and, you know, from having our Bairns' Hoose health coordinator, we were able to... offer her that.'

(Professional 4)

The health coordinator appears to offer an additional opportunity to support children and families who may previously have been hard to reach in relation to health services. The health coordinator aims to make the process accessible and support onward referrals, so families find it easy to access and more likely to use the help offered to them.

If the child or young person has accepted health support but are yet to accept a recovery worker, the health coordinator can also be a trusted person to help them keep their appointments and see to their needs, especially if they don't have that support at home.

....not every area has invested in the health coordinator role, and I think there's really huge value in that role ... I think it is really important to have somebody there that's advocating strongly for health because I think some of the learning has showed us that health has maybe not quite always been as well embedded within some Bairns' Hoose units as, you know, potentially sort of, child protection processes, SCIM interviews, etc.

(Professional 2)

Speech and language support - providing additionality to existing multidisciplinary child protection processes

Since the Bairns' Hoose model was introduced, input from speech and language therapy has been observed to fill a gap in service provision for children and young people. Police and social work interviewers can request the speech and language team input to understand if any child that may need an interview could have communication needs. When children are identified in the IRD as potentially having communications issues the speech and language specialist reviews the child's health records and provides a written plan to highlight strategies that interviewers can use without compromising the interview in any way. SCIM team staff report that use of these strategies has in their view enabled more children to disclose harm where previously they might not have been able to.

The importance of the input from the speech and language therapy team was discussed by several staff from both health and social work teams. Professional 1 for example, discusses the support for joint investigative interviews:

I think it's huge for speech and language because when you looked at the IRDs that were done before, there was very little thought about, shall we, knowing there's communication difficulties, let's get speech and language involved to see what communication support there could be. But it's happening now and it just, we just didn't do that.

(Professional 1)

Speech and language input to the Aberdeen City and Aberdeenshire Bairns' Hooses has provided a new process for identifying children and young people with communication needs. Assessments have been undertaken significantly faster than if requested via routine SLT outpatient services. In this respect, Speech and Language Therapy in the Bairns' Hoose is a distinct and tailored service:

...roughly from the point of ...SCIM asking... [and] getting information from {speech and language therapist}, either from a direct assessment or from liaison, [the work involved is] like ... one and a half working days. So, it's a very quick turnaround. Whereas like, I mean, [for non-Bairns' Hoose Aberdeen City referrals] ..., you're like a kind of 40-week wait for a full assessment.

(Professional 9)

Children have also presented to the Bairns' Hoose whose communication needs have not been recognised by education professionals, which highlights the difficulties in identification of need even for children who are already involved with a number of services. Professional 9 highlights this through an example working with a school-aged child who was about to be interviewed by the members of the SCIM team:

because the [SCIM interviewer] that was going to do the interview wanted him to have a speech therapy assessment Education said there's nothing wrong with his communication. But when [the speech and language therapist] looked on Trak [they] could see actually he's open to CAMHS learning disability team. He's had years and years of input... So, this was a kid who was in a learning base like full-time, [whose learning age was about 5 years behind his actual age]...So I think that was a good example of, we can't solely rely on that, and we need to be upskilling the people who are sitting in on IRDs or meeting these kids to dig a bit deeper and think.

(Professional 9)

Speech and language therapy practice example

This example of practice is drawn from information provided by several professionals interviewed.

A child known to social work had no verbal ability and his sibling had disclosed more than once that the child was subject to harm from their parents. Social work teams were notified of disclosures by the sibling on a number of occasions, but no evidence of injury was ever found, and the affected child could give no account. Social work agreed they needed a different approach and liaised directly with the speech and language therapist who knew the child. They advised that he had some ability to communicate by writing and gave advice on specific techniques that the interviewers could use. SCIM interviewers spent two weeks preparing and used all the techniques recommended. During that interview, the child was finally able to disclose his experiences of harm.

3.4 Linking up health services and recovery support within the Bairns' Hoose

All those interviewed recognised that recovery for children affected by abuse goes beyond health, and that health needs were perhaps, at times, a starting point for many children on their healing journeys.

Holistic health assessment

Many staff discussed that the health coordinator being able to undertake holistic health assessment was a gateway for the identification of any health needs and this was a significant and complimentary part of the wider recovery service provided by Children First within the Bairns' Hooses.⁵

I think that in order to get recovery right, you need that holistic health assessment because that holistic health assessment should be doing a couple of things. It should be sorting out any unmet health needs that might provide barriers or challenges to a child or young person's ability to engage with therapeutic recovery, and it should also be identifying any kind of accessibility needs, again to make sure that they can be factored into any offer of recovery and support.

(Professional 2)

Acting as a bridge to recovery and therapeutic support

It was recognised that the health coordinator role can act as a bridge for some young people to engaging with recovery work and therapeutic services. The health coordinator's role, while closely linked to the work of the recovery worker, crucially maintains a health focus and the needs of children are viewed through a health lens, to aid the recovery work.

5. An holistic health assessment is a comprehensive, person centred evaluation of a child's holistic health needs-based on GIRFEC's eight wellbeing indicators (SHANARRI).

...they (recovery workers in Aberdeen City Bairns' Hoose and health professionals) have a case discussion once a month ...for families that they're already open to, that they take back and they say, this is what I've done, and then at that point we look for unmet health needs....Also, because we've got such good links with recovery workers, they'll email me and say 'I'm really concerned about [a child], she's not eating, she's self-harming ...is there any support out there? And I will then go into her medical records and see, is she open to the school nurse, or has she ever been? Can we link and do those onward referrals or link in the recovery worker with the school nurse if the school nurse is doing work so the recovery worker can speak to the school nurse about her concerns.

(Professional 11)

Child and Adolescent Mental Health Service (CAMHS) providing advice and support

The CAMHS service within the Aberdeen City and Aberdeenshire Bairns' Hoose Pathfinder sites is part of the larger CAMHS work in NHS Grampian. Bairns' Hoose is considered another route to their service, but they do not prioritise a child who had been seen within the Bairns' Hoose over another child on their waiting list. No additional funding for the Bairns' Hoose has been made available specifically and their service must balance equity of provision within the whole population they serve.

Support from a CAMHS practitioner within the Bairns' Hoose was reported by Professional 2 to provide helpful advice to multidisciplinary professionals working in the Bairns' Hoose. One CAMHS practitioner supports the work of the Bairns' Hoose by being involved clinically in assessing referrals alongside health colleagues to understand the needs of the children and young people attending. Additionally, CAMHS offers support to the wider team via monthly consultations. Staff described the impact of this support from their perspectives:

We have a senior child psychotherapist who joins us ...for an hour and a half, once a month to do case discussions. So, we can have case discussions from a multidisciplinary ... level, you know what I mean? And that's really helpful... And we've also got a member of CAMHS who's part and parcel of our referral meetings. So again, you know, that's multidisciplinary, you know, so referrals are looked at from a child protection perspective, from a health perspective, from... you know, their recovery perspective.

(Professional 4)

Children First Advocacy, Rights and Recovery workers are also given the opportunity to discuss the children they are working with, thinking about the child's circumstances in the multi-agency context and CAMHS can discuss the children and consider if a child might need their additional support. In those cases, a 'choice appointment' is offered where CAMHS will provide an assessment of a child who needs, it if that is appropriate, but ultimately children found to require CAMHS support will be placed on a waiting list which runs at 9 to 10 months. One health professional interviewed suggested the form of consultation employed within the Bairns' Hoose setting in Aberdeen City and Aberdeenshire, and the support offered, may help change the narrative that CAMHS must step in for all mental health needs.

Speech and language therapy providing training and advice

The speech and language therapist has also offered training and specific support to recovery workers in the Bairns' Hoose, equipping them with additional skills and resources to do their role.

Yeah, so we would, a lot of it has been just around supporting the ARRs [Advocacy, Rights and Recovery workers] to do, you know, they're the trauma recovery specialists, essentially, it's just about how do we support them to do their job, really. ... like that came from an ARR just approaching me in the office and saying, this kid's non-verbal and he just screams when I come into the house and I just don't know how to build a relationship with them. What do you think? And I said, well, I think intensive interaction and I'm happy to give you some input around that. So, it might not necessarily be direct work, but it's supporting other people.

(Professional 9)

The speech and language therapist has provided specific training on the use of Talking Mats to aid communication, use of visual supports and how to identify communication needs to 61 multidisciplinary professionals in the first year of their role (across both sites).

3.5 Thinking about sustainability and the longer-term vision for a health offer within Bairns' Hoose

The question of sustainability

Despite the positive views of Bairns' Hoose held by those interviewed, there was also fear and uncertainty over its sustainability and future funding given the current funding arrangements. Health staff recognised that they may not be able to continue to support the service through current arrangements and believed this would be detrimental to the health provision offered to children and their families. One professional described for example, the impact of the speech and language therapy input and the need for it to become embedded practice.

My hope would be in the future that the government see this as more of an ongoing issue and actually that the funding is continued or at least supported in part from the Scottish Government ... and /or that speech and language therapy come within [NHS] core funding in the Bairns' Hoose and not seen as a test of change it should not be a test of change because of the amount of impact that we can, that we demonstrate on a daily basis.

(Professional 8)

One response to these concerns has been a deliberate focus on Bairns' Hoose staff training in order to mitigate against any future withdrawal of the speech and language service from Bairns' Hoose.

There was a preference for the Bairns' Hoose health offer to be funded permanently from recurring budgets within the NHS board, to ensure the roles were embedded in ongoing health service provision, and services maintained:

A view that the Bairns Hoose needs to be integrated into the health board, you know, so your IT, the Trak access, enable laptops, whatever. So, there's none of this um... boundaries, you know, if the coordinator needs to contact someone or needs to access the notes, they can do it

(Professional 10)

Vision moving forward

Evidence highlighted a clear vision for the health offer in a Bairns' Hoose which specifically aimed at enhancing children's health outcomes. Alongside this there was a recognised potential of Bairns' Hoose to support the early intervention to children requiring statutory services and improving their holistic health needs.

Bairns' Hoose was viewed to offer a key opportunity to improve children's health by offering individually tailored services for those affected by abuse and maltreatment.

'I think genuinely we have to always be thinking, any child that we ever see ... to think about the child's holistic health. If they come near us in Bairns' Hoose, I want to think that they leave Bairns' Hoose healthier children. I genuinely think that's an opportunity. ... So that's what I would like NHS Grampian to have achieved.'

(Professional 3)

The coordination of care that the Bairns' Hoose can facilitate was seen as central to this.

I guess it's just, wouldn't it be good if we take every opportunity when we've got child protection concerns, to see what we could do to stave people off a path that really signs them up to statutory, you know... compromises their parenting and doesn't build on the strengths they've got. How much better to link up with mum's mental health, with grief counselling, [or] with CAMHS support where it's necessary...

(Professional 7)

There was a strong focus amongst those health staff interviewed about the future recovery work that may be possible, including, for example, further input from CAMHS and speech and language therapists to support communication needs.

There's definitely more training and more ask than we ever thought there would be, and ... [to] have more of a speech and language therapist than what the whole time equivalent that [we currently have].

(Professional 8)

Providing support to parents was recognised as being essential to ensuring children's own recovery:

But that's obviously going to have limitations when we come to thinking about adult family members... How is that addressed? It's likely to be mental health, isn't it? And again, there'll

be a range from formal psychiatric needs, which are either known or become evident... some, some, they'll just be pleased business has been dealt with, but others [parents] will be pretty traumatised. And as you know, a lot of them will be pushing the needs of the child ahead of their own, which in the short term is a pretty reasonable thing to do but in the long term has consequences.

(Professional 10)

Many staff also see Bairns' Hoose as an opportunity to provide targeted support for the adults who were instrumental to the lives of children affected by abuse and harm. Creating a space for parents who are not yet ready for treatment could be supportive and bridge the gap between adult mental health services which is focused on treatment delivery and the need for care when adults are not ready for treatment. Similarly, within speech and language there was a sense that Bairns' Hoose was an opportunity to work with parents and through this, parents are enabled to better support their children to recover from their experiences.

I would like to haveparent groups...within Bairns' Hoose, so like in ...community child health, we would do kind of early language groups say, and that purely focuses on...supporting parents to learn how to play with their children and ...I think the population in the Bairns' Hoose, ...that's the families that, you know, ...like we know they're not going to attend. We don't know how we can make it easier for them to attend. But the feedback that I hear from the families that come into the Bairns' Hoose is that they really open up to whoever's on duty, you know, when they're in the building, you know, it feels like a really safe space. So, to me, having those ...play-based groups, but where we're giving really good support for how to nurture your child's communication would be a really good use of time.

(Professional 9)

There is emerging evidence that Bairns' Hoose provides an alternative route into health services for children and families who have found accessing services through other routes difficult. Children and families' contact with Bairns' Hoose therefore provides a unique opportunity for early intervention, preventative and therapeutic health interventions that might otherwise cause more serious health consequences in the future.

Need for National Guidance on the health offer

At a strategic level, it was suggested that specific national guidance could be introduced to ensure a consistent and equitable Bairns' Hoose health offer across geographical localities.

I think that the government's vision, there is a need to provide a national guidance too, because national guidance is really important and you know, you can see how well the, you know, the national child protection guidance, for example, shapes practice. So, I think there absolutely is a need for national guidance.

(Professional 2)

How can we make that change sustainable?

From the views of the staff interviewed, the NHS commitment to Bairns' Hoose would be most suited to being developed as part of NHS services, within existing arrangements for child health. The uncertainty around the future funding of the Bairns' Hoose services has caused challenges for staff who are seconded or working on fixed term contracts.

Further tests of change are planned, for example, a part-time paediatrician post within Bairns' Hoose. From the interviews and observations carried out, there was support for a clear structure to embed the Bairns' Hoose within health services, so it remains visible and contributes to the wider Health Board work of public protection.

An important consideration regarding sustainability would be to consider the ways in which supporting the holistic health and recovery of children, young people and their non-offending parent within Bairns Hoose represents a form of preventative care. Identifying and addressing unmet health needs in a safe environment that supports families to accept health services could be a significant step forward in reaching people that have not traditionally accepted these interventions. For example, speech and language assessment with the subsequent support to address communication needs, not only helps in the immediate sense of interviews or recovery work but also goes to the heart of the population of children and young people who may require additional support as they get older. The Royal College of Speech and Language Therapists have estimated that over 60% of young people in contact with youth justice have difficulties with speech, language or communication and only 5% have their needs identified before they enter the system (Royal College of Speech and Language Therapists, 2024). These statistics demonstrate the scale of unidentified and unmet needs that is likely to also be reflected in the population of children that access Bairns' Hoose.

Similarly, early mental health support to children and young people who have experienced trauma may help them to have different responses to future life stresses and better coping strategies. As we know Bairns' Hoose serves a population (victims of child abuse and maltreatment) who will have significantly higher incidence of mental health symptoms such as PTSD, Depressive symptoms, anxiety disorders than the general population.

In the longer-term, effective use of Bairns' Hoose to provide targeted support can strengthen protective factors for children and families, such as positive parenting or engagement in education and communities, and minimise or prevent the need for additional services in the longer term, for example, those addressing problematic drug and alcohol use in young people.

Next Steps

We would suggest the following next steps:

- In order for this work to be long lasting and sustainable, consideration should be given to the inclusion of the Bairns' Hoose specific health coordinator nurse role, paediatric services, SLT and CAMHS as permanent posts within child health and/or allied health teams to ensure continuous support to Bairns' Hoose with appropriate IT connectivity as would be used in peripheral clinical sites. The work of the Bairns' Hoose is in accordance with the national requirement for health boards to support public protection services in line with human rights legislation, the national child protection guidance and the NHS public protection assurance and accountability framework to provide equity of provision and support for vulnerable children and families
- Health boards should consider how the work of the Bairns' Hoose can support their wider reach into the health of vulnerable children and young people who tend to engage less closely with universal health services than the general population.
- Nationally, the example of the work of health teams within the Aberdeen City and Aberdeenshire pathfinder sites raises consideration of the need for routine health assessment of all children discussed at IRD and specific speech and language support to Bairns' Hoose for child protection processes and ongoing recovery work targeted at children and young people with unmet health needs including communication difficulties. It may be that funding can be sought from areas other than the health service – for example in recognition of the impact that speech and language therapy has to offer to justice processes specifically, this may be a potential source of future funding to explore.
- For future planning, engagement of adult mental health support and adult learning disability input to Bairns' Hoose for parents and carers with identified needs could support whole family recovery from experiences of abuse and harm – and also reduce service accessibility issues for this group.
- The development of specific national guidance for health boards would ensure greater equity of provision of Bairns' Hoose support to all communities, including an understanding of the health coordinator role.
- The study raises the question of how the needs of 16- and 17-year-olds are met under the provisions of human rights legislation in Scotland and the national guidance for child protection. Unless there is compulsory education up to age 18, we cannot ensure that 16- and 17-year-olds who leave school will get the same support as those who remain in education – due to the lack of access to school nursing. There should be clear guidance for child protection partnerships to apply the national guidance to all young people under 18 years to ensure equity.
- At a national level there should be clarity over who is entitled to the services of the Bairns' Hoose and in particular if this should extend to young people in receipt of throughcare and aftercare up to age 25.

Conclusion

In conclusion, evidence from this small-scale study suggests the health offer within a Bairns' Hoose holds potential to act as a vital and evolving mechanism to better support children and young people in addressing previously unmet health needs. It appears that in the two sites considered in this study the role of the health coordinator is central in enabling a more holistic assessment of each child, ensuring that physical, emotional, and developmental needs are considered in a coordinated and child-centred way and also responded to in a timely way. By strengthening links across services, including CAMHS, the model promotes earlier intervention and more seamless pathways of care that are fully integrated with the provision of Joint Paediatric Forensic medical examinations and the work of child protection paediatricians.

The inclusion of Speech and Language Therapy expertise in the Bairns' Hoose has not only enhanced the quality of support available but also addressed a previously unidentified gap in service provision – supporting children and family's engagement in a range of processes including forensic interviews and recovery support. Furthermore, the up skilling of staff across the workforce by Speech and Language Therapy and CAMHS contributes to a more confident, informed, and responsive system, ultimately improving outcomes for children and young people.

Looking ahead, the vision for the Bairns' Hoose health offer is one of continued development and impact - enhancing children's overall health and wellbeing, reducing escalation of need, and diverting children away from statutory services where appropriate. By responding earlier and more holistically, the model has the potential to create lasting, positive change in children's lives. However, sustainability remains a key challenge. Participants consistently highlighted the need for the health offer to be embedded within recurring NHS Board budgets to ensure its longevity. In addition, there is a clear call for a coordinated national strategy to support consistent implementation and investment. Without these structural commitments, there is a risk that the progress made to date cannot be maintained or scaled. Ensuring sustainable funding and strategic alignment will therefore be critical to securing the future success of the Bairns Hoose health offer.

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