**Assessing the feasibility of implementing a national**

**Child Abuse and Neglect (CAN) Surveillance System on the basis of a minimum data set (MDS)**

**[CAN-MDS Feasibility Study]**

Dear Participant,

This questionnaire is part of the feasibility study for a future CAN-MDS system at a national level that is being conducted in the context of the EU co-funded Daphne III project “Coordinated Response to Child Abuse and Neglect via a Minimum Data Set” [JUST/2012/DAP/AG/3250]; please respond according to your knowledge or according to your opinion. There are no right or wrong answers

***Your feedback is sincerely appreciated.***

***Thank you in advance!***

*on behalf of the project’s Consortium*

*A Ntinapogias, Project Coordinator (ntinapogias@ich-mhsw.gr)*

### Rationale for a CAN National Surveillance System

Child Abuse and Neglect (CAN) is a major public health problem. The need for epidemiological surveillance of CAN at a national level is a commonly accepted priority. Various CAN surveillance mechanisms are currently in place in various EU28 Member States while in other EU Member States no surveillance mechanisms exist.

### Scope of the Feasibility Evaluation

To assess the feasibility of the CAN-MDS-based National Surveillance System in each Member State EU28, early identification of facilitating factors and barriers for the system’s implementation and guidance for appropriate adaptation of the CAN-MDS design and implementation process in terms of national needs; relevant legal provisions; administrating requirements; financial resources; and technical means; also to explore the possibility of the CAN-MDS system piloting for a 12-month period of time

### CAN-MDS Surveillance System Description

**1. Purposes.** To provide *continuously* comprehensive, reliable & comparable case-based information for (alleged) child victims of CAN who have used social, health, educational, judicial & public order services at national and international level (*information for action linked to public health initiatives*) **AND** to serve as a ready-to-use tool in investigation and follow-up of child victims of CAN or those at risk of being (re-) victimized, by respecting the national legislation and applying all the rules necessary for ensuring ethical data collection and administration (*case-level information linked to follow-up of individual cases*)

**2. Stakeholders.** Professionals who are involved in the route of CAN cases administration following legally defined responsibilities (such as mandatory reporting) in the context of their routine working tasks in agencies, services and organizations belonging in sectors relevant to CAN identification, reporting, administration, treatment, rehabilitation and handling in general. Professionals can be social work-related; health and mental health related; education related; law-enforcement related; justice-related; epidemiology-related. Agencies/ services and organizations can be governmental; semi-governmental; non-governmental; independent authorities. Relevant sectors include the social welfare system; primary, secondary and tertiary health system; mental health system; justice and law enforcement systems; educational system.

**3. Operation.** Continuouscollection and dissemination of data via a central fully-anonymized registry on the basis of a commonly agreed upon minimum data set (“CAN-MDS”) by specially trained eligible professionals as “CAN-MDS Operators” having different access levels in the system using common UN CRC definitions and methodology (available in nationally adapted CAN-MDS Toolkits according to country specifics) via procedures taking into account all necessary measures for ensuring ethical aspects, privacy of personal sensitive data and confidentiality issues, operating at the same time as a communication channel among stakeholders and facilitating inter-sectoral collaboration and CAN follow-up at a case-level.

**System data flow**

Feedback to Operators (based on access level)

Data sources

CAN-MDS Operators

CAN-MDS National registry

Public Health Surveillance

Follow-up at a CAN case level

Data processing & reporting

Incident-data unification under single case

Dissemination at different level stakeholders

**PART I - Needs Assessment**

**Current situation: According to your knowledge**, please provide an estimate for each of the following statements ranging from 0 (the content of the statement is not valid at all) to 100 (the content of the statement is absolutely valid)

**Opportunity/Threat:** All statements represent different aspects of the External Environment in which a CAN-MDS System would be established. **According to your opinion**, please let us know whether the current situation described in each statement would be considered as an opportunity (facilitating factor) OR a threat (hindering factor) for a CAN-MDS system to be implemented in your country.

**Attention:** Whether a statement comprises an opportunity or a threat for the implementation of a CAN-MDS system is not necessarily related to the value of the estimated **Current Situation**; i.e. a low value may suggest either an opportunity for improvement or a resistance to change, and therefore a threat, or even both. Similarly, a high value may suggest either a threat (no space for further improvement) or an opportunity (already available ground for the implementation of the system), or even both.

|  |  |  |
| --- | --- | --- |
| Currently in your country: | Current situation 0=Not at all100=Definitely Yes | For the implementation of aCAN-MDS the current situation is a |
| **Opportunity** | **Threat**  |
| 1. the magnitude of CAN at a NATIONAL LEVEL is known |  | [ ]  | [ ]  |
| 2. the magnitude of SPECIFIC FORMS of CAN at a NATIONAL LEVEL is known |  | [ ]  | [ ]  |
| 3. the magnitude of CAN at a REGIONAL LEVEL is known |  | [ ]  | [ ]  |
| 4. CHANGES on the magnitude of CAN OVER TIME are known |  | [ ]  | [ ]  |
| 5. CAN data collection practices are already applied BUT NOT SYSTEMATICALLY |  | [ ]  | [ ]  |
| 6. CAN data collection practices are already applied BUT NOT NATIONALLY |  | [ ]  | [ ]  |
| 7. a NATIONAL CAN monitoring mechanism is already in place |  | [ ]  | [ ]  |
| 8. a CENTRAL REGISTRY for CAN cases is already in place |  | [ ]  | [ ]  |
| 9. common methodologies and tools for CAN recording are used by ALL STAKEHOLDERS working in DIFFERENT SECTORS |  | [ ]  | [ ]  |
| 10. common methodologies and tools for CAN recording are used AMONG AGENCIES IN THE SAME SECTOR  |  | [ ]  | [ ]  |
| 11. common methodologies and tools for CAN recording are used AMONG PROFESSIONALS IN YOUR AGENCY  |  | [ ]  | [ ]  |
| 12. REGISTRATION of CAN cases is performed by SPECIALLY TRAINED professionals  |  | [ ]  | [ ]  |
| 13. INTER-SECTORAL (welfare/ (mental) health/ justice/law enforcement/education) COOPERATION routes for administration of CAN cases are in place |  | [ ]  | [ ]  |
| 14. INTER-AGENCY COOPERATION routes within the WELFARE sector for administration of CAN cases are already in place |  | [ ]  | [ ]  |
| 15. INTER-AGENCY COOPERATION routes within the HEALTH sector for administration of CAN cases are already in place |  | [ ]  | [ ]  |
| 16. INTER-AGENCY COOPERATION routes within the MENTAL HEALTH sector for administration of CAN cases are already in place |  | [ ]  | [ ]  |
| 17. INTER-AGENCY COOPERATION routes within the JUSTICE sector for administration of CAN cases are already in place |  | [ ]  | [ ]  |
| 18. INTER-AGENCY COOPERATION routes within the LAW ENFORCEMENT sector for administration of CAN cases are already in place |  | [ ]  | [ ]  |
| 19. INTER-AGENCY COOPERATION routes within the EDUCATIONAL sector for administration of CAN cases are already in place |  | [ ]  | [ ]  |
| 20. cooperation routes AMONG SAME-SECTOR PROFESSIONALS involved in administration of THE SAME CAN CASE are already in place  |  | [ ]  | [ ]  |
| 21. cooperation routes AMONG DIFFERENT-SECTORS PROFESSIONALS involved in administration of THE SAME CAN CASE are already in place  |  | [ ]  | [ ]  |

**PART II – Feasibility Evaluation Analysis**

**Current situation: According to your knowledge**, please provide an estimate for each of the following statements ranging from 0 (the content of the statement is not valid at all) to 100 (the content of the statement is absolutely valid)

**Opportunity/Threat:** All statements represent different aspects of the External Environment in which a CAN-MDS System would be established. **According to your opinion**, please let us know whether the current situation described in each statement would be considered as an opportunity (facilitating factor) OR a threat (hindering factor) for a CAN-MDS system to be implemented in your country.

**Attention:** Whether a statement comprises an opportunity or a threat for the implementation of a CAN-MDS system is not necessarily related to the value of the estimated **Current Situation**; i.e. a low value may suggest either an opportunity for improvement or a resistance to change, and therefore a threat, or even both. Similarly, a high value may suggest either a threat (no space for further improvement) or an opportunity (already available ground for the implementation of the system), or even both.

|  |  |  |
| --- | --- | --- |
| Do you think the implementation of a CAN-MDS in your country would be feasible in terms of: | Current situation 0=Not at all100=Definitely Yes | For the implementation of aCAN-MDS the current situation is a |
| **Opportunity** | **Threat**  |
| 1. CONFORMITY with the currently applicable NATIONAL LEGISLATION |  | [ ]  | [ ]  |
| 2. CONFORMITY with the currently applicable NATIONAL LEGISLATION following HARMONIZATION to INTERNATIONAL LAW (e.g. UN CRC) |  | [ ]  | [ ]  |
| 3. AVAILABILITY of an AUTHORITY that has legal authorization, human & technical capacity to be designated as the national CAN-MDS Administrator  |  | [ ]  | [ ]  |
| 4. HUMAN RESOURCES on the part of CAN case administration related AGENCIES (such as designation of at least 2 operators per agency to enter CAN-incident data into a CAN-MDS with a rough calculation of 10 minutes per incident) |  | [ ]  | [ ]  |
| 5. FINANCIAL RESOURCES for a SHORT-TRAINING of potential CAN-MDS Operators |  | [ ]  | [ ]  |
| 6. FINANCIAL RESOURCES for HOSTING & MAINTAINING A CAN-MDS SECURE SERVER |  | [ ]  | [ ]  |
| 7. TECHNICAL MEANS related to the PROCUREMENT of a SECURE SERVER to be placed on the NATIONAL ADMINISTRATOR’S PREMISES |  | [ ]  | [ ]  |
| 8. TECHNICAL MEANS concerning the availability of at least ONE DEVICE with INTERNET CONNECTION per AGENCY |  | [ ]  | [ ]  |
| 9. TECHNICAL MEANS concerning the availability of at least ONE TELEPHONE or FAX LINE per AGENCY |  | [ ]  | [ ]  |
| 10. COMMITMENT on the part of PROFESSIONALS involved in CAN case administration to act as potential OPERATORS of a CAN-MDS System |  | [ ]  | [ ]  |
| 11. COMMITMENT on the part of AGENCIES involved in CAN case administration to participate in a National CAN-MDS System |  | [ ]  | [ ]  |
| 12. COMMITMENT on the part of the SOCIAL WELFARE SECTOR to participate in a National CAN-MDS System |  | [ ]  | [ ]  |
| 13. COMMITMENT on the part of the HEALTH SECTOR to participate in a National CAN-MDS System |  | [ ]  | [ ]  |
| 14. COMMITMENT on the part of the MENTAL HEALTH SECTOR to participate in a National CAN-MDS System |  | [ ]  | [ ]  |
| 15. COMMITMENT on the part of the JUDICIAL SECTOR to participate in a National CAN-MDS System |  | [ ]  | [ ]  |
| 16. COMMITMENT on the part of the LAW-ENFORCEMENT SECTOR to participate in a National CAN-MDS System |  | [ ]  | [ ]  |
| 17. COMMITMENT on the part of the EDUCATIONAL SECTOR to participate in a National CAN-MDS System |  | [ ]  | [ ]  |
| 18. COMMITMENT on the part of a specific National Authority to undertake the role of the national ADMINISTRATOR of a CAN-MDS system |  | [ ]  | [ ]  |
| 19. PRIORITIZATION of CAN prevention among PUBLIC HEALTH PROBLEMS in your country |  | [ ]  | [ ]  |
| 20. PRIORITIZATION of CAN prevention in the POLITICAL-FINANCIAL AGENDA of your country |  | [ ]  | [ ]  |

**PART III – Exploring the possibility for a 12-month piloting of the CAN-MDS System**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| According to your opinion, do you think that: | Definitely No  | Possibly No | Possibly Yes | Definitely yes |
|
| 1. would your country be interested in participating in a piloting of the CAN-MDS system? | [ ]  | [ ]  | [ ]  | [ ]  |
| 2. would the ministry/agency where you are working support a piloting of the CAN-MDS system in your country? | [ ]  | [ ]  | [ ]  | [ ]  |
| 3. is there an authority to undertake the initiative in a piloting of the CAN-MDS system in your country as National Administrator? | [ ]  | [ ]  | [ ]  | [ ]  |

**If your replies to the questions above are positive, please provide contact details of the potential authority/ministry/organization that could undertake the piloting of the CAN-MDS in your country**

|  |  |
| --- | --- |
| **COMMENTS** If you would like to provide any related comments, please use the space provided below.If you refer to a specific statement, please indicate the part and the statement’s number (e.g. II.5) | **Respondent’s Information** |
|  | **Country**: **Name**: **Agency**: **Position**:**Contact details****Email:** **Phone:****Postal Address**:  |

*Thank you again for your valuable contribution!*

*on behalf of the CAN-MDS Project’s Consortium*