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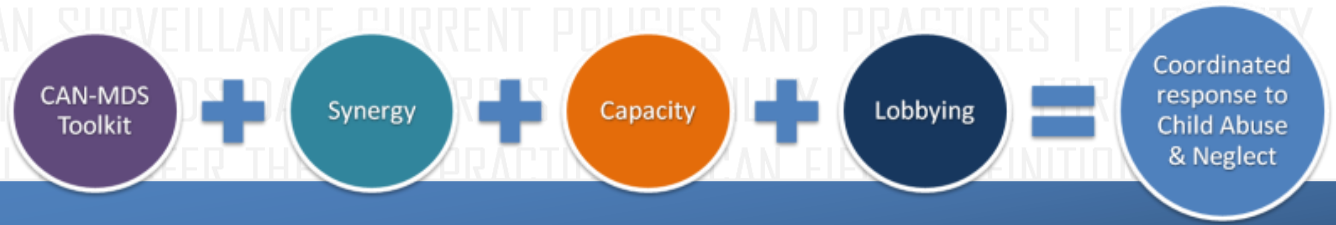
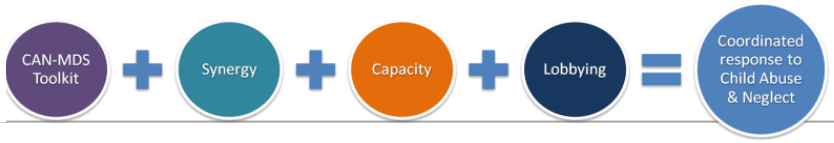
# CAN-MDS POLICY AND PROCEDURES MANUAL




"Coordinated Response to Child Abuse & Neglect via Minimum Data Set" [JUST/2012/DAP/AG/3250]

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"Coordinated Response to Child Abuse & Neglect (CAN) via Minimum Data Set (MDS)"

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# CAN-MDS SURVEILLANCE SYSTEM POLICY & PROCEDURES MANUAL

***CORE VALUES***

*THE CHILD IS A RIGHTS HOLDER AND NOT A BENEFICIARY OF BENEVOLENT ACTIVITIES OF ADULTS (CHILD RIGHTS APPROACH)*

*THE BEST INTERESTS OF THE CHILD SHALL BE A PRIMARY CONSIDERATION*

*THE RIGHT OF THE CHILD TO FREEDOM FROM ALL FORMS OF VIOLENCE*

# FOREWORD

*for the CAN-MDS Policy and Procedures Manual*

As set out in the UN Convention on the rights of the child (UNCRC) which has been ratified by almost all countries in the world, all children have the right to protection from all forms of violence (Article 19). Realisation of that right requires concerted efforts, effective procedures and coordination and cooperation in integrated child protection systems.

The Coordinated response to child abuse and neglect (CAN) via a minimum data set (MDS) led by the Institute of Child Health in Greece, was co-funded by the EU DAPHNE programme[1], which focuses on the prevention of and responses to violence against children, young people and women.

Data collection is essential to inform prevention, identification, reporting, referral, investigation, treatment, judicial involvement and follow-up of cases and to prevent re-victimisation of children. Aggregated data is essential to identify trends, measure responses and feed into policy development. It makes sense to develop tools to facilitate speedy coordination and cooperation among professionals.

CAN-MDS has a clear European added value as it tackled challenges that are common to many EU Member States, including the use of common definitions and terms, a ready to use e-registry to record incidents and risks to children, and to share information across sectors and among professionals on a need-to-know basis. The registry allows for linkages of all incidents relating to a particular child. Lastly, the tool serves as a means to provide comparable and reliable data and statistics. I particularly welcome the fact that there was broad consultation of experts during the project and that the work was based on standards (UNCRC Article 19 and General Comment No 13 of the UN Committee on the rights of the child) and ISO standards. The tool was developed in English and has already been adapted for use in seven partner countries. A recent EU study to collect data on children's involvement in criminal judicial proceedings shows that in 2010 there was comparable data on child victims of violent crime in only 11 out of 28 EU Member States.[2]

At the 9th European Forum on the rights of the child in June 2015[3], we focused on coordination and cooperation in integrated child protection systems and proposed 10 principles.[4] CAN-MDS supports implementation of these 10 principles.

CAN-MDS can help to make great strides forward in preventing and responding to violence against children and I encourage Member States to adopt and use it, adapting it to their own governance structure where necessary.[5]

Margaret Tuite
European Commission coordinator for the rights of the child

[1] Available at: http://ec.europa.eu/justice/fundamental-rights/programme/daphne-programme/index_en.htm
[2] Available at: http://bookshop.europa.eu/en/summary-of-contextual-overviews-on-children-s-involvement-in-criminal-judicial-proceedings-in-the-28-member-states-of-the-european-union-pbDS0313659/?CatalogCategoryID=WTQKABsteF0AAAEjKpEY4e5L
[3] Available at: http://ec.europa.eu/justice/fundamental-rights/rights-child/european-forum/ninth-meeting/index_en.htm
[4] Available at: http://ec.europa.eu/justice/fundamental-rights/files/2015_forum_roc_background_en.pdf
[5] As of June 2015, the e-registry is now ready to use for the training of professionals/future operators in the seven partner countries, and can be piloted in any of those countries. For additional countries, once country-specific adaptations are made and it is translated if not already available in the language of the country, it could also be used there.

# FOREWORD

*for CAN-MDS Surveillance System*

Violence against girls and boys cuts across all boundaries of age, race, culture, wealth and geography. It takes place in the home, on the streets, in schools, online, in the workplace, in detention centres and in institutions for the care of children. For countless girls and boys the world over, childhood is described by one word: fear.

Children's exposure to violence, abuse, neglect and exploitation manifests itself in many forms and their suffering goes hand in hand with deprivation, high risks of poor health and risky behavior, poor school performance, long term welfare dependency, limited opportunities for future employment and loss of earnings in adulthood. For very young children it may have irreversible consequences on brain development and opportunities to thrive later in life. In addition, violence is often associated with poor rule of law and a culture of impunity; and it has far-reaching costs for society, slowing economic development and eroding nations' human and social capital.

As Special Representative of the UN Secretary General on Violence against Children, I have been privileged to undertake numerous field missions in different parts of the world and I always come back pressed by an ever growing sense of urgency! While much is being achieved around the globe to protect children, much more needs to be done to ensure every boy and girl enjoys a childhood free from violence. One crucial dimension of safeguarding children's right to freedom from all forms of violence is data collection and analysis, and its use to inform laws, policies, budgetary decisions and action.

We must measure what we treasure! Adequate data are crucial to end the invisibility of violence, challenge its social acceptance, understand its causes and enhance protection for children at risk. Data is vital to support government policy, planning and budgeting for universal and effective child protection services, and to inform the development of evidence-based legislation, policies and implementation processes.

In 2013, my office conducted a Global Survey which confirms that information on violence against children remains scarce and fragmented around the world, with limited data available on its extent and impact, and on the risk factors and underlying attitudes and social norms that perpetuate this phenomenon. Findings indicate that within a single country there may be a range of institutions gathering and handling dispersed information based on different definitions and indicators. Where a central institution is in place, information is often collected from limited sources, or fails to address all types of violence against children or all settings in which it occurs.

Moreover, the Global Survey found that there is often little or no coordination between national statistical bodies and the institutions responsible for policies, programmes and allocation of resources to protect children from violence. In line with the 2006 UN Study, the Global Survey recommends that governments must recognize the crucial importance of building strong data systems and sound evidence to prevent and address violence against children and that monitoring tools and indicators be developed to capture children's exposure to incidents of violence.

In this regard, I warmly welcome the Coordinated Response to Child Abuse & Neglect (CAN) via a Minimum Data Set (MDS). Its development recognizes the necessity for data collection on child abuse and neglect and highlights the importance of gathering data in this area as a global priority, and in the 28-EU member states in particular.

The CAN-MDS is an innovative Surveillance System for child abuse and neglect incidents using a common methodology across countries and, critically, across different sectors, services and professional specialties within countries. It will significantly fill the gap in our knowledge on the magnitude of this problem, enable us to have a better understanding of its nature and consequences and therefore to better prevent violence against children.

The CAN-MDS is being issued at a time when Member States of the United Nations are shaping a global post-2015 sustainable development agenda. Building upon the Millennium Development Goals (MDGs), the Sustainable Development Goals (SDG's) foresee a distinct target on ending all forms of violence, abuse, neglect and exploitation of children. This is a significant achievement which will give enormous impetus to the protection of children's rights around the world.

The intersectoral approach to data collection by the CAN-MDS tool will not only serve to help and support child victims, and those at risk of being (re-)victimized: it will crucially contribute to monitoring and reporting on progress of the SDG's by the 28-EU member states. In particular, it will significantly contribute data for annual country incidence reports, indicating current needs for services in the field, highlighting the relationship between specific factors and types of child maltreatment, and the prioritization of actions to be taken at local, national and international levels.

The use of this important tool will support States in the fulfilment of their international obligations and in effectively implementing and reporting on progress towards eliminating violence against children in the post-2015 era.

Marta Santos Pais
UN Special Representative of the Secretary General on Violence against Children

# EXECUTIVE SUMMARY

The **CAN-MDS Policy & Procedures Manual** is primarily targeted at policy makers and key stakeholders working in any administrative sector involved in individual child abuse and neglect cases, as well as any interested party working to prevent child abuse and neglect.

The Policy and Procedures Manual provides an overview of the newly developed CAN-MDS Surveillance System, its vision and mission as well as the international and national policy framework underpinning its implementation. Moreover, the procedures related to the system's structure, governance and operations are described along with the procedures for data collection, data sources, required human and financial resources and, last but not least, management and dissemination of information collected by such a system.

The **necessity** for data collection on child abuse and neglect is a commonly accepted priority worldwide and in the EU-28 member states in particular. Child Abuse and Neglect (CAN) is a major public health problem. CAN case-based data across the EU are derived from a variety of sources and collected via different methodologies. Therefore, follow up of cases at local and national level is not sufficiently coordinated among the involved sectors. At international level, where monitoring systems exist, they vary considerably, so that comparisons are not feasible. Additional barriers for effective CAN monitoring are the lack of common operational definitions and registration practices. The UN Committee on the Rights of the Child *"acknowledges and welcomes the numerous initiatives developed by Governments and others to prevent and respond to violence against children. In spite of these efforts, existing initiatives are in general insufficient. The impact of measures taken is limited by lack of knowledge, data and understanding of violence against children and its root causes, by reactive efforts focusing on symptoms and consequences rather than causes, and by strategies which are fragmented rather than integrated. Resources allocated to address the problem are inadequate" (CRC.C.GC.13, 2011).*

The **main attributes** of a CAN-MDS Surveillance System can be summarized as the **subject of surveillance,** i.e *incident*-based child abuse and neglect, and the **core values** of CAN-MDS philosophy and practice. These values are: the child rights approach where the child is a rights holder and not a beneficiary of benevolent activities of adults; the *best interests of the child*, as is defined in the UNCRC (Art. 3); and the *right of the child to freedom from all forms of violence* (UNCRC, Art. 19; CRC.C.GC.13, 2011).

The **main benefits** of a CAN-MDS Surveillance System are:

- to periodically measure the incidence of CAN and its specific types based on data derived from services' responses to CAN cases in general; by sector; by service; by specific type of abuse and neglect; by child's, caregiver(s)' and family's characteristics
- to monitor trends in child maltreatment at national level and local levels; by specific forms of abuse and neglect; by child's, caregiver(s)' and family's characteristics
- to provide clues for the identification of new or emerging trends in child maltreatment and of populations at high risk of maltreatment
- to be used as a baseline for the evaluation of services' needs (needs assessment related to CAN cases administration) for prioritizing the allocation of resources for CAN at primary, secondary and tertiary prevention levels; the evaluation of effectiveness of CAN prevention practices and interventions (and to identify good practices) and of effectiveness of CAN prevention policies (for planning future policies & legislation)

Moreover, data that will be collected via a potential CAN-MDS Surveillance System might also be used:

- to outline the administrative practices applied for CAN casesand to detect changes in administrative practices of CAN cases and the effects of these changes
- to operate as a communication channel among sectors involved in administration of CAN cases facilitating follow-up at case-level and be used as a *ready-to-use* tool during new or suspected cases investigation by certified authorities

The **main challenges** that the CAN-MDS should address, over and above those that all public health surveillance systems face, are summarized below:

- ***Within the European Union countries***: The CAN-MDS aims to be used in different countries where different governance systems are in place. This means that identical implementation at a national level might not be feasible and therefore adaptation according to country specifics is necessary.
- ***Within countries between sectors***: Different sectors (health, welfare, mental health, education, justice, law enforcement) have different jurisdictions with regard children and therefore the same children are the subjects of different data (the

focus may depend on sectors' specifics: child-patient, child-welfare service beneficiary, child-client, child-student, child-victim/perpetrator/eyewitness)

- ***Within sectors and between professionals with different backgrounds***: Different competencies of professionals working with children narrows the range of commonly available data among all the relevant professional groups, leading to a different focus and therefore to a different understandings of children's rights in general and of child abuse and neglect in particular.
- ***Within same professional groups holding different definitions of child abuse and neglect***: Not having commonly agreed upon and operationalized conceptual definitions of child abuse and neglect often constitutes a barrier for the collection of valid, reliable and comparable data on child abuse and neglect.

The **response of the CAN-MDS** to these challenges could be described as follows:

- ***Within same professional groups holding different definitions of child abuse and neglect***: The CAN-MDS is an *incident*-based system. The *incident* in this context is based on definitions in the UNCRC Article 19[1] and the United Nations' Committee on the Rights of the Child's General comment No. 13 (2011).[2] Child abuse and neglect definitions are operationalized in a way that requires a *minimum decision* to be made on the part of the Operators aiming to collect, as much as feasible, uniform data; incidents are defined either as *acts of violence commited against a child* or as *omissions in a child's care*. Definitions of each individual term are available in the Operator's Manual.
- ***Within sectors and between professionals with different backgrounds***: The CAN-MDS Toolkit addresses any professional working with children, has a valid professional licence or is legally certified and is subject to a professional code of ethics or practice. Any of these professionals is possible to identify by him/her-self or by being informed for a child abuse and neglect incident. For the identification of as many as possible incidents, the involvement of a wide range of specialties is preferred; this, however, increases the challenge of agreeing the commonality of data to be collected. To this end, a minimum data set has been developed including only these data elements that consist of the common denominator among all professionals-potential operators (i.e. child's sex).
- ***Within countries between sectors***: An intersectoral approach for data collection was opted following the multiple recommendations by the main international organizations in the field of children's rights. To this end, health, welfare, mental health, justice, education and law enforcement sectors are eligible data sources for the CAN-MDS. Expanding the eligible data sources by including all relevant sectors is expected to lead to data collection for a larger number of CAN cases and, therefore, could increase the possibilities for the collected information to describe the true magnitude of the problem. On the other hand, sector-specific data elements were excluded from the minimum data set; for example, no data elements were included concerning the socioeconomic status of family (welfare sector), severity of injury, health and mental health status (health/mental health sector), learning disabilities (educational sector), perpetrators, or status of substantiation (justice/law enforcement sector).
- ***Within the European Union countries***: The CAN-MDS was initiated in order to be implemented in all EU-28 member states in the future; however, even if all EU countries were interested in adopting the CAN-MDS, its implementation among countries could not be identical because of the differences in governance systems (such as national government, regional governments); therefore, using the CAN-MDS should be flexible in terms of implementation according to these country specifics. To meet this challenge, a feasibility study is it being conducted in EU-28 member states.

  Implementation of a CAN-MDS Surveillance System could be based on the CAN-MDS Toolkit which consists of: i) an e-registry, ii) Operator's Manual and iii) Protocol for Data Collection, which are common for all countries. Along with the Toolkit, supportive material and guidelines for its national adaptation for any interested country is available. The Toolkit was developed following the rationale of ISO/IEC 11179 on metadata registries. Further international standard codification was used, where applicable (such as ILO, other ISO codifications). The 'master' CAN-MDS Toolkit is currently available in English and has been adapted for seven EU Member States (Bulgaria, Belgium/Flanders, Germany, Greece, France, Italy, and Romania). Operators of the system could be social work, health, mental health, justice, law enforcement, and education professionals working in the respective sectors. Over and beyond its surveillance scope, the CAN-MDS aims to serve as a *ready-to-use* tool in investigation and follow-up of child victims of CAN and those at risk of being (re-)victimized, strengthening the commitment of all the involved parties.

  The data to be collected via the CAN-MDS could be used for multiple purposes such as the publishing of annual country incidence reports on CAN, the assessment of the involved services' current needs, the prioritization of actions to be taken against CAN at local, national and international levels and the reallocation of the (*limited*) resources (benchmarking). Moreover, CAN-MDS data could be used as a baseline for the evaluation of services and the effectiveness of interventions , identification of good practices and planning of future policies and legislation (*data driven policy making)*.

# The CAN-MDS Surveillance System

The CAN-MDS Surveillance System is the product of an initiative for developing a public health surveillance mechanism for child abuse and neglect incidents through use of a common methodology across countries and across different sectors, services and professional specialties within countries. By respecting social, cultural and linguistic specifics it aims to fill the gap in our knowledge on the magnitude of the CAN problem, to have a better understanding of its nature and consequences and therefore to better prevent it.

## Vision

*to contribute substantially to the knowledge gap on what data are necessary by coordinating the intersectoral response to child abuse and neglect data collection via a minimum agreed upon data set:*

- *by **promoting uniform data collection from all sectors involved in the administration of CAN cases** using a common user-friendly registry tool **AND** by **creating a communication channel among involved sectors** and **professionals** working in these sectors, while building their capacity on child abuse and neglect data collection*
- ***at a population level** contribute to public health surveillance data collection by enabling comparisons to be made within and between countries and providing continuously updated information as a basis for evaluation of existing practices and policies **AND at a case-level** focusing on the follow-up of individual cases by facilitating a case's investigation and further administration and by providing feedback to authorized professionals for known cases*
- *for **child abuse and neglect incidents defined on the basis of the UNCRC Art. 19** and **CRC/C/GC/13 (2011)** and operationalized in a way aiming to ensure common understanding among heterogeneous involved parties **AND targeting to early collection of information for eligible incidents** identified by services, disclosed by children (alleged) victims or reported by third parties, regardless of substantiation status*
- *on the basis of **a standard set of data elements,** endorsed by all stakeholders, evaluated in terms of ethics, quality (relevance, usefulness, understandability, accessibility) and feasibility (data availability, reliability, validity, timeliness, confidentiality and associated cost), operationalized and described following or using, where feasible, international standards and matched to available international coding systems for facilitating systems' interconnection with already existing systems.*

## Mission

- *to provide **information for action** linked to public health initiatives* that consists of *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 levels; and*
- *to provide **case-level information** linked to follow-up of individual cases, namely to serve as a ready-to-use tool in the 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.*

## UNCRC[3]

***Article 3***

1. *In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.*
2. *States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.*
3. *States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.*

***Article 19***

1. *States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*
2. *Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.*

# POLICIES

## International Policy Framework

The international policy framework advocating for the necessity of continuous and systematic data collection for child abuse and neglect is set out in conventions, guidelines, resolutions, action plans and recommendations deriving from the main international organizations in the field.

### United Nations

***Committee on the Rights of the Child General comment No. 13 (2011)*** on article 19 of the UNCRC, notes that "*the extent and intensity of violence exerted on children is alarming*".

Data collection is advocated throughout this general comment. In the legal analysis of UNCRC Article 19.2 it is stressed that "***prevention measures*** *for professionals and institutions (Government and civil society)"* should be undertaken in order "*to create a basis for informing policy and practice and identifying prevention opportunities*" (Art. 47.d.i) and that this can be achieved via systematic and ongoing data collection and analysis. In relation to ***effective procedures,*** recommendations were included regarding *"inter-sectoral coordination", "development and implementation of systematic and ongoing data collection and analysis" and "development of measurable objectives and indicators in relation to policies, processes and outcomes for children and families*" (Art. 57.a,b,d). Under ***administrative measures*** that should reflect "*governmental obligations"* it is suggested that "*policies, programmes, monitoring and oversight systems are required to protect the child from all forms of violence at the national and sub-national government levels"* as well as the establishment of *"a comprehensive and reliable national data collection system in order to ensure systematic monitoring and evaluation of systems (impact analyses), services, programmes and outcomes based on indicators aligned with universal standards, and adjusted for and guided by locally established goals and objectives*" (Art. 42.a.i-ii,v).

### Council of Europe

**Policy guidelines on integrated national strategies for the protection of children from violence** released by the Council of Europe in 2009[4] aimed at promoting the development and implementation of a holistic national framework to safeguard the rights of the child and to eradicate violence against children. The guidelines are based on general principles (among which the best interests of the child and the child's protection against violence; states' and other actors' obligations and participation) as well as on operative principles (where the integrated approach is advocated along with cross-sectoral co-operation and multi stakeholder approach).

Specifically in relation to data collection, in the context of ***integrated national, regional and local action*** it is recommended that "*responsibilities of regional and local authorities include the collection of data on violence against children and the development, implementation and monitoring of preventive measures*" (guideline 3.2.2); under ***legal framework,*** which should be in compliance with UNCRC (5.1), it is recommended that *"policies, based on research, evidence, and children's own experiences, should be developed to prevent, detect and respond to violence against children with particular attention to the protection of vulnerable groups*" (5.2); under ***institutional framework for the strategy's realization,*** one of the suggested key elements is the establishment of a body such as *"a national statistical office or a research institute dealing with children"* which will be in charge to coordinate child abuse and neglect data collection, analysis, management and dissemination (5.3.1.d). Guideline 7 is dedicated to **research and data**. It is noted that "*the adoption of a national research agenda represents the most appropriate way of promoting an integrated and systematic approach to data collection, analysis, dissemination and research*". **Statistical monitoring** of child abuse and neglect, according to the same guideline, should be regular and on the basis of established methodology at national, regional and local levels in all settings, while national databases should operate in accordance with data protection rules (7.a) and to include also cases of violence against children living in residential institutions or other alternative care (7.b). As for the **coordination**, the designation of a single authority is recommended, such as a national statistical office or a research institute, responsible to collect and disseminate children-related data nationwide and exchange information internationally (7.a). The **active contribution by all agencies with a child protection role to data collection** (7.b) is stressed as well as the establishment of **internationally agreed uniform standards** to facilitate international comparability of data (7.4). Lastly, it is pointed out that **prossessing of personal data** at national, regional and local levels should comply with internationally accepted standards and ethical safeguards (ETS No. 108; ETS No. 181) (7.3).

## UNICEF

In **Global statistics on children's protection form violence, exploitation and abuse**,[5] where the main global monitoring activities in which UNICEF has played a lead role are summarized, it is noted that despite the importance of large household surveys, "*they are not suitable to monitor the prevalence and incidence of certain particularly sensitive or illegal issues, such as sexual exploitation*", as they do not provide information on children living outside households (e.g. street children and children living in institutions). On the other hand, although it is recognized that "*monitoring sensitive child protection issues"* is subject to important methodological and ethical challenges, it is suggested that "*further research and validation studies are the essential prerequisite to explore methodologies and data collection instruments to fill existing gaps"*.

## World Health Organization

The action plan published by the WHO Regional Committee for Europe, entitled **Investing in children: the European child maltreatment prevention action plan 2015–2020,**[6] in line with Health 2020 and Investing in children: the European child and adolescent health strategy 2015–2020 (document EUR/RC64/12), promotes "*population-level actions and targeted, selective approaches for high-risk groups, thereby seeking to redress inequality*".

The first objective of the action plan is "***to make health risks such as child maltreatment more visible by setting up information systems in Member States***". Paragraph 10 it mentions that "*Few countries regularly collect reliable information on the prevalence of child maltreatment and other adverse childhood experiences. Operational definitions of child maltreatment should be standardized; information should be gathered from various sectors and agencies and should be shared. Standardized tools are available for use in such surveys and such surveys are in keeping with children's right to be heard. The information systems should be used to evaluate preventive programmes, to determine whether national targets are being met; such assessments require standardized tools and methods. Children's mental well-being and health are harmed by maltreatment and other adverse experiences and school-based surveys of the mental well-being of children could provide additional supportive indicators".*

The action plan also it states in order to achieve the objectives "*support will be provided* [by WHO Regional Office for Europe] *to all Member States"* -inter alia- *"in the form of guidance on preparing national reports, action plans, with data collection standards and surveillance, programming and evaluation to help ensure a consistent approach and guidance for action plans containing detailed information on objectives, evidence-based action proposed, timetable for implementation, responsible parties and indicators for monitoring and evaluation*" (para. 21) and that "*WHO will provide in-depth support to several countries in preparing national action plans, reporting, surveillance and implementing programmes, including through biennial collaborative agreements*" (para. 22).

In WHO's recently published Toolkit on mapping legal, health and social services responses to child maltreatment,[7] the chapter relating to collaboration between research and practice and in particular analyzing the threats to participation and incentives, it notes that "*work burden is potentially the biggest threat to participation. Agencies and staff in child protection are continuously struggling to allocate scarce resources to the most urgent problems. Many child protection workers will feel they are overworked. Their workload often exceeds what is considered manageable. Extra work for data collection will conflict with work time for clients or with the worker's free time. Besides the worker's perception that the study is valid and relevant, it is therefore essential to create a questionnaire that covers important issues while not being overly lengthy".* As an approach to a minimum data set in child maltreatment surveillance the CAN-MDS methodology is suggested.

## European Parliament & Council of European Union

**Systematic and adequate statistical data collection** is recognised by the European Parliament and the Council of the European Union as an **essential component of effective policymaking in the field of rights set out in Directive 2012/29/EU**.[8] In order to facilitate an evaluation of the application of this Directive, Member States shall communicate to the Commission relevant statistical data. Such data can include information recorded by the judicial authorities and by law enforcement agencies and, as far as possible, administrative data compiled by healthcare and social welfare services and by public and non-governmental victim support or restorative justice services and other organisations working with victims of crime. Judicial data can include information about reported crime, the number of cases that are investigated and persons prosecuted and sentenced. Service-based administrative data can include, as far as possible, data on how victims are using services provided by government agencies and public and private support organisations, such as the number of referrals by police to victim support services, the number of victims that request, receive or do not receive support or restorative justice. The final provisions (Ch.6, Art. 28) on provision of data and statistics set out that Member States shall, by 16 November 2017 and every three years thereafter, communicate to the Commission available data showing how victims have accessed the rights set out in this Directive.

## European Commission

The Directorate General Justice of the European Commission **prioritizes data collection activities**. The types of actions that may be financed by the JUST programme 2014-2020 include, among others, data collection and cooperation for identifying best practices which may be transferable to other participating countries, dissemination, awareness raising and training activities.

Among the key legislative instruments for Member States' policies and measures aimed at promoting and developing an integrated child protection approach[9] is the The Victims' Rights Directive (2012/29/EU) which includes extensive provisions for children, such as Article 28 on provision of data and statistics (Directive 2012/29/EU); there are also provisions for disaggregation of data according to age.[10]

The Directorate-General Justice C: Fundamental rights and Union citizenship, Unit C.1: Fundamental rights and rights of the child call on the Member States to invest to **further improve the collection, analysis and dissemination of comparable EU data**.[11] In addition, it calls on all actors to prevent and combat all forms of violence against women and girls giving a strong focus on collecting prevalence data, providing training for relevant professionals, supporting victims, implementing existing EU legislation and raising awareness of the issue.[12]

During the **7th Forum on the rights of the child** insights were gained into some of the gaps within integrated child protection systems such as that data collection is not yet good enough in general to support evidence-based policy making.

In the **conclusions** of the **8th European Forum on the rights of the child**[13] the need for and value of *integrated child protection systems* is underlined. An approach to child protection can effectively address diverse protection needs of children in all circumstances, while such systems should enable diverse actors to collaborate with each other, coordinate their actions across different sectors, and use a variety of tools and measures to address violence and abuse. A holistic approach across sectors and levels of government must keep the child at the centre and involve many professions that bring different expertise and perspectives.

In the **background paper** for the **9th European Forum on the rights of the child**[14] it is stated that the overarching goal of national Child Protection Systems is to protect children from violence. An integrated child protection system is defined as "*the way in which all duty-bearers (namely the state authorities represented by law enforcement, judicial authorities, immigration authorities, social services, child protection agencies, etc.) and system components (e.g. laws, policies, resources, procedures, processes, sub-systems) work together across sectors and agencies sharing responsibilities to form a protective and empowering environment for all children. In an integrated child protection system, components and services are multi-disciplinary, cross-sectorial and inter-agency, and they work together in a coherent manner*". Such a system places the child at the centre, putting in place laws and policies, governance, resources, monitoring and data collection, as well as prevention, protection, response services and care management.

The 10 principles for discussion at the Forum are based on a child-rights approach and fully recognise children as rights-holders with due regard to the crosscutting principles such as the best interests of the child. Specifically: Child protection systems should include prevention measures, such as mechanisms for children to claim their rights, links with other policy areas, robust data collection (principle 3); Child protection systems should ensure adequate care: professionals and practitioners working for and with children should receive training and guidance on the rights of the child, the relevant laws and procedures in order to be committed and competent. In order to facilitate their role and responses to violence against children, protocols and processes in place should be inter- or multidisciplinary; standards, indicators and tools and systems of monitoring and evaluation should be in place, "*under the auspices of a national coordinating framework*". Child protection policies and reporting mechanisms should be in place within organisations working directly for and with children (principle 6). Training on identification of risks for children in potentially vulnerable situations is also delivered to teachers at all levels of the education system, social workers, medical doctors, nurses and other health professionals, psychologists, lawyers, judges, police, probation and prison officers, journalists, community workers, residential care givers, civil servants and public officials, asylum officers and traditional and religious leaders. Rules on reporting cases of violence against children are clearly defined and professionals who have reporting obligations are held accountable (principle 9). There are safe, well-publicised, confidential and accessible reporting mechanisms in place: mechanisms are available for children, their representatives and others to report violence against children, including through the use of 24/7 helplines and hotlines (principle 10).

## ChildONEurope

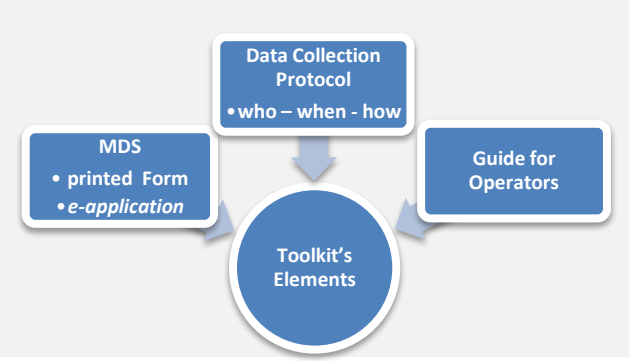
In the **Guidelines on Data collection and Monitoring Systems on Child Abuse published by ChildONEurope (2009),**[15] the obligation to collect data as part of the international commitment to implement children's rights is detailed. It mentions that "*the availability of reliable, shareable and comparable data on childhood is a crucial and urgent problem, which is constantly being highlighted at a European and international level*" and, moreover that "*the lack of coordinated and adequate data on child abuse is often a symptom of a more general weakness in the collection of data on children, and for the monitoring of the programmes and policies affecting them*". The necessity of developing systems for data collection on child abuse and neglect is constantly present among the main recommendations and requests of the UN Committee on the Rights of the Child in its conclusive reports for almost all countries. Additionally, institutional obligations also derive from the signing and the ratification of other international legal instruments, such as The European Convention on the Exercise of Children's Rights, 1996 (Art. 12); the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography, 2001 (Art. 12); the Council of Europe Convention on Cybercrime, 2001 (Art. 31); the Council of Europe Convention on Action against Trafficking in Human Beings, 2005 (Art. 36-38); and the Council of Europe Convention on the protection of children against sexual exploitation and sexual abuse, 2007 (Art. 10).

In the Guidelines it is also noted that several international non-binding acts and studies recommend, as good practice, having child abuse data collection systems in place. These documents are important points of reference for governments and have influenced both national and international strategies. Given that child abuse and neglect is relevant due to its associations with the analysis of more general social conditions affecting children, data on child abuse can be considered as a component of a more general information system on child well-being. Lastly, it is stressed that there is "*a growing awareness of the fact that the lack of adequate data on the well-being of children, and the quality and conditions of the environment in which they grow up, makes it impossible to develop and implement effective policies, and decide efficiently on resource allocation*".

# CAN-MDS Surveillance System
*short description & attributes*

## CAN-MDS Toolkit

The CAN-MDS Toolkit addresses all potential CAN-MDS users in the EU28 and other countries, agencies and services activate in the fields of welfare, health and mental health, justice, law enforcement and education that are involved in the administration of child maltreatment cases, professionals working in the field of CAN secondary and tertiary prevention, social & health scientists and epidemiologists. The main target group of the Toolkit, however, is the CAN-MDS Operators of a potential CAN-MDS system.




The CAN-MDS Toolkit consists of three main elements: a. a Minimum Data Set comprising 18 data elements which resulted from a multiple-round quality and feasibility evaluation process, in which international stakeholders participated; an e-version and a printed version of the CAN-MDS tool are available for use (mainly for training purposes); b. a data collection protocol drafted to support use of the CAN-MDS that suggests a *step-by-step* procedure for using the CAN-MDS; this protocol could be used by any professional who has already been trained to become an operator; and c. a Guide for Operators where all the necessary background information is included for those professionals who fulfill the eligibility criteria and prerequisites to use the system. Apart from information concerning the necessity for child maltreatment surveillance in the country, a special section on ethics, privacy and confidentiality issues related to CAN data collection is also included in the Guide. The main body of the document is dedicated to the detailed presentation of the variables included in the CAN- MDS along with technical specifications and definitions of data elements.

During the development of the CAN-MDS Toolkit, international standards and classifications were used -where feasible - such as ISO standards for developing agencies IDs (indicating country and regions) and the ILO-ISCO-08 (for developing Operators' IDs). In other cases the rationale of international standards was followed (such as the *pseudoanonymization* methodology for ensuring sensitive personal data protection, recording of dates and of secondary data such as contact details). For the design and description of the CAN-MDS in general the rationale of metadata registries was followed, as is described in ISO/IEC 1179. As already mentioned, operationalization of case definitions were made on the basis of the UNCRC, Art. 19 and the UN CRC/GC/C/13 (2011)], while the permissible values were matched - where feasible - with international classification systems such as ICD-9, ICD-10 as well as the DSM-5 (2013). For data elements where no relevant classifications were identified, codification was made on coding developed and agreed upon in the context of the CAN-MDS (as, for example, for the eligible agencies and sectors to participate in the CAN-MDS as data sources and for provision of different levels of access to operators). The methodologies followed in such cases are clearly defined in order for any interested party to be able to use them for adapting the CAN-MDS in other settings or for the updating the information.

Last but not least it is noted that among the supportive material of the CAN-MDS Toolkit, a detailed guide for national adaptation is available including a series of working papers providing necessary information for the adaptation (such as national provisions for school attendance, vaccinations, the role of the Child Ombudsman).

# PROCEDURES

## A– Structure & Governance

### 3-Component Structure of CAN-MDS

1. **National Administrative Authority**
2. **Services-Data Sources / Professionals-Operators**
3. **Central Registry**

### Governance & Roles

**1. National Administrative Authority**

The coordinating role of a national CAN-MDS System could be undertaken by an Authority active in the field of children's rights that satisfies criteria concerning: 1. legal status (it must be an officially recognized governmental institution, statistical office, research organization or independent authority); 2. being legally authorized to maintain and administrate sensitive personal data; 3. demonstrating it has sufficient human and financial resources as well as physical infrastructure (this, however, does not imply that excessive resources are required; if an existing authority becomes an CAN-MDS Administrator and allocates part of the available resources for the system's coordination, the operational costs would be significantly lower than in the case of establishing a new service.*); 4. last but not least, being able to commit in advance to the system's objectives and operation, ethical rules on data collection, maintenance and administation of personal sensitive data in compliance with current legislation, and the timely dissemination of the information.

**A financial budgeting analysis based on country specifics could calculate with relevant accuracy the costs for the surveillance system's installation and ongoing operation, necessary material and capacity building, as well as for the required human resources*

**2. Services-Data Sources / Professionals-Operators**

The CAN-MDS Surveillance System aims to collect reliable data on child abuse and neglect cases covering the largest possible part of the target population (children up to 18 years old). For this reason, the system is directed towards an expanded base of potential sources of information,* which would systematically provide it with complete data to fully describe a limited number of data elements accessible by all sources (minimum data set).

*More information on eligibility criteria for identification of Sectors and Professions groups – data sources are available inin the report "Development of eligibility criteria for the creation of national CAN-MDS Operators' Core & Expanded Groups" and "Eligible members of national CAN-MDS Operators' Core & Expanded Groups".*

**Sectors with different jurisdictions (health, mental health, welfare, education, justice, law enforcement), services with different responsibilities (belonging to one of the eligible sectors) and professional groups with different specialties (who are involved at any stage in the administration of child abuse and neglect cases')*

**3. Central Registry**

The CAN-MDS registry is a password protected e-tool that was developed on the basis of the minimum data set. It consists of 18 data elements, which are classified under five areas: *child*, *incident*, *family*, *services* and *record*. Each operator-data source is requested to collect CAN incident-based data that will be entered into the CAN-MDS registry, as well as data that will be communicated to the Administrative Authority (and will never be entered in the registry). The data to be inputed into the registry can be primary (raw data regarding the incident, as the date of the record) or secondary (data deriving from calculations based on the raw data, such as the age of the child at the time of registration as calculated on the basis of date of birth or pre-existing international classification systems such as the international classification of professions ILO-ISCO-8). The data to be available only to the Administrative Authority, are mainly supplementary data for the identification of child's identity and exclusively serve the administration of child abuse and neglect at a case-level and are not related to public health surveillance objectives. In this category sensitive personal data or other identifiers such as contact details are included.

*More information is available on CAN-MDS Operator's Manual & CAN-MDS Protocol for Data Collection*

# Core functions of the CAN-MDS

### Case detection on the basis of case definitions

– Identification by the Professional-Operator
– Coincidentally or via questions following suspected maltreatment or via routine screening
– Self-report by the child (alleged) victim
– Report by any third party

### Case registration via the e-CAN-MDS application

Operators are provided with a short training on how to proceed with case registration and, additionally, with the CAN-MDS Protocol for Data Collection (3rd part of the Toolkit).

### Entering new data in the CAN-MDS

"*Entering new data*" by the Operator means the initiation of a new CHILD MALTREATMENT INCIDENT data entry, regardless of incident substantiation or whether the specific incident concerns a known child (already existing in the CAN-MDS) or a child who is being registered for the first time in the CAN-MDS.

### Continuous data entry

*"Continuous"* means that the Operator enters new data on any occasion that a child maltreatment incident is brought to his/her attention (either identified by the Operator him/herself or reported by the child (alleged) victim or another source of information.

### Case confirmation

*"Case confirmation"* or, in other words, substantiation status of maltreatment is not a prerequisite for "entering new data" into the CAN-MDS. Among the data sources, ONLY Operators level 1 (Justice- or Child Protection- related services) have the authorization to proceed with case confirmation; given the early time of registration, and therefore the lack of relevant data, no data element related to status of case confirmation is included in the CAN-MDS.

### Feedback

– at a population level (public health surveillance)
  – allowing comparisons within and between countries
  – targeting policy makers and related stakeholder
    – providing them with continuously updated information as a basis for
      – evaluation of existing practices & policies and guiding prevention & intervention planning
– at a case-level (follow-up of individual cases)
  – facilitating case-investigation & further administration
    – following specific criteria concerning the level of access of Operators

### Data analysis, interpretation and reporting

"*CAN-MDS data analysis, interpretation and reporting*" refers to periodical analyses of aggregated data extracted by the CAN-MDS, reporting and dissemination at multiple levels. Data collected via a CAN-MDS Surveillance System can be used to periodically measure the incidence of CAN and its specific types based on data deriving from services' responses to CAN cases in general, by sector and by specific type of abuse and neglect. Moreover, CAN-MDS data can be used to monitor trends in child maltreatment at national and local levels and to provide clues for the identification of new or emerging child abuse and neglect trends and for populations at high risk of maltreatment. In addition, these data can be used as a baseline for evaluation of services' needs (needs assessment related to CAN cases administration), of effectiveness of preventive interventions and identification of good practices and of effectiveness of applied policies, planning of future policies and legislation as well as prioritizing the allocation of resources for CAN prevention.

Periodic CAN-MDS reports are released on a regular basis (e.g. every 3 months) and addressed to

– Agencies participating in the CAN-MDS (primary level)
– Central Services of involved sectors (secondary level) and
– Ministries/policy decision making centers relevant to involved sectors (tertiary level)

# B – Toolkit & Operations

## CAN-MDS Toolkit

To ensure the protection of sensitive personal data in the context of the CAN-MDS Surveillance system, the following provisions were adopted: a. use of the *pseudoanonymization* technique (following the rationale of ISO/TS 25237:2008(en)-*Pseudoanymization*): no personal identifier is recorded in the e-registry; instead, a *pseudonym* is used. The supplementary data linking the pseudonym with the subject of information (i.e. the child, a caregiver) is available ONLY to the Administrative Authority of the system (IOM, 2009); b. **eligibility criterion for operators**: only professionals subject to a code of ethics or practice or an equivalent code can participate in the CAN-MDS as operators; c. **password protected access**: each eligible operator is provided with a unique username and password that contains information on the operator's identity (secondary data related to the agency where s/he works, the geographic area where the agency is located, the professional's specialty and his/her ID within the agency); and d. **graduated access**: operators are designated with different levels of access toto the available information according to their responsibilities during the process of child abuse & neglect cases' administration (4-level).

# CAN-MDS *data elements & axes*

The CAN-MDS aims, among others, to promote:

- *standard description of data*
- *common understanding, harmonization and standardization of data within and across organizations activated in the same or different sectors*

The data that comprise the CAN-MDS registry are derived from 18 data elements classified (following the rationale of ISO/IEC 11179) under 5 broader *axes* (*data element concepts*): RECORD, INCIDENT, CHILD, FAMILY and SERVICES

**CAN-MDS Evaluation**

**Evaluation of qualitative aspects of CAN-MDS DE***

| | |
|---|---|
| Relevance | : 8,98/10 |
| Usefulness | : 8,76/10 |
| Understandability | : 9.33/10 |
| Accessibility | : 8,32/10 |

**Evaluation of feasibility aspects of CAN-MDS DE****

| | |
|---|---|
| Availability | : 8,14/10 |
| Reliability | : 7,92/10 |
| Validity | : 7,84/10 |
| Timeliness | : 8,56/10 |
| Confidentiality | : 8,90/10 |
| Cost | : 8,92/10 |

| | |
|---|---|
| **Data Elements related to INCIDENT** | |
| DE_I1: | Incident ID |
| DE_I2: | Date of Incident |
| DE_I3: | Form(s) of maltreatment |
| DE_I4: | Location of Incident |
| **Data Elements related to CHILD** | |
| DE_C1: | Child's ID |
| DE_C2: | Child's Sex |
| DE_C3: | Child's Date of Birth |
| DE_C4: | Child's Citizenship Status |
| **Data Elements related to FAMILY** | |
| DE_F1: | Family Composition |
| DE_F2: | Primary Caregiver(s) relationship to child |
| DE_F3: | Primary Caregiver(s) Sex |
| DE_F4: | Primary Caregiver(s) Date of Birth |
| **Data Elements related to SERVICES** | |
| DE_S1: | Institutional response |
| DE_S2: | Referral(s) to Services |
| **Data Elements related to RECORD** | |
| DE_R1: | Agency's ID |
| DE_R2: | Operator's ID |
| DE_R3: | Date of Record |
| DE_R4: | Source of Information |

* An evaluation of the qualitative aspects of the CAN-MDS was made by the members of the Consortium representing seven countries (BG, DE, FR, GR, IT, RO, CH). ONLY data elements that are considered as "ethical" were included in the evaluation.

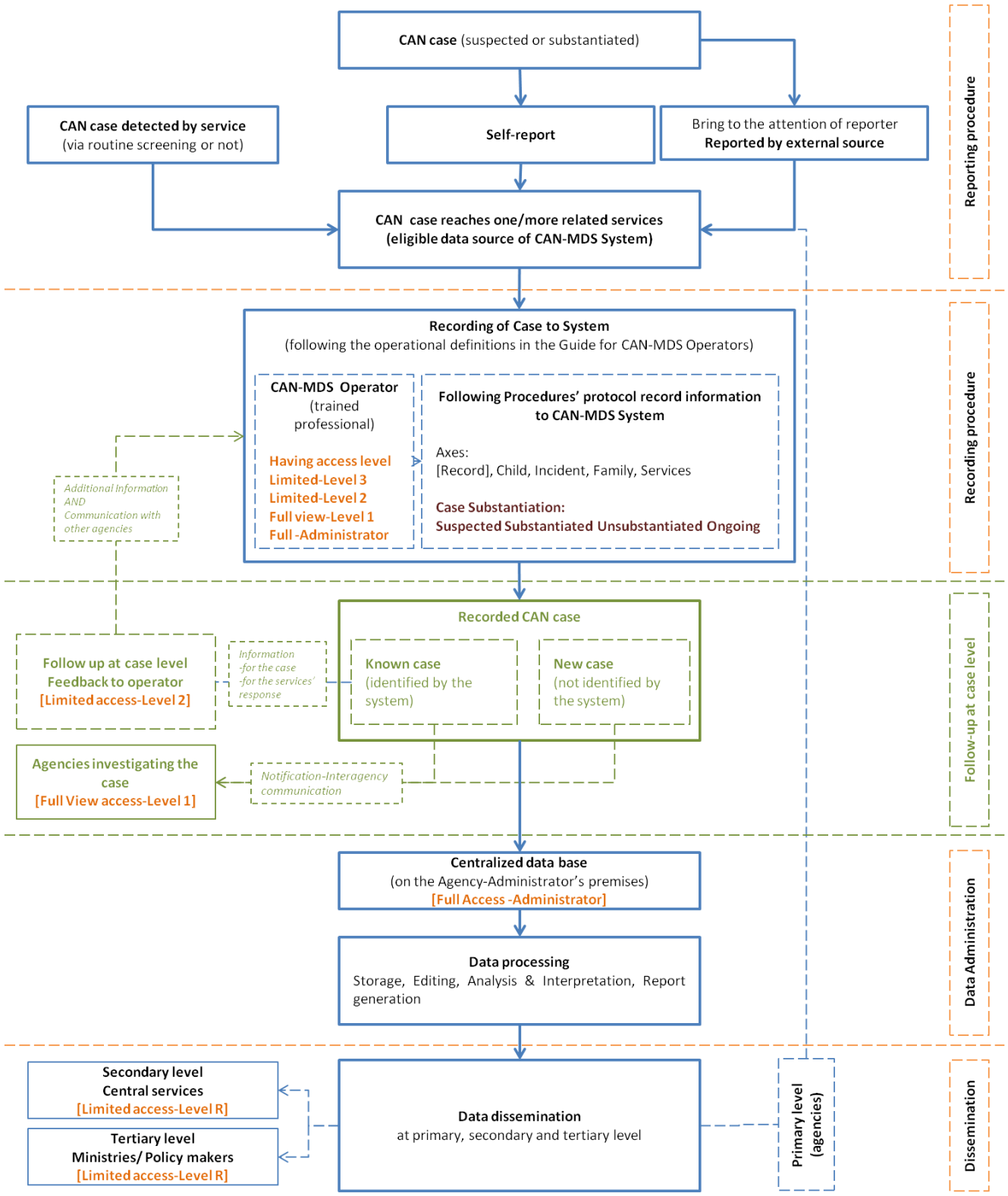
** An evaluation of the feasibility aspects of the CAN-MDS was made by an international group of experts in the field of data collection on child abuse and neglect; members of this international group were from from 4 continents (Europe, Asia, Oceania, America) and 11 countries (USA, Canada, Australia, Saudi Arabia, Turkey, Israel, Greece, Italy, Belgium, UK, Ireland) and the Directorate-General Justice, Unit C.1: Fundamental rights and rights of the child.

Note: Both of the evaluation components above present mean scores for all the Data Elements of the CAN-MDS. After each of these evaluations, further modifications to the CAN-MDS took place with the aim of improving of the MDS in accordance with the evaluation results.

## Operations

*Ongoing and systematic data collection on 5 axes related to child maltreatment cases from a wider basis of data sources by trained professionals-operators with different levels of access.* Data analysis, interpretation and dissemination provides a **basis for public health action** (within and among countries), that will lead to the setting of priorities, planning, implementation and evaluation of prevention and administration policies and practices. Case-level information provides a **communication channel** between different sectors and professionals responding to CAN cases and a tool for case administration, including feedback for investigation of new cases and follow-up of cases.

**Flowchart of a CAN-MDS Surveillance System**



# C – Data sources & Human resources

## Intersectoral approach

The international policy framework, on the core values of which the CAN-MDS was developed, appreciates the life and the rights of each child and aims to ensure the child's freedom from adverse experiences. In this framework, CAN-MDS targets as a first step in the continuous monitoring of children's wellbeing on the basis of service responses when they are working with cases of child abuse and neglect. This enables intersectoral collaboration involving all the relevant fields and respective organizations and agencies where children are in receipt of services, namely education, health and mental health, social welfare, both in the private and public sector as well as justice and public order sectors.

## Who can become a CAN-MDS Operator?

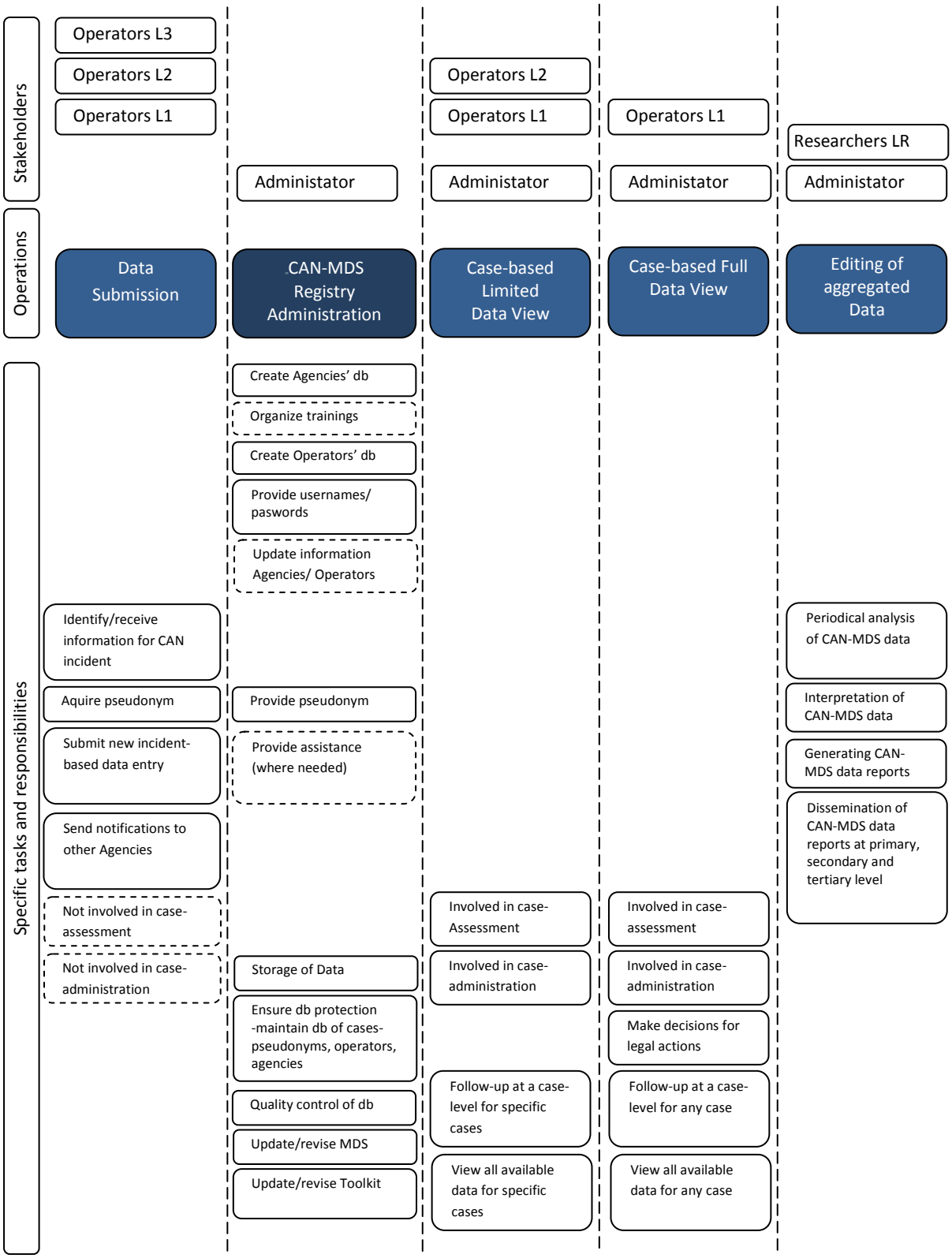
Any professional who belongs to one of the following professions groups, has a valid professional licence or is legally certified and is subject to a professional code of ethics or a similar code, depending on the profession

| | |
|---|---|
| ***Welfare related professions**:* | *Social Workers, Health Visitors, Care providers in institutions, other personnel (e.g. working in anti-trafficking agencies, directorates for disability, Child Ombudsman etc.)* |
| ***Justice related professions**:* | *Judges (family courts, juvenile courts), Probation Officers, Public Prosecutors, Forensic surgeons' professionals, Lawyers, other justice related professionals)* |
| ***Health related professions**:* | *Medical Doctors (general doctors and specialized doctors such as gynaecologists, paediatricians, orthopedic surgeons, and radiologists), Midwives, Nurses, and Dentists* |
| ***Mental health professions**:* | *Child Psychiatrists, Psychiatrists, Psychologists, Licensed Counselors (Youth Counselors, Family Counselors, etc.)* |
| ***Law enforcement related professions**:* | *Police Officers (general and specialized police investigators e.g. in forensic interviews, for crimes against minors etc.)* |
| ***Education-related professions**:* | *Teachers/Educators (pre-school, kindergarten, primary and secondary education, for children with special needs), School Principals* |
| ***Other professionals:*** | *Researchers, Data administrators, other school personnel (e.g. school guards), other Public officials (e.g. Ministry employees), other NGO personnel (e.g. volunteers, priests, nuns)* |

Four different levels of access are provided for in an CAN-MDS. The assignment of access level to an Operator depending on his/her professional responsibilities concerning CAN incidents (if any), namely if his/her role focuses exclusively on reporting CAN incidents (without further involvement in case administration) or includes responsibilities related to administration of cases (such as assessment, care, and support) or making decisions on legal consequences.

**Roles of stakeholders as defined by the assigned Level of Access to the CAN-MDS**

| Responsibilities | Level of access |
|---|---|
| **System Administrator** | **Full Access** |
| **Making decisions on legal action** such as<br>- to remove the child from the family<br>- to remove parental rights<br>- to decide if sufficient evidence exists to prosecute (alleged) offenders | **Full View access (level 1)** |
| **Involvement in administration of reported/detected cases & follow-up** such as<br>- conducting initial assessments for suspected CAN cases<br>- providing services to CAN victims (diagnostic/ treatment/ consultation/care)<br>- providing services to CAN victims' families (supporting)<br>- follow-up of CAN cases | **Limited access (level 2)** |
| **Non actual involvement in administration of reported/detected cases** namely notifying (optionally) authorities of (suspected) CAN cases; reporting mandatorily (suspected) CAN cases; applying screening in the general child population for CAN; providing emergency protective measures to CAN victims; providing legal advice/ consultation/ advocacy for CAN cases | **Limited access (level 3)** |




**CAN-MDS Stakeholders, Operations, Tasks and Responsibilities**

# D – Capacity Building

Any professional working with children can advocate for the well-being of children and their right to live free from any form of maltreatment. Taking into account this statement, the CAN-MDS aims to strengthen cooperation among sectors by consolidating a public health surveillance methodology capable of being commonly adopted and adapted according to country specifics that ensure follow up of child maltreatment cases via valid and comparable data. In this context, capacity building is needed of professionals who work in relevant services to enable them to recognize the core value of eachthe child's interest, the necessity for public health surveillance of child maltreatment, the rationale and the operational aspects of the CAN-MDS and their role in this effort by, while providing them with incentives and support in order to ensure the continuity between theory and practice.

The **CAN-MDS Core Group** is a team of twenty professionals; its synthesis represents all professional specialties potentially involved at any stage of administration in a case of child abuse and neglect. They are trained to undertake the training of other professionals in the future as CAN-MDS Operators (i.e. Expanded CAN-MDS Groups of Operators)

**CAN-MDS Expanded groups** include all professionals/future operators of a CAN-MDS system. The combination of skills, professional background, responsibilities and working experience of each professional group and at the same time their agreed commitment to the aims of the CAN-MDS is expected to lead to the identification of as many as possible cases of potential child abuse and neglect thus overcoming the problem of underestimating the problem.

## Training of Professionals before they become Operators

Capacity building activities at a national level are guided by the national Administrative Authority in close collaboration with the CAN-MDS Core-Group of professionals. The aim of the short trainings ("workshops") provided in the context of the CAN-MDS is to build the capacity of national CAN-MDS future operators. Specifically, training targets to inform the future Operators of the CAN-MDS about the system, its characteristics, operation and aims and what is expected of them in the future.

The aim is to ensure a common understanding among professionals (with different backrounds and specialties working in different services and sectors within and between countries) of each individual data element of the minimum data set included in the system.

## Trainers & Trainees for a training cascade process

**Core CAN-MDS group's seminar:** On the basis of eligibility criteria, a national "Core Group of CAN-MDS Operators" has been established in each participating country and its members are trained as Operators and Trainers by the National Coordinator of the project.

**Expanded CAN-MDS groups' workshops:** By using the same criteria "Expanded Groups of CAN-MDS Operators" can be continuously formed and trained by already trained members of the Core Group.

**Content of the Training workshops**

- Introductory section
- Defining the role of trainees as CAN-MDS Operators
- Exploring the CAN-MDS: a variable-by-variable review
- Ensuring understanding of the CAN-MDS
- Key Ethical Issues related to CAN Surveillance.

**Learning objectives**

Eligible professionals/future operators of a CAN-MDS gain the nessecary knowledge and skills to follow the procedures for contributing in CAN surveillance via a CAN-MDS. Specifically, training intends to enable trainees to:

- Identify incidents and cases
- Record (suspected) cases, along with specific information (related to context, child and family)
- Record information about the services' responses (institutional response and referrals made) Communicate with and provide feedback to the community (public health level) and to professionals/operators (at case-level).

**Available material**

CAN-MDS Training Module, training material, mock cases for simulation, evaluation material, further reading material

# E – Information management

## Administration, Maintenance and Storage of Data

Administration, maintenance and storage of CAN-MDS data is the main responsibility of a national or regional Administrative Authority (according to country specifics) that should ensure that it is aligned with the current legal framework.

More information on the currently applied legislation can be found in the eight available CAN Surveillance Country Profile reports, *Chapter 3. Legal framework* (3.1. *Legislation, policies and mandates for reporting and recording of CAN cases in different professional fields* και *3.2. Legal provisions for administration of sensitive personal data)* & *3.2. Legal provisions for administration of sensitive personal data (data transfer, entry, editing, storage, back up, proper archiving of the system's records and disposing of)*. A template for developing further country profile report is also available.

## Data Framework

Targeted indicators by the CAN-MDS are expected to be policy relevant, able to provide guidance for critical decisions on child abuse and neglect prevention and administration, simple (mainly incidence rates), sensitive and continuous (able to indicate trends in the phenomenon over time)

| | |
|---|---|
| **Exposure to child abuse and neglect** | **Child abuse and Neglect incident** per type of abuse/neglect, per child (alleged) victim age/ per time period/ per geographic area (Axes: **RECORD** and **INCIDENT**) |
| **Exploration of risk determinants for child abuse and neglect** | **Characteristics** of children (alleged) victms/ children's families/ primary caregiver(s) when the incident took place (Axes: **RECORD** and **CHILD** and **FAMILY**) |
| **Services' responses to child abuse and neglect** | **Services' & Professionals' Responses** (immediate and log-term) in recoding/ reporting/ investigating/ assessing/ administrating of child abuse and neglect at a case-level (Axes: **Record** and **SERVICES** and **INCIDENT**) |

**Provisioned uses of data collected via a CAN-MDS Surveillance System**

- to periodically measure the incidence of CAN and its specific types based on data derived from services' responses to CAN cases
  - in general
  - by sector and service
  - by specific type of abuse and neglect, and child, caregiver and family characteristics
- to monitor trends in child maltreatment
  - at national and local levels
    - by specific forms of abuse and neglect, and child, caregiver and family characteristics
- to provide clues for the identification of
  - new or emerging trends in child maltreatment
  - populations at high risk of maltreatment
- to be used as a baseline for the evaluation of
  - services' needs (needs assessment related to CAN cases administration) for prioritizing the allocation of resources for CAN at primary, secondary and tertiary prevention levels
    - effectiveness of CAN prevention practices and interventions (and to identify good practices)
    - effectiveness of CAN prevention policies (for planning future policies & legislation)

**Data that will be collected via a potential CAN-MDS Surveillance System might also be used:**

- to outline the administrative practices applied for CAN cases
  - to detect changes in administrative practices of CAN cases and the effects of these changes
- to operate as a communication channel among sectors involved in administration of CAN cases[1]
  - to facilitate follow-up at case-level
- to operate as a ready-to-use tool during new or suspected cases' investigation by certified authorities
  - to provide feedback to services at a case-level for already known cases.

## Management of information

At two levels: public health surveillance **AND** at a case-level (feedback to operators with the appropriate level of access)

### Aggregated Public Health Data

The aim of aggregated data analysis and dissemination of the produced results mainly concernsprimary prevention (planning, implementation and effectiveness evaluation of practices and policies). The epidemiological data of a CAN-MDS Surveillance System will be periodically extracted and analysed; the respective reports will be disseminated at:

- primary level; agencies participating in the system will have the opportunity to receive data concerning their own work on CAN cases' administration
- secondary level; central services at regional/ local level will have the opportunity to receive consolidated reports concerning the work on CAN cases' administration made by individual agencies belonging to their jurisdiction
- tertiary level; policy making centers (e.g. at a ministerial level) will have the opportunity to receive consolidated reports concerning the work on CAN cases' administration made by individual agencies belonging to their jurisdiction at local and national levels. Lastly, governments will receive global reports including aggragated data for the problem at a national or regional level (according to country specifics).

All of the above data could also be provided in a dissagregated form by type of CAN, child sex and age, primary caregiver(s) age and sex, geographic region, time period, services provided and referrals to services.

### Disaggregated Data at a Case-Level

For children who have already been registered in the system due to previous incidents, existing information will become readily available to authorized operators (on the basis of their level of access according to their responsibilities). Moreover, information for professionals and services which have previously worked on the same case will also be provided. It is expected that this will facilitate investigation and assessment procedures and will contribute to the improvement of individual case administration. Therefore more effective secondary (re-victimization) and tertiary prevention could be achieved.

### Strenghthening Operators' commitment to the system

To strengthen each professional/operator's commitment to CAN-MDS what s/he is expected to contribute to the system and at the same time who/what is expected to benefit from his/her participation should clearly defined.

#### What a CAN-MDS Operator can contribute to CAN-MDS

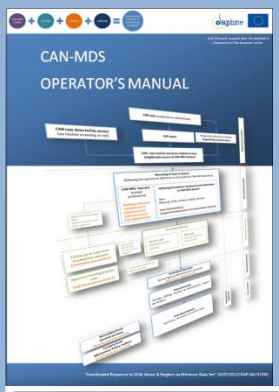
- to record new CAN incidents for new cases (children) identified or following a report
- to add data for new incidents under already known cases
- to update data for already recorded incidents for known cases (follow-up).

#### What CAN-MDS can provide to a CAN-MDS Operator

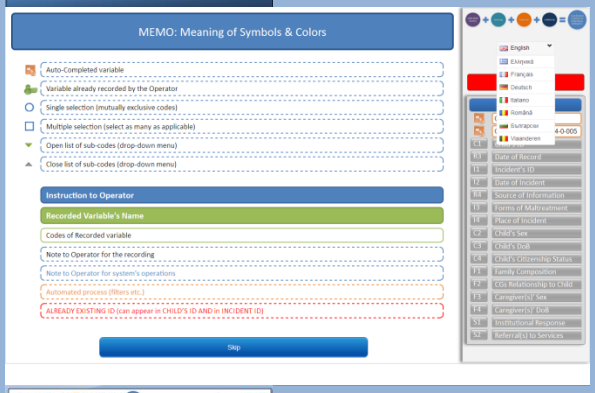
- a user-friendly tool for reporting CAN incidents (especially when the professional is mandated to report)
- a user-friendly tool for recording basic information for all new incidents of CAN brought to his/her attention
- a tool for checking demographic and other data for already known children (via auto-produced reports)
- a communication channel with other professionals working in the same or different sectors on the same case
- basic information on previous incidents for already known cases (children) (according to his/her level of access)
- a ready-to-use tool for
  - informing other agencies about his/her agency's response (e.g. what services have already been provided)
  - notifying other agencies of new cases (for example, via referrals).

# List of **resources**

**CAN-MDS Toolkit** *(Master Package)*




- CAN-MDS Operator's Manual




- CAN-MDS e-tool

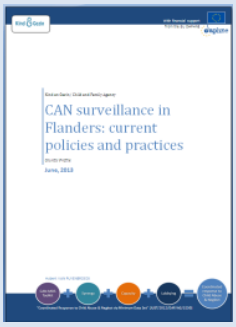

- CAN-MDS Data Collection Protocol


- Methodology for cultural adaptation of national CAN-MDS Toolkit

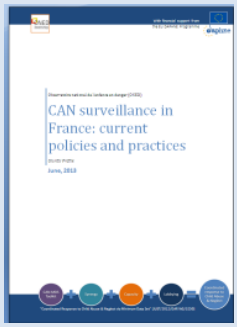
# List of **supportive documents**

**1. CAN surveillance in European Countries: Current Policies and Practices - *Country Profile Report Series***
(available at: www.can-via-mds.eu/node/35)


- Stancheva-Popkostadinova, V. (2013). CAN Surveillance in Bulgaria: Current Policies and Practices. Blagoevgrad: South-West University"Neofit Rilski".




- Van Puyenbroeck, H. (2013). CAN surveillance in Flanders: current policies and practices. Brussels: Kind en Gezin/ Child and Family Agency.



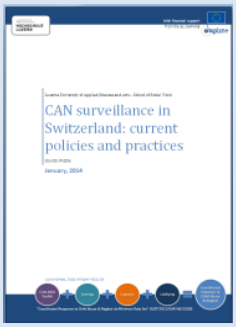

- Bolter, F., Renuy, A., & Séraphin, G. (2013). CAN Surveillance in France: Current Policies and Practices. Paris, France: Observatoire national de l'enfance en danger.


- Witt A. & Goldbeck L. (2013). CAN Surveillance in Germany: Current Policies and Practices. Ulm: Department Child and Adolescent Psychiatry/ Psychotherapy.


- Ntinapogias, A., & Nikolaidis, G. (2013). CAN Surveillance in Greece: Current Policies and Practices. Athens: Institute of Child Health, Department of Mental Health and Social Welfare.


- Bianchi, D., Fabris, A., Fagnini, L., & Mattiuzzo, C. (2013). CAN Surveillance in Italy: Current Policies and Practices. Firenze: Istituto degli Innocenti.

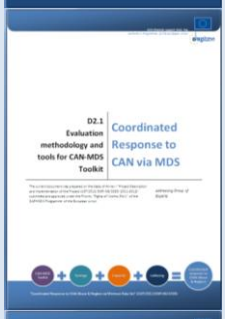

- Antal, I., Tonk, G., & Roth, M. (2013). CAN Surveillance in Romania: Current Policies and Practices-Country Profile. Cluj-Napoca: Babeș - Bolyai University, Faculty of Sociology and Social Work.



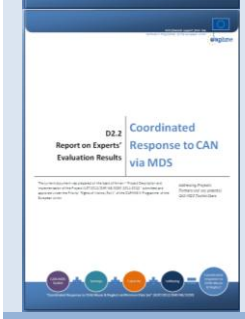

- Jud, A., & Stutz, M. (2013). CAN Surveillance in Switzerland: Current Policies and Practices. Lucerne: University of Applied Sciences and Arts–School of Social Work.

## 2. Transfer the MDS practice to CAN field


- Report on methodologies for developing a Minimum Data Set (MDS)

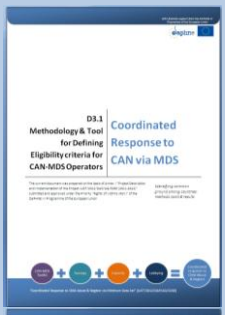



- Development of CAN-MDS: evaluation methodology and tools (Report)

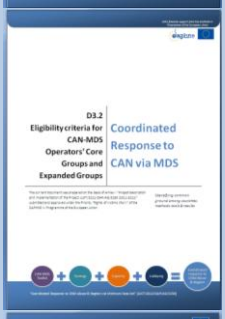



- Experts' evaluation Report of final draft CAN-MDS and and development of final CAN-MDS (Report)

## 3. Creating Synergies: Building of national CAN-MDS Core Groups of Operators




- Methodology for defining eligibility criteria for CAN-MDS operators (including a ready to use Tool)




- Eligibility criteria for CAN-MDS Operators' Core Groups and Expanded Groups (Report of Results)


- CAN-MDS Feasibility Study in EU28: *exploring opportunities for piloting the system in real settings*

## 4. Capacity Building: Train of Trainers and of National Core Groups of CAN-MDS Operators


- Training module for professionals/potential operators of CAN-MDS


- Training evaluation methodology and tools


- Ready-to-use training material including intered based CAN-MDS application & Trainer's Manual


- CAN-MDS Informational material *(also available in Bulgarian, German, French, Dutch (Flanders), Greek, Italian and Romanian)*

# References


[1]UNICEF (2012). A better life for everyone. A summary of the UN Convention on the Rights of the Child. UK: Unicef
Available at: http://www.unicef.org.uk/Documents/Publication-pdfs/betterlifeleaflet2012_press.pdf

[2] United Nations Committee on the Rights of the Child (2011). The right of the child to freedom from all forms of violence. General comment No. 13. (CRC/C/GC/13-2011)
Available at: http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13_en.pdf

[3] UN General Assembly resolution 44/25, *Convention on the Rights of the Child*, 20 November 1989 entry into force 2 September 1990, in accordance with article 49, United Nations, Treaty Series, vol. 1577, p. 3
Available at: http://www.refworld.org/docid/3ae6b38f0.html

[4] The Council of Europe (2009). Policy guidelines on integrated national strategies for the protection of children from violence. Integrated strategy against violence. Available at:
www.coe.int/t/dg3/children/News/Guidelines/Recommendation%20CM%20A4%20protection%20of%20children%20_ENG_BD.pdf

[5] Cappa, C. (2014). Global Statistics on Children's Protection from Violence, Exploitation and Abuse. New York: Data and Analytics Section Division of Data, Research and Policy UNICEF
Available at: www.unicef.org/protection/files/1412886011_Global_Statistics_on_CP_Brochure_HR_.pdf

[6] WHO (2014). Investing in children: the European child maltreatment prevention action plan 2015–2020, Written Evidence. Copenhagen: WHO Regional Office of Europe
Available at: www.euro.who.int/__data/assets/pdf_file/0009/253728/64wd13e_InvestChildMaltreat_140439.pdf?ua=1

[7] World Health Organization; Lucerne University; Children Research Centre (2015). Toolkit on mapping legal, health and social services responses to child maltreatment. Geneva: WHO
Available at: http://apps.who.int/iris/bitstream/10665/155237/1/9789241549073_eng.pdf?ua=1&ua=1

[8] DIRECTIVE 2012/29/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA (14.11.2012 Official Journal of the European Union L 315/61)
Available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2012:315:0057:0073:EN:PDF

[9]Summary list of key EU legislative instruments relevant to child protection (Feb 2015)
Available at: http://ec.europa.eu/justice/fundamental-rights/files/cps_annex_eu_legislation.pdf

[10] Regulation (EC) No 862/2007 of the European Parliament and of the Council of 11 July 2007 – statistics on migration and international protection
Available at: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2007:199:0023:0029:EN:PDF

[11] Council Conclusions of 2 December 2011 on the review of the implementation of the Beijing Platform for Action
Available at: http://www.consilium.europa.eu/en/workarea/downloadasset.aspx?id=40802190951

[12] Council Conclusions of 5-6 June 2014 on preventing and combating all forms of violence against women and girls, including female genital mutilation
Available at: http://eu-un.europa.eu/articles/en/article_15107_en.htm

[13] 8th European Forum on the rights of the child: Towards integrated child protection systems through the implementation of the EU Agenda for the rights of the child (2013)
Available at: http://ec.europa.eu/justice/fundamental-rights/files/8th_forum_report_en.pdf

[14] 9th European Forum on the rights of the child : Coordination and cooperation in integrated child protection systems (2015)
Available at: http://ec.europa.eu/justice/fundamental-rights/files/2015_forum_roc_background_en.pdf

[15] ChildONEurope (2009). Guidelines on Data Collection and Monitoring Systems on Child Abuse. ChildONEurope Series 1. Florence: Istituto degli Innocenti
Available at: http://www.childoneurope.org/issues/publications/childabuse_guidelines.pdf

# CAN-MDS POLICY AND PROCEDURES MANUAL

WS.5, Activity 6: D 5.6 Policy & Procedures Manual

Ntinapogias, A., Gray, J., Durning, P., & Nikolaidis, G.with the contribution of Project's Consortium