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Children's participation and the logic of care: An analysis of narratives from Childhood-Haus professionals in Germany

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A B S T R A C T

The Childhood-Haus (CH) concept in Germany, based on the Northern European Barnahus model, aims to provide child-friendly care and justice for children suspected of having experienced violence. A key element of the concept is the promotion of children's rights, including the right to be heard and receive information (Barnahus Standard 1.2), also referred to as child participation. Drawing on ethnographic fieldwork conducted at three CHs and informed by Annemarie Mol's concept of care, this article explores how participation is enacted by professionals—including pediatricians, police officers, psychologists, judges, and security staff. Analyzing professionals' narratives, we show that participation is accomplished through their caring practices, which are attuned not only to children but also to other professionals and the atmosphere surrounding them. Professionals engage in careful experimenting and "tinkering," in Mol's sense, by sensitively attuning and responding to children while completing their formal duties, all of which is essential for enabling participation and realizing children's rights. By foregrounding these caring practices, the article contributes to the development of the Barnahus model and its literature, offering a grounded and nuanced understanding of how Barnahus Standard 1.2 can be realized in practice.

1. Introduction

Discourses around child participation often highlight that children are still rarely regarded as competent decision-makers, with key decisions about their lives made without their input (Lundy, 2007, 2025). Central to this discourse is the call to uphold Article 12 of the United Nations Convention on the Rights of the Child (Unicef, 1989), which grants children the right to express their views in matters affecting them and to have these views taken seriously. This provision has been conceptualized as "child participation" (Montà, 2023).

Even though children have a right to participate in all matters affecting them (Unicef, 1989), research shows they are still seen vulnerable and positioned as passive recipients of care rather than as agents with capability and rights (Adami, 2024; Dedding et al., 2015; Eriksson, 2012; Herring, 2025; Johansson et al., 2017b; Lermytte et al., 2025; Liu, 2023; Lundy, 2025; Lupton, 2013; Mayall, 2015; van Bijleveld et al., 2015). According to James (2011), deterministic developmental paradigms legitimize adult power over children by emphasizing children's dependency and downplaying the interdependent nature of social relations. This framing positions children as "becomings" and withholds recognition of their status as citizens (James, 2011). With regard to participation efforts, Lundy highlights how children are often simplistically described as having a "voice," which fails to capture the full meaning of children's right to participation (Lundy, 2007).

Against this background, the Barnahus model, widely diffused across the Northern European countries, embraces child participation principles through a child-centered, multidisciplinary, and interagency approach that unites social work, mental health, healthcare, law enforcement, justice, and social services professionals under one roof for children suspected of having experienced violence (Haldorsson, 2019). The World Childhood Foundation introduced the Barnahus model to Germany, opening the first Childhood-Haus** (CH) in 2018 (Childhood Germany, 2022b). This raises critical questions about how participation is enacted within CHs, a concept and an institution that explicitly aim to support child participation.

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1.1. The Childhood-Haus: conceptual approach and institutional setting

The CH concept follows the Barnahus Quality Standards (Haldorsson, 2019), which set out cross-cutting principles, including: 1.1) the child's best interests as the primary consideration in all actions and decisions; 1.2) the right to be heard and receive information; and 1.3) the avoidance of undue delay in legal proceedings (Haldorsson, 2019; Helling-Bakki, 2022).

Organizationally, the CH constitutes a dedicated physical space in which professionals from multiple disciplines and institutional backgrounds collaborate under one roof, while following their respective professional, organizational, and legal mandates. Core on-site CH teams vary across locations but usually include professionals from social work, psychology, and medicine (most commonly pediatricians and/or forensic physicians). In addition, CH teams cooperate with a broader network of external institutions, including youth welfare offices, police departments, judicial authorities, outpatient pediatrics, psychotherapists, and counseling centers. Most CHs are affiliated with and located in or near (university) hospitals, although alternative institutional affiliations exist, such as with non-governmental youth welfare services.

Functionally, CHs serve as outpatient, low-threshold contact points for children suspected of having experienced violence. Professionals in the CHs aim to assess the child's situation, to provide counseling and psychosocial support, and to facilitate access to medical care and child-friendly justice (Childhood Germany, 2022a). Where desired, CH professionals support children in reporting offences to the police. Appointments range from brief to several-hour-long consultations, depending on individual needs and required clarifications. If a criminal complaint is pursued, police officers may conduct audio-visual recorded interviews with the child, and following indictment, investigative judges may also carry out audio-visual recorded interviews at the CH.

Literature on the CH concept in Germany has a relatively short history, but has recently come to include reflections on the concept and its enactment (Helling-Bakki and Kindler, 2025), transprofessional collaboration in assessment and diagnostic and therapeutic care (Bentz, 2021; Bentz et al., 2022), and healthcare services and access paths (Pawils et al., 2025). Regarding the Barnahus model, there is a continually growing range of literature, which explores topics such as child-friendly design and interaction, forensic interviews, children's rights perspectives, interagency collaboration, institutional tensions, and evaluation frameworks (Johansson et al., 2017b; Johansson et al., 2024). We contribute to this research by explicitly addressing Barnahus Standard 1.2, "the right to be heard and receive information."

While the Barnahus Standards, including 1.2, provide an important framework for professionals working with children in the CH, they allow flexibility in how this standard is translated into practice, leaving its enactment to professionals. Therefore, we explore how participation is enacted within the CHs. We do this by illustrating how participation unfolds within and through professionals' caring practices. We draw on Mol's (2008) "logic of care" to elucidate how participation is enabled, constrained, negotiated, or reconfigured through caring practices.

1.2. Children's participation through the lens of care

Conceptualizations of child participation vary considerably across countries, cultures, welfare contexts, and studies, differing in their conceptual clarity, theoretical grounding, contextual sensitivity, and operationalization (Skauge et al., 2021). Traditional models such as the "ladder of participation" (Arnstein, 1969, 2019) depict it as a hierarchical process. However, scholars caution that this metaphor obscures the complex, situated nature of participatory practices, leaving people "ill-prepared for the *work* that actually needs to be done to develop genuine participation practices that bring about positive change" (Dedding et al., 2023). Rather than prioritizing visible deliverables as indicators of participation, scholars emphasize considering the subtle, everyday forms as well as the contextual, relational, and evolving character of participation (Skauge et al., 2021; Temina et al., 2025).

Scholars have increasingly emphasized that participation is negotiated within social relationships (Backe-Hansen, 2023; Herring, 2025; Jørgensen et al., 2024), which are never neutral but inherently shaped by a complex interplay of dependencies, vulnerabilities, and power dynamics (Adami, 2024; Backe-Hansen, 2023; Herring, 2025; Tronto, 2020). These dynamics play a significant role in multidisciplinary care settings such as the CH. Children entering the CH are structurally dependent on adult professionals who assess family contexts and endangerment, interpret experiences of violence, and initiate protective and/or legal measures. Professional knowledge and responsibility function as institutionalized power, giving professionals influence over decision-making processes and the interpretation of children's accounts (Foucault, 1973; Freidson, 1988).

Within this arrangement, tensions may arise between professional autonomy, institutional obligations, and children's participation rights (Johansson et al., 2017a). Although the Barnahus model explicitly endorses child participation and the right to be heard, participation in practice is shaped by adult-defined frameworks of relevance, timing, and appropriateness. In this sense, participation may be enabled but also constrained: the CH may provide a supportive and protective environment in which children's participation is supported, yet their scope for influencing procedures may remain limited by professional judgments and legal requirements.

Against this background, we explore how CH professionals try to enable participation in the presence of potential constraints. For this, Annemarie Mol's "logic of choice" and "logic of care" (Mol, 2008) are helpful conceptualizations to understand how participation is enacted in the CH context. Mol analyzes the rationalist paradigm surrounding the "logic of choice" that celebrates individual and autonomous decision-making, arguing that it fails to account for the complexity of daily lives, bodies, technologies, and care practices. She illustrates how "good care is not a matter of making well-informed individual choices," rather it "grows out of collaborative and continuing attempts to attune to complex lives" (Mol, 2008, p. 75). In the "logic of care," "it is important to do good, to make life better than it would otherwise have been." Exactly what constitutes "good," "worse," and "better" does not precede practice; instead, it is found by experimenting *in* practice, with all its inherent ambivalences, tensions, and uncertainties (Mol, 2008, p. 60). Building on this, Mol introduces the concept of "tinkering," an adaptive, improvisational mode of practice through which care emerges in the interplay of knowledge, technologies, and the lived realities of those involved in a care interaction (Mol, 2008).

In this article, we draw on narratives from CH professionals and illustrate how this "tinkering" and experimenting looks like in practice, addressing how professionals translate "being heard and receiving information" into situated action. This analysis thereby contributes to the theorization of standard 1.2 of the Barnahus Standards.

2. Methods

2.1. Ethnographic-participatory approach

This article draws on data from our ethnographic-participatory study "Evaluation of the Childhood-Haus concept" (Schwenker et al., 2025). This study aimed to understand the perceived value of the CH from the perspective of professionals across disciplines and institutions, including their goals and approaches in practice, as well as their experience of multidisciplinary and interagency collaboration.

Our ethnographic approach enabled us to study the situated realities of everyday work and the broader organizational context in which these are embedded (van Hulst et al., 2016; Vougioukalou et al., 2019; Yanow et al., 2012). Our approach was grounded in relational, reflexive, and collaborative principles, recognizing that knowledge is co-produced through our ongoing interactions with professionals in the field (Abma et al., 2020). Establishing trust through an open, non-intrusive presence

proved essential for access and for navigating the sensitivities of CH environments.

2.2. Data generation and analysis

There are now 12 CHs in Germany (Childhood Germany, 2022b), with additional houses planned. For this study, we (RS & DBT) conducted fieldwork in and around three CHs from June 2024 to October 2025, as stipulated by the study's funding. We began with informal conversations with professionals of the core on-site CH teams, such as social workers, psychologists, and pediatricians. These early interactions facilitated mutual familiarity and contextual understanding. As fieldwork progressed, we participated in training sessions and public events (e.g., police training on developmentally appropriate child interviewing, CH anniversary celebrations), which enabled engagement with professionals from the broader CH network.

Gradually, we were able to spend extended periods in the CH field, conducting observations and engaging in ongoing, in-depth conversations with professionals from various disciplines and institutions. We selected the people we were interested to speak with based on their CH involvement. We proceeded intuitively, regularly consulting the professionals about who else we should involve.

At the beginning of our initial conversations with professionals, we explained our interest, the project's aims, and the methodological approach. We informed them that the study had received ethics committee approval, that participation was voluntary, that anonymity would be assured, and that they had the right to withdraw at any time without providing reasons. Following the American Anthropological Association's Statement on Ethics (American Anthropological Association, 2023), we treated informed consent not as a one-off, formal signature but as an ongoing process. Thus, we were in a continuous dialogue with professionals about our research practice, including which data we intended to use and for what purpose. While all participants retained the right to withdraw at any stage, no one chose to do so.

In total, our ethnographic engagement encompassed over 150 h' fieldwork, including on site in the CHs as well as at their collaborating partners, such as police departments and the offices of judges, prosecutors, and youth welfare professionals. During this time, we held conversations with professionals, conducted participant observation (e.g., team meetings, telephone calls, organizational and administrative tasks), and reviewed relevant documents (e.g., internal documentation, files, and guidelines).

Professionals often used specific cases and situations to illustrate how they try to enact participation. We began documenting the narratives from pediatricians, police officers, psychologists, judges, and security officers to capture the nuances of engagement (Greenhalgh, 2016; Riessman, 2014). We summarized and framed these narratives, which were conducted in German and then translated into English. Finally, we shared these with the professionals, who revised passages to fully capture their perspective.

We used thematic analysis (Riessman, 2014) to examine professionals' experiences and the meanings they ascribed to them (Dahlberg et al., 2024; Riessman, 2014). Analysis involved careful reading of our data and coding, with an iterative movement between empirical material, theory (Mol, 2008), and analytically constructed initial themes, such as collaboration, relationships, timing, and adaptation. We discussed initial themes with professionals in an ongoing dialogue, further refining and synthesizing them into a set of final themes, which were continuously interpreted in relation to Mol's conceptualization of care.

3. Findings

In this section, we present narratives from pediatricians, police officers, psychologists, judges, and security officers to explore the diverse ways in which professionals engage with children in the CHs. While their disciplinary and institutional backgrounds as well as their aims and tasks differ, all professionals share a commitment to improving children's lives, leading us to interpret these practices as expressions of care (Mol, 2008). Hence, we will describe how participation is enacted in and through their caring practices. Each section opens with a brief overview of the professionals' field of work and core responsibilities, providing contextual grounding for the subsequent analysis.

3.1. Caring through playful and sensitive practice in medical examinations

Pediatricians in the CHs are responsible for conducting medical examinations to assess the child's general state of health, including checking weight and height, and ear, and dental care status. Depending on the CH and the case, they also search the child's body for traces of violence, such as acute or past injuries (i.e., hemorrhages, bruises, abrasions, or petechiae). Depending on the CH and the case, the medical examination may be carried out in tandem with a colleague from forensic medicine, gynecology, or social work. Medical treatment is initiated if clinically indicated, and referrals for specialist consultations are arranged as needed.

The following summary illustrates how a CH pediatrician takes care to conduct medical examinations in a way that enables them to attune and respond flexibly and sensitively to the child's individual needs.

> One key advantage is that doctors can dedicate ample time and space to the children, allowing them to be particularly sensitive to their needs and wishes. The pediatrician explained, *"Here, you have one case, one family, one child; there are no parallel cases running at the same time."* Taking care includes that children can take breaks if needed, as illustrated with an example: *A primary school-aged child, accompanied by their caregiver, presented at the CH following a past experience of sexual violence. During the first visit, the child and caregiver met with a social worker to gain overall information, to have the chance to have a look at the examination room, and get to know the pediatrician. At that time, the child did not want to speak about the experience and to undergo a medical examination. The social worker at the CH scheduled a second appointment with the caregiver to give the child the time to reconsider. At the second appointment, the pediatrician offered the child the chance to choose who should accompany them during the medical examination. The professionals, used to children often wanting their caregivers present during examinations, were surprised that the child chose to undergo the examination alone. This choice proved to be the most comfortable option for the child, enabling it to speak openly about the experienced sexual violence while sparing the caregiver from hearing the details.*

This summary highlights that professionals shape the medical examination with an approach to care that is attuned to the specific circumstances and needs of each child. The case example illustrates a caring practice that leaves "space for what is *not* possible" (Mol, 2008, p. 22); including offers that are initially declined. When the child refused both to speak and to be examined on the first visit, professionals tried again with "something a bit different" (Mol, 2008, p. 14). In this example, care took the form of creating a situation of choice by arranging a second appointment and asking who should be present during the examination. This supported the child's sense of agency and control over the situation.

> The pediatrician further emphasized the importance of bearing in mind that the experiences that bring children to the CH are *"not part of a normal, everyday childhood."* They mention that it is crucial to develop a sensitivity for how the examination can be conducted in a trauma-sensitive manner, considering the children's experiences of (sexual) violence. In the pediatrician's view, this also includes recognizing the child's individual needs and responding with empathy and acceptance if they initially or finally do not wish to be examined. For this, *"open contact with the child is absolutely essential,"*

something they believe "*cannot be standardized"* and which requires time. They described how they adjust their approach individually to each child in the CH—for example, if a child shows signs of anxiety or shyness, they offer to conduct the examination while the child sits on their caregiver's lap, which the pediatrician considers *"completely natural."* Summarizing their perspective, they reflected: "*I have the subjective feeling that most children walk out after the examination thinking, 'Hey, they were actually quite nice!'"*

For the pediatrician, the experiences leading children to the CH fall outside of what they consider part of a normal childhood and accordingly they demand a particularly careful approach to the medical examination. However, a careful approach cannot follow a standardized procedure of fixed steps. Instead, their caring practice is developed, shaped, invented, and adapted over time in everyday practice (Mol, 2008, p. 4) with children.

Similarly, another pediatrician described how they approach the medical encounter and engage with children to build rapport in a context and situation that is considered unfamiliar to children:

> The pediatrician emphasized that the examination is perceived by both children and parents as "*not a normal situation"* but rather as *"strange."* To counteract this, they make a conscious effort to introduce a sense of *"normality."* They let the child choose which of the present professionals they would like to be examined by (in this case by a pediatrician, gynaecologist, or forensic doctor).
>
> The pediatrician described how they lighten the atmosphere by incorporating playful elements into the examination. A tried-and-tested method is to show children that they can *"perform magic"*; for example, by seemingly magically raising or lowering the examination couch. Guessing the names of soft toys brought along by the children also serves as an icebreaker. To ease the situation, the pediatrician sometimes examines the toy first, before examining the child.

This summary illustrates the pediatrician's caring practice aimed at making an unfamiliar and potentially intimidating encounter more normal and approachable for children. Caring is a question of "tinkering" (Mol, 2008, p. 12), for example, by letting the child choose the examiner or being playful in interactions with them. This includes being attentive to and engaging with all sorts of things that children bring to the encounter; not only their experiences and their bodies, but also their toys—sources of comfort and stability.

> For the pediatrician, language plays a crucial role in the interactions with the children and their parents. They deliberately choose to speak *"openly and directly";* for example when talking about and naming genitals. Here, they note that parents use a wide variety of terms, attempting to describe them indirectly, or avoid naming them altogether; they have observed that parents often unconsciously transfer their own uncertainties and taboos to their children. The pediatrician likes to use illustrative fabric models of a vulva or penis in conversations with parents and children to reduce discomfort and to help them better understand genital anatomy.
>
> Finally, the pediatrician highlights that they see the examination as a *"healing experience for the child."* Because the children's opinions and decisions are taken into account at the CH, the professional notes that they experience a sense of agency. At the same time, the examination is meant to convey: *"You're okay, you're healthy!"*

This summary reveals that this pediatrician's caring practice involves directly addressing taboo topics, such as naming and discussing genitals—subjects that some people prefer to circumvent or avoid. Speaking clearly and openly is a prerequisite for good care (Mol, 2008, p. 43). The narrative illustrates how care emerges through "tinkering," which involves providing information in a playful yet careful manner, adapted to the lived realities of those involved in a care interaction. By acknowledging the discomfort these topics may evoke and responding through the provision of knowledge—explaining anatomical terms in a developmentally appropriate manner—the pediatrician suggests that such subjects need not be experienced as discomforting. Through this combination of playful engagement, directness, and educational intent, their caring practice reframes the medical examination as a relational encounter.

The pediatricians' narratives reveal how care is enacted through a nuanced attuning to children's situations, experiences, and needs. What may work and what may not is unpredictable. Thus, professionals experiment carefully; they are attentive to what happens, adapting and trying what works well, allowing them to act in ways that feel right to them in a particular situation (Mol, 2008, p. 53). Practices such as conducting the examination while the child sits on a caregiver's lap, letting the child choose the examiner, asking who should accompany them to the medical examination, or offering a second appointment represent this careful experimenting, the "tinkering," which, in turn, makes participation possible.

3.2. Collaboratively shaped caring practices in police interviews

During a police investigation, the testimony of a child who has presumably experienced violence is treated as evidence. The children may be interviewed by police officers in a CH room that is specifically designed for audio-visual recordings. The interview is live streamed to a separate technical room, which is available for other authorized individuals from the police or CH staff. Before the police interview, the CH psychologist, who generally takes care of the child's emotional state, speaks with the child or adolescent to assess their developmental stage, identify specific needs, and help them feel more stable. The CH psychologist may provide the police officers with guidance on what to consider regarding the child's developmental stage and needs when conducting the interview.

The following summary illustrates how police officers and psychologists gradually cultivated a collaborative approach in police interviews with children at a CH:

> Police officers reported that audio-visual recorded police interviews are particularly demanding for them, as they must listen carefully, remember the conversation's content, and continuously formulate new questions, while simultaneously recognizing when children are unable or unwilling to provide the desired information. Police officers also explained that their collaboration with CH staff had developed over the years. Psychologists now routinely follow audio-visual recorded police interviews from the technical room. They emphasized CH staff members' crucial role in supporting and facilitating the interview and supporting "*everything around the interview."* For instance, there may be a need for support and counseling for the child's parents. Knowing that the parents are being supported by other professionals who have the necessary expertise is particularly important, as this allows police staff to focus fully on the interview with the child. They added that having stable witnesses is crucial for good interviews, and this also depends on having stable parents. They reported that, in some cases, the psychologist and the child agree on a signal, allowing them to discreetly indicate if they need a break during the interview. This is intended to give children additional reassurance if they do not feel confident enough to ask for a break.

This narrative illustrates that care is not easy (Mol, 2008, p. 76), as shown in the omnipresent tension that characterizes the police officer's work in child interviews. This includes balancing acts, such as leading the conversation in a way that legal facts are collected while the child's limits are recognized. Crucially, the interview itself cannot be separated from the practices and demands surrounding it: the involvement of psychologists, who prepare children for interviews and support parental stability, is understood as integral to conducting "good interviews" and,

ultimately, to producing evidence robust enough to underpin an indictment.

This constellation demonstrates how the process of care often involves a team with divided tasks (Mol, 2008, p. 19), letting the caring practices become a shared "tinkering" between police officers and psychologists. Such collaboration allows investigative practices to be attuned to the individual needs of each child. While children can always ask for a break verbally, introducing agreed non-verbal signals between psychologists and children offers a subtle yet meaningful caring practice that enhances a child's agency during the interview. This shows that professionals are taking a sensitive approach adapted to the child's communication preferences. This evolving collaboration not only enhances the sensitivity and effectiveness of police interviews but also strengthens the evidentiary foundation upon which legal processes depend.

3.3. Caring for the atmosphere in judicial interviews

Investigative judges conduct audio-visual recorded interviews with children at the CH in accordance with Section 58a of the German Code of Criminal Procedure (StPO) (Bundesministerium der Justiz und für Verbraucherschutz, 1998), which allows such recordings to be used as evidence in the main hearing, particularly to protect child victims of specific criminal offences or when later testimony in court may not be possible (Ministerium für Justiz und Gesundheit Schleswig-Holstein, 2022). In line with section 255a (2) of the German Code of Criminal Procedure (Bundesministerium der Justiz und für Verbraucherschutz, n. d.), the investigative judge has to ensure that the accused and the defense are notified and given the opportunity to participate and pose questions, ensuring the admissibility of the recording as evidence and avoiding the need to re-interview the child.

Investigative judges may review police interview transcripts or recordings to prepare for their own interview. These interviews can take place in a specially equipped room at the CH. A separate technical room is available for the child's legal counsel, security personnel, and other authorized professionals, such as psychologists or social workers. The accused and the defense participate remotely from a separate room to prevent any direct contact with the child. Communication with the judge occurs via a secure real-time chat system.

The following summary illustrates how judges' caring practices contribute to an atmosphere that enables children to talk about their experiences of violence, sometimes in greater detail, thereby shaping both the quality of the interview and the prosecution process.

> One judge described the CH as *'a really excellent addition'* to existing structures, valuing its "*child-friendly and homely design, with toys and cozy furnishings"* that create a comfortable and protected atmosphere. Compared to a courthouse, the CH was experienced as "*much more pleasant."* At the time of their judicial interview, many children are already familiar with the CH from a prior police interview. Thus, the CH setting contributes to children potentially disclosing more, including aspects they found difficult to talk about. This is especially important as interviews require asking about every detail, a process that is "*incredibly exhausting"* and "*draining"*—not only for the child but sometimes also for the judge themself. The less formal environment—no robes and uniforms are worn at the CH—was said to foster a more conversational interview dynamic that more closely resembles a "*normal conversation."*

This summary directs attention to the design and equipment of the interview room, as well as the professional's appearance and the form of interaction. Caring here involves actively downplaying the formal, institutional character of the judicial interview situation through toys, cozy furniture, everyday clothing, and a more casual conversation style. The judge's intention to create a "normal conversation" reflects an empathic stance and an attempt to create a more familiar atmosphere, acknowledging the emotional and cognitive demands placed on children by the unfamiliar and potentially intimidating nature of legal processes. Caring, in this sense, entails relational engagement with the child's narrative, including allowing oneself to be affected by the experiences recounted in the stories.

> With regard to interviewing children in general, the judge emphasized the need to establish a connection with them—something they felt was only possible by being *"authentic"* and engaging with the child as a person, including on a linguistic level. During interviews, the judge pays close attention to the terms children use, such as those for their genitals, and adopts these terms throughout the conversation. Their approach had been affirmed by prosecutors and security staff who described this judge as having the necessary *"soft skills"* and an ability to quickly build rapport with witnesses *"without beating around the bush."*

The account also deepens our understanding of what is involved in interaction and conversation with children, something that is commonly referred to as "soft skills," which are deemed crucial for quickly establishing rapport and trust. Information relevant to the prosecutorial process cannot simply be placed on the table; rather, eliciting such information requires a "sensible course of action" (Mol, 2008, p. 45). To be able to truly "hear" children, the judge meets them on equal terms, particularly through accessible, development-appropriate language.

Another judge elaborates why the spatial arrangements of the CH represent the optimal setting for them to conduct a judicial interview:

> The judge prefers conducting audio-visual recorded interviews at the CH *"because everything just works well there; the children are not afraid."* They elaborated: *"I speak to the children at eye level, and everything takes place in a positive and trustful conversational atmosphere."* In their opinion, *"the CH is the gold standard for judicial interviews with children."* As the accused has the right to pose questions during an audio-visual recorded interview, this entails the possibility of an encounter between the child and the accused before or after the hearing at the courthouse. The CH has separate entrances and ensures that the child and the accused arrive at different times to avoid a direct encounter. The judge explained: *"The great advantage I have there is that I can assure the witnesses: 'You will not see the accused there.' I can't say that at the district court; they might run into each other in the large entrance hall."*

As in the previous narrative, the judge's caring practice shows that they relate to children and meet them on equal terms. They also prioritize a conversational style, making the formal character of the interview less noticeable. This caring practice also entails attentiveness to what happens before and after the interview, and acknowledges that other actors influence the interview although they are not physically present in the same room.

The influence of both human and non-human actors was also acknowledged in the narrative of a judicial security officer. These officers attend the judicial interviews, where they are responsible for security before, during, and after, as well as technical aspects of the recording.

During one of our conversations, the judicial security officer described in detail why they value conducting judicial interviews in the CH. The following summary illustrates how security work involves caring practices to create an environment where children "feel safe" and are reassured that "nothing will happen to them" during the interview process.

> For the security officer, interviews at the CH provide a "*calmer and more comfortable atmosphere."* The security officer's primary responsibility is to "*ensure the security of the appointment,"* which required keeping an eye on "*everything around it."* A key concern is preventing unauthorized individuals—especially those connected to the accused—from gathering in or around the building where the interviews take place. Such a situation could lead to an

> "*uncomfortable audience*" and make the appointment "*much more unpredictable.*" The officer recalled instances where interviewees showed signs of stress upon noticing the presence of the accused, whether outside the building or in the hallway near the interview room. Even audible cues, such as the sound of loud motor vehicles in front of the building or other sounds that indicate the presence of the accused, could unsettle children and influence the interview process. The security officer's motivation is to prevent such situations and to ensure that "*those [children] here [at the CH] feel safe*" and that "*nothing happens to them here.*"

The security officer's narrative reveals a caring practice characterized by constant attentiveness and a deliberate effort to foster a calm and safe atmosphere. Importantly, although "care offers no control [and] involves living with the erratic" (Mol et al., 2010, p. 10), the security officer's caring practice nevertheless involves counteracting unpredictable factors, such as noises or unwanted people, which might unsettle the child. In their view, such protective measures are indispensable for building trust, reducing anxiety, and enabling children to share their experiences in ways that are both emotionally manageable and evidentially robust.

> The security officer, who regularly accompanies judicial interviews, reflected on the distinctive approach of one judge in particular. They emphasized that conducting effective interviews with children requires that the child can speak without interruption and sensing the right moment to pose questions. According to the officer, creating a calm and protective atmosphere during such interviews involves a "*certain level of intuition*" and "*a particular sensitivity.*" They concluded that this practice constitutes "*a unique way of doing things and a great art.*"

The security officer's reflections highlight the "large non-verbal component of what is specific to care practices" (Mol et al., 2010, p. 10) and refers to the qualities that constitute a meaningful and effective judicial interview—not just in technical terms, but through what the professional personally brings to the interaction. This includes, above all, allowing children to speak without interruption and sensing the right moments to ask questions. They characterize this as a distinctive "way of doing things," referring to it as a "great art" owing to the capacity to engage in a genuinely conversational encounter—one that is responsive and attuned to the child. This involves creatively navigating the child's narrative, their style of expression, and the dynamics of the moment. Timing, intuition, and sensitivity are core components of the caring practice.

Together, the three narratives of professionals from the justice sector highlight caring practices that promote an atmosphere in which children feel protected and comfortable to talk. These include comfortable and child-friendly facilities, communication in developmentally appropriate language, communication at eye level, a less formal approach, and overseeing everything that happens around the interview.

4. Discussion

Grounded in children's rights as articulated in the UNCRC (Unicef, 1989), participation is a key element in the Barnahus model. Accordingly, it is designed to create space for children to express their views and to be heard (Johansson et al., 2024; Mitchell et al., 2023). Drawing on Mol's (2008) understanding of care as "practices aimed at making life more liveable", our findings have illustrated how CH professionals enact participation through their caring practices.

The pediatricians' narratives (3.1) revealed a playful and sensitive nuance to caring practices, attuned to the child. Practices such as examining the child's toy, performing magic tricks with medical equipment to break the ice, conducting the examination while the child sits on a caregiver's lap, letting the child choose the examiner, asking who should accompany them to the medical examination, or offering a second appointment represent careful experimenting to find out how they can best complete their professional task while involving children and making participation possible.

Caring practices around the police interview (3.2) revealed the collaborative nuance attuned to other professionals. Caring as a team has developed over time by experimenting with how interview demands can be aligned with children's needs and limits, thereby supporting children's participation while simultaneously enhancing the quality of interviews.

The narratives of professionals in the justice sector (3.3) revealed caring practices aimed at creating an atmosphere in which children feel comfortable and safe to talk about their experiences. For this, comfortable and child-friendly facilities, communication in developmentally appropriate language, communication at eye level, a less formal way of interacting, and overseeing everything that happens around the interview have proven essential.

Our conversations with professionals revealed a consistent engagement in what Mol (2008) has termed "tinkering," an adaptive, responsive form of care that unfolds in situ. Since professionals typically do not know the child beforehand, they must approach each interaction with flexibility and sensitivity. They adjust their approach in real time through careful listening, offering choices, including playful elements, transferring knowledge, and agreeing on non-verbal cues; all subtle skills that may be adapted and improved along the way (Baart and Timmerman, 2024; Mol et al., 2010; Visser, 2024). Importantly, these caring practices are not separate from the professional's core tasks but are deeply entangled with them, allowing professionals to "get things done" while including children's perspectives and supporting participation.

While the Barnahus Standards, including 1.2, provide an important framework for professionals working with children in the CH, they allow flexibility and adaptability in how this standard is translated into practice, leaving its enactment to professionals. In this sense, the standards represent "an adaptable, open repository, a list of terms, a set of sensitivities" (Mol et al., 2010) that shape professionals' work and, at the same time, gain more meaning and depth through what the professionals actually do in practice to support participation.

As this has not been investigated to date, our study aimed to shed light on how standard 1.2. is enacted in practice. Specifically, this article shows that children's participation is realized through the caring practices of CH professionals. By collecting and analyzing the narratives of professionals, we uniquely unraveled the specificities of caring practices, which were shown to be attuned to the child, other professionals, and the atmosphere surrounding them, as well as showing attentiveness, sensitivity, responsiveness, playfulness, and adaptability. In this way, we developed a concept of what caring practices entail in the CH in order to enact the above-mentioned standard.

Enacting participation is not straightforward (Race and Frost, 2022). Research has explored the difficulties with implementing child participation in practice within child welfare and child protection services, including social workers' perceptions of children as inherently vulnerable and in need of protection, a lack of clarity about what participation entails (Križ and Skivenes, 2017; Landsdown, 2010; Sinclair, 2004; Vis et al., 2012), limited understanding of how to put it into practice, and organizational constraints that limit opportunities for authentic engagement (Kennan et al., 2018; van Bijleveld et al., 2015).

We argue that participation can never be a straightforward approach, given the messiness inherent in social reality and in social actions and relations (Law, 2004). Hence, embracing ambiguity, uncertainty, and complexity can only be beneficial when attempting to enact participation in professional practice. As our findings demonstrate, this work relies on "careful experimenting" (Mol, 2008, p. 84), whereby professionals attune to what the child brings to the situation, respond sensitively and explore what works well in interaction, collaborate with other professionals, and attend to the atmosphere and broader conditions surrounding the encounter; it is a "compositional

process" (Latour, 2010) "that develops through social interaction over time" (Skauge et al., 2021).

In this sense, encounters at the CHs can be thought of as "experimental-relational spaces" (Bos and Abma, 2018). Our findings resonate with Jackson-Taylor and Atkin's (2025) notion of professional encounters as "creative calibrations"—sensitive adjustments that bring diverse elements together until the situation "fits" the needs of the child (Jackson-Taylor and Atkin, 2025). For this, genuine relational engagement is foundational (Pot, 2025), as is participation, which creates "a situational and iterative process in which all relevant actors enter into mutual dialogue" (van Bijleveld et al., 2014).

Caring practices are not simply "a nice wrapping" (Mol, 2008); rather, they are central to enabling children's participation and recognizing children as active agents. Our findings show that professionals' caring practices encompass both verbal and non-verbal aspects (Lermytte et al., 2025), including empathic and playful engagement, interaction at eye level, the downplaying of formality, and inviting children to make choices, such as selecting the examiner. These practices resonate with Lundy's (2007) model of participation—space, voice, audience, and influence—by showing how these elements are enacted through care in practice. In line with Lundy's view, we argue that participation does not happen by simply giving a child the opportunity to speak. Rather, it is enabled through the caring practices that professionals cultivate. Through ongoing "tinkering" and experimentation, children and professionals together find what works in each specific situation.

Such enactments of participation challenge adult-centric systems and structural power imbalances (Bell, 2002; Lundy, 2025), recognizing children as agentic "beings" and not just "becomings" (Brady et al., 2015). However, although children possess agency, the extent to which their perspectives and rights are considered remains contingent on adult facilitation. While these imbalances continue to be inherent in all social relationships, we show that caring practices make a crucial contribution to attentively engaging with and responsively reconfiguring these power relations in everyday practice.

4.1. Situating our findings

Our study draws on professionals' narratives to illuminate how children's participation is enacted in and through their caring practices within the CH, capturing how professionals experience, interpret, and make sense of their work with children. While observations of everyday interactions would have enriched the analysis, ethical considerations, including confidentiality and the importance of maintaining the CH as a safe space for children, precluded direct observations of medical examinations or audio-visual recorded police or judicial interviews.

In addition, the findings are geographically specific and do not claim to represent caring practices across all CHs in Germany, as each CH operates within its specific context, shaped by its history, institutional (governance) structures, available resources, focus, and involved actors and their way of working. Finally, although we conceptualize care as a collective endeavor in which children are also active actors, ethical and legal constraints precluded direct engagement with children, limiting our ability to foreground their perspectives in shaping these encounters.

4.2. Author's positioning and reflexivity

The ethnographic researchers of our team (RS & DBT) are trained in social science and have worked as professionals and researchers in diverse healthcare settings in Germany and the Netherlands. RS brings several years' experience working in multidisciplinary teams in children's hospitals and was involved in establishing the first CH in Germany in 2018. This experience enriched our research design and process by providing first-hand insights into the multiplicity of children's experiences and multidisciplinary and interagency child protection practices. However, such proximity can also lead to oversights and to not questioning why professionals do things the way they do. DBT, unfamiliar with the CH context, brings extensive expertise in organizational ethnographic fieldwork, enabling a critical perspective that deepened the ethnographic engagement and contributed to more nuanced data analysis. Throughout the research process, we held regular discussions within the research team and with professionals in the field, which allowed for the triangulation of sources and perspectives and the generation of thick descriptions.

5. Conclusion

In this article, we have shown how participation is enacted in the CHs by closely examining professionals' caring practices. Our analysis demonstrates that these practices are attuned not only to children, but also to other professionals and to the atmosphere in which interactions take place, and that professionals engage in careful experimentation and "tinkering" in their everyday work. These findings provide a more nuanced understanding of the forms that caring practices can take in the enactment of children's participation.

By foregrounding these practices, the article contributes to ongoing national and international discussions on the further development of the Barnahus model and its Standards by offering insights that may inform their continued refinement. Finally, CH professionals may find our empirically grounded descriptions relevant as they may inspire reflection, invite critical engagement, and support continued attentiveness to caring practices in their everyday work.

**Notes

"Childhood-Haus" is a registered word and design trademark of the World Childhood Foundation. The term "Childhood-Haus" is often used generically in Germany to refer to the Barnahus model.

Ethics approval statement

Empirical data used for this article was collected as part of the project EvaChild, carried out in accordance with the ethical guidelines of the Ethics Committee of the Heinrich Heine University Düsseldorf (study nr 2024-2809).

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CRediT authorship contribution statement

Rosemarie Schwenker: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Writing – original draft, Writing – review & editing. **Jana Heringer-Seifert:** Writing – review & editing. **Dominik Wulf:** Writing – review & editing. **Edwin Pütz:** Writing – review & editing. **Adrienne Alayli:** Conceptualization, Funding acquisition, Writing – review & editing. **Freia De Bock:** Conceptualization, Funding acquisition, Supervision, Writing – review & editing. **Dorit Biermann-Teuscher:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Supervision, Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no competing interests.

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Data availability

The authors do not have permission to share data.

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