

Recommendations and questionnaire to foster child inclusion in the Barnahus processes

Creation and implementation of VOICE questionnaires to anonymously collect the experiences and opinions of children, adolescents and their caregivers

Charité – Universitätsmedizin Berlin

Clinic of Child and Adolescent Psychiatry,
Psychosomatics and Psychotherapy
Augustenburger Platz 1, 13353 Berlin

Dr. med. Kerstin Stellermann-Strehlow

Specialist in Child and Adolescent Psychiatry
kerstin.stellermann-strehlow@charite.de

Dr. med. Astrid Helling-Bakki

Specialist in Pediatrics and Adolescent Medicine
Senior Advisor
astrid-christina.helling-bakki@charite.de

Rebecca Menhart

Research Associate
Psychological Psychotherapist in Training (TP/PA)
Section for Trauma Consequences and Child Protection
rebecca.menhart@charite.de

Dr. pol. Rita Horvay

Research Associate
rita.horvay@charite.de

Gina-Melissa Semrau

Research Associate
Section for Trauma Consequences and Child Protection
gina-melissa.semrau@charite.de

Sarah Nopper

Student Assistant
sarah.nopper@charite.de

Prof. Dr. med. Sibylle M. Winter

PROMISE Elpis Project Lead
Deputy Clinic Director of the Clinic of Child and Adolescent
Psychiatry, Psychosomatics and Psychotherapy
University Professor of Trauma Consequences and Child
Protection
Head of the Child Protection Outpatient Clinic and
Childhood-Haus Berlin
Head of the Trauma Outpatient Clinic
Head of the Child Protection Team
sibylle.winter@charite.de

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Authors of the protocol:

M.Sc. Gina-Melissa Semrau, Prof. Dr. Sibylle Winter, Charité Berlin

Head of the EU project PROMISE Elpis: Prof. Dr. Sibylle Winter,
Charité Berlin

Foreword

This protocol, which deals with the anonymized survey of the experiences and opinions of children, adolescents and their caregivers in the Barnahus context using questionnaires (**Voice questionnaires; Voices and Opinions to Involve Children in Evaluation – Your opinion matters**), is the result of a three-year process by a multidisciplinary research group at the Charité Universitätsmedizin Berlin. Funding was provided by the World Childhood Foundation and as part of the PROMISE Elpis research project funded by the European Union.

Regular inclusion of the perspectives of affected children and adolescents and the opinion that they should be regarded as experts on their own experiences and needs is still not sufficiently widespread among child protection projects. This protocol has set its sights on providing impulses for action and practical tips for the implementation of a tool that supports precisely this view and enables the anonymized collection of the perspectives of affected persons.

We would especially like to thank all affected children and adolescents and their caregivers. Participation and feedback for the design were essential for the further development of the questionnaires and the creation of this protocol. Special thanks also go to the two authors Olivia Lind Haldorsson and Turid Heiberg, who created the original version of the Child Participation Tool. We would also like to thank the EU-funded research project PROMISE Elpis and the World Childhood Foundation for funding. Further thanks go to the Childhood houses in Germany, which have contributed to this project through advice or participation.

1 Aim of the protocol

The aim of the protocol is to embed the questionnaires in theory, to highlight the relevance of involving children and adolescents in the evaluation and to provide background information on the various steps involved in creating the questionnaires. Practical tips are also provided to support the implementation of the questionnaires.

2 List of abbreviations

BMFSFJ Federal Ministry for Family Affairs, Senior Citizens, Women and Youth

CPT Child Participation Tool

HEUNI The European Institute for Crime Prevention and Control, affiliated with the United Nations

VOICE Voices and Opinions to Involve Children in Evaluation – Your opinion matters



Practical tip



Important!

3 Scientific background

3.1 Participation of children and adolescents

Even though participation in relevant decisions is anchored in children's rights, this has so far been given little consideration in the context of child protection practice and tends to remain a symbolic act (Toros & Falch-Eriksen, 2024). As abuse and neglect affect many millions of children worldwide, this represents a relevant violation of these same rights (Falch-Eriksen & Backe-Hansen, 2018; Massarweh & Kosher, 2023). The Lundy model (Lundy, 2007) offers a possible approach to implementing the participation of children and adolescents. It conceptualizes Article 12 of the UN Convention on the Rights of the Child (United Nations, 1989) in the areas of space, voice, being heard and influence and makes it clear that children must be given a safe space and the opportunity to shape and express their experiences. The European Commission (2025) implements these aspects through various projects within the framework of the “EU Children's Participation Platform”, even if not with a focus on the area of child protection. In Germany, the topic of participation is emphasized in the recommendations of the BMFSFJ (2023) and practical recommendations are provided for various areas of the work with children. The Barnahus quality standards (Lind Haldorsson, 2017) also emphasize the importance of the participation of the affected children and adolescents in all areas. In particular, Standard 1.2 (*The right to be heard and to receive information*) emphasizes that they should be given the opportunity to provide feedback on their experiences.

It is important to note that such participatory concepts, which are primarily about further developing the respective projects in the interests of the children, are not intended to replace legally anchored complaint procedures. The latter are realized, for example, through an objection or supervisory complaints or through legally anchored complaint procedures in the sense of quality management at the hospital.



The participation of children and adolescents is necessary in order to implement child protection work in line with children's rights and to provide them with the best possible support

3.2 Collecting children's perspectives in research and practice

Especially research projects that aim to design child-friendly and participatory settings should inevitably include the children's perspective (Velten & Höke, 2021). However, such projects also pose particular challenges (Toros & Falch-Eriksen, 2024). In addition to special hurdles, e.g. with regard to consent by legal guardians and ethical considerations, the questionnaires must also be adapted with great care to the abilities of the respective age group. An article by Bell (2007) provides a good overview of the aspects that should be given particular attention when creating questionnaires for children and adolescents. Among other things, this article points out that questions should be formulated as clearly, directly and simply as possible, can be supported with smiley scales, should ideally be addressed directly to the child and should not provide too many answer options.

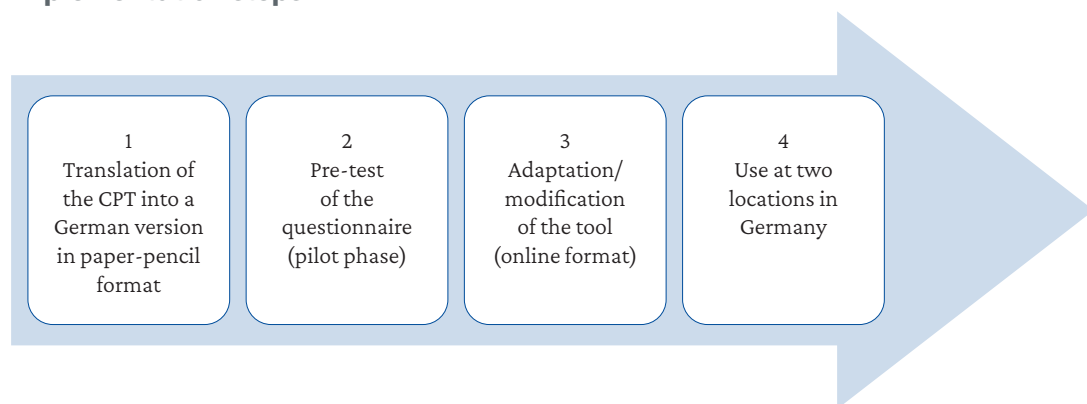
In general though, the methods measuring the satisfaction of children and adolescents with regard to treatment are few – this applies particularly to children under the age of 12 (Keller et al., 2025). A particularly positive example of the involvement of children and adolescents in the evaluation is presented in a report by the National Children's Alliance (2022). In it, over thirteen thousand children and adolescents were asked about their experiences in the children's advocacy centers in the USA (facilities on which the Barnahus concept is based).

4 Practical example: Participatory, anonymized survey of the experiences and opinions of affected people and their caregivers in two locations in Germany

4.1 Approach

It took several steps from the non-German-language original of the Child Participation Tool (CPT; Lind Haldorsson & Heiberg, 2019) to the implementation of a modified German-language online version (see Figure 1).

Figure 1
Implementation steps



4.1.1 Phase 1: Translation of the tool into the German version in paper-pencil format

The content of the questionnaire used to survey the opinions of children and adolescents is based on the original version of the Child Participation Tool (CPT; Lind Haldorsson & Heiberg, 2019), an evaluation instrument for the Barnahus context, which is available in two versions (children aged 8 - 12 and adolescents aged 13 - 17). The questionnaires differ in the number of questions and the presentation of the scales, which are based on a smiley system for younger children (examples in Figure 2).

Figure 2
Smiley scales from the English CPT version



The original version contains the following sections: General, welcome and location; social services / child protection; Forensic interview; medical examination; therapeutic assessment/therapy; overall satisfaction. The authors emphasize that the CPT is made up of sample questionnaires that can be adjusted in format, age groups, number and type of questions and time and place of completion (Lind Haldorsson & Heiberg, 2019). There was no German version available at the start of the survey, so the tool was translated into German. The tool is now available in various languages.

4.1.2 Phase 2: Pre-test of the questionnaire in paper-pencil format

All children and adolescents who were presented for the first time at the Childhood-Haus Berlin between March and December of 2022 and met the inclusion criteria¹ were offered the opportunity to take part in the survey. Participants were then asked to provide brief feedback on the questionnaire (duration, wording, etc.). It became apparent that although many of the children and adolescents were interested in giving feedback on their experiences, some did not have enough time, sufficient emotional or cognitive resources after the appointments to engage in further demands. The feedback from participants also made it clear that the paper-pencil format is not very suitable. On the one hand, because there was no prior filtering of inappropriate areas and young people perceive the digital presentation form as more interesting and positive. And on the other hand, because the opportunities to complete the questionnaire in the peace and quiet of home were very limited. The length of the questionnaires was reported as being too long – the great number of open questions was criticized especially. It also became clear that the separation of the individual areas (especially therapy / social services and child protection) was often not very intuitive for those affected and more likely to unsettle. The smiley scale was noted as appealing several times. Several children and adolescents expressed the idea of being able to indicate overall satisfaction in the form of school grades. Comments from caregivers indicated that many of them also wanted to be able to express criticism and praise anonymously.

4.1.3 Phase 3: Adaptation of the tool

The questionnaire was modified according to the experiences gained from the pre-test. For example, the areas social services / child protection and therapeutic assessment/therapy became the “Conversations/Help” section, as it did not make much sense to separate the areas. Questions that were repeatedly identified by the children and adolescents as redundant or misleading were deleted. In order to show the overall satisfaction in an easily interpretable way, the option of assigning a school grade to each area was added. In addition, the question of recommendation was included based on the Net Promoter Score (NPS), which is widely used in the health care system (Adams et al., 2022). In the interests of inclusion of as many affected

¹ Informed consent of the children and legal guardians; sufficient knowledge of German and cognitive abilities; no acute psychological crisis

persons as possible, a greatly simplified questionnaire was also created. This can also be used for children aged four to seven and older children and adolescents with intellectual disabilities. There is also a short version for surveying the satisfaction of caregivers. In addition, some demographic information (age of the child, gender, relationship to the child, which Childhood-Haus, initiator of the presentation) was collected before the questions about the child's own experiences. All questionnaires were then transferred to an online format and programmed with filters so that only the areas that the respective person wanted to respond to were displayed.

4.1.4 Phase 4: Use of the questionnaire at two locations

Participants were recruited at two locations: The Childhood-Haus Berlin and the Childhood-Haus Schwerin. This approach was intended to achieve a greater heterogeneity of participants in order to test the questionnaire under different conditions. From January 2024 to February 2025, a total of 87 people completed the questionnaires (for a detailed description of the participants, see Tables 1 and 2).

Table 1
Characteristics of children and adolescents

Attribute	Manifestation	<i>n</i>		Percentage (%)
Gender	Female	58		96.6
	Male	2		3.4
Age	4 - 7 years	6		10.3
	8 - 12 years	16		27.6
	13 - 17 years	36		62.1
Time of completion	Mean value (MV)		12.9	
	Median		14.0	
	Standard deviation (SD)		3.52	
	First time presented	24		41.4
	Second time presented	27		46.6
	Three or more dates	7		12.1

Table 2
Characteristics of reference persons

Attribute	Manifestation	<i>n</i>	Percentage (%)
Gender of the caregiver	Female	25	89.3
	Male	3	10.7
Gender of the child	Female	24	85.7
	Male	4	14.3
Relationship with the child	Natural parent	20	71.4
	Caregiver	6	21.4
	Adoptive parent	2	7.1
Time of completion	First time presented	13	46.4
	Second time presented	11	39.3
	Three or more dates	4	14.3

5 Exemplary feedback

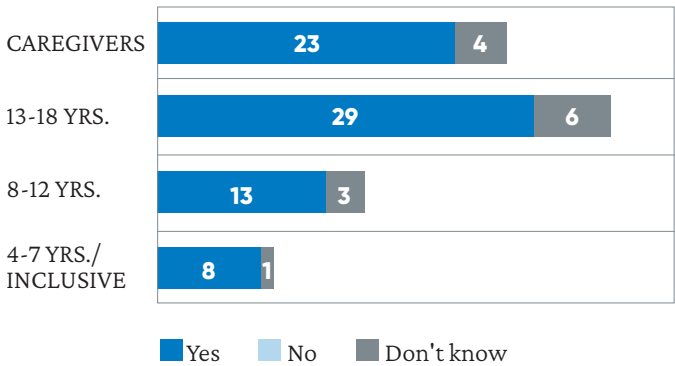
The available results from our pilot phase and the application of the first version of the interview emphasize that the support provided to affected children and adolescents and their caregivers was predominantly perceived as helpful and positive. Individual exemplary results are presented here to illustrate this. A detailed evaluation of the results is currently in the works and will be published in a scientific journal in the near future. A practical example for the use of the results is that it became clear time and again that children and adolescents do not know exactly what to expect from their appointment and that this causes anxiety and worry. For this reason, we have created a child-friendly folder in which everything is explained in detail in order to reduce these negative feelings.

Table 3 provides an overview of the **overall satisfaction** of children aged 8 and over and their caregivers. With values of **1.6** or **1.4**, a very high level of overall satisfaction can be assumed. Despite these good results, it is positive to note that almost the entire variance of the scale was used. *Figure 3* shows the results of the questions “Would you tell children/adolescents in need of help to go to the Childhood-Haus?” and “Would you recommend the Childhood-Haus to other people in a similar situation?”. The responses here were also predominantly positive and no one answered with “no”.

Table 3
**Statistical results of overall satisfaction (grades 1 - 6,
whereby 1 = very good)**

Item	n	Min	Max	M	Mdn	SD
Overall rating Children and adolescents (8 - 18 yrs.)	45	1	5	1.6	1	0.84
Overall rating Reference persons	27	1	5	1.4	1	0.93

Figure 3
Recommendation rate



Feedback from a 4-year-old girl [when asked what she liked]:
“That there were so many questions and I didn't get bored.”

Feedback from an 11-year-old girl [when asked what she liked]:
“You are on my side, you wait with me. When I am alone, you are there for me. And that's very nice of you. Thank you!”

Feedback from a 17-year-old girl [when asked what she didn't like]:
“I was a bit scared because I didn't know what to expect.”

Feedback from a mother [when asked what she found good]:
“Very caring, understanding and helpful in all matters. Great advice and a nice atmosphere, which makes the situation a little easier.”

6 Creation of the VOICE tool taking into account the Lundy model and the results of the HEUNI and Children First projects

Various factors were taken into account for the modification of the questionnaires. The primary objective was increasing economy by shortening the processing time through a smaller number of points. However, the domains postulated by Lundy (2007) should continue to be taken into account and findings from the creation of other questionnaires to measure satisfaction (e.g. BesT, Keller et al., 2025) were incorporated. The recommendations of a project to develop child-friendly standards for interviewing children and adolescents, which are based on the Lundy model, were also used as a basis for modifying the questionnaires (HEUNI, Promise Elpis project, as yet unpublished). The following points in particular were taken into account: Using child-friendly and age-appropriate language; giving children control over which questions they want to answer; clearly communicating with children and not just their legal guardians and informing them of the next steps, how to use the information and other opportunities to express their views.

The use of school grades as an assessment scale was also critically examined. While the intuitive understanding of the scale by children and adolescents is a clear advantage, the attempt to expand a questionnaire internationally has the clear disadvantage that the grading scales in the European countries diverge greatly. An individual scale would therefore have to be created for almost every country. This was the reason a five-point scale (1 = very dissatisfied to 5 = very satisfied) was applied and a question about the overall satisfaction included in the questionnaire for children under the age of 8. In addition, care was taken not to use the proper names of country-specific institutions in order to facilitate universal application. We have also added some questions on demographic data.

This **resulted** in 4 questionnaires with a maximum completion time of approx. 5 minutes (4 - 7 years / with intellectual impairment; 8 - 12 years, 13 - 18 years and caregiver), which focus primarily on overall satisfaction but also offer the opportunity to evaluate each individual area individually and to express the personal opinion in a differentiated manner in free text fields. The **voice questionnaires** (Voices and Opinions to Involve Children in Evaluation – Your opinion matters) are published together with this protocol and can either be used directly as an editable PDF or transferred to an online format.

7 Practical tips for implementing the questionnaires

Before implementing the questionnaires, it is important that the respective team and the cooperation partners ask themselves fundamental questions and reach a certain level of agreement in their answers. The authors of the original version of the CPT (Lind Haldorsson & Heiberg, 2019) have already noted in this regard that consideration should be given to various aspects like format, inclusion of different age groups, type and wording of the questions and the appropriate time and place for the survey. The voluntary nature of participation and the issue of data protection are also a high priority. The objective is to obtain honest feedback from the children without influencing ongoing procedures or overburdening the children. The recommendations of HEUNI and Children First have also been incorporated here. Table 4 provides a clear overview of the most important experiences and the resulting recommendations for implementation.

Table 4
Empirical values and recommendations for implementing the questionnaires



Area	Experience	Recommendations
Format (Online/electronic)	<ul style="list-style-type: none"> + More acceptance by children/adolescents; automatic (partial) evaluation of data when using online platforms - Stable Internet required; skills for creating and evaluating online questionnaires necessary 	<p>If possible, use the digital questionnaire version or transfer it to an online questionnaire with automatic data collection. Use of paper-pencil version only if there is no alternative.</p> <p>Use of free and data protection-compliant platforms (observe the respective national data protection laws; e.g. LimeSurvey, SoSci Survey, SurveyLegend, Maptionnaire)</p>
Obtain the consent at the beginning	<ul style="list-style-type: none"> + If a child would like to participate, this is possible directly - May be difficult initially with complicated custody relationships; project requires explanation 	<p>Have consent co-signed by the legal guardian at the beginning. Emphasis on the expert status of those affected. Clarify from what age the consent of the legal guardian is not absolutely necessary in the respective country.</p>
Anonymization of the feedback	<ul style="list-style-type: none"> + Increases the likelihood of honest and critical feedback - Feedback cannot be implemented on a case-by-case basis 	<p>In addition to anonymous feedback, children must also be given the opportunity to express their views and opinions in direct contact. It must be explained how the feedback is used and what limits there are to anonymous feedback (included in the questionnaire as an overview, but should be discussed in more detail). If explicit names of employees are mentioned, these should also be anonymized before evaluation.</p>
Use of different questionnaires for specific age groups	<ul style="list-style-type: none"> + Age-appropriate design (number of questions, smiley scales, etc.) possible - Direct comparability of the questionnaires is not given across the board; greater effort is required to create them 	<p>Provision of questionnaires for different age groups, which take into account the different abilities of the target group. In our case, 4 - 7 years, 8 - 12 years, 13 - 18 years, caregivers. When using a digital questionnaire, filters can be integrated so that the appropriate questions are displayed automatically after the age has been specified.</p>



Area	Experience	Recommendations
Flexible timing; possibility to fill out the form mul- tiple times	<ul style="list-style-type: none"> + Adaptation to special features of the location possible; possibility to focus particularly on the child's resources and capacities; areas can be assessed separately to enable direct feedback - Possibility that the questionnaire is forgotten; lower response rate when answering the questionnaire at home 	Adjust the right time flexibly to the circumstances of the respective institution/re-sources of affected persons. Enable feedback at different points in time. Multiple administration of the form enables direct feedback on the respective area at several appointments. Weigh up the option of answering the questionnaire at home (e.g. possible via QR code). Allow enough time to answer the questions.
Provision of a pro- tected space	<ul style="list-style-type: none"> + Answering the questions in peace and probably more conscientious processing - Rooms must be available 	The opportunity to complete the questionnaires in a cozy, protected and child-friendly environment. And to receive support from an employee if needed.
Inclusion of younger children	<ul style="list-style-type: none"> + Inclusion through simple smiley scales - More guidance and support needed when filling out the form 	Use of a shorter and smiley-based questionnaire. Plan for sufficient support when filling out the form.
Close involvement of all team mem- bers and coopera- tion partners	<ul style="list-style-type: none"> + Stimulating joint discussions and further development of the team; raise the awareness of all participants for the importance of the participation of child and adolescents - Resistance possible on the part of individual persons; commitment of time resources 	All team members and cooperation partners should be informed about the benefits, content and implementation of the questionnaires. Several people should feel responsible in terms of organization in order to be able to react flexibly to illness, vacations, etc
Regular evaluation of the data	<ul style="list-style-type: none"> + Overview of current developments and prompt reaction possible - Regular workload 	Evaluation of the feedback at regular and predetermined intervals (e.g. every 3 months). Results should be discussed with all professional groups.
Use of recommen- dation rates and overall satisfaction as the main indi- cator	<ul style="list-style-type: none"> + Uncomplicated and numerically displayable, trends can be estimated - Insufficient as sole indicators 	The evaluation of these items is straightforward and provides a good indicator of how the offers at the respective location are currently perceived. This information must be meaningfully embedded by adding open answers and other items.
Use of the tool as a supplement to di- rect participation and standard com- plaint procedures	<ul style="list-style-type: none"> + Empowerment of children on several levels; no competition with existing structures in the area of complaints management - The different options must be explained 	The questionnaires cannot and should not replace the direct inclusion of the children's point of view in their case. They are also not intended to replace established complaints procedures. The complaint procedure can be explained in the questionnaire.

8 Conclusion

In order to design child protection work to fully address and implement the rights of the affected children and adolescents, it is essential to give them the opportunity to express themselves in the areas that are relevant to them. This is the only way to truly understand how they perceive the various steps and what they really need from us in this challenging situation. To ensure this, those affected should be given the space and opportunity to express their own wishes, views and opinions at every step at Barnahus or other child protection facilities. This would allow them to be included in all further steps. In addition to this, anonymized monitoring of the satisfaction of children and adolescents and their caregivers is an important tool – especially from the perspective of quality assurance and further development of the facilities – and should be established at all locations wherever possible and become part of every evaluation. This is the best way to live up to the principle of “thinking everything from the child’s perspective”. Since such an approach requires time resources, it is necessary and preferable that these are scheduled and made available. The guidelines presented here and the modified questionnaire versions provide a helpful basis for the development of customized solutions for each location. From a research perspective, it also makes sense to supplement projects like the collection of experiences and opinions with qualitative interviews and catamnesis appointments, i.e. to re-invite affected persons after a certain period of time. In the future, it would also be preferable to make the VOICE questionnaire available in other languages and in an accessible format (e.g. for the visually impaired). Until then, measures like interpreter-assisted responses should be designed to provide as many children as possible with the chance to express their voice in this context.



Listening to the voices of children and adolescents allows us to learn and understand things that we cannot learn from other professionals.

9 Literature

Adams, C., Walpola, R., Schembri, A. M., Harrison, R. (2022). The ultimate question? Evaluating the use of Net Promoter Score in health care: A systematic review. *Health Expectations*, 25(5), 1501–1510. <https://doi.org/10.1111/hex.13486>

Bell, J. (2007). *Designing and testing questionnaires for children*. Journal of Research in Nursing, 12(5), 461 – 469. <https://doi.org/10.1177/1744987107079616#>

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth & German Federal Youth Council. (2023). *Participation with an effect – quality standards for the participation of children and adolescents: Impulse zur Weiterentwicklung in Theorie und Praxis* [Brochure].

European Commission. (2025, February). *EU Children's Participation Platform – Informationsblatt* (German version). https://eu-for-children.europa.eu/system/files/2025-02/EU_Childrens_Participation_Platform_Information-sheet-DE.pdf

Falch-Eriksen, A., & Backe-Hansen, E. (2018). Child protection and human rights: A call for professional practice and policy. In A. Falch-Eriksen, & E. Backe-Hansen (Eds.), *Human rights and child protection* (pp. 1–14). London: Palgrave MacMillan.

Keller, F., Fegert, J.M., & Naumann, A. (2025). *BesT – Questionnaires for treatment assessment of inpatient therapy in child and adolescent psychiatry and psychotherapy*. Springer.

Haldorsson, O. L. (2017). *Barnahus Quality Standards: Guidance for multidisciplinary and interagency response to child victims and witnesses of violence*. Council of the Baltic Sea States Secretariat & Child Circle. <https://barnahus.eu/wp-content/uploads/2025/01/PROMISE-Barnahus-Quality-Standards.pdf>

Lind Haldorsson, O., & Heiberg, T. (2019). Child Participation Tool. Retrieved from <https://www.barnahus.eu/en/wp-content/uploads/2020/09/ChildParticipationTool.pdf>

Lundy, L. (2007). "Voice" is not enough: conceptualizing Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal*, 33(6), 927 – 942. <https://doi.org/10.1080/01411920701657033>

Massarweh, N., & Kosher, H. (2023). Unheard voices of children on child abuse and neglect. *Children and Youth Services Review*, 148. <https://doi.org/10.1016/j.chilyouth.2023.106904>

National Children's Alliance. (2022). *Healing, justice, & trust: A national report on outcomes for children's advocacy centers*. <https://nationalchildrensalliance.org>

Toros, K. & Falch-Eriksen, A. (2024). "I got to say two or three lines" – A systematic review of children's participation in child protective services. *Child Abuse & Neglect*, 162. <https://doi.org/10.1016/j.chiabu.2024.106934>

Velten, K., & Höke, J. (2021). Forschung partizipativ und inklusiv gestalten? Ethische Reflexionen zu Interviews mit Kindern unter besonderer Berücksichtigung von Erwachsenenheit. *Zeitschrift für qualitative Forschung*, 14(3), 421–436. <https://doi.org/10.1007/s42278-021-00119-6>

United Nations. (1989). *Convention on the Rights of the Child*. Retrieved from <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

VOICE – Inclusive questionnaire (children 4 – 7 / developmental age in this range)

Dear children!

We need your help. Please tell us what you liked about us and what you didn't like so much. That way we can learn something and do better next time.

Who can help me? If you need help, let one of us know.

Can I stop if I don't like it anymore? If you no longer feel like answering the questions then you can stop. Everything is voluntary.

Do people know what I answered or what my name is? No, your answers will be saved without your name. If someone is entering answers for you, then only that person will know about it.

Do you have any questions? Then feel free to ask us. If you were unhappy with something we did, you can also let us know directly.

Demographic data

How old are you?

Age:

What are you?

I am a boy

I am a girl

I am neither a girl nor a boy

Have you filled out this form before?

Yes

No

Don't know

Content-related questions

1. Did you want to come here?



Yes



No



Don't know

2. How did you like the rooms?



3. Did you know what we do?



Yes



No



Don't know

4. What do you like about us?

Please do not write down your name or your birthday here. Please do not write down why exactly you were with us.

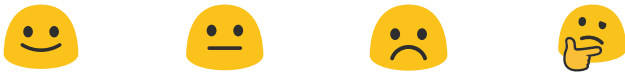
	Don't know
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5. What don't you like about us?

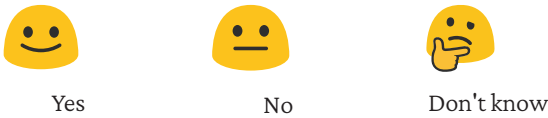
Please do not write down your name or your birthday here. Please do not write down why exactly you were with us.

	Don't know
--	------------

6. All in all, how did you feel here?



7. Would you tell other children that it's good here?



Thank you very much for your support! 😊

VOICE – Questionnaire children 8 – 12

Hello!

Thank you for taking the time to give us your opinion.

We need your help. Please tell us what you liked about us and what you didn't like so much. That way we can learn something and do better next time.

Who can help me? If you need help, let one of us know.

Can I stop if I don't like it anymore? If you no longer feel like answering the questions then you can stop. Everything is voluntary.

Do people know what I answered or what my name is?

No, your answers will be saved without your name. If someone is entering answers for you, then only that person will know about it.

What do I do if I am absolutely not satisfied and want to complain? Then you are welcome to contact the employees on site to discuss complaint procedures with you. This is important because nobody knows what you write in this questionnaire.

Do you have any questions? Then feel free to ask us.

Demographic data

How old are you?

Age:

Which gender do you feel you belong to?

I am a boy (male)

I am a girl (female)

I am neither a girl nor a boy (diverse)

Have you filled out this form before?

Yes

No

Don't know

Content-related questions

1. Did you want to come here?



Yes



No



Don't know

2. Has anyone explained to you what's going to happen here?



Yes



No



Don't know

3. Could we help you?



A lot



Mostly



Not really



Not at all



Don't know

3.1 Why did you feel that way?

Please do not write down your name or your birthday here. Please do not write down why exactly you were with us.

	Don't know
--	------------

4. Did you have the feeling that the people here were happy to look after you?



A lot



Mostly



Not really



Not at all





Don't know

4.1 Why did you feel that way?

Please do not write your name or your birthday here. Please also do not write down why exactly you were with us.

	Don't know
--	------------

5. On a scale from 1 = very dissatisfied to 5 = very satisfied, please indicate how you would rate the individual areas. If certain areas do not apply, please check “don't know”.

Area	1 	2	3	4	5 	Don't know
The rooms						
The way I was treated						
Questioning by the police						
Questioning by judicial officers						
The medical examination						
The conversations/ help						
Overall satisfaction						

6. What do you like about us?

Please do not write down your name or your birthday here. Please do not write down why exactly you were with us.

	Don't know
--	------------

7. What don't you like about us?

Please do not write down your name or your birthday here. Please do not write down why exactly you were with us.

	Don't know
--	------------

8. Would you tell other children who need help to come to us?



Yes



No



Don't know

9. Is there anything else you want to tell us?

Please do not write down your name or your birthday here. Please do not write down why exactly you were with us.

	Don't know
--	---------------

Thank you very much for your support! 😊

VOICE – Questionnaire for adolescents 13 – 18

Hello!

Thank you for taking the time to give us your opinion.

We need your help. Please tell us what you liked about us and what you didn't like so much. That way we can learn something and do better next time.

Who can help me? If you need help, let one of us know.

Can I stop if I don't like it anymore? If you no longer feel like answering the questions then you can stop. Everything is voluntary.

Do people know what I answered or what my name is?

No, your answers will be saved without your name. If someone is entering answers for you, then only that person will know about it.

How and for what purpose will my data be used? The team discusses the feedback and tries to even better meet the wishes and needs of children and adolescents in the future.

What do I do if I am absolutely not satisfied and want to complain? Then you can additionally contact the employees on site so that they can discuss complaint procedures with you. This is important because we cannot trace your details in this form back to you.

Do you have any questions? Then feel free to ask us.

Demographic data

How old are you?

Age:

Which gender do you feel you belong to?

I am a boy (male)

I am a girl (female)

I am neither a girl nor a boy (diverse)

Have you filled out this form before?

Yes

No

Don't know

Content-related questions

1. Did you want to come here?

Yes No Don't know

2. Has anyone explained to you what's going to happen here?

Yes No Don't know

3. All in all, are you satisfied with the help you have received from us?

A lot Mostly Not really Not at all Not sure

3.1 Why did you feel that way?

Please do not write down your name or your birthday here. Please do not write down why exactly you were with us.

	Don't know
--	------------

4. All in all, did you feel safe with us?

A lot Mostly Not really Not at all Not sure

4.1 Why did you feel that way?

Please do not write down your name or your birthday here. Please do not write down why exactly you were with us.

	Don't know
--	------------

5. All in all, do you feel that we listened to you?

A lot Mostly Not really Not at all Not sure

5.1 Why did you feel that way?

Please do not write down your name or your birthday here. Please do not write down why exactly you were with us.

	Don't know
--	------------

6. All in all, do you feel that everything was explained to you sufficiently and that you were able to help decide how to proceed?

A lot

Mostly

Not really

Not at all



Not sure

6.1 Why did you feel that way?

Please do not write down your name or your birthday here. Please do not write down why exactly you were with us.

	Don't know
--	------------

7. On a scale from 1 = very dissatisfied to 5 = very satisfied, please indicate how you would rate the individual areas. If certain areas do not apply, please check “don't know”.

Area	1 	2	3	4	5 	Don't know
The rooms						
The way I was treated						
Questioning by the police						
Questioning by judicial officers						
The medical examination						
The conversations/ help						
Overall satisfaction						

8. What do you like about us?

Please do not write down your name or your birthday here. Please do not write down why exactly you were with us.

	Don't know
--	------------

9. What don't you like about us?

Please do not write down your name or your birthday here. Please do not write down why exactly you were with us.

	Don't know
--	------------

10. Would you tell other adolescents who need help to come to us?

Yes No Don't know

10. Is there anything else you want to tell us?

Please do not write down your name or your birthday here. Please do not write down why exactly you were with us.

	Don't know
--	---------------

Thank you very much for your support! 😊

VOICE – Questionnaire for caregivers

Dear caregivers!

We need your support. Please let us know which aspects about us you found positive and where you see room for improvement. Your feedback will help us continue to develop.

Content: We obtain feedback from the children and adolescents and also from their caregivers. You will be asked open and closed questions about your experiences and your opinion. The data you enter here will be evaluated in a platform that complies with data protection specifications. Your feedback is particularly important to us in the context of quality assurance. We also want to better understand which measures and support services are perceived as particularly helpful and in which areas we can improve. Participation will take about 5 minutes. If you have any further questions about the contents of this survey, please contact the employees on site.

Voluntariness: Your participation is voluntary. You can stop answering the questions at any time without giving reasons and without any disadvantages for you or your child.

Anonymity and data protection: The responses to the survey will be stored and retained in such a way that no conclusions can be drawn about your identity. The anonymity of your data will be maintained in accordance with applicable data protection laws and guidelines. To ensure the anonymity of your data, we ask you not to provide any personal data like your name or your child's name, birth dates or detailed information about the reason for presentation.

Complaint procedures: Because the information in this form is anonymized, complaints cannot be traced back to your specific case and measures cannot be taken. Please contact the employees on site for this.

Demographic data

What is your relationship to the presented child/adolescent?

Natural parent

Adoptive parent

Foster parent / emergency foster care

Step-parent

Other family member

Guardian

Caregiver in residential group etc.

Other

Have you filled out this form before?

Yes

No

Don't know

Content-related questions

1. Why did you contact us?

You can select several options.

I wanted an appointment

The child or adolescent wanted us to come here

It was decided that we should come here

It was recommended that we come here

I do not know

2. All in all, are you satisfied with the help your child has received here?

A lot

Mostly

Not really

Not at all

Not sure

3. Are you satisfied with the help that you have got here?

A lot



Mostly

Not really

Not at all

Not sure

4. On a scale from 1 = very dissatisfied to 5 = very satisfied, please indicate how you would rate the individual areas. If certain areas do not apply, please enter “don't know”.

Area	1 	2	3	4	5 	Don't know
The rooms						
The way I was treated						
The way my child was treated						
The questioning of my child by the police						
The questioning of my child by judicial officers						
The medical examination						
The therapeutic support						
The psychosocial support						
Overall satisfaction						

5. All in all, what did you like about us?

	Don't know
--	------------

6. All in all, what didn't you like about us?

	Don't know
--	------------

7. Would you recommend our facility to other people in a similar situation?

A lot Mostly Not really Not at all Not sure

8. Is there anything else you would like to tell us?

	Don't know
--	------------

Thank you very much for your support!

Disclaimer

Promise Elpis is committed to upholding the highest standards in child protection and ethical communication. The [Luxembourg Guidelines \(2016\)](#) promote the use of consistent, accurate, and sensitive language – particularly in the context of child protection – that avoids confusion, stigma and harm, and avoids contributing to further victimization or misunderstanding. The guidelines are intended to be applied broadly within the field, including the creation of policies, legal documents, reports, and public communication.

To best achieve these aims, our work follows the Luxembourg Guidelines and any updates to it. Further, we adapt as terminology evolves by developing internal guidance that aligns with these principles. When citing external sources, we retain the original language to preserve the intended meaning and context, ensuring the accuracy and authenticity of the cited content.

Implementing the Barnahus Quality Standards throughout Europe

PROMISE is supporting Europe to adopt the Barnahus model as a standard practice for providing child victims and witnesses of violence rapid access to justice and care. We undertake this work to fulfil the PROMISE vision: a Europe where all children enjoy their right to be protected from violence.

Barnahus provides multi-disciplinary and interagency collaboration to ensure that child victims and witnesses of violence benefit from a child-friendly, professional and effective response in a safe environment which prevents (re)traumatization. With the formal support from national authorities, PROMISE provides opportunities to translate national commitment into action and engage internationally in the process. In addition, regular networking and strategic communications continually activate our growing network of professionals and stakeholders who are committed to introducing and expanding Barnahus services nationally.

The first PROMISE project (2015-2017) set European standards and engaged a broad network of professionals. The second PROMISE project (2017-2019) promoted national level progress towards meeting the standards and formalized the PROMISE Barnahus Network. The third project (2020-2022) expanded these activities to include University training, case management tools, with a view to establishing a European Competence Centre for Barnahus and laying the groundwork for an accreditation system for Barnahus. The current project: PROMISE ELPIS (2023-2025) is managed by Charité-University Medicine, Berlin, and promotes multidisciplinary and interagency models for child victims and witnesses of sexual violence, with a specific focus on specialised interventions and excellence in practice in cases where there is a presumed online element of the sexual violence.

Access the PROMISE tools and learn more at: www.barnahus.eu



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