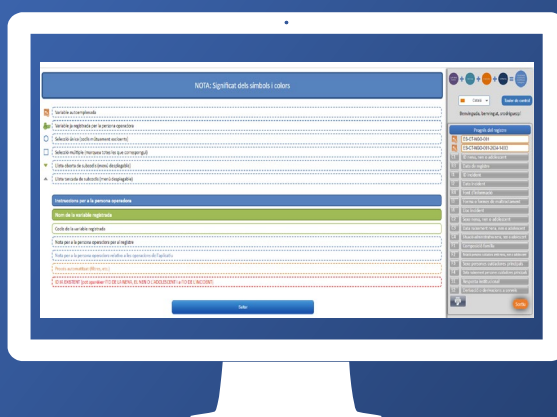
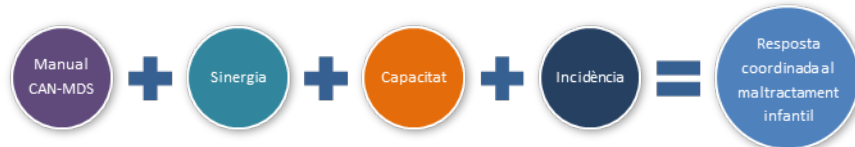


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D4.4 Report of CAN-MDS PILOT IMPLEMENTATION

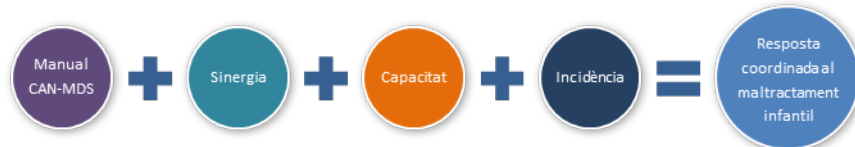




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This publication was funded by the European Union's Rights, Equality and Citizenship Programme (REC 2014-2020). The content of this publication represents only the views of the authors and is their sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.



PRE-PILOT EVALUATION

Pilotage territory

As planned the pilot test was conducted at a provincial level in the region of Catalonia (Spain) covering a minors' population of 543,796. Specifically, the pilotage territory has been the province of Barcelona including three regions of which the city of Barcelona stands out, where most of the agencies have a higher scope (Municipal Institute of Social Services of the Barcelona City Council, EDUVIC and ABD), or have the regional headquarters as it is the case of the Directorate General for Child and Adolescent Care (DGAIA).

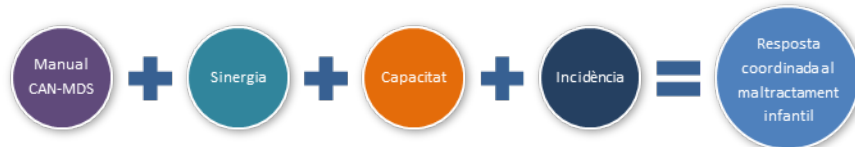
Format of pilot test

The pilot test had an initial duration of 6 months but, as described in the project monitoring reports and in the communications with the Greek lead entity and the rest of the consortium member countries and as communicated to the European Commission, the period of the pilot test has been finally reduced to 2 weeks, from June 15 to June 30, 2021.

By way of summary, the reasons that motivated and explain the short duration of the pilot test -which were already reported and included in the referred reports- are the following:

Impact of COVID-19 pandemic:

- In the linkage of the different sectors and agencies: the crisis generated by the pandemic since the beginning of March 2020, has had a considerable impact on the linkage of the agencies to the project since, in many cases, they had to prioritize the attention to the emergency situation generated (significantly affecting children and adolescents) and left in the background their involvement in the project, which was in the process of concretion when the crisis began. Thus, sectors such as education, health and justice, among others, decided to abandon their participation in the project in order to respond to the crisis situation that had arisen. Specifically, more than 60 bilateral meetings were held to try to involve the different sectors and relevant agencies, as well as numerous e-mail communications and telephone calls with the representatives of each department.
- In the training seminars: the health circumstances derived from the pandemic forced to cancel the continuity of the face-to-face training initiated at the beginning of March 2020, in view of which it was necessary to



consider alternatives due to the impossibility of carrying out face-to-face training and guaranteeing compliance with the indications of the health authorities. In this sense, a debate was held with the members of the Consortium and the proposal to carry out training in online format was defined, as well as the request for a temporary extension of the project to the European Commission to be able to comply with the planned actions that had been affected by the impact of the pandemic. Once the possibility of online training was approved, all the materials were adapted to this format and the new proposal was communicated to the members of the Intersectorial Board and to the professional operators eligible to receive the training.

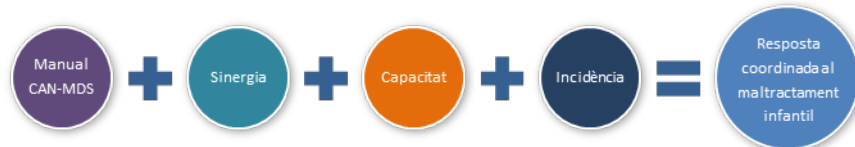
– Two electoral processes in Catalonia:

During the period of execution of the project, 2 electoral processes took place in Catalonia, which affected the project in terms of mobilities and the change of political leaders and referents of the institutions and departments invited to participate in the project. Thus, these changes implied in some cases the disappearance of the links established with some referents or made the establishment of communications very difficult due to the temporary lack of definition of referents that characterizes the transition periods between terms of office of the legislatures.

In this sense, and in view of the project being affected by the danger of the lack of involvement of key sectors, numerous communications were made with political leaders to call on them to intercede and facilitate the participation of these sectors, but the efforts made did not achieve the desired result and it was not possible to involve all the sectors and agencies that were called upon to participate and that sought to bring together all the sectors that could carry out actions for prevention, detection, care and recovery, as well as the design of concrete plans and policies in relation to child maltreatment.

– Complexity of public administration processes:

In Catalonia, it is the Directorate General for Child and Adolescent Care (DGAIA) of the Department of Social Rights that has the responsibility and competences to host systems of data collection, reporting, coordination and response for child protection. In this regard, communications with that agency began in early 2019 and, after numerous bilateral meetings, communications and documentation submissions with its legal services, cybersecurity department and technical team, it



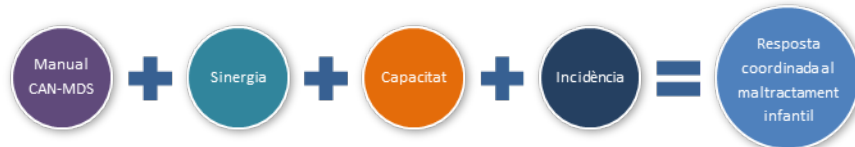
was finally in January 2021 when the authorization for the installation of the application on its server was received, starting then a period of intense and coordinated work with the IBM ICT team of the Generalitat de Catalunya, the Greek ICT team and the Aroa Foundation. However, during the installation of the application on the server of the national agency in Catalonia (DGAIA), several technical incidents occurred in the final stages of checking the correct functioning of the application, which were dealt with in coordination between the ICT team (IMB) of the DGAIA, the ICT team of the leading Greek entity, and the supervision and support of the Aroa Foundation team. These incidents led to a further delay in the start of the pilot test, which were finally resolved, and the solutions could be validated on 14th June and the pilot test officially started on 15th June.

It is relevant to note that long before this process, on month 7 from the project' kick off, the management of the ToR with the agency signature procedure was ongoing, which was also a requirement to start the pilot test but, therefore once the technical part was advanced, the signature of the agreement was still pending at this point (M30) even multiple communications were exchanged with agency' legal services during all this period. Even this challenge it was possible to obtain the authorization and start the pilot test, thanks to several meetings and joint work with the representative of the DGAIA at the Intersectorial Board.

CAN-MDS National Agency in Catalonia

In Catalonia, the National Agency Administrator of the CAN-MDS system has been the Directorate General for Child and Adolescent Care (DGAIA), since it is the agency that has the legal mandate and resources to host the installation of highly sensitive data recording systems, such as those related to children and adolescents, and as stated in Law 14/2010, of May 27, on the rights and opportunities for children and adolescents in Catalonia. Thus, some of the general functions of this agency, which are the basis of its role as national administrator, are:

- the planning of policies for children and adolescents, the programming of services and resources for protection and the elaboration of guidelines in the field of abandonment.
- the promotion and elaboration of collaboration plans and protocols that guarantee the organization of actions for the detection, prevention, assistance, recovery and reintegration of children and adolescents who have been victims of maltreatment and that ensure comprehensive action in accordance with Law 14/2010.



- the promotion and provision of specialized public services to deal with child and adolescent abuse, in accordance with Law 14/2010.

In this way, the DGAIA has assumed the National Administration of the CAN-MDS system in Catalonia and, therefore, also the administration of the installation of the system on its server and the pilot test.

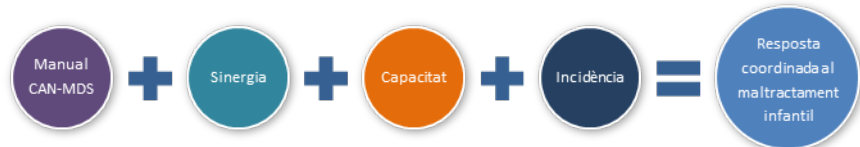
In its role as national administrator, the DGAIA has assigned to the professionals their individual access data to the application (user and password) as established by the CAN-MDS system and as indicated in the National Administrator's package, as well as ensuring compliance with the ethical indications of the treatment of children's data through their anonymization as established by the RGPD and also included in the Catalan legislation.

The role assumed by the Aroa Foundation, as the National Coordinating Agency of the CAN-MDS project in Catalonia, has been the continuous and proactive information, advice and support to those responsible designated by this agency, as well as the position of expectation in relation to the project, and the constant offer of help. Also, the Aroa Foundation has carried out the evaluation of the data resulting from the pilot test, extracted once the test was completed and provided by the agency administering the system.

Sectors and agencies involved

The sectors and agencies that were invited to participate in the project and with which more than 60 bilateral meetings and separate communications were held, in addition to an informative meeting with the entities (NGOs) and numerous telephone and e-mail Child Promotion Barcelona

- | | |
|---|--|
| ✓ Director of the General Directorate of Children and Adolescence Support (Government of Catalonia) | ✓ Social Services Barcelona CityHall |
| ✓ (Head of Victim Support Office), Justice Department (Government of Catalonia) | ✓ Institute of Forensic Medicine (Government of Catalonia) |
| ✓ Education Department (Government of Catalonia) | ✓ Ombudsman of Children |
| ✓ Mossos d'Esquadra (Government of Catalonia) | ✓ Child Promotion Barcelona |
| ✓ Official of the Barcelona Urban Police and president of European Network of Policewomen | ✓ Barcelona Diocesan Charity |
| ✓ Catalan Institute of Health Department (Government of Catalonia) | ✓ Vicky Bernadet Foundation |
| ✓ Social Services Department (Government of Catalonia) | ✓ Association for Family and Community Health Ventijol |
| | ✓ Health and community Foundation |
| | ✓ Intress - Institute of Social Work and Social Services |
| | ✓ ABD - Welfare and Development Association |
| | ✓ EDUVIC social initiative cooperative |



Finally, the agencies participating in the project, as well as in the pilot test, were the following:



Generalitat de Catalunya
Departament de Drets Socials
**Direcció General d'Atenció
a la Infància i l'Adolescència**

General Directorate of Children and
Adolescence Support



Social Services Barcelona CityHall



EDUVIC social initiative cooperative

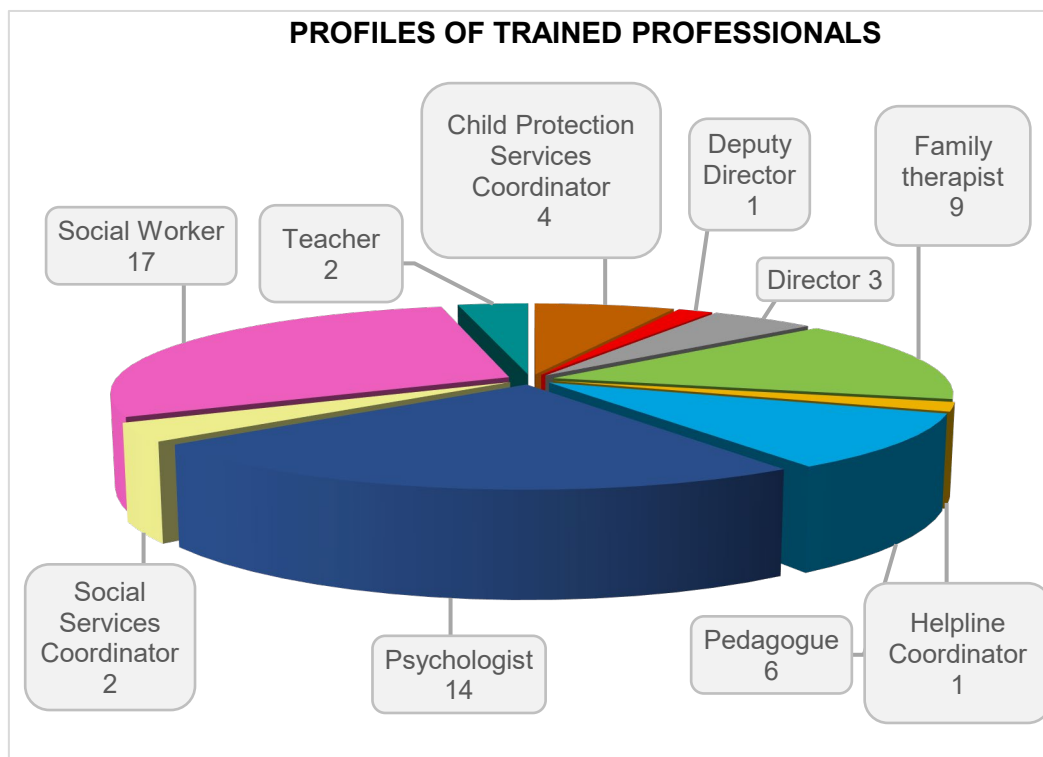
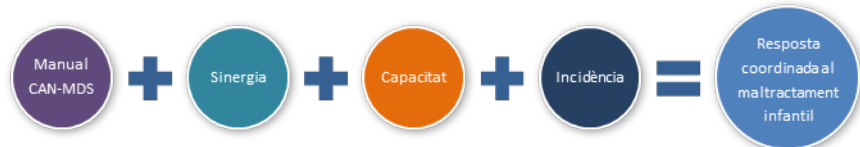


Aroa Foundation

Profiles professionals who received pre-pilot training

The profiles of the professionals who participated in the training have a high level of specialization in relation to addressing child maltreatment. In some cases, they are profiles linked to public child protection agencies, such as Social Services or the General Directorate for Child and Adolescent Care. In other cases, they are profiles belonging to entities also specialized in some of the areas related to child abuse, such as those that manage publicly owned centers for minors, entities that work with children in situations of diverse vulnerability, or those that carry out preventive actions and psychotherapeutic care for the comprehensive recovery of children and adolescents who live or have lived through situations of violence in different environments, such as the family, school (bullying), etc.

The following chart shows the professional profiles of the professionals trained:



Package of materials delivered

During the training phase prior to the pilot test, professionals were provided with the CAN-MDS package materials to train them on the system and support their participation in the pilot test::

- Guide for operators.
- Data collection protocol.
- Access to the "demo" version of the case registration application.
- Examples of mock cases to practice

Pre-pilot training

As described in the training seminars report, a total of 59 professionals received the CAN-MDS resource package training, from March to November 2020, in classroom and online format as described in the table below:

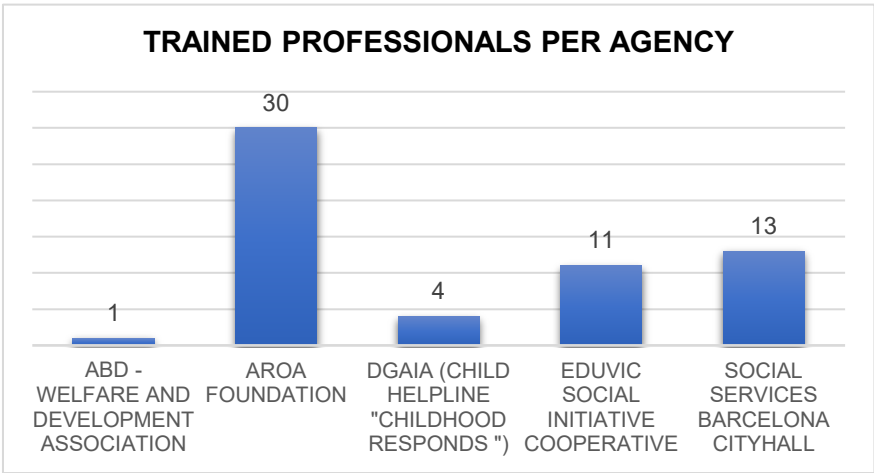
COMPOSITION OF TRAINING GROUPS		
Seminar	Dates	Agencies and number of professionals involved
On-site March 2020 2 days	2 and 9 (14)	IMSS (4)
		EDUVIC (6)
		ABD (1)

4 hours/day		AROA FOUNDATION (3)
Online November 2020 4 days 2 hours/day	2, 9, 16 and 23 (group A, 16)	IMSS (5)
		DGAIA (4) - Infància Respon
		EDUVIC (2)
		AROA FOUNDATION (5)
	4, 11, 18 and 25 (group B, 16)	IMSS (4)
		EDUVIC (3)
		AROA FOUNDATION (9)
	6, 13, 20 and 27 (group C ,13)	FUNDACIÓ AROA (13)

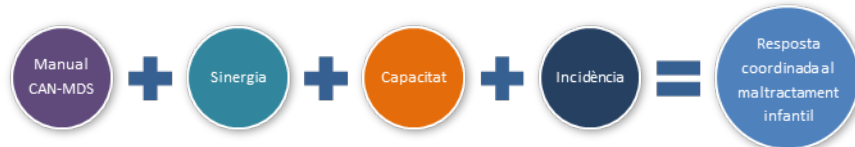
After the face-to-face and online seminars (from November 2020 to May 2021), group spaces and individual tutorials were offered to the participating professionals to reinforce the learning acquired and to deepen the practice with the case registration application:

4 EXTRA PRACTICE SESSIONS (36 participants)	15 TUTORING AND INDIVIDUAL SUPPORT
---	--

And the distribution of trained professionals according to the participating agencies:



The training offered to the professionals was aimed at transmitting knowledge and strengthening the competencies of the participants in relation to the contents of the CAN-MDS training package, as well as numerous practices were carried out to help the



professionals become familiar with the system of variables, the values allowed, and the recording of variables in the online application.

As explained in the Training Seminars report, the profile of the participating professionals is highly specialized in this topic and the approach to child maltreatment, since most of them belong to specialized agencies in the sectors of care and protection to children at risk. Due to this, most of the participants already had a fairly solid theoretical basis in relation to the contents and were also very aware of the need and obligation to report, and they were also very aware of the importance of interdepartmental coordination and had a sufficiently broad accumulated experience to provide assessments in relation to the functioning and effectiveness of such coordination and the need to improve it, identified from their extensive professional practice and background.

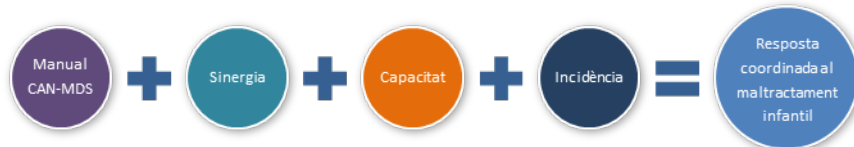
It should also be noted that in most cases these are professionals who use or have used one or more case registration systems, either for notifications, data recording or coordination between departments among which this work system is integrated. For this reason, it was easy to incorporate the use of the application and make the records quite easily for them.

Thus, the specialization of the participating professionals facilitated, on the one hand, the realization of the seminars and allowed a use based on their experience and contributions and, at the same time, highlighted the relevance of the absence of other sectors that did not manage to link up, which we value as a sample of the situation of the intersectoral approach to cases of child abuse in Catalonia and the challenges that are still pending to be faced to achieve a more coordinated and effective work.

In addition, during the phase prior to the pilot test, the professionals were able, in addition to familiarizing themselves with the concepts and use of the application, to make contributions based on their work experience and specialization in the field. The following section presents some of the contributions collected specifically on the application and the collection of CAN-MDS variables.

Contributions from professionals regarding the application

- *It would be advisable to make it possible to record data such as the situation of cohabitation of the child with the main caregivers. In situations of suspected child abuse or maltreatment there may be circumstances of shared custody but not constant cohabitation, different visitation regimes or custody conditions, which are considered important for case management and to facilitate coordination between the different sectors and agencies involved.*



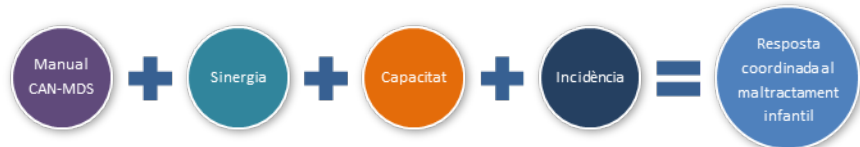
- *Institutional responses are often not specific to the maltreatment suffered by the child, but secondary to the institutional response to a situation of, for example, gender-based violence against the mother. It would be important to be able to reflect this and shows the pending work in relation to addressing vicarious violence, which is only recently being given the attention it deserves as a specific form of male violence against women's children. Podria mejorarse las variables que especifican la situación familiar del niño en el momento en que se produjeron o se producen los incidentes para facilitar el registro más amplio de todas las situaciones posibles, como la de niños institucionalizados pero que realizan visitas a la familia de origen, por ejemplo.*
- *It would also be advisable to expand and improve the inclusion of situations of possible perinatal maltreatment (pregnant women), since the application considers them superficially.*
- *It would also be positive to deepen and improve the possibility of recording in a deeper and more specific way all situations of mistreatment derived from institutional negligence or from the families' own socioeconomic circumstances derived from issues such as, for example, social crises (such as the current one derived from the COVID-19 pandemic).*
- *Regarding the registration process, it would be advisable to be able to have a draft of each registration at times when it is not possible or not all the information is available to be entered at a given time.*

EVALUATION DURING THE PILOT

Agencies and Professionals participating in the pilot

The professionals who have participated in the pilot test are those who have undergone training in the CAN-MDS system and belong to the agencies involved in the project.

Of the total of 59 trained professionals, 45 have completed the pilot test. This reduction in the number of participants in the pilot is due, in some cases, to the fact that in the training participated professional profiles in positions of management or coordination of teams of the entities or services, whose direct functions do not include contact with children and adolescents that makes possible the detection and registration of cases of child abuse; instead, these profiles perform tasks more linked to the management, direction and coordination of teams, so that the participation of these professionals was justified by their willingness to learn about the project to be able to adequately

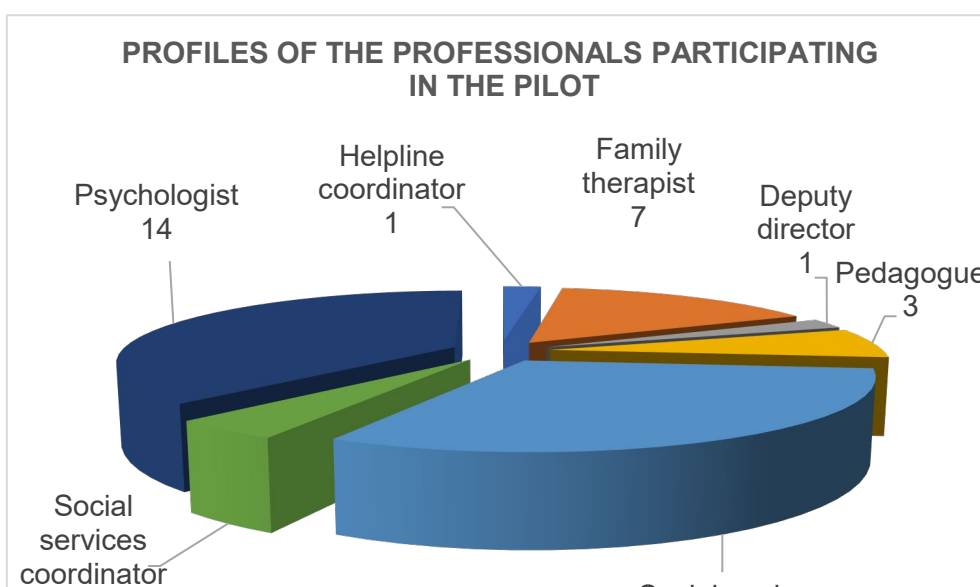
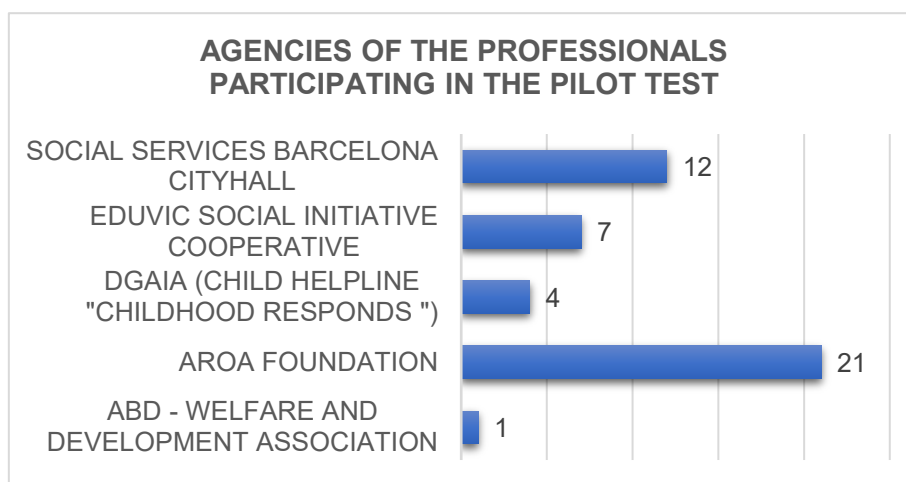


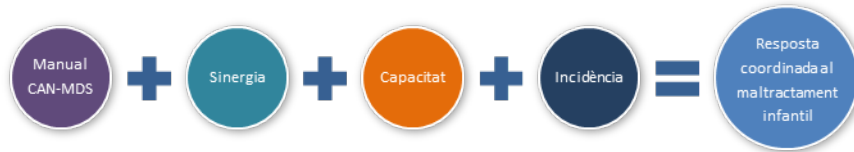
accompany their team during the process. Thus, with respect to the professionals who finally did not participate in the pilot, the reasons were related to issues such as:

- development of managerial or team coordination roles, not susceptible to perform case identification and registration,
- change in the assigned professional role,
- geographic mobility for the performance of their functions,
- or coincidence with vacation periods.



Regarding the professionals who were finally included in the pilot test group, two graphs are presented below showing the distribution by agency and by professional profile.

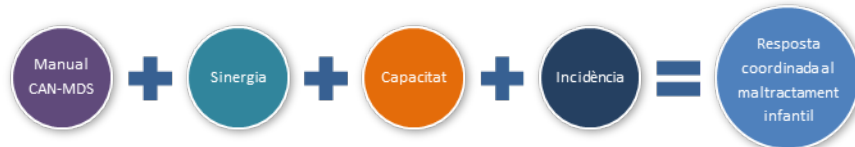




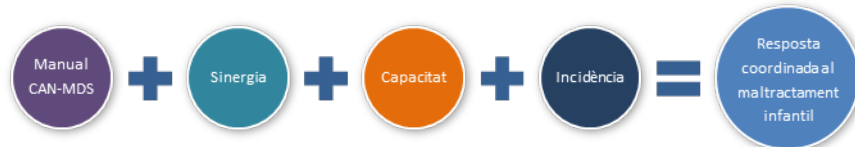
Challenges and difficulties during the pilot

The assessment of the challenges and difficulties of the pilot test is determined by the factors that have been pointed out in relation to its final format, specifically with respect to its short duration, factors that are related to and have interacted with those mentioned above and those described below, exerting significant pressure on the participation of professionals and, therefore, on the development of the pilot test:

- Overload of the participating entities and services (mostly specialized): the majority presence of agencies and entities specialized in care and protection for vulnerable children and adolescents defined a highly qualified professional group participating in the pilot test, but with a great overload of work. This overload informs us of weak and strong points of the child protection system in Catalonia that have already been referred to in the training report, such as the favorable aspect of the existence of a consolidated system of care for child abuse, as well as the aspect to be improved of the existence of a great saturation in the professional teams. This overload, in relation to the pilot test, has hindered the involvement of the professionals in such a short period of time, as both the professionals and the heads of the departments of the different agencies reported when confirming the final period available to carry out the records. On the other hand, the health emergency situation and the socioeconomic crisis derived from it has also had a very important impact due to the added overload on the services, both due to the increase in cases of child abuse and to the increase in situations of risk and vulnerability of families and children.
- Coincidence of the pilot with the vacation period of the professionals: another factor that has exerted great pressure on the pilot has been the lack of availability of the professionals during all or a good part of the pilot period. Thus, of the 45 professionals who were originally scheduled to carry out the pilot, more than 12 were finally unable to participate because they were on vacation or on sick leave for personal reasons of various kinds.



- Coincidence of the pilot with the end of the course and the reporting period at the level of the participating services and entities: this factor is part of the one related to work overload, but is presented separately due to its specificity, since it would not have had the same impact if a longer pilot could have been carried out. Thus, the timing of the preparation of reports and reports of the different participating teams has conditioned and hindered to a large extent the participation of professionals, as has also been mentioned by both the base teams and the management and coordination bodies of the teams themselves.
- Coincidence of the pilot test with a national bank holiday in Catalonia: it should be noted that, of the 15 calendar days of the pilot test, only 11 were working days, of which one of them was non-working for some professionals as they requested the day off after the bank holiday to link it with the weekend.
- Change of position and/or professional dedication of some operators: because 8 months to 1.5 years elapsed between the training and the start of the pilot in some cases, the professionals have changed their position within the same agency or have joined another agency, resulting in drastic changes in their work role in terms of the possibilities of detecting cases of child maltreatment. These changes have also occurred, occasionally in the moments immediately prior to the pilot, which is why the participation of these professionals was initially foreseen.
- Poor compliance with the commitment to participate in the project: exceptionally, a lack of compliance with the commitment established by some of the participating agencies has been identified in relation to their collaboration and active participation in the project, specifically with respect to the participation of trained professionals and candidates to carry out the pilot test. In this regard, it should be noted that in some of the agencies, as in the case of DGAIA, there has been no involvement of the figure of the referent and responsible for the department and the professionals have not responded on their own to the requests for collaboration made in various communications. This has resulted in professionals included in the pilot test not participating in it and not justifying their absence according to one or more of the different reasons referred to above.

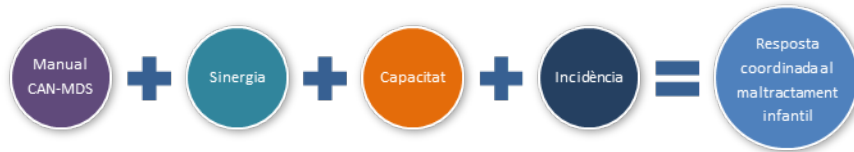


In other cases, such as that of the social entities involved (NGOs ABD and EDUVIC), at the beginning of the pilot test they expressed their difficulty to participate for the reasons described above (short duration of the pilot), and could not assume the realization of a minimum registration of cases, so that only one professional (EDUVIC), contributed to the test by reporting an incident.

It should be noted that in none of the cases in which the agencies, and specifically those responsible for them and the professionals themselves, argued the impossibility of making records in the pilot test, did they refer to the lack of incidents to be recorded, so we can conclude that, during the pilot period and the period close to it, there were cases of suspected or confirmed child abuse that were not incorporated into the records of the CAN-MDS application by these agencies; This information is relevant in terms of the analysis that can be made of the data finally obtained with respect to its representativeness and significant value.

We consider it important to highlight this point because, beyond the lack of individual collaboration of the operators or those responsible for each service/entity, this reality confronts us, once again, with the challenge that the involvement of the different agencies has represented and continues to represent when undertaking a project such as CAN-MDS.

- Difficulties in assigning the correct nomenclature of the different participating professional profiles according to the International Standard Classification of Occupations (ISCO-08): during the process of entering the professionals through the system administration console, there were difficulties in correctly registering the different profiles following the available ISCO-08 classification. The main difficulties were related to the lack of availability of occupations related to specialized roles in the areas of child and adolescent care, which made it difficult to adequately record the participants who perform specific occupations, especially in the social and health sectors, so an adaptation was made to the available categories and, in many cases, specialized roles were grouped to the available profiles (e.g. social workers and social educators as "social work associate professionals" or psychologists and family therapists as "psychologist"). It is important to emphasize this point in order to avoid making invisible the variety of professional profiles available in Catalonia, since their existence is an indicator of the reality and the progress made in relation to specialized care



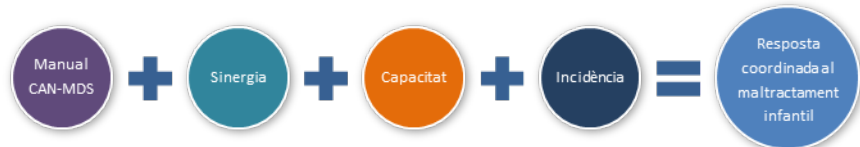
for the general population on the one hand, and specifically for children and adolescents in situations of vulnerability due to maltreatment.

Actions to deal with difficulties

- Request for support to the heads of the departments of the participating agencies: in this sense, the help of the referents was requested, as in the case of the Municipal Institute of Social Services of the Barcelona City Council, which was actively involved by forwarding emails and personally contacting the professionals to encourage their participation. Regarding the requests to other agencies, the expected response was not obtained as indicated in the previous section.
- Offer permanent support and assistance spaces for the professional operators: with the aim of facilitating participation during the short period of the pilot, permanent communication channels were set up and operated every day, by e-mail and telephone. This allowed several of the professionals who participated, such as those from the Municipal Institute of Social Services of the Barcelona City Council, to obtain support at any time during the conduct of the registries, such as on weekends.
- Delivery to professionals of a small, practical guide specifically designed to facilitate the recording of cases as indicated in the CAN-MDS resource pack: a brief document was prepared and delivered to professionals to support their participation in the pilot and indicating the ways and means of contact to resolve possible difficulties or incidents.
- Adaptation of the specialized profiles to the available ISCO-08 classification given the lack of availability of specific profiles in said classification, all options were analyzed and reviewed in order to make a record as relevant as possible and adjusted to the role and functions performed by the professionals. Another of the actions taken to address this difficulty is the reference to it in this report, which will be sent to the European Commission, which will allow this factor to be considered in future projects or similar initiatives.

Development of the pilot:

- ✓ In relation to the use of the registration application by the professional operators, during the pilot test, as planned, several requests for support were answered to resolve any doubts during the registration process or during the



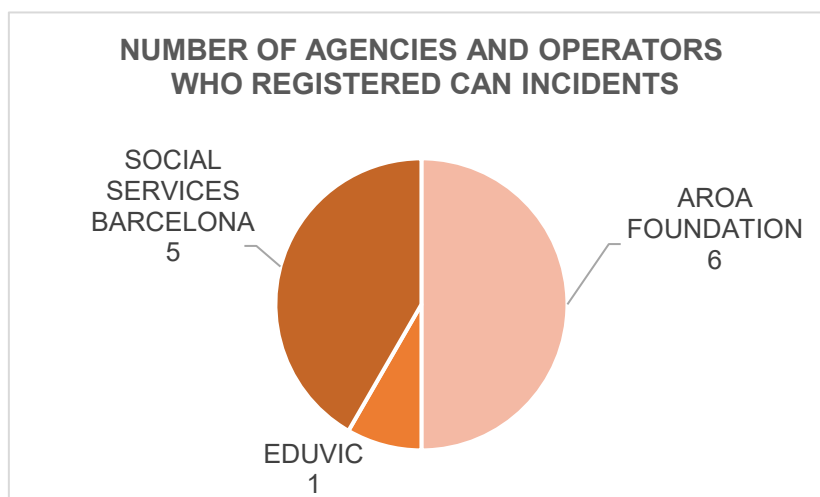
first accesses to their personal accounts to consult difficulties related basically to errors that occurred during the entry of their personal data.

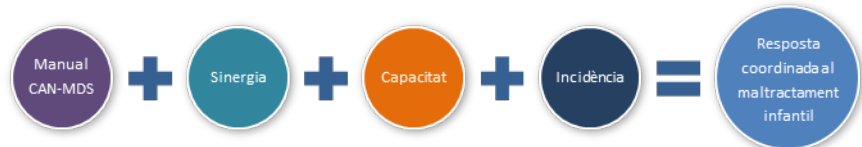
Occasionally, queries were also received regarding the most appropriate choice of values for the variables to be recorded, which were answered by gathering doubts and concerns and providing suggestions in accordance with the criteria and descriptions described in the CAN-MDS Operator's Guide and the Data Collection Protocol.

POST-PILOT EVALUATION

Results of case registration

Agencies and operators that registered CAN incidents

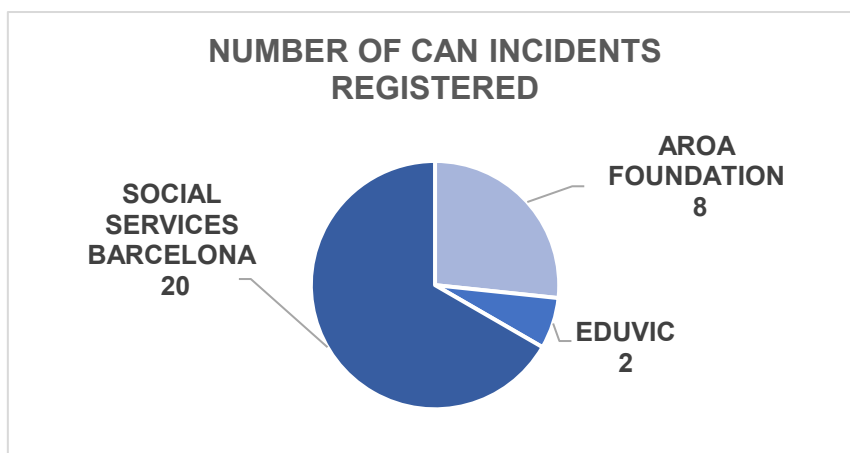


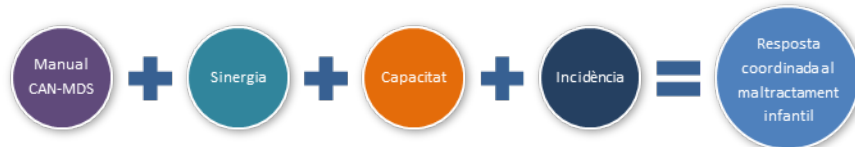


As already mentioned, of the 5 agencies initially involved in the training and committed to carrying out the pilot test, only 3 have carried out case records. The reasons related to this low participation have also been extensively described in this report in the previous sections.

In total, 12 operators registered cases, and the distribution of the number entered by each agency is described below:

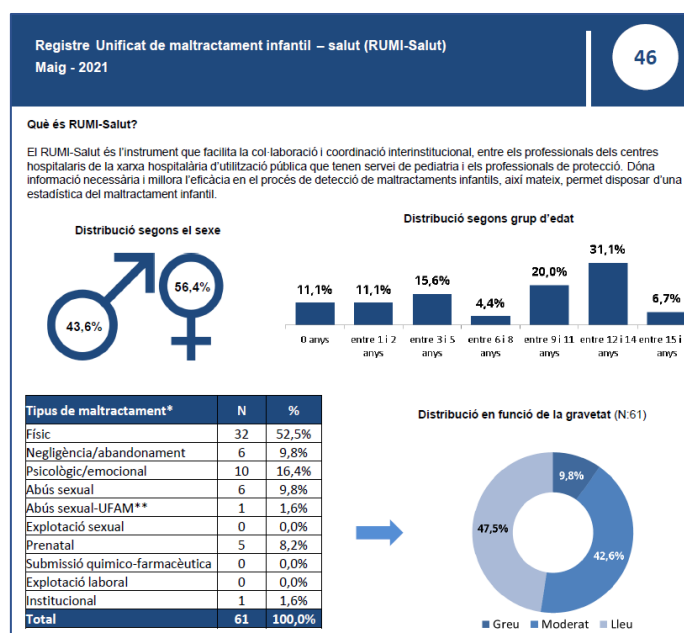
CAN incidents registered





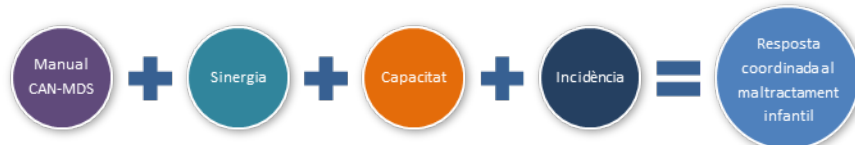
With regard to the record of incidents obtained, and taking into account the complex circumstances in which the project and specifically the pilot test were carried out, we can affirm that it is a very satisfactory result with respect to the objectives and numerous challenges faced by CAN-MDS.

It should be noted and recalled, as previously mentioned, that the lack of records from other agencies is not an indicator of the absence of detections of suspected or confirmed cases of child maltreatment, and proof of this are the data published by different agencies, some of them participating in the project, such as those shown below, extracted from the DGAIA website:



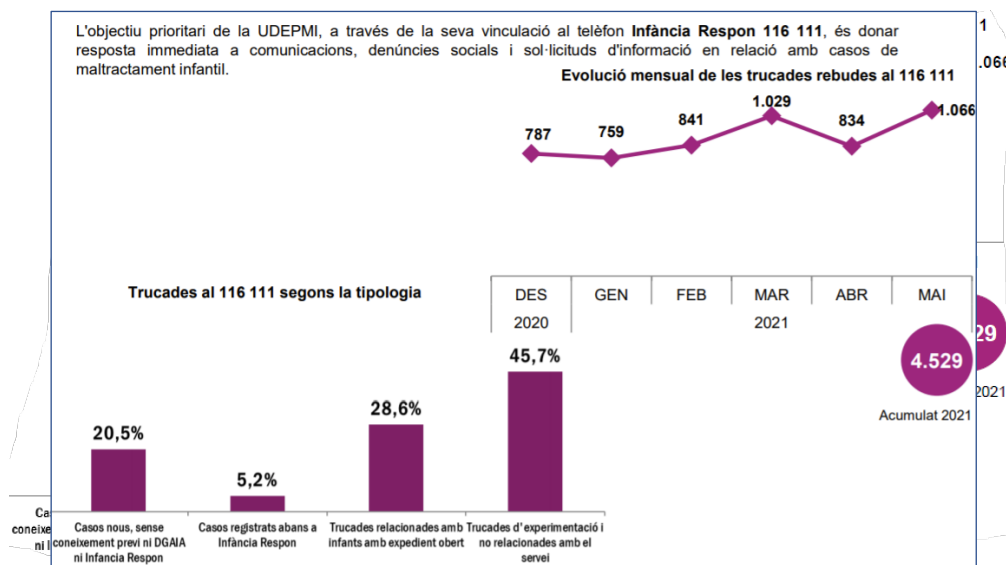
In the previous image, the data refer to cases detected by the health sector (finally disassociated from the project after attempts to get its involvement), specifically by the network of hospitals in Catalonia with pediatric services, from where the cases are registered in the RUMI tool reported in the contextualization study of the existing registration systems in Catalonia and which is only implemented in this sector (Primary Care Health Centers have recently been added).

Link to data source:



https://dretssocials.gencat.cat/web/.content/03ambits_tematicos/07infanciaiadolescencia/dades_sistema_proteccio/2021/2021_05_informe_DGAIA.pdf

Another of the agencies participating in the pilot test, and which has not introduced cases, is the telephone line "Infància Respon", which depends directly on the DGAIA. In the following image we observe the monthly evolution of the calls received on this line and a description of the typology of these calls. We can affirm, also with respect to this agency, that the lack of records is not due to the absence of case identification.



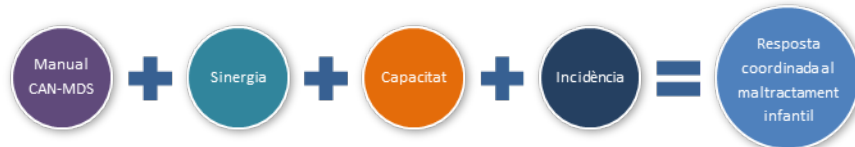
Another example in relation to the incidence of cases, this time in sectors that have not been linked to the project, can be found in the following news of April, which reports the detection of 70 cases by a recently created resource (March 2021) in the Department of Education (Unitat de Suport a l'Alumnat en situació de Violència - USAV, oriented to the management of cases of child abuse, mistreatment, bullying and other violence and discrimination):

https://www.ara.cat/societat/educacio-rep-70-denuncies-violencia-menors-mes_1_3961716.html

Analysis of the case register

As for the analysis of the 30 incidents recorded, it is necessary to begin by explaining that they all refer to different children, which means that only one incident has been recorded for each child.

It is also necessary to specify that the representativeness of the data presented below is limited and refers exclusively to the context of the registry, i.e. the participating agencies and the majority percentage of registrations by a specific agency, such as the



Municipal Institute of Social Services and, within that agency, 2 specialized services, which are:

EDEIAR (demand team for the childhood and adolescence at risk study):

this is a team that is centralised at city level and has specialised professionals. Its role is to complement the work carried out at the public social centres (Centres de serveis socials), with the aim to centralise the demand register for children and adolescents at risk in the city, preparing the risk study and issuing the response to the requesting and competent bodies (Public Prosecutor's Office, courts and DGAIA) within the established deadlines.

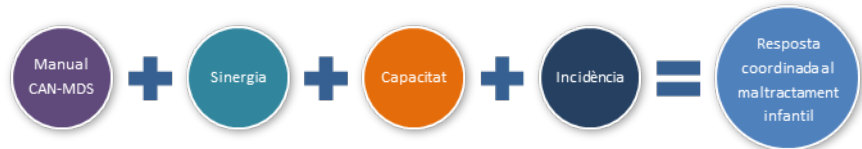
ECEIA (Central Team Specialised in Childhood and Adolescence) - EAIA

(Childhood and Adolescence Care Team): receive cases that indicate a situation of neglect, or a risk of neglect detected by the primary social services, judicial or police bodies or the General Directorate for Childhood and Adolescence Care (DGAIA). They provide the diagnosis based on an assessment of the children and their social and family environment and propose the most appropriate measures for each case.

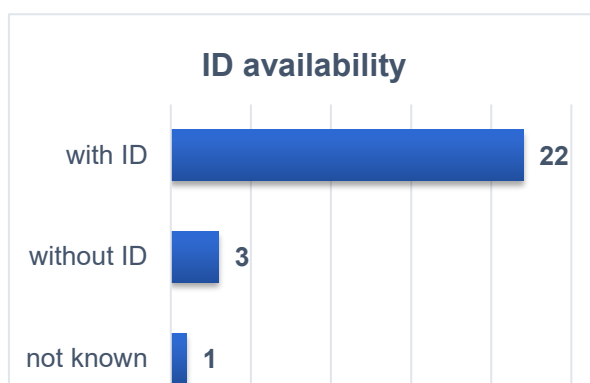
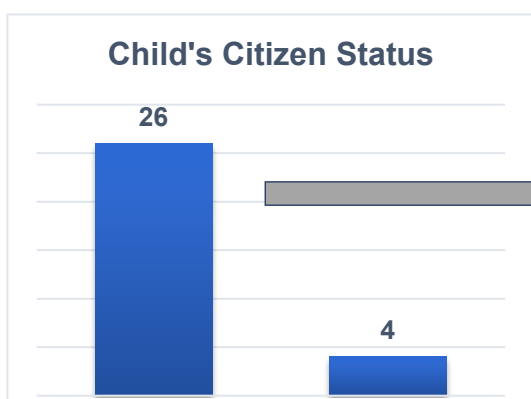
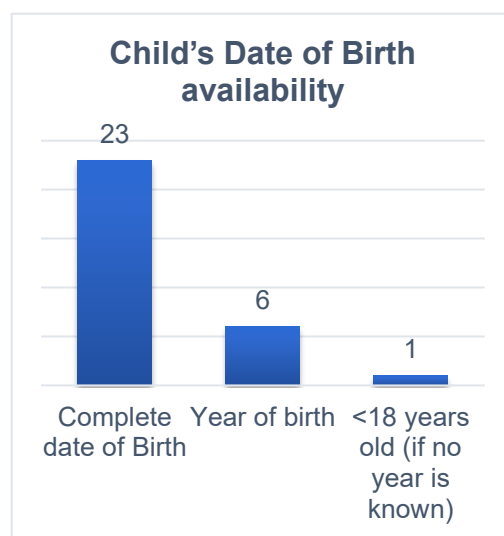
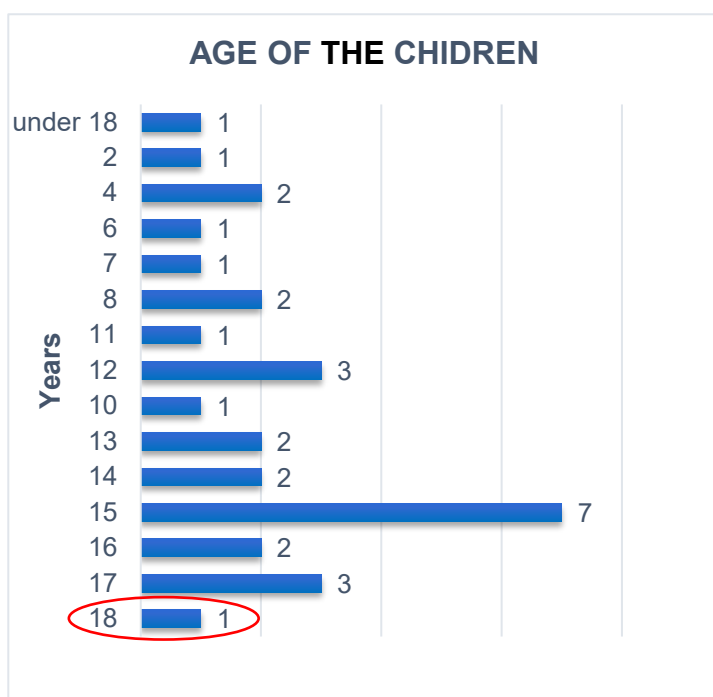
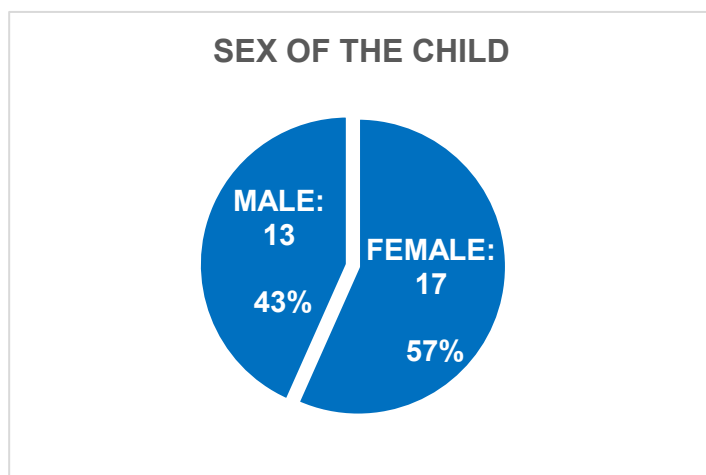
From this point on, the data are presented without the possibility of making a conclusive analysis of the trend or prevalence of child abuse in Catalonia, but with the understanding that they refer to a limited sample, conditioned by the reduced temporality of the test and the volume of records obtained, reiterating the existence of unrecorded cases, as previously stated.

The data, extracted from the registry of the server of the National Agency of Catalonia where the application is hosted (DGAIA) and provided by said agency, are presented in graphs to facilitate their understanding and, in some cases, an explanation or commentary is added to facilitate the reading of the data or to share some reflection that may be relevant with respect to the set of data.

Thus, even with the limitations of the data collected and the impossibility of carrying out meaningful analyses with the sample obtained, it is possible to draw the conclusion that confirms and reinforces the hypothesis of the potential of systems such as CAN-MDS in terms of their capacity and possibilities for gaining insight into the real incidence and scope of child maltreatment from a multisectoral approach.



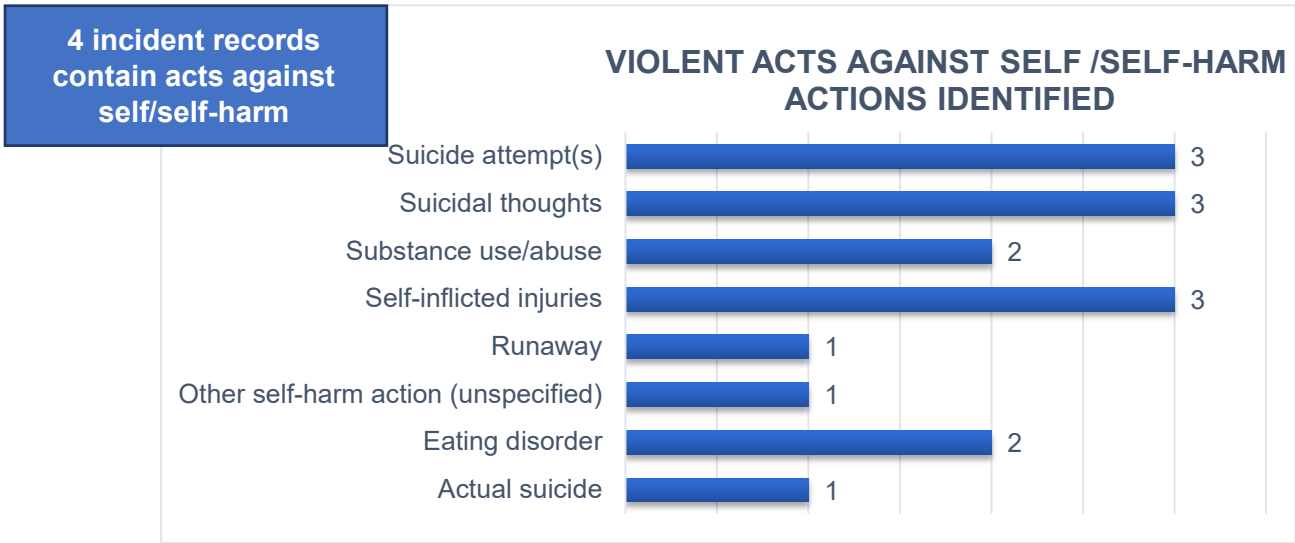
Data Elements related to "CHILD"



DATE (AND TYPE) OF INCIDENT

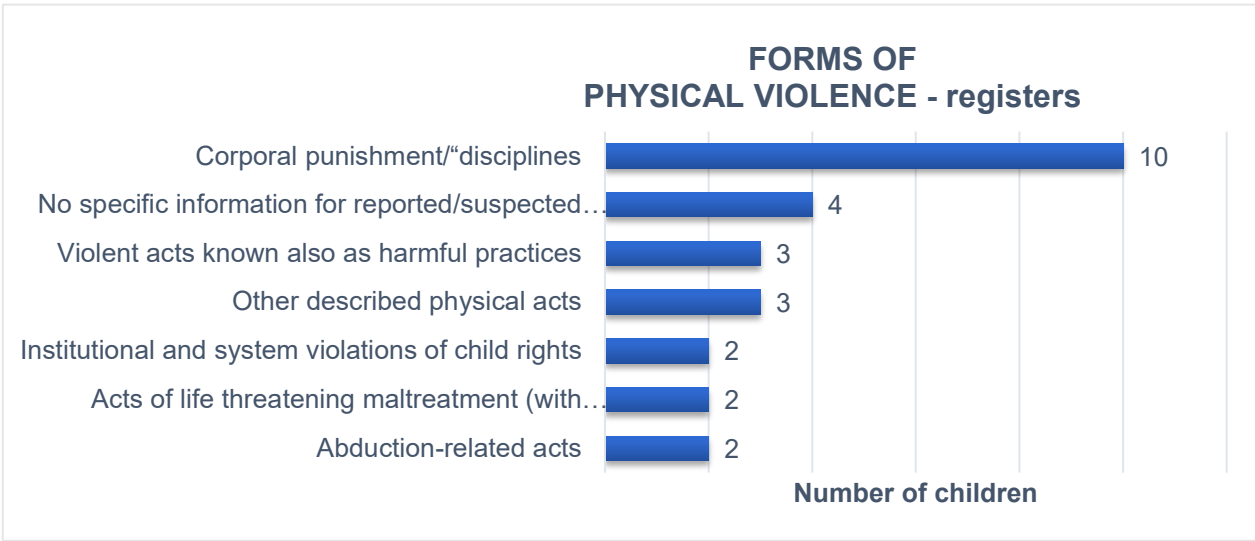


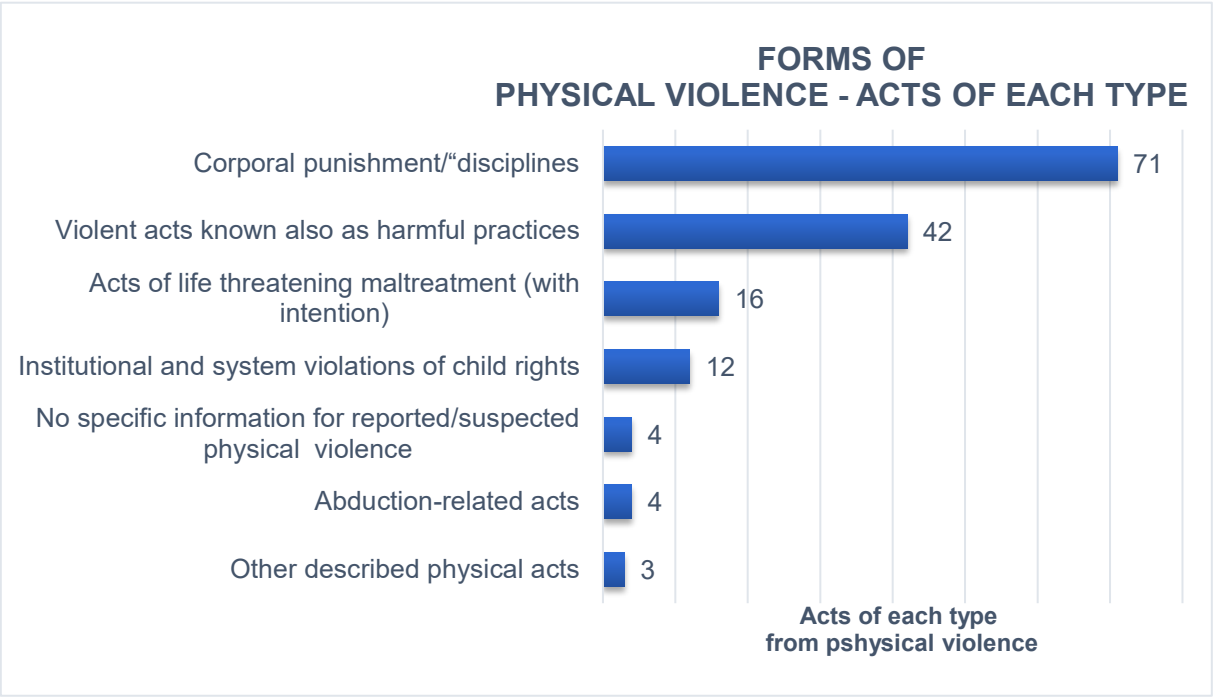
VIOLENT ACTS AGAINST SELF-SELF-HARM



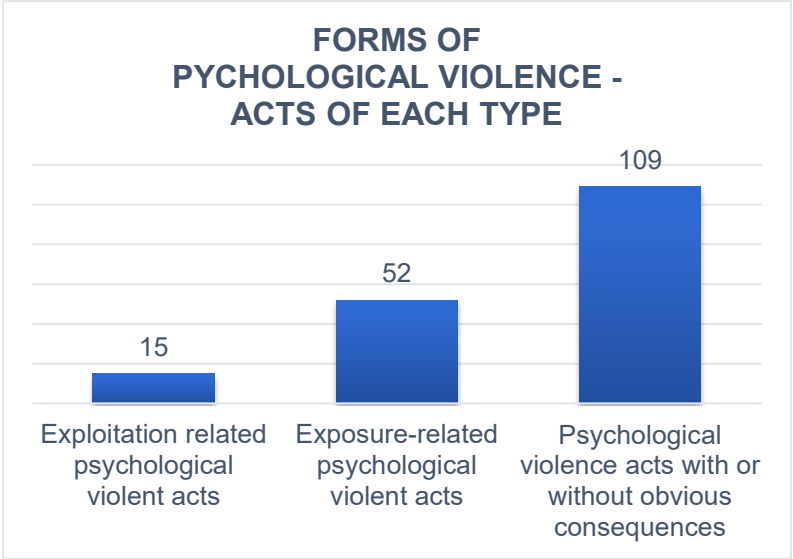
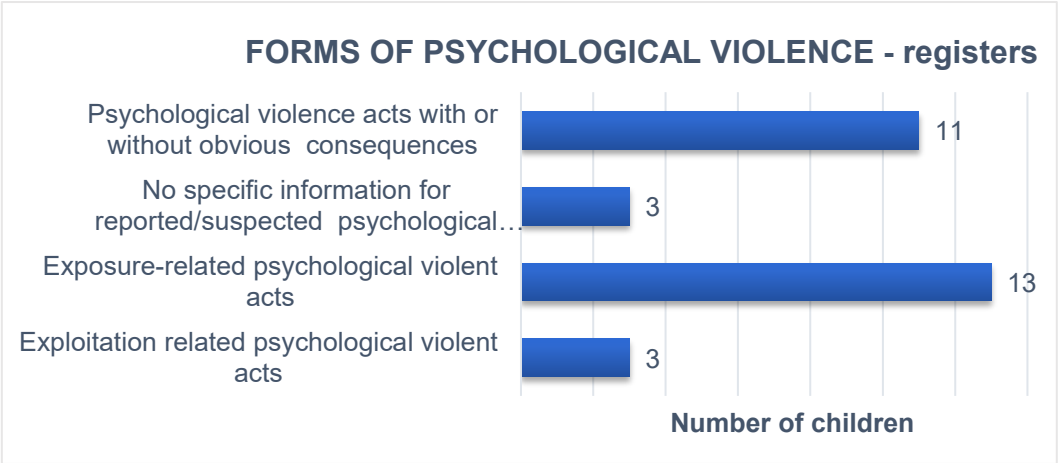
With respect to the recording of incidents of acts against self/self-harm, there are only 4 records in which this type of maltreatment is identified in a very high volume and with a great variety of acts in only 4 children. These striking records should be observed with caution, considering the possibility of their lack of reality and also taking into account the possibility that some error may have occurred during the recording, which would be expected in the case of a pilot test of a system that is not yet permanently integrated into the management circuit of child maltreatment cases. Moreover, in this protected context of piloting, in which the intersectoral comparison of information was limited in order to guarantee the protection of the minors' data, this type of incident would be foreseeable and is part of the testing process, therefore its indication is included as part of the feedback report on its development.

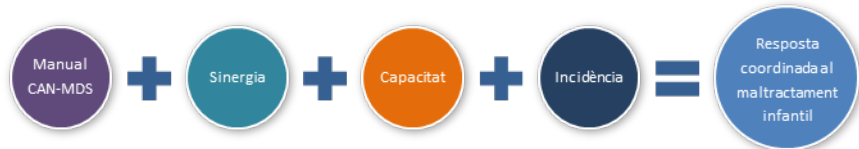
PHYSICAL VIOLENCE



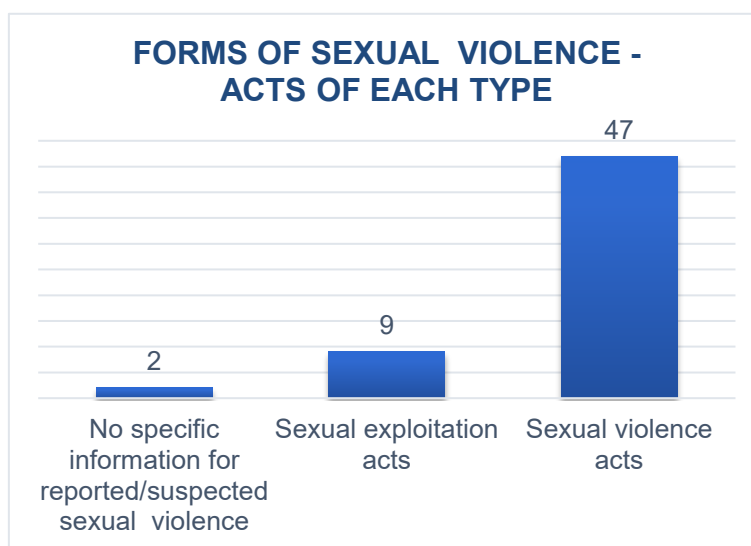
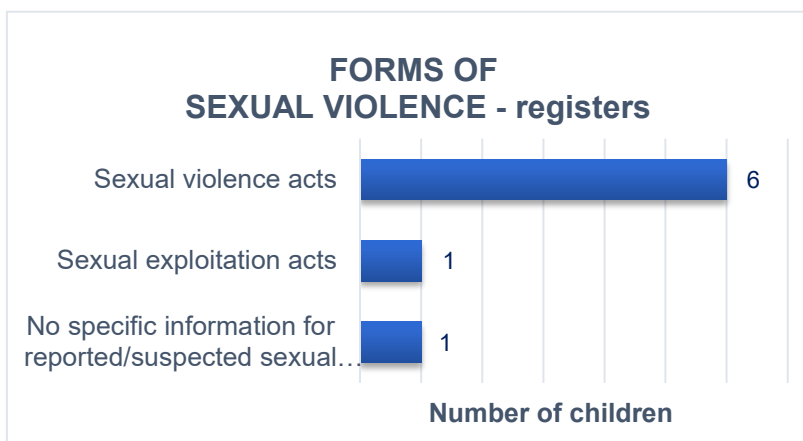


PSYCHOLOGICAL VIOLENCE

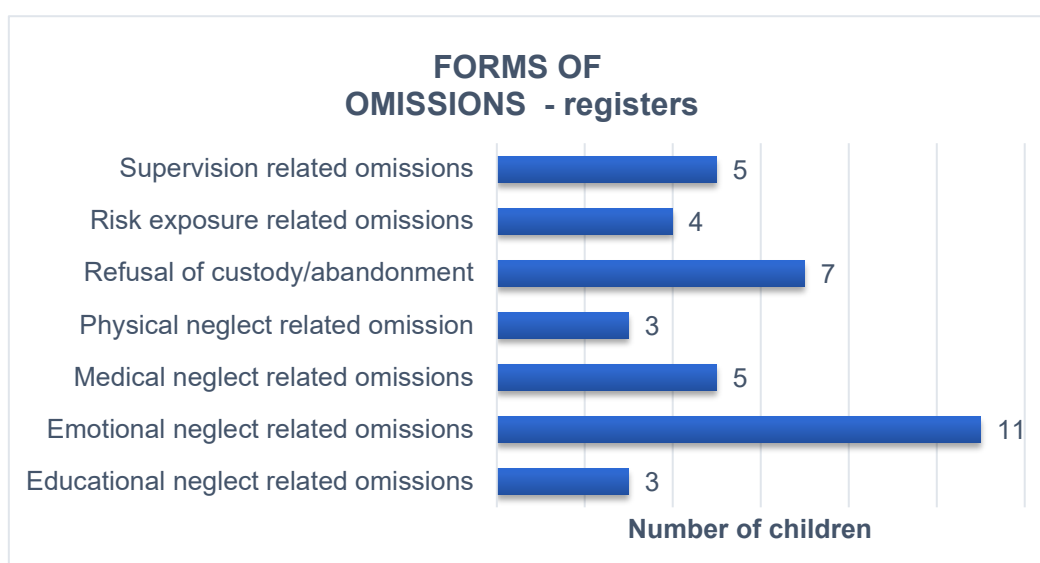




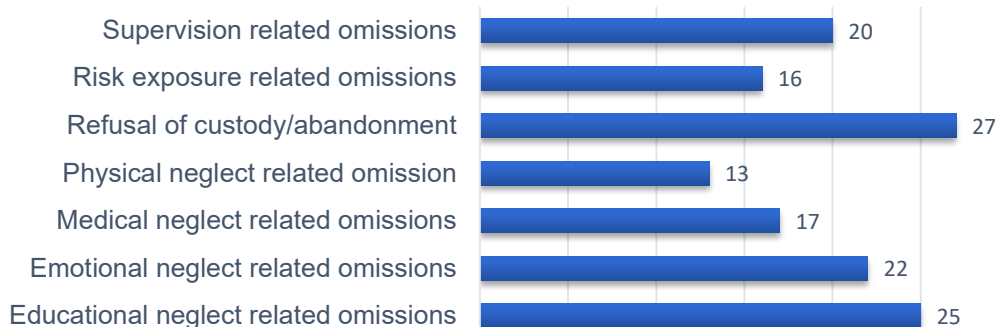
SEXUAL VIOLENCE



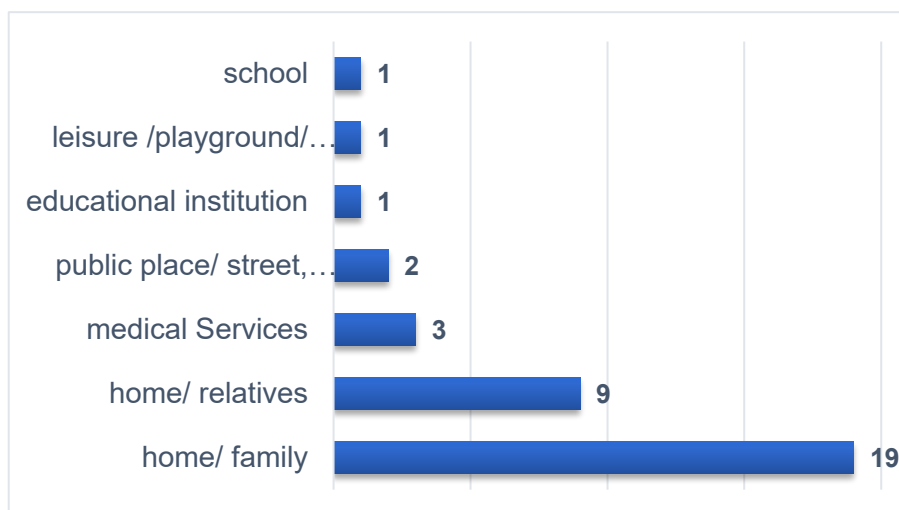
OMISSIONS



FORMS OF OMISSIONS - ACTS OF EACH TYPE

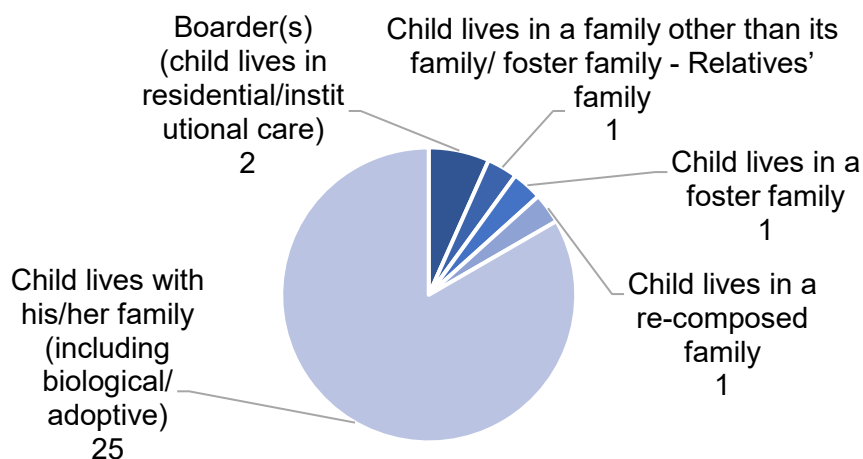


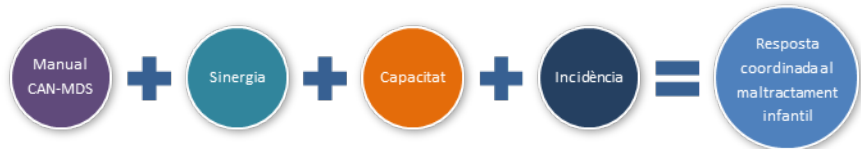
LOCATION OF INCIDENT



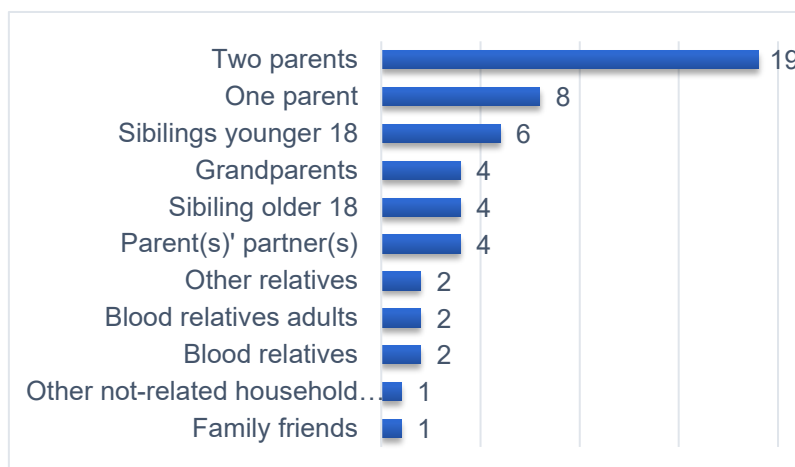
Data elements related to "FAMILY"

TYPE OF FAMILY





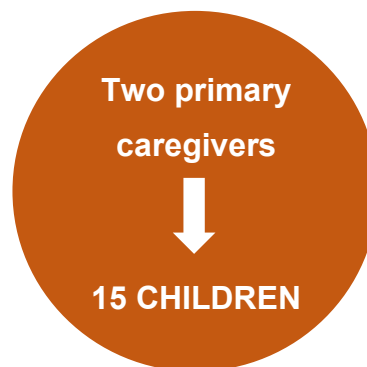
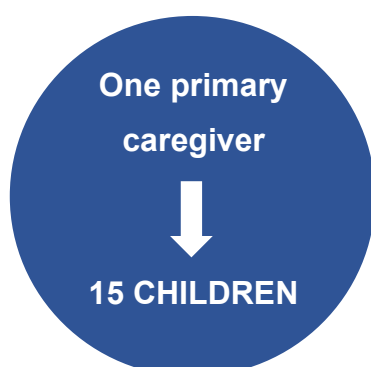
MEMBER(S) OF FAMILY

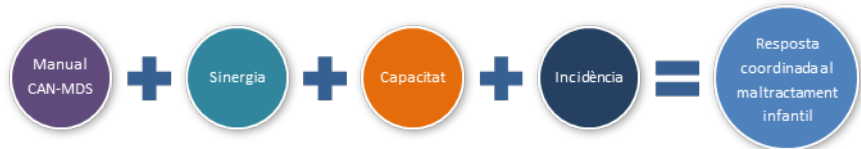


TOTAL PRIMARY CAREGIVERS

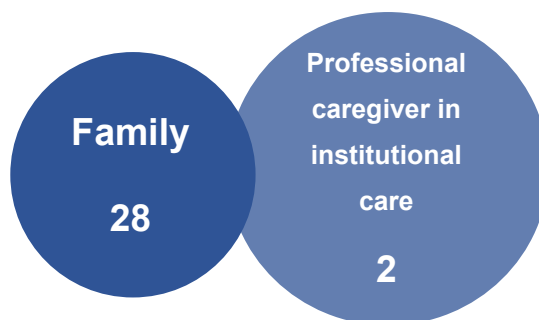


PRIMARY CAREGIVERS

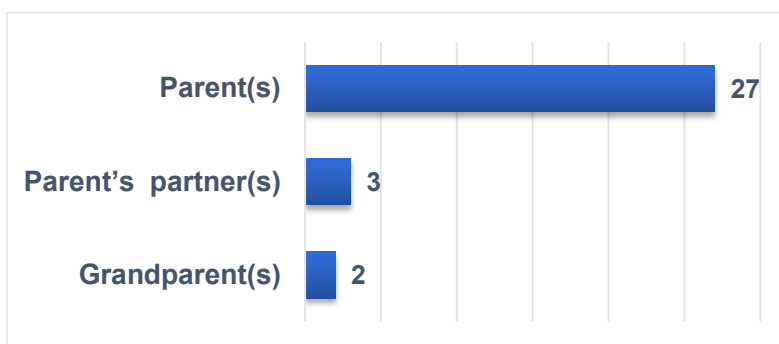




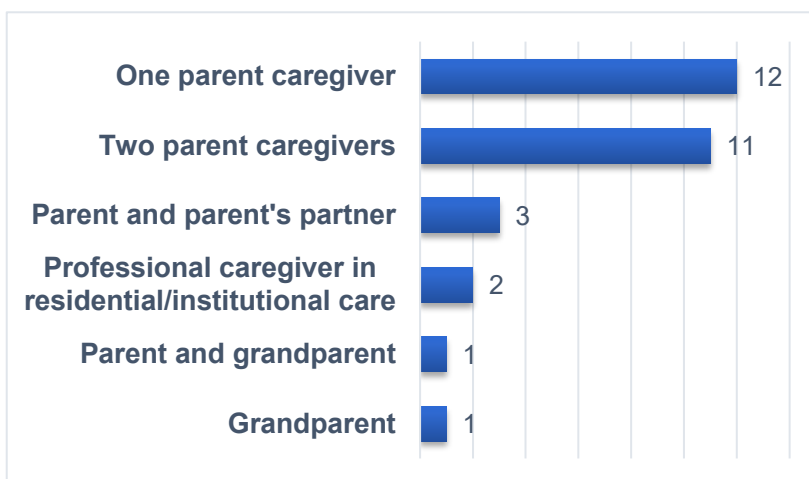
RELATIONSHIP TO CHILD PRIMARY(S) CAREGIVER(S)



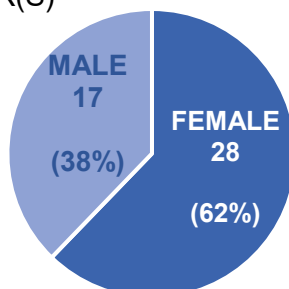
RELATIONSHIP TO CHILD PRIMARY(S) CAREGIVER(S)

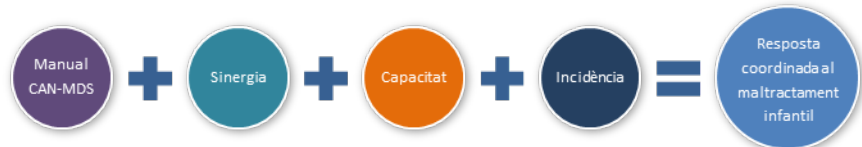


PRIMARY(S) CAREGIVES OF EACH CHILD

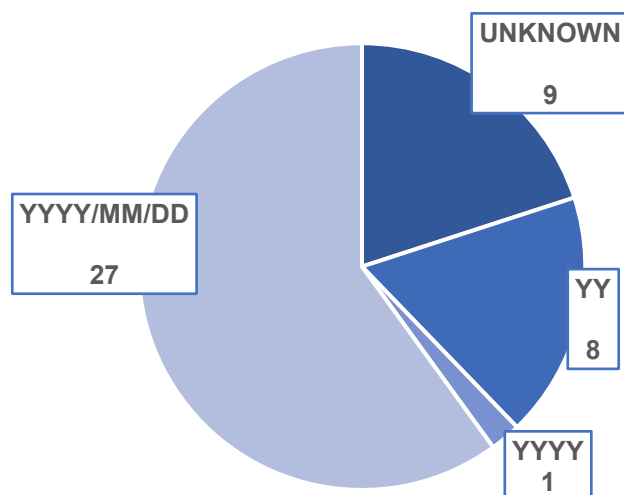


SEX OF PRIMARY CAREGIVER(S)



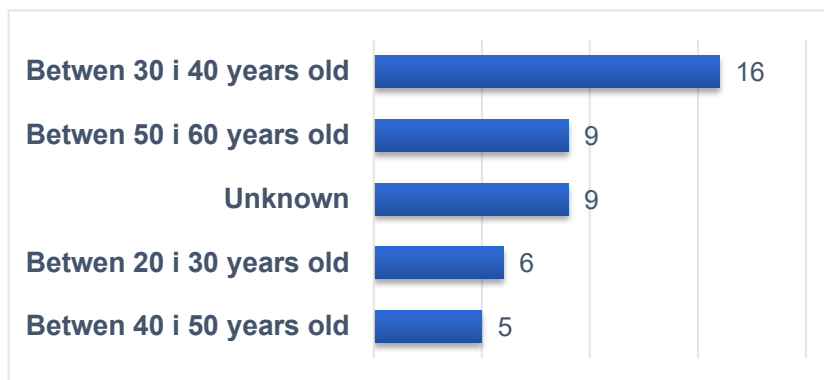


AVAILABILITY CAREGIVER'S DATE OF BIRTH



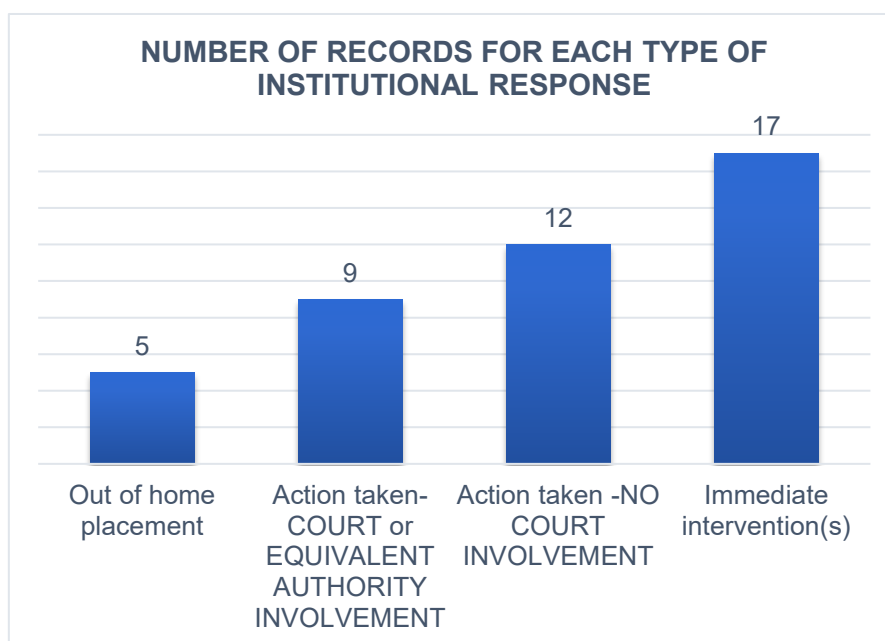
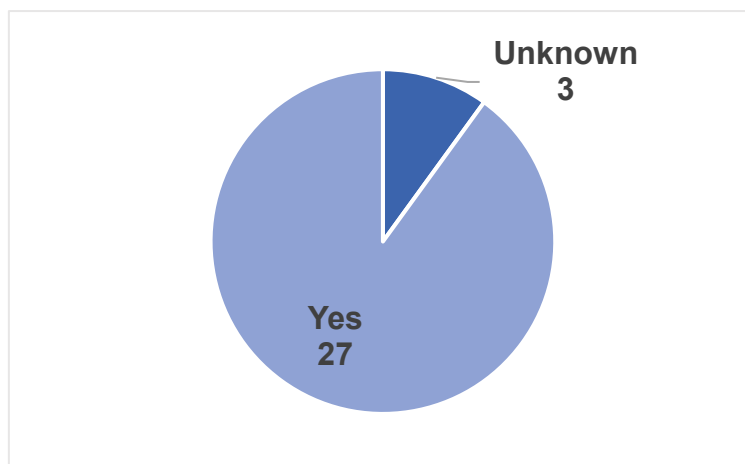
CAREGIVERS AGES

decade of 90's	1
decade of 80's	6
decade of 70's	1
26 years	2
28 years	2
29 years	1
31 years	1
33 years	2
34 years	1
36 years	3
37 years	2
38 years	1
40 years	1
41 years	1
44 years	1
49 years	1
50 years	2
53 years	4
54 years	1
56 years	1
60 years	1
Unknown	9



Data elements related to “SERVICES”

INSTITUTIONAL RESPONSE



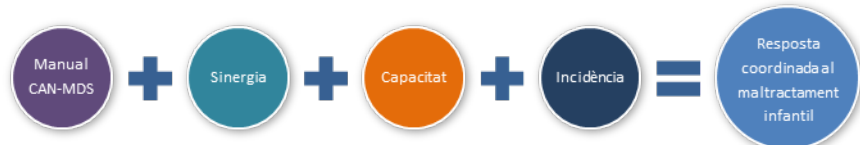
All the institutional responses to the incidents recorded are presented below, classified according to their specific type. In addition, those with the highest number of records are highlighted.

34

IMMEDIATE INTERVENTION(S)	child protection /welfare services assessment	15
	mental health exam(s)	6
	police intervention	7
	physical medical exam(s)	4
	forensic evaluation initiated	1
	unspecified	1

20

Action taken -NO COURT INVOLVEMENT	referral to child protection /welfare service	8
	emergency placement	3
	child remains in family with planned intervention	3
	mother/child shelter with parent and child together	2
	police emergency protection procedures	1
	CPS/welfare services emergency protection procedures	1
	supportive intervention for current caregiver(s)	1
	unspecified	1

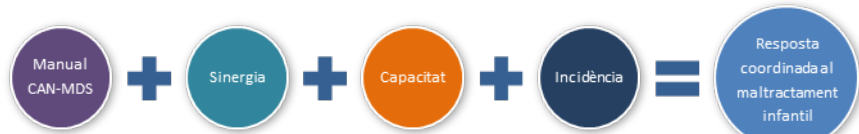


21

Action taken-COURT or EQUIVALENT AUTHORITY INVOLVEMENT	referral to child protection /welfare services	6
	abuser to leave the home by court order	5
	action to prosecute perpetrator(s)	3
	police emergency protection procedures	2
	action to protect victim by court order(s)	1
	action to remove parent(s)' rights	1
	CPS/welfare services emergency protection procedures	1
	(family) court measures initiated	1
	unspecified	1

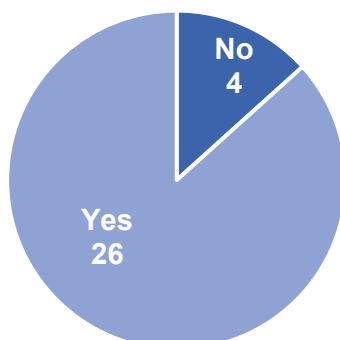
12

OUT OF HOME PLACEMENT	children's home institution	5
	foster care	2
	kinship care (relatives/extended family)	2
	adoption with parents' agreement	1
	adoption by court order	1
	unspecified	1

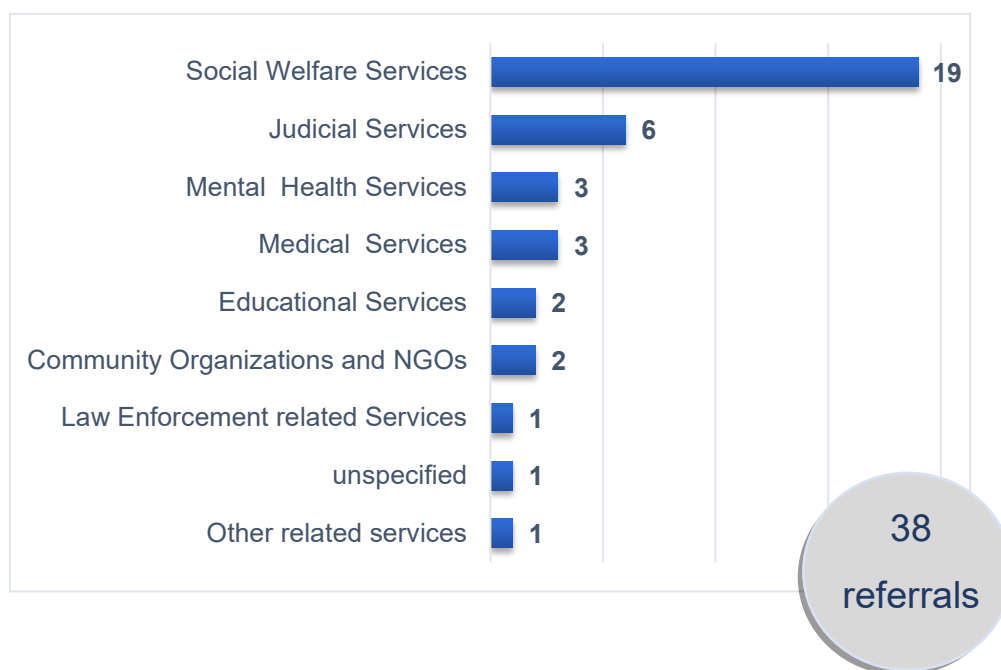


REFERRAL TO SERVICES

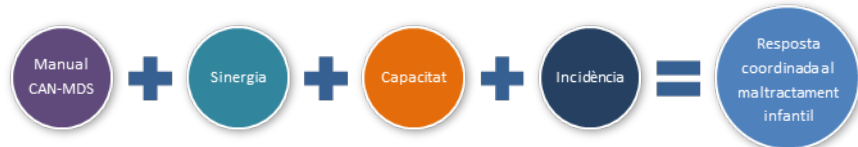
Children referral to services



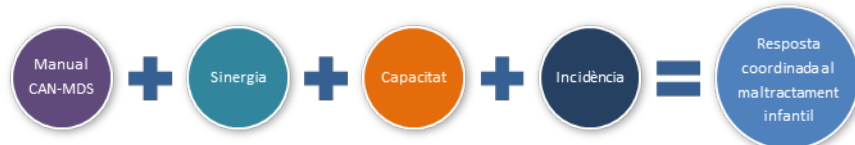
Referrals to services



As shown for institutional responses, all the referrals to the different services made for the incidents recorded are presented below, classified according to their specific type. In addition, those with the highest number of records are highlighted.



Social Welfare Services	Serveis Socials Ajuntament de Barcelona for child AND family	10
	DGAIA - Direcció General d'Atenció a la Infància i l'Adolescència for child ONLY	1
	DGAIA - Direcció General d'Atenció a la Infància i l'Adolescència for child AND family	2
Educational services	EDUCACIÓ - EAP (Equips d'Atenció Psicopedagògica) for child AND family	1
	EDUCACIÓ - Inspecció educació (BCN ciutat) for caregiver(s) ONLY EDUCACIÓ - EAP (Equips d'Atenció Psicopedagògica) for child AND family,	1
Law Enforcement related services	Mossos d'Esquadra - GAV (Grup Atenció Victima) Violència Doméstica for caregiver(s) ONLY,	1
Medical Services	CATSALUT for child ONLY	1



Data elements related to “RECORD”

SOURCE OF INFORMATION

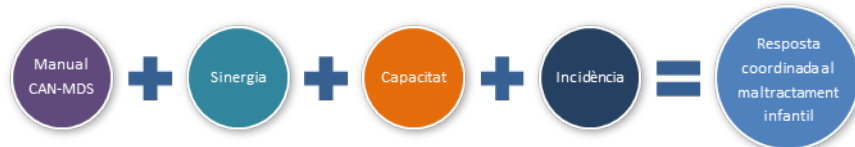


Exhaustiveness of the records (data elements entered)

In general, the exhaustiveness of the records obtained was positively assessed. Thus, the variables have been completed in a fairly specific manner by the professional operators and those in which more general or unspecific information is identified are those relating to, for example, the dates of birth of the main caregivers; on the other hand, this variable has been completed with approximations to the decade of birth of these persons and we can deduce that the conditions in which the pilot study was carried out have facilitated this loss of completeness in some cases (little time to make the records, for example).

It should also be noted that the high level of completeness achieved is probably directly related to the degree of specialization of the participating agencies that have registered most of the cases entered, as is the case of the Municipal Institute of Social Services. In this sense, a lower exhaustiveness of the records (but an increase in their volume) could be expected if more sectors had been involved, such as those that do not have among their direct functions the management of cases of abused children, as well as a higher volume of cases and a greater concreteness in the records could have been expected if those sectors that already have specific protocols and specific tools for the notification of cases of suspected or confirmed child abuse (such as health services: hospitals and recently primary care centers) had been involved.

This may be due to the fact that the pilot test was carried out under protected conditions in which this functionality was limited by the level of access and operability of the operators (the agencies did not make referrals or exchange information among



themselves) and, therefore, the professionals may have economized on the time dedicated to recording this information by limiting this variable due to a supposed "lack of interest". Therefore, the professionals may have economized the time dedicated to the recording of this information by limiting the specification of this variable due to a supposed "lack of interest", although the complete recording was requested at all times, as was done during the training and subsequent practical reinforcement sessions.

We can say, then, that the completeness of the data recorded is sufficient and satisfactory in view of the objectives and conditions of the pilot, and allows us to consider the sample collected as relevant for drawing limited but relevant conclusions, always taking into account the limited number of records and the reduced variety of agencies participating in their collection.

Based on the results obtained, it is worth pointing out the future potential of the system in terms of achieving the greatest possible completeness of the records by involving and operating jointly and sharing the entire range of sectors and agencies likely to manage cases of child abuse, from the initial stages of detection, to care, recovery, and the initiative and development of preventive policies and actions.

Detected incidences

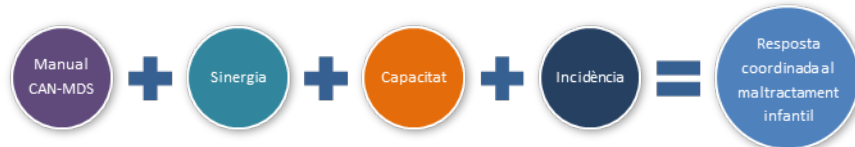
At the end of the piloting phase on June 30, a technical incident attributable to the case registration application or the server receiving the cases (cause not identified at the time of writing this report) was identified, because the data extraction carried out showed a duplicity in the registration of practically all the incidents entered. This duplicity led to a total of 48 cases recorded as of Monday, June 29 (a figure that was shared at the presentation of the European Conference) and 66 on June 30. Once the records were reviewed one by one, this error was identified and resolved by discarding the duplicate records and generating a new list to which the data in this report refers. The incident is shown below:

Statistics			
Show 10 entries			
Date of Record	Date of Incident	Type Of Incident	Operator's ID
30/06/2021 09:54	Continuous maltreatment - Including "distinct event(s)" - 2020-03-25 for 1 year 3 months 5 days	Continuous maltreatment - Including "distinct event(s)"	ES-08-SWS-003-3412-3-007
30/06/2021 09:54	Continuous maltreatment - Including "distinct event(s)" - 2020-03-25 for 1 year 3 months 5 days	Continuous maltreatment - Including "distinct event(s)"	ES-08-SWS-003-3412-3-007
30/06/2021 10:14	Continuous maltreatment - No "distinct event" took place - Lifelong	Continuous maltreatment - No "distinct event" took place	ES-08-SWS-003-3412-3-007
30/06/2021 10:14	Continuous maltreatment - No "distinct event" took place - Lifelong	Continuous maltreatment - No "distinct event" took place	ES-08-SWS-003-3412-3-007
30/06/2021 18:04	Continuous maltreatment - Including "distinct event(s)" - During the last 12 months	Continuous maltreatment - Including "distinct event(s)"	ES-CT-NGO-001-2351-3-006
30/06/2021 18:04	Continuous maltreatment - Including "distinct event(s)" - During the last 12 months	Continuous maltreatment - Including "distinct event(s)"	ES-CT-NGO-001-2351-3-006

Showing 61 to 66 of 66 entries

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First Previous 1



CONCLUSIONS: LESSONS LEARNED AND CHALLENGES

The overall conclusion is that the assessment of the pilot test is positive. Thus, despite the difficult conditions in which it has been developed, the pilot test has had satisfactory results, both in terms of confirming the potential of systems such as CAN-MDS, and in terms of identifying the challenges that need to be faced to achieve its objectives towards the unification of registration systems for better coordination and management of child abuse cases, with minimal data collection and overcoming the challenges involved in the protection of children's data.

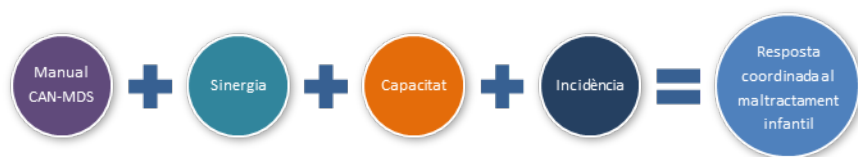
The data collected, together with those noted in this report on the evidence of cases in different sectors, reinforces the well-founded suspicion that there is a lack of coordination and underreporting of cases of child abuse even in areas such as Catalonia, where there is specific legislation, protocols, systems and consolidated mechanisms of care for child abuse.

The pilot test also confirmed the existence of a high level of saturation of services and reaffirmed the superior commitment of certain specialized agencies (IMSS). Thus, the contrast between the contributions of the professionals during the training seminars and their limited real involvement in the pilot test confirms what they themselves pointed out in the spaces for reflection: the overload of the services, the lack of resources and the need to improve the protocols for a coordinated approach to child maltreatment. On the other hand, the lack of involvement of specialized sectors with a key role in the attention to child abuse, confronts us with the need to work intensely to promote the changes promoted by CAN-MDS in terms of intersectoral coordination and the unification of the registry.

The majority involvement of agencies specialized in child maltreatment highlights the challenge of overcoming the unidimensional perspective of child maltreatment towards an integral and structural approach with all the agents involved.

Also, the difficulties in complying with the agreements by some of the agencies participating in the pilot test determine the need to reinforce the work at a deeper level and with appropriate approaches to the processes in projects of the CAN-MDS magnitude.

On the other hand, it is known that the territorial circumstances of each country configure very different scenarios when considering the implementation of systems such as CAN-MDS: in the case of Catalonia, the existence of registration systems has



possibly limited its assessment by several of the invited agencies, which finally did not join the pilot test due to, in addition to the factors referred to in this report, a possible "erroneous belief in the existence of control and effectiveness" in the approach to child abuse in Catalonia.

As for the sustainability of the system in Catalonia, it is currently not possible to maintain the continuity of the application as a system for recording cases, mainly due to the existence of proprietary systems in some sectors and protocols which, although it has been confirmed that they present challenges and needs for improvement, also require intense analysis work by those responsible at the political and administrative levels and by all the agencies involved to establish a clear priority for their review and improvement along the lines of systems such as CAN-MDS.

Thus, Catalonia, with its advanced position in terms of legislation, protocols, and registration mechanisms, has the potential to have traveled a necessary path that it can provide and contribute to the rest of European countries and, also, has the possibility of identifying the pending challenges and face them jointly with them.

Finally, it should be noted that it is essential to incorporate the information gathered in this and the other reports on the challenges faced in the project for the development of future proposals aimed at the implementation of systems such as CAN-MDS. And, last but not least, it is worth remembering that the apparent advanced position of territories such as Catalonia should be taken into account in the collaboration and networking initiatives at European level, as well as in the call for the involvement of policy makers, because, otherwise, there is a risk of moving towards improvement in territories with less presence and coverage of child protection systems, and leaving aside those that are in more advanced positions but still have challenges to face and improvements to achieve in addressing child maltreatment.