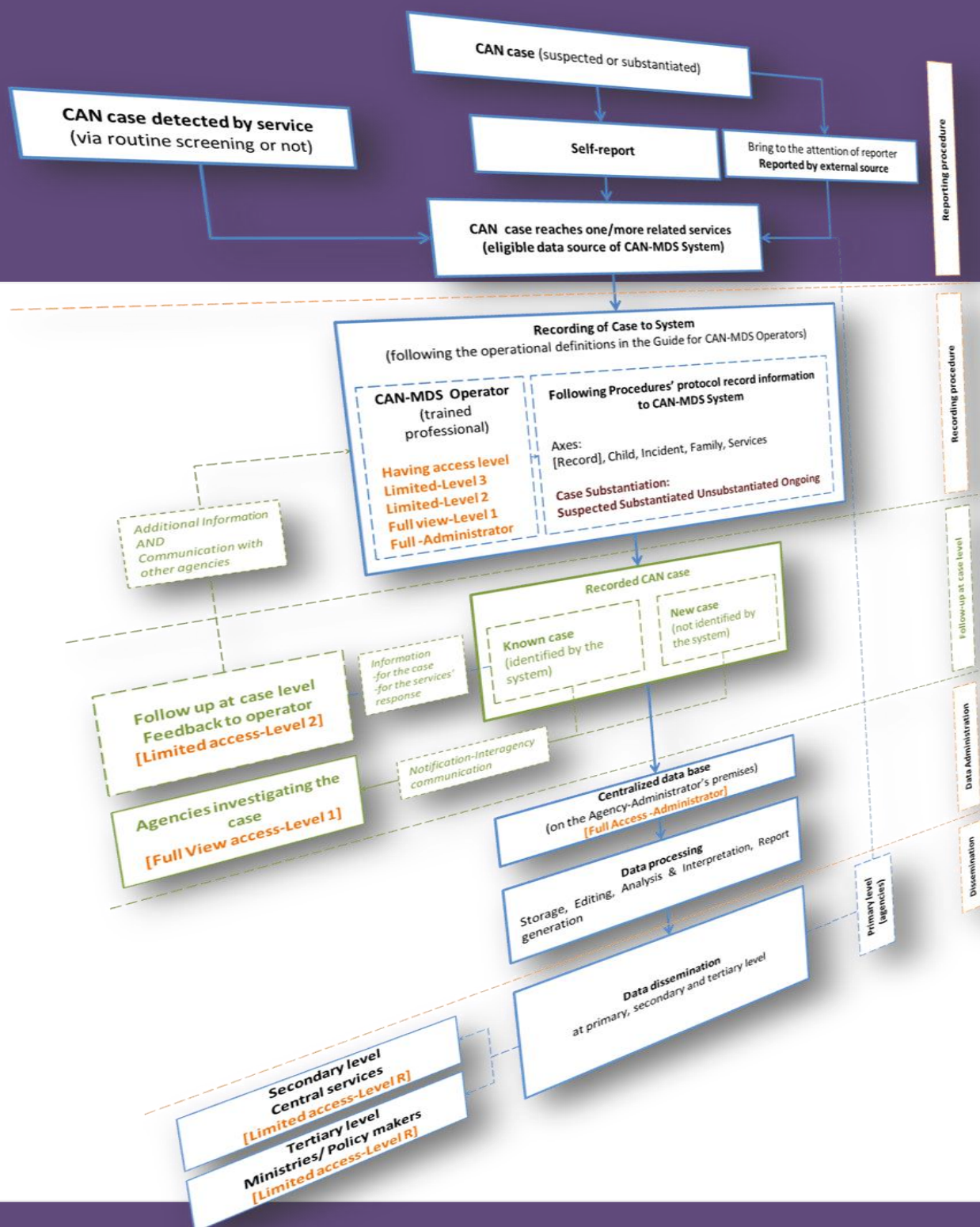
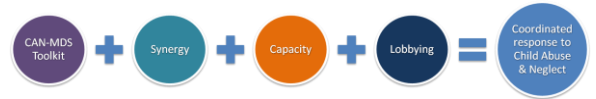




CAN-MDS

ADMINISTRATOR'S MANUAL





NOTE

This Manual is part of the Cypriot CAN-MDS Toolkit.

Andria Neocleous – Local Coordinator
Dr Sofia Leitao – Researcher
Christine Mavrou – National Administrator of CAN MDS II

This Manual is part of the Cypriot CAN-MDS Toolkit prepared in the context of the Action "Coordinated Response to Child Abuse & Neglect via Minimum Data Set: *from planning to practice*"

COORDINATING ORGANIZATION

Institute of Child Health, Department of Mental Health and Social Welfare - GREECE

George Nikolaidis, Project Leader

Athanasios Ntinapogias, Project Coordinator/Principal Investigator

Arieta Chouchourelou, Researcher-National CAN-MDS Administrator

Metaxia Stavrianaki, Researcher

Aggeliki Skoumbourdi, Researcher

Fotis Sioutis, Senior Software Developer

Babis Perdikoulis, IT Engineer Web Developer

PARTNERS' ORGANIZATIONS

State Agency for Child Protection – BULGARIA

Milena Anastasova, Local Coordinator

Sashka Velkova, State Expert

South West University "Neofit Rilski", Faculty of Public Health and Sport – BULGARIA

Vaska Stancheva-Popkostadinova, Scientific leader and Local Coordinator

Maya Tcholakova, Researcher

Hope for Children - CYPRUS

Andria Neocleous, Local Coordinator

Dr Sofia Leita, Researcher

Christine Mavrou, National CAN-MDS Administrator

Ministry of Labour and Social Insurance, Social Welfare Services - CYPRUS

Tapanidou Hara, Local Coordinator

Efthymiadou Marina, Researcher

Observatoire national de l'enfance en danger (GIPED) – FRANCE

Agnès GINDT-DUCROS, Global Project Manager

Anne-Lise STEPHAN, Local Coordinator

Michel ROGER, Computer Engineer

Elsie Joëlle MEHOB, Data Analyst

Claudine Burguet, Consultant

Departamentul de Asistență Socială și Medicală (DASM) – ROMANIA

Aura Diana Totelecan, Local Coordinator

Arianda Maneula Popa, Local Thematic Expert

Cristian Florin Iclodean Lazar, Local Administrator

Federatia ONG pentru copii (FONCP) – ROMANIA

Daniela Boșca-Gheorghe, Local Coordinator

Ivona Păun, Researcher

Babes-Bolyai University, Department of Sociology and Social Work – ROMANIA

Maria Roth, Local Coordinator

Gabriela Tonk, Researcher

Fundació AROA – SPAIN

Neus Pociello Cayuela, Local Coordinator

Joaquim Millan, Researcher

Expert on Ethical Issues

Andreas Jud, Ulm University-GERMANY

External Evaluator

Jenny Gray, UK

Table of Contents

Introductory note	6
e-CAN-MDS: Administrator's Interface	8
Creating New Agency's ID through the CAN-MDS application.....	9
View & Editing existing Agencies IDs through the CAN-MDS application.....	10
Creating New Operator's ID through the CAN-MDS application	11
View & Editing existing Operators' IDs through the CAN-MDS application.....	12
CAN-MDS Statistics: filters & data extraction	13
View & Editing Administrator's profile and translation of Administrator's and Operators' application	14
Notifications	15
Available material to download	15
Instructions for creating Agencies' IDs [DE_R1]	16
Instructions for creating Operators' IDs [DE_R2]	18
CAN-MDS off-line databases	20
A. National Administrative Authority's ID	20
B. Secondary Data for National CAN-MDS Inter-Sectoral Board.....	21
Inventory of Eligible Data Sources.....	21
Inventory of Eligible Professionals	22
DB 1. Secondary Data for Child (alleged) Victim	22
DB 2. Secondary Data for CAN-MDS Data Sources (Agencies/ Organizations/ Services).....	23
DB 3. Secondary Data for CAN-MDS Professionals-Operators.....	23
Working Files	24
WORKING FILE 1. COUNTRY AND SUBDIVISIONS' CODES (ISO 3166-1 & ISO 3166-2)	25
COUNTRY CODES (ISO 3166-1)	25
SUBDIVISION CODES (ISO 3166-2).....	25
WORKING FILE 2. Types of Agencies (Organization/Service)	26
WORKING FILE 3. CLASSIFICATION OF PROFESSIONAL SPECIALTIES (ISCO-08)	27
WORKING FILE 4. Operator's Level of Access	30
Recommended Data sources and corresponding level of access in CAN-MDS.....	32
Operator's ID within Agency	32

WORKING FILE 5. EDUCATION RELATED INFORMATION	33
WORKING FILE 6. MANDATORY AND RECOMMENDED VACCINATIONS.....	35
WORKING FILE 7. Secondary Data for Mandatory reporting of CAN	37
WORKING FILE 8. NATIONAL OMBUDSPERSONS	38
WORKING FILE 9. Matcing of CAN-MDS with existing systems (DSM-V, ICD-10 and ICD-9).....	39
ANNEX I: Off line databases_templates (.xlsx file)	44
ANNEX II: Tool for Definition of Eligibility Criteria for CAN-MDS Operators (.xlsx file).....	44
ANNEX III: Focus Group Protocol & Discussion Guide.....	44

Introductory note

In the context of the Action "CAN-MDS II", the National CAN-MDS Administrator¹ is responsible for the day-by-day administration of system's operation following the instructions by the Administrative Authority and in close collaboration with the Local Coordinator and National Inter-sectoral Board. Moreover, the National Data Administrator is responsible to follow up the CAN-MDS system; ensure that the system operates following the provisioned technical and organisational security measures²; maintain a record of processing activities; and notify the National Administrative Authority ('data controller') of any potential data breaches.

In the following pages specific practical information and step by step instructions are available for each aspect of the tasks that National CAN-MDS Administrator should take care during the project. Further information for the role of the National Data Administrator is included in the Data Processing Agreement (DPA) and the Appendix accompanying the agreement between National Administrative Authority and National Data Administrator.

¹ National CAN-MDS Administrator or '*data processor*' in the context of CAN-MDS is the natural person who processes the data on behalf of the data controller, following strict instructions

² As they set by design in the CAN-MDS System and described in the CAN-MDS Policy and Procedures Manual

Specific tasks of National Administrator(s)

CAN-MDS Data Sources-related

The National Data Administrator along with and/or on behalf of the National CAN-MDS Administrative Authority:

- a. Cooperates with National CAN-MDS Inter-sectoral Board (including active participation in meetings)
- b. Identifies eligible organizations-data sources and invites them to officially participate in CAN-MDS³
- c. Creates Organizations' accounts (on the basis of the pre-defined instructions⁴)
- d. Administrates Organizations' accounts (additions/updates/deletions)
- e. Maintains "CAN-MDS Data sources" accounts file
- f. Communicates with Organizations-data sources' Administrations, when necessary.

CAN-MDS OPERATORS-related

The National Data Administrator along with and/or on behalf of the National CAN-MDS Administrative Authority:

- a. Applies eligibility criteria to identify CAN-MDS Operators working in cooperating agencies in relevant sectors⁵
- b. Invites professionals to officially participate in CAN-MDS as *Operators*⁶
- c. Takes care of capacity building of potential Operators and provides them with the necessary material⁷
- d. Creates Operators' accounts (based on the pre-defined instructions, including assignment of access level)⁸
- e. Administrates eligible CAN-MDS Operators accounts (additions/updates/deletions)
- f. Maintains a "CAN-MDS Operators" accounts file
- g. Communicates with Operators, when required providing them with support on issues related to technical and operational aspects of the system (with the support of Local Coordinator and Project Coordinator, when needed)

CHILDREN-related DATA

The National Data Administrator on behalf of the National CAN-MDS Administrative Authority:

- a. Communicates with professionals, when a CAN incident is recorded in the system
- b. Maintains and administrates an *off line data base* containing children's personal data^{9,10}
- c. Creates and administrates pseudonyms of children involved in CAN incidents¹¹

ANONYMIZED AGGREGATED EPIDEMIOLOGICAL DATA

The National Data Administrator following instructions by the National CAN-MDS Administrative Authority:

- a. Extracts and edits disaggregated anonymized incidence data (CAN surveillance at public health level)¹²
- b. Collects quantitative data concerning inter-sectoral cooperation and qualitative information from Operators
- c. Collects qualitative & quantitative data on operational and other aspects of the System
- d. Participates in National Board meetings and prepares relevant reports¹³

The structure of this Manual is based on the main responsibilities of the National Data Administrator concerning the administration of a. data sources; b. operators; c. pseudonyms of children involved in CAN incidents (recorded by operators in the System); and d. anonymized, aggregated epidemiological CAN data.

³ By signing bilateral agreements

⁴ Via username & password protected System's Administrator Interface and on the basis of instructions included in *Working Files 1 & 6* of the *Methodology for cultural adaptation of national CAN-MDS Toolkit*

⁵ According to the customized national pilot plan

⁶ On the basis of a "consent form" (taking into account *Working file 10* of the *Methodology for cultural adaptation of national CAN-MDS Toolkits*)

⁷ On the basis of the revised *CAN-MDS Training Module and ready to use training material* and the *Training Evaluation Methodology & Tools*

⁸ Via username & password protected System's Administrator Interface and on the basis of instructions included in *Working Files 2, 9 and 11* of the *Methodology for cultural adaptation of national CAN-MDS Toolkits*

⁹ On the basis of instructions included in *Working File 7* of the *Methodology for cultural adaptation of national CAN-MDS Toolkits*

¹⁰ i.e. children involved in child abuse and/or neglect incidents

¹¹ Following the guidelines the *ISO 25237:2017 Health informatics – Pseudonymization* and following the process described in *Figure Steps to be followed for obtain a Child's ID (pseudonym) of the Master Operator's Manual* (p.35, 36).

¹² By using the username & password protected System's Administrator Interface functions

¹³ As provisioned in GA, D4.1-D4.4

e-CAN-MDS: Administrator's Interface

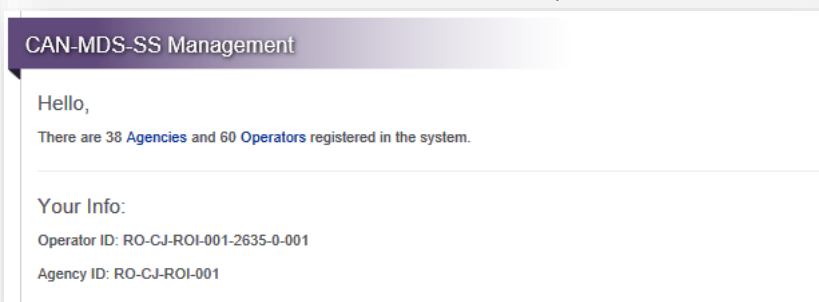


The login screen features a header with a navigation bar containing icons for 'CAN-MDS System', 'System', 'Capacity', 'Lobbying', and 'Coordinated Response to Child Abuse & Neglect'. Below the navigation bar, there are input fields for 'Username' and 'Password', and a 'Login' button. The footer displays the copyright notice '© can-mds 2014-2019'.

To login e-CAN-MDS Administrator's interface, go to www.test6.netwer.gr, enter **Username** and **Password** and press **Login**

Note: The following introductory screen will appear providing information on

- the number of Agencies and Operators in the system at the specific moment (auto-updated)
- ID information of the Administrator
- ID information of the National Administrative Authority

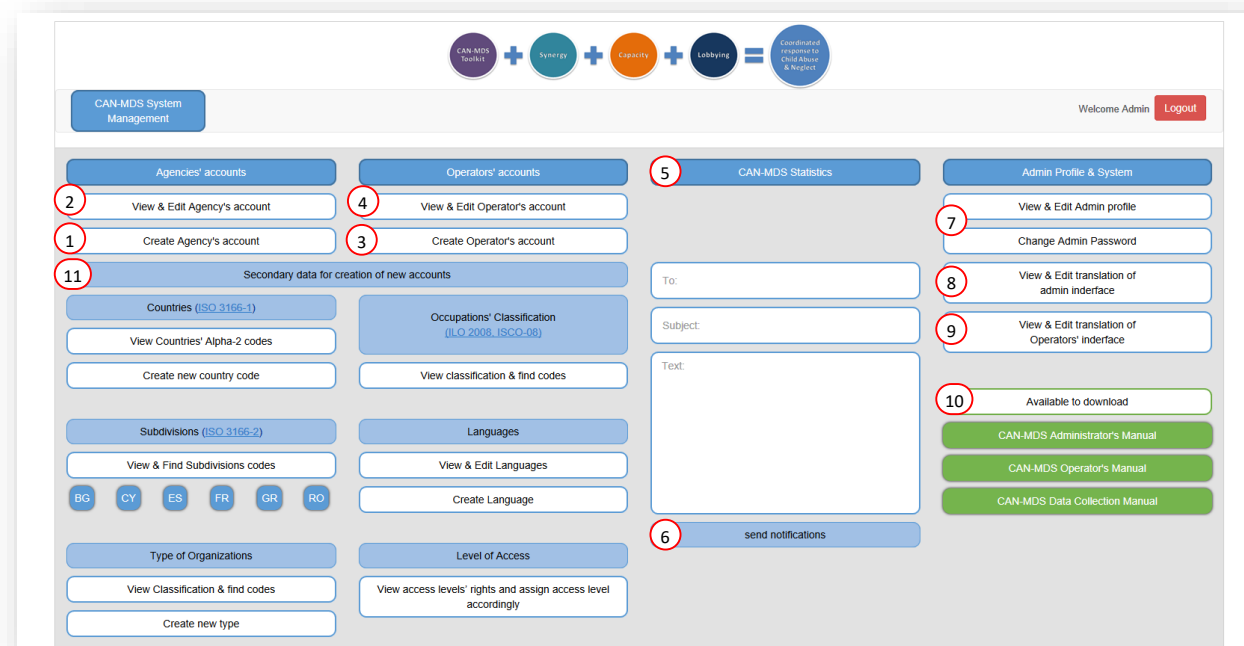


The introductory screen is titled 'CAN-MDS-SS Management'. It displays a greeting 'Hello,' followed by system statistics: 'There are 38 Agencies and 60 Operators registered in the system.' Below this, the 'Your Info:' section shows the user's details: 'Operator ID: RO-CJ-ROI-001-2635-0-001', 'Agency ID: RO-CJ-ROI-001', and 'Phone:'.

CAN-MDS System Management

By clicking in the button "CAN-MDS System Management", the Administrator's menu appears (see below). Through this interface National Administrator is able to:

- 1 Create new Agencies' accounts
- 2 View and edit existing Agencies' accounts
- 3 Create new Operators' accounts
- 4 View and edit existing Operators' accounts
- 5 Extract statistics
- 6 Send notifications to Operators
- 7 View and edit Administrator's profile and password
- 8 View and edit translation of administrators interface
- 9 View and edit translation of Operators' interface
- 10 Download basic documents (in pdf format)
- 11 Lastly, all necessary data for tasks 1-4 are available



The dashboard is titled 'CAN-MDS System Management' and includes a 'Welcome Admin' message and a 'Logout' button. It is organized into several sections:

- Agencies' accounts:** Includes buttons for 'View & Edit Agency's account' (2), 'Create Agency's account' (1), and 'Secondary data for creation of new accounts' (11). The secondary data section includes 'Countries (ISO 3166-1)' with 'View Countries' Alpha-2 codes and 'Create new country code', and 'Subdivisions (ISO 3166-2)' with 'View & Find Subdivisions codes'. There are also buttons for 'BG', 'CY', 'ES', 'FR', 'GR', and 'RO'.
- Operators' accounts:** Includes buttons for 'View & Edit Operator's account' (4), 'Create Operator's account' (3), and 'Occupations' Classification (ILO 2008, ISCO-08)' with 'View classification & find codes'.
- Languages:** Includes 'View & Edit Languages' and 'Create Language'.
- Level of Access:** Includes 'View access levels' rights and assign access level accordingly' and 'Create new type'.
- CAN-MDS Statistics:** Includes a 'send notifications' button (6) and a form for sending notifications with fields for 'To:', 'Subject:', and 'Text:'.
- Admin Profile & System:** Includes buttons for 'View & Edit Admin profile' (7), 'Change Admin Password', 'View & Edit translation of admin interface' (8), 'View & Edit translation of Operators' interface' (9), and 'Available to download' (10). The download section includes links for 'CAN-MDS Administrator's Manual', 'CAN-MDS Operator's Manual', and 'CAN-MDS Data Collection Manual'.

Creating New Agency's ID through the CAN-MDS application

Agencies' accounts

View & Edit Agency's account

Create Agency's account

Press this button to create a new Agency's account

Edit Agency

Country *

Subdivision

type_of_organization *

Three Digit ID Number

Agency Name *

Street Name

Street Number or Plot

Post Code

Town

Phone

E-mail

Edit

Country: Select the country where the Agency is located from the drop-down menu (2-digit ISO code will auto-completed)

Subdivision: Fill-in the code of geographical subdivision where the Agency is located; you can find the subdivision code following the link corresponding to the country where Agency is located.

Example: Let's suppose you are looking for code of Blagoevgrad, BG

→ From the subdivisions menu click **BG**

→ The online browsing platform (for Bulgaria) will open



→ Scroll down to **Subdivision category** and find the 3166-2 code

Subdivision category	3166-2 code	Subdivision name
district	BG-01	Blagoevgrad
district	BG-02	Burgas

Type of Organization: select the appropriate type of the specific Agency from drop-down menu.

TIP: In case the type of organization is not included in the list (e.g. is a country specific type), you can add the new type by using the option "Create new type"

Type of Organizations

View classification & find codes

Create new type

Three digit ID Number: Numbering the Agency (001, 002, ..., 014, ..., 123...)

TIP: Last ID number is shown in the introductory page (in the example next ID number would be 039)

CAN-MDS-SS Management

Hello,

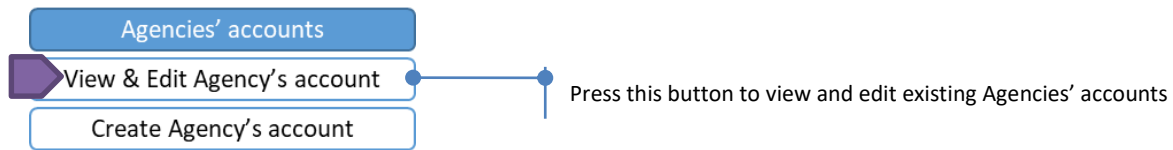
There are 38 Agencies and 60 Operators regist

Agency's Name, postal address and contact details: Record full Agency's name, street name and number (or plot), post code, town, phone number and an email address.

Once the above fields are completed click "Edit" in order for the new Agency's Account to be added in the database. Editing is possible, as explained below.

See also: Agency's ID-Examples
(page 17)

View & Editing existing Agencies IDs through the CAN-MDS application



CAN-MDS System Management

Welcome Admin Logout

Edit Agency

Show 10 entries

Agency ID	Agency's Name	Street Name	Street Number	Post Code	Town	Phone	E-mail	Edit	Delete
GR-A1-ROI-001	Institute of Child Health, Department of Mental Health and Social Welfare	Fokidos	1	11627	Athens	+302107715791	ich_dos@otenet.gr		

Click "Edit" to update or correct existing Agency's information (the following window will open)
⇒ **Note:** any piece of information can be modified apart from Agency ID

CAN-MDS System Management

Welcome Admin Logout

Edit Agency GR-A1-ROI-001

Agency ID
GR-A1-ROI-001

Agency Name *
Institute of Child Health, Department of Mental Health and Social Welfare

Street Name
Fokidos

Street Number or Plot
1

Post Code
11627

Town
Athens

Phone
+302107715791

E-mail
ich_dos@otenet.gr

Edit

Change Password
New Password

Set

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Creating New Operator's ID through the CAN-MDS application

Operators' accounts

View & Edit Operator's account

Create Operator's account

Press this button to create a new Operator's account

Edit Operators

Agency
Select the Agency where the Operator works from the drop-down menu
Note: Agency's ID is a prerequisite for the creation of Operator's ID

Occupation *
Select the professional specialty of the Operator from the drop-down menu (writing in the field you may find in an easier way the specialty); ILO ISCO-08 code will be auto-completed
TIP: Occupation code can be also found through the "View classification & find codes" where the full list of occupations and codes is available
[Occupations' Classification \(ILO 2008, ISCO-08\)](#)
[View classification & find codes](#)

Access Level
Choose the appropriate access level from the drop-down menu
TIP: Information on rights of users per access level are available in the main menu, by clicking the next button
[Level of Access](#)
[View access levels' rights and assign access level accordingly](#)

Three Digit ID Number(Operator)
Number of Operator WITHIN the Agency, as it is possible to have more than one operators in the same agency (001, 002...)

Name
Record Operator's name, phone number and an email address

Username
Record a short username that the Operator will use to enter the system and a password with at least 5 digits.

Language
Choose the default CAN-MDS language for the specific Operator from the drop-down menu (currently CAN-MDS is available in 9 languages)

Phone
Record Operator's phone number

E-mail
Record Operator's email address

Password
Record a password with at least 5 digits.

Note: Operator can change the password from the Operator's Panel> My account> Change password

Edit

Once the above fields are completed click "Edit" in order for the new Operator's Account to be added in the database. Editing is possible, as explained below

See also: Operator's ID-Examples
(page 19)

View & Editing existing Operators' IDs through the CAN-MDS application

Operators' accounts

View & Edit Operator's account

Create Operator's account

Press this button to view and edit existing Operators' accounts; the following window will open

The screenshot shows the 'CAN-MDS System Management' interface. At the top, there's a navigation bar with 'CAN-MDS System Management' and a 'Welcome Admin Logout' button. Below this is a section titled 'Edit Operators'. It includes a 'Show 10 entries' dropdown and a search bar with 'gr' entered. A table lists operators with columns: Operator ID, Occupation, Access Level, Three Digit ID Number (Operator), Name, Username, Language, Phone, E-mail, Edit, and Delete. The first operator is GR-A1-ROI-001-2634-0-005, with Occupation 2634, Access Level 0, Three Digit ID Number 005, Name Athanasios Ntinapogias, Username sakis, Language el_GR, Phone +302107715791, and E-mail ntinapogias@ich-mhsw.gr. The 'Edit' button for this operator is circled in red.

Operator ID	Occupation	Access Level	Three Digit ID Number (Operator)	Name	Username	Language	Phone	E-mail	Edit	Delete
GR-A1-ROI-001-2634-0-005	2634	0	005	Athanasios Ntinapogias	sakis	el_GR	+302107715791	ntinapogias@ich-mhsw.gr		



Click "Edit" to update or correct existing Operator's information (the following window will open)

⇒ **Note:** any piece of information can be modified apart from Operator's ID

The screenshot shows the 'Edit Operators GR-A1-ROI-001' form. It includes fields for Operator's ID (GR-A1-ROI-001-2634-0-005), Name (Athanasios Ntinapogias), Username (sakis), Language (Greek), Phone (+302107715791), and E-mail (ntinapogias@ich-mhsw.gr). There is also a 'Change Password' section with a 'New Password' field and a 'Set' button. An 'Edit' button is at the bottom left.

Operator's ID: GR-A1-ROI-001-2634-0-005

Name: Athanasios Ntinapogias

Username: sakis

Language: Greek

Phone: +302107715791

E-mail: ntinapogias@ich-mhsw.gr

Change Password

New Password:

Set

Edit

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CAN-MDS Statistics: filters & data extraction

CAN-MDS Statistics

Statistics: Extraction of CAN-MDS case-based data can be done through the operation “CAN-MDS Statistics”; by clicking the button the following menu will appear

Statistics

Search incidents by using the following filters and their **Period of RECORDS**

08/07/2019

📅

09/06/2019

📅

Type of abuse * None selected

Sex None selected

Search

Filters: Three basic filters are available to define the data to be extracted

Time period: allows the extraction of data for a specific time period by choosing start and end date from the respective calendars

Type of abuse: allows the extraction of data for one, more than one or all types of abuse by selecting of the drop-down menu

Sex: allows the extraction of data for part or all cases depending on childrens’ sex by selecting from the drop-down menu

Search: by clicking “search” once filters are set, an overview of the eligible (based on the filters) cases appears (as below) and an excel file including all relevant information is prepared and available for downloading

Example of the overview of eligible cases

Incident ID	Recorded by Agency	Date-Time of Record	Child's Sex
000000000111-20170214-184436	RO-CJ-ROI-001	2017-02-14 [18:44]	Male
01-20151209-74850	IT-FI-ROI-001	2015-12-09 [7:48]	Male
053278-20151013-180618	DE-BW-ROI-001	2015-10-13 [18:06]	Female
1-20151015-114708	DE-BW-ROI-001	2015-10-15 [11:47]	Not known
1-20151015-115030	DE-BW-ROI-001	2015-10-15 [11:50]	Not known
1000-20190124-180907	RO-CJ-ROI-001	2019-01-24 [18:09]	Female
11-20150729-232837	GR-A1-ROI-001	2019-04-25 [16:06]	Other
11-20150730-00151	GR-A1-ROI-001	2015-12-08 [23:51]	Other
1111111-20190408-200335	GR-A1-ROI-001	2019-04-08 [20:03]	Male
123-20170914-115037	GR-A1-ROI-001	2017-09-14 [11:50]	Male

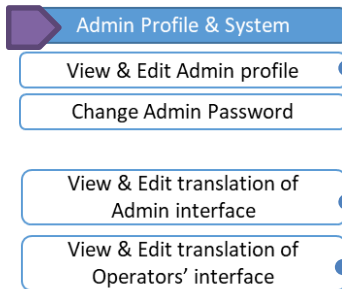
Showing 1 to 10 of 47 entries

Excel (.xlsx)

Example of the excel file

CHILD (ALLEGED) VICTIM									
(this information derives from the app)				(this information derives from the admin interface)					
R1: Agency's ID [12]	R2: Operator's ID [13]	R3: Date of Record [YYYY-MM-DD] [14]	R4: Source of Information [15]	Geographic Division [16]	Type of organization - data source [17]	Operator's specialty [18]	Operator's level of access [19]	C1: Child's ID [20]	C2: Child's Sex [C2_01] male [C2_02] female [C2_03] other [C2_04] not known
GR-A1-ROI-001	GR-A1-ROI-001-251-0-000	2015-07-30 00:20	Unspecified	A1	ROI	251	0	GR1476405679	Yes
GR-A-SWS-010	GR-A-SWS-010-2634-1-111	2019-06-21 19:07	Other	F1	ROI	2634	0	GR1476405680	Yes
GR-A1-ROI-001	GR-A1-ROI-001-2120-2-007	2015-07-29 23:55	Identified (via routine screening)	A1	ROI	2120	2	GR1476405681	Yes
GR-A1-ROI-001	GR-A1-ROI-001-2120-2-007	2015-07-29 23:55	Identified (via routine screening)	A1	ROI	2120	2	GR1476405682	Yes
GR-A1-ROI-001	GR-A1-ROI-001-2634-1-003	2015-10-29 20:30	Anonymous reporter	A1	ROI	2634	1	GR1476405683	Yes
GR-A1-ROI-001	GR-A1-ROI-001-2634-1-003	2015-10-29 20:30	Anonymous reporter	A1	ROI	2634	1	GR1476405684	Yes
BG-01-ROI-001	BG-01-ROI-001-2112-0-001	2015-07-30 13:36	Unspecified	G1	ROI	2112	0	GR1476405685	Yes
GR-A1-ROI-001	GR-A1-ROI-001-2634-1-003	2015-09-24 19:43	Parent /foster parent/ parent's partner/ care provider	A1	ROI	2634	1	GR1476405686	Yes
FR-75-RSS-001	FR-75-RSS-001-2632-0-001	2015-08-05 20:15	Relative (siblings, grandparents, etc.) living with the d	75	RSS	2632	0	GR1476405687	Yes
GR-A1-ROI-001	GR-A1-ROI-001-2634-1-003	2015-08-19 16:15	Relative (siblings, grandparents, etc.) living with the d	A1	ROI	2634	1	GR1476405688	Yes
GR-A1-ROI-001	GR-A1-ROI-001-2634-1-003	2015-08-19 16:15	Relative (siblings, grandparents, etc.) living with the d	A1	ROI	2634	1	GR1476405689	Yes
BG-01-ROI-001	BG-01-ROI-001-2112-0-001	2015-08-21 07:53	Child (alleged) victim	G1	ROI	2112	0	BG1234567890	Yes
DE-BW-ROI-001	DE-BW-ROI-001-2634-0-001	2015-08-27 12:33	Parent /foster parent/ parent's partner/ care provider	BW	ROI	2634	0	AM281111	Yes

View & Editing Administrator's profile and translation of Administrator's and Operators' application



Through these buttons the National Administrator is allowed to view and edit the account details (name, contact details, default language –see below) as well as to change the password of the Administrator's account

Edit Profile

Email *
info@network.gr

Name *
Admin

language
English

Edit

Language: Select the default CAN-MDS language for the National Administrator from the drop-down menu.

Note: new languages can be added; translation from English is allowed through the "View & Edit translation of Admin interface")

Change Password

New Password

Edit

Change password: Periodical change of password is suggested as an additional security measure

The original version of the CAN-MDS Administrator's interface is available in English and can be used as it is in all countries.

Through **View & edit translation of Administrator's interface** Administrator's interface can be easily translated in national language in order to make the application more user-friendly. By clicking this button a page opens (as below) allowing the translation of each single term from English to national language.

Admin Translation

English	
Access Level	
Admin Translation	
against self	
Agencies	

The original version of the CAN-MDS Operator's interface is available in English and can be used as it is in all countries.

Through **View & edit translation of Operator's interface**, interface of CAN-MDS application for the Operators can be easily translated from English into any national language in order to make the application more user-friendly. By clicking the respective button a page opens (as below) allowing the translation or correction of translation of each single term. Although each Operator's account is connected with a default language (usually the national one), Operator has the ability to change language after login.

Admin Translation

language
Greek

Select

Operator's id	
Agency	
Date of Record	
Information provided by	

Notifications

Notifications: through this tool National Administrator will be able to send notifications to operators in their email accounts.

A notification can be general information/news addressed to all operators (send to all) or information related to a specific case or a specific operator or agency (and, therefore, it shall be sent to the specific operator).

Note: Operators will be able to see the notifications within the CAN-MDS application, in Operator's Panel > my current cases > Information.

Date of Record	Subject	Message
06-10-2015 10:45:51	Send 1	Send 1
06-10-2015 10:45:56	Send 2	Send 2
06-10-2015 10:45:58	Send 3	Send 3

By clicking into "To: " field, the next menu will open allowing the Administrator to select the who will be the recipients of a specific notification (all, one, or multiple)

Fields to add "subject" and "text" of notification

By clicking "send notifications" a message will appear either confirming sent or informing that something went wrong.

Your notifications sent successfully!

Your notifications not sent. Something went wrong.

By clicking "view all notifications" a full history of all notification sent through this tool will appear; notifications can be sorted by date; subject; text; agency name; and email account.

Date	Subject	Text	Agency Name	Email Account
06-10-2015 10:45:51	Send 1	Send 1	Agency 1	Email 1
06-10-2015 10:45:56	Send 2	Send 2	Agency 2	Email 2
06-10-2015 10:45:58	Send 3	Send 3	Agency 3	Email 3

Available material to download

- Available to Download
- CAN-MDS Administrator's Manual
 - CAN-MDS Operator's Manual
 - CAN-MDS Data Collection Protocol

Downloadable files: In order to facilitate the National Administrator, the main manuals and the data collection protocol will be readily available within the administrator's CAN-MDS application



Welcome Admin Logout

Logout: National Administrator can exit the application by clicking the logout button.

Note: When the Administrator's account remains active but without any activity for a 15' period, the application will be disconnected automatically for security reasons.

Examples: Agency's ID

Instructions for creating Agencies' IDs [DE_R1]

ID format	Instructions 9 or 10-digit CODE (depending on country) formulated as follows: + Country abbreviation (2 letters) ¹⁴ (see CAN-MDS Admin app and Annex IA) + Subdivision abbreviation (1 or 2 letters/numbers) ¹⁵ (see CAN-MDS Admin app and Annex IB) + Organization/Service Type (3 letters) (see CAN-MDS Admin app and Annex IC) + Organization/Service Number (3 digits) (see CAN-MDS Admin app and Annex ID)
Prerequisites	A detailed mapping of all related agencies on the basis of the information to be collected in the STEP A of the tool for the definition of eligibility criteria for CAN-MDS operators, including basic information on the type of service (such as health, mental health, social welfare etc.).
Secondary information needed:	Agencies' contact details a. necessarily email to be used in DE_18 for auto-notifications based on the referral(s) made by the Operator's Agency b. further contact details (telephone number(s), address) for the Annex I of the national version
Expected outcomes:	Two lists are expected to be developed: 1 st list will include all eligible agencies to be involved in the system along with contact details. 2 nd list will include all eligible agencies with their codes. Only System's Administrator will have access in this list including paired "Agency-Code".
NOTE	Agencies' IDs will also be used for the formulation of Operator's ID working in the respective agencies (as 1 st part).

Eligible Agencies to be involved in CAN-MDS and to be used as data sources for a CAN-MDS Surveillance system are expected to belong in the following fields:¹⁶

Fields related to CAN-cases administration	Eligible in the following countries	
Child Protection Services/ Social Welfare Services	BE-BG-CH-DE-ES-FR-GR-IT-RO	Relevant agencies/ organizations are eligible in all countries
Physical Health Care Services (primary, secondary & tertiary)	BE-BG-CH-DE-ES-FR-GR-IT-RO	
Judicial Services	BE-BG-CH-DE-ES-FR-GR-IT-RO	
Accredited NGOs/ Community Organizations	BE-BG-CH-DE-FR-GR-IT-RO	Relevant agencies/ organizations are eligible in most of the countries
Mental Health Services	BE-BG-DE-FR-GR-IT-RO	
Law Enforcement related Services	BE-BG-CH-ES-FR-GR-IT	
Educational Services (preschool, primary & secondary)	BE-BG-DE-ES-FR-GR-RO	
Already existing registries/monitoring mechanisms	BE-BG-DE-ES-FR-RO	
Research Organizations/ Institutions	BE-BG-DE-FR	Relevant agencies/ organizations are eligible in some countries
Independent Authorities (such as Child Ombudsman)	BE-FR-GR	
Other	BE-ES-RO	

¹⁴ ISO 3166-1. Codes for the representation of names of countries and their subdivisions (part of the ISO 3166 standard published by the International Organization for Standardization)

¹⁵ ISO 3166-2. Country subdivision code (part of the ISO 3166 standard published by the International Organization for Standardization)

¹⁶ See Report: WS3_D2. Eligibility criteria for CAN-MDS Operators' Core Groups and Expanded Groups (2015). Athens: Institute of Child Health

Examples

Agency's Identity	Agency's Identity Data Elements				Agency	TIP: Readily available information deriving from the DE_R1 to be used: * From a public health perspective <i>-to periodically measure incidence of CAN and its specific forms based on data deriving from services' responses to CAN cases</i> <i>-per sector and service, at both, local and national level</i> For case-level administration <i>-to operate as a communication channel among sectors involved in administration of CAN cases</i> <i>-to facilitate follow-up at case-level</i>
	Country ISO 3166-1	Subdivision ISO 3166-2	Type of Service/ Organization (CAN-MDS)	3-digit ID NUMBER		
CY-01-SWS-001	CY	01	SWS	001	Social Welfare Services, Ministry of Labour and Social Insurance - Cyprus	1 st Cypriot Agency "Social Welfare Services" in subdivision [district (en) / district (fr) / eparchia (el) / kaza (tr)] of Lefkosia in Cyprus
CY-01-CPS-002	CY	01	CPS	002	'Hope For Children' CRC Policy Center - Cyprus	2 nd Cypriot Agency "Child Protection Services" in subdivision [district (en) / district (fr) / eparchia (el) / kaza (tr)] of Lefkosia in Cyprus

* To collect data on which services receive/detect CAN referrals and are involved in administration of cases at both, local and national level. On the basis of the data that will be collected via this variable, the established network of agencies administrating CAN cases and working with maltreated children and their families will be outlined. This information would also be useful for future improvement of the criteria for eligible fields/ services to be included or excluded in the CAN-MDS as data-sources.

Moreover, knowing the identity of services involved in case administration could be useful for policy makers as a baseline for assessment of services' needs (at local and national level) for prioritising the allocation of resources mainly for secondary and tertiary prevention of child maltreatment; furthermore, by profiling the route of case administration and the practices applied, they can strengthen potential synergies and work towards the adoption of agreements or protocols to facilitate agencies' cooperation and subsequently cases' administration.

Examples: Operator's ID

Instructions for creating Operators' IDs [DE_R2]

ID format	Instructions 17 or 18-digit CODE (depending on country specifics) formulated as follows: + 9 or 10-digit Agency's ID (DE_R1) + Operators Professional Specialty: 4-digit based on ILO (2007) ¹⁷ (see CAN-MDS Admin app) + 1 digit for the Access level (See CAN-MDS Admin app and Annex IIB) + 3-digit number indicating individual professionals working in the same Agency.
Prerequisites:	In order for a Professional to become Operator of CAN-MDS systems, s/he should: a. to fulfill the pre-defined eligibility criteria, namely to belong in one of the eligible groups of professionals ¹⁸ (see Annex IIC) b. to previously successfully attend the workshop for "CAN-MDS"
Secondary information needed:	Operator's contact details a. necessarily email and telephone number to be used for further communication with the Administrator b. further contact details (such as address) will be already available in the Annex I of the national version
Expected outcome:	A list is expected to be developed that will include all Operators to be involved in the system along with their codes and contact details. Only System's Administrator will have this list.
NOTE	Given that Operator's ID includes the Agency's ID, information on where the Operator works (geographically, specific agency, type of agency and agency's contact details) will be readily available.

Examples of eligible professionals' specialties to be involved in CAN-MDS as Operators per working field:¹⁹

Working field	Professional specialties
Welfare	Social Workers, Health Visitors, Care providers in institutions, other personnel (e.g. working in antitrafficking agencies, directorates for disability, Child Ombudsman etc.)
Justice	Judges (family courts, juvenile courts), Probation Officers, Public Prosecutors, Forensic surgeons' professionals, Lawyers, other justice related professions)
Health	Medical Doctors (general doctors and specialized doctors such as gynecologists, pediatricians, orthopedists, and radiologists), Midwives, Nurses, and Dentists
Mental health	Child-Psychiatrists, Psychiatrists, Psychologists, Licenced Counsellors (Youth Counsellors, Family Counsellors, etc.)
Law enforcement	Police Officers (in general and specialized police investigators e.g. in forensic interviews, for crimes against minors etc.)
Education	Teachers/Educators (pre-school, kindergarden, primary and secondary education, for children with special needs), School Principals / public & private schools
Other fields	Researchers, Data administrators, other school personnel (e.g. school guardians), other Public officials (e.g. ministries' employees), other NGOs personnel (e.g. above mentioned professional specialties,volunteers)

¹⁷ International Labour Organization. Resolution Concerning Updating the International Standard Classification of Occupations. Adopted at the Tripartite Meeting of Experts on Labour Statistics, 6 December 2007. (available at <http://www.ilo.org/public/english/bureau/stat/isco/isco08/>)

¹⁸ WS3 WS3 Creating Synergies; Activity 1 *Developing of eligibility criteria for the creation of national CAN-MDS Operators' Core Groups (in the context of the project) and of national Expanded Groups (to be included into national policy manuals); WS3 D3.1 Eligibility criteria for CAN-MDS Operators' Core Groups and Expanded Groups*

¹⁹ See Report: WS3_D2. Eligibility criteria for CAN-MDS Operators' Core Groups and Expanded Groups (2015). Athens: Institute of Child Health

Examples (please note that in the examples below the professional background is taken into account and NOT the academic title)

Operator's ID 17 or 18 digit code	Operator's Identity Data Elements				Operator	<p>Readily available information deriving from the DE_R2 to be used*</p> <p>From a public health perspective</p> <ul style="list-style-type: none"> - To outline the administrative practices applied for CAN cases, especially the groups of professionals involved in services' responses to CAN cases <p>For case-level administration</p> <ul style="list-style-type: none"> - To operate as a communication channel among professionals working in the same or different sectors and are involved in administration of common CAN cases - to facilitate follow-up at case-level
	Agency's Identity	Operator's Occupation Classification ISC08	Level of access	3-digit ID NUMBER		
BG-23-CPS-001-2635-1-001	BG-23-CPS-001	2635	1	001	[National Coordinator's name]	Social Worker with level of access 1 (Full Access), 1 st professional working in 1 st Bulgarian Agency "Child Protection Services" in subdivision [region (en) / oblast (bg)] of Sofia in Bulgaria
BG-01-ROI-002-2212-2-001	BG-01-ROI-002	2212	2	001	[Operator's name]	Psychiatrist with level of access 2 (Restricted Access), 1 st professional working in the 2 nd Bulgarian Agency "South West University "Neofit Rilski", Faculty of Public Health and Sport" in subdivision [région (fr) / region (en) / oblast (bg)] of Blagoevgrad in Bulgaria

ID	The identity belongs to a professional who is
BG	working in Bulgaria
23	in Sofia region
CPS	in child protection services
001	specifically in State Agency for Child Protection
2635	s/he is a Social Worker
1	s/he has full access in the system (so is the Administrator)
001	s/he is the first professional of the specific organization in the CAN-MDS system

ID	The identity belongs to a professional who is
BG	working in Bulgaria
01	in Blagoevgrad region
ROI	In a research institute or organization
002	Specifically in South-West University
2212	s/he is a psychiatrist
2	s/he has access level 2 (s/he is an Operator)
001	s/he is the first professional from the specific organization in the CAN-MDS system

* To collect data on the professional background of "professionals-operators" who are involved in receiving referrals/ detect cases, recording of cases and involved in case administration in order to map their "responsibilities". These data could be useful for agencies' administrators and policy makers for assessing the educational needs of the different groups of professionals who are mainly involved in the administration of CAN cases. Moreover, this information would also be useful for future improvement of the eligibility criteria for potential CAN-MDS operators.

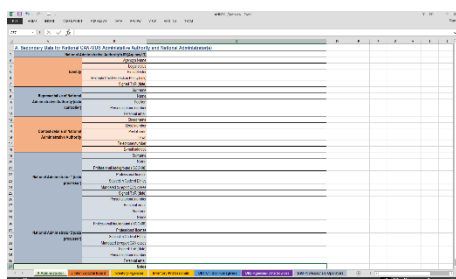
CAN-MDS off-line databases

The following files consist databases that should be kept by the National Administrative Authority separately from the online CAN-MDS System (in the context of Pseudoanonymization). Databases and data to be collected are included in the file “CAN-MDS off-line databases”. Although this file is provided in .xlsx format, National Administrators can prepare their own files in other formats (e.g. .mdb)

CAN-MDS off-line databases description

First two databases (in the .xlsx file sheets A and B) include information for the identity of the National Administrative Authority and Administrator(s), and for the Members of the National CAN-MDS Inter-Sectoral Board respectively:

A. National Administrative Authority's ID



Data to be collected for the “Identity of National CAN-MDS Administrative Authority and the Administrator(s)” database	
Identity	Agency's Name
	Legal status
	Field/ Sector
	Available Child Protection Policy (link)
	Signed ToR (date) [template is needed]
Representative of National Administrative Authority (data controller)	Surname
	Name
	Position
	Personal phone number
	Personal email
Contact details of National Administrative Authority	Street name
	Street number
	Postal code
	Town
	Telephone number
	E-mail address
National Administrator 1 (data processor)	Surname
	Name
	Professional background (ISCO-08)
	Professional license
	Subject in Code of Ethics
	Mandated to report CAN cases
	Signed ToR (date) [template is needed]
	Personal phone number
National Administrator 2 (data processor) <i>[further Administrators can be added]</i>	Personal email
	Surname
	Name
	Professional background (ISCO-08)
	Professional license
	Subject in Code of Ethics
	Mandated to report CAN cases
	Signed ToR (date) [template is needed]
Notes	Personal phone number
	Personal email

B. Secondary Data for National CAN-MDS Inter-Sectoral Board

Data to be collected for the “Secondary Data for National CAN-MDS Inter-Sectoral Board Members” database	
Identity	Surname
	Name
Professional background, position in Agency and contact details	ISCO-08
	Position
	Personal phone number
	Personal email
Agency and Sector the Board Member represents	Agency's ID
	Agency's Name
	Legal status
	Field/ Sector
Agency's Contact details	Street name
	Street number
	Postal code
	Town
	Telephone number
	E-mail address
Signed ToR	Yes/No [template is needed]
	(if yes) date
Notes	

Next two databases (*Inventories*) are preparatory supportive documents continuously updated by the Administrator with the aim to create a pool of eligible organizations-potential data sources for the CAN-MDS as well as a pool of eligible professionals-potential operators for the system. To develop these inventories National Administrator is suggested to apply the methodology described in the report “*Methodology for define eligibility criteria for CAN-MDS Data Sources & Operators' Groups*” and use the respective tool. Through these inventories multisectoral Agencies-Data Sources and multidisciplinary professionals-Operators will be identified and be invited to contribute in the system with the support of the Intersectoral Board members by signing bilateral agreements and consent forms respectively. Those Agencies and Professionals that will join the system will be included in the DB2 and DB3 respectively.

Inventory of Eligible Data Sources

Data to be collected for the “Inventory of Eligible Agencies”	
Identity	Agency's Name
	Legal status
	Field/ Sector
Contact details	Street name
	Street number
	Postal code
	Town
	Telephone number
	E-mail address
Bilateral agreement	sent (Yes/No) [template is needed]
	(if yes) date
Notes	

Inventory of Eligible Professionals

Data to be collected for the “Inventory of Eligible Professionals”	
Identity	Surname
	Name
Professional background	ISCO-08
	Subject in Code of Ethics (yes/no)
	Available license (yes/no/na)
Contact details	Direct/personal phone
	Personal e-mail
Agency where s/he works	Agency's Name
	Town
	Telephone number
	E-mail address
Invitation	sent (yes [date]/no) [template is needed]
Level of access	
Notes	

Last three databases include secondary data and identifiers that are NOT included in the CAN-MDS system for security and confidentiality reasons for 1. children (alleged) victims involved in CAN incidents that are recorded in the system by the Operators, 2. the professionals-operators and 3. the agencies/ organizations/ services where operators are working.

DB 1. *Secondary Data for Child (alleged) Victim* is a database of crucial importance as this is going to be the sole document connecting subject of incidents of CAN-MDS System to involved persons (children, caregivers) identities in terms of pseudonymization.

Databases 2 and 3 are also important for the smooth operation of the system, although some of the information included there are also available in the CAN-MDS System (in the administrating panel).

DB 1. Secondary Data for Child (alleged) Victim

Data to be collected for the “DB 1. Secondary Data for Child (alleged) Victim” database	
CAN-MDS	Pseudonym
Child's Personal data	Surname
	name
	middle name
Contact details	what (home, relative, other)
	Street name
	Street number
	Phone
Caregiver's data	what (home, mobile) & whose
	Surname
	Name
	Phone number
	Surname
	Name
	Phone number
Notes	

DB 2. Secondary Data for CAN-MDS Data Sources (Agencies/ Organizations/ Services)

A screenshot of a spreadsheet template for data collection. The spreadsheet has multiple columns and rows, with some cells highlighted in orange and blue. The title bar of the spreadsheet reads "DB 2. Secondary Data for CAN-MDS Data Sources (Agencies/ Organizations/ Services)".

Data to be collected for the “DB 2. Secondary Data for CAN-MDS Data Sources (Agencies/ Organizations/ Services)” database

Agency ID	
Identity	Agency's Name
	Legal status
	Field/ Sector
Contact person	Surname
	Name
	Position
	Personal phone number
	Personal email
Contact details	Street name
	Street number
	Postal code
	Town
	Telephone number
	E-mail address
Bilateral agreement	Yes/No [template is needed]
	(if yes) date
Notes	

DB 3. Secondary Data for CAN-MDS Professionals-Operators

A screenshot of a spreadsheet template for data collection. The spreadsheet has multiple columns and rows, with some cells highlighted in orange and blue. The title bar of the spreadsheet reads "DB 3. Secondary Data for CAN-MDS Trained Professionals".

Data to be collected for the “DB 3. Secondary Data for CAN-MDS Trained Professionals” database

Identity	Surname
	Name
Professional background	ISCO-08
	Available license (yes/no)
	Subject in Code of Ethics (yes/no)
	Mandated to report CAN (yes/no)
Contact details	Direct/personal phone
	Personal e-mail
Agency where s/he works	Agency ID
	Operator (yes/no)
	(if yes) since (date)
	ID number within agency
CAN-MDS training	Yes/No
	(if yes) date
Informed consent	signed (yes/no) [template is needed]
e-CAN-MDS	username
	level of access
Notes	

Working Files

The following documents are directly related to the operation of CAN-MDS System.

Files 1, 2, 3, 4 include secondary data for the creation of Agencies' and Users' Accounts that are also available through CAN-MDS Administrator application.

Files 5, 6, 7 are necessary for better understanding of specific types of neglect in each country (i.e. country specific information that should be included in the National version of the Operator's Manual of CAN-MDS Toolkit).

Files 8, 9 addressed to National Administrators. File 8 contains updated information/contact details for Ombudspersons that may be invited in the respective National Inter-Sectoral Boards while file 9 contains the matching of CAN-MDS sub-data elements with other classification systems (such as DSM 5, ICD-10 and ICD-9) that may be useful in the context of research activities.

WORKING FILE 1. COUNTRY AND SUBDIVISIONS' CODES (ISO 3166-1 & ISO 3166-2)

WORKING FILE 2. TYPES OF AGENCIES (ORGANIZATIONS/SERVICES)

WORKING FILE 3. CLASSIFICATION OF PROFESSIONAL SPECIALTIES (ISCO-08, ILO 2008)

WORKING FILE 4. OPERATOR'S LEVEL OF ACCESS

WORKING FILE 5. EDUCATION RELATED INFORMATION

WORKING FILE 6. MANDATORY AND RECOMMENDED VACCINATIONS

WORKING FILE 7. SECONDARY DATA FOR MANDATORY REPORTING OF CAN

WORKING FILE 8. NATIONAL OMBUDSPERSONS

WORKING FILE 9. CORRESPONDANCE OF CAN-MDS CODES/SUBCODES WITH EXISTING SYSTEMS (DSM-V, ICD-10 & ICD-9)

WORKING FILE 1. COUNTRY AND SUBDIVISIONS' CODES (ISO 3166-1 & ISO 3166-2)

COUNTRY CODES (ISO 3166-1)

COUNTRY CODES (ISO 3166-1)²⁰ **Alpha-2 code** – a two-letter code that represents a country name, recommended as the general purpose code

Country abbreviation (2 letters)²¹

CY = Cyprus

SUBDIVISION CODES (ISO 3166-2)

Subdivision codes (ISO 3166-2)²² – code that represents the name of a principal subdivision (e.g province or state) of countries coded in ISO 3166-1. This code is based on the two-letter code element from ISO 3166-1 followed by a separator and up to three alphanumeric characters. The characters after the separator cannot be used on their own to denote a subdivision, they must be preceded by the alpha-2 country code.

The codes denoting the subdivision are usually obtained from national sources and stem from coding systems already in place in the country.

CY²³

Short name	CYPRUS
Short name lower case	Cyprus
Full name	the Republic of Cyprus
Alpha-2 code	CY
Alpha-3 code	CYP
Numeric code	196

List source: Cyprus Organization for Standardization (CYS); The Complete Gazetteer of the Republic of Cyprus; The Cyprus Permanent Committee for the Standardization of Geographical Names

Code source: Cyprus Organization for Standards and Control of Quality (KOPEP), 2002, renamed Cyprus Organization for Standardization (CYS)

6 district (en) / district (fr) / eparchia (el) / kaza (tr)

Language code

3166-2 code

Lefkosia	el	CY-01
Lemesos	el	CY-02
Larnaka	el	CY-03
Ammochostos	el	CY-04
Pafos	el	CY-05
Keryneia	el	CY-06

EXAMPLE: CY-01-CPS-001 → 'Hope for Children' CRC Policy Center – Nicosia, Cyprus

²⁰ Glossary for ISO 3166 - Codes for countries and their subdivisions (www.iso.org/iso/country_codes_glossary.html)

²¹ **ISO 3166-2** (1998). *Codes for the representation of names of countries and their subdivisions – Part 2: Country subdivision code* (part of the ISO 3166 standard published by the International Organization for Standardization)

²² Glossary for ISO 3166 - Codes for countries and their subdivisions (www.iso.org/iso/country_codes_glossary.html)

²³ ISO 3166-Codes for the representation of names of countries and their subdivisions. Committee: ISO/TC 46 ICS:01.140.30 (<https://www.iso.org/obp/ui/#iso:code:3166:CY>)

WORKING FILE 2. Types of Agencies (Organization/Service)

Agency/ Organization/Service Type (3-letter): As no standards are available for Organization/Service Type, the following initialisms will be used for the formulation of Agency's ID

Organization/Service Type	3-letter initialism	Major Groups of Occupations belonging to each field (ISCO, 2008: broad classification) ²⁴
Child Protection Services	CPS	39-0000 <i>Personal Care and Service Occupations</i> 21-0000 <i>Community and Social Service Occupations</i>
Social Welfare Services	SWS	21-0000 <i>Community and Social Service Occupations</i> 39-0000 <i>Personal Care and Service Occupations</i>
Mental Health Services	MHS	19-0000 <i>Life, Physical, and Social Science Occupations</i>
Primary Health Care Services	PHC	29-0000 <i>Healthcare Practitioners & Technical Occupations</i>
Secondary Health Care Services	SHC	31-0000 <i>Healthcare Support Occupations</i> 11-0000 <i>Management Occupations</i>
Tertiary Health Care Services	THC	As SWS and PHC, SHC and THC
Socio-Medical Services	SMS	23-0000 <i>Legal Occupations</i> 43-0000 <i>Office and Administrative Support Occupations</i>
Judicial Services	JUD	33-0000 <i>Protective Service Occupations</i>
Police	POL	
Other Law Enforcement-related Services	LES	
Preschool Educational Facilities	PEF	25-0000 <i>Education, Training, and Library Occupations</i>
Primary Educational Services	PES	11-0000 <i>Management Occupations</i>
Secondary Educational Services	SES	43-0000 <i>Office and Administrative Support Occupations</i>
Vocational Educational Services	VES	
Already existing registries/CAN monitoring mechanisms	RSS	15-0000 <i>Computer and Mathematical Occupations</i>
Research Organizations/ Institutions/ Universities	ROI	19-0000 <i>Life, Physical, and Social Science Occupations</i> 15-0000 <i>Computer and Mathematical Occupations</i>
Independent Authorities (such as Child Ombudsman)	IAU	11-0000 <i>Management Occupations</i>
Accredited NGOs	NGO	NA (could be all the broad categories)
Community Organizations	COM	NA (could be all the broad categories)
Other Related Services	ORS	11-0000 <i>Management Occupations</i>

*Professionals codes will be based on the detailed classification of occupations ISCO-2008 published by ILO, 2007.

²⁴ Bureau of Labor Statistics (2010). 2010 Standard Occupational Classification (final structure for the 2010 SOC). On behalf of the Standard Occupational Classification Policy Committee (SOCPC) (available at: http://www.bls.gov/oes/current/oes_stru.htm#11-0000).

WORKING FILE 3. CLASSIFICATION OF PROFESSIONAL SPECIALTIES (ISCO-08)

ISCO-08: International Standards for Classification of Occupations (ILO, 2007)

Available at: <http://www.ilo.org/public/english/bureau/stat/isco/docs/gdstruct08.doc> (word format) and at: <http://www.ilo.org/public/english/bureau/stat/isco/docs/gdstruct08.xls> (excel format).

"The Tripartite Meeting of Experts on Labour Statistics on Updating the International Standard Classification of Occupations (ISCO) [...] Adopts, this sixth day of December 2007, the following resolution

- 1. The occupational classification system of major, sub-major, minor and unit groups shown in the Annex to this resolution is endorsed by the Meeting of Experts in Labour Statistics and is designated the International Standard Classification of Occupations, 2008 (ISCO-08).*
- 2. ISCO classifies jobs. A Job is defined for the purposes of ISCO-08 as a set of tasks and duties performed, or meant to be performed, by one person, including for an employer or in self employment.*
- 3. An occupation is defined as a set of jobs whose main tasks and duties are characterised by a high degree of similarity. A person may be associated with an occupation through the main job currently held, a second job or a job previously held.*
- 4. Jobs are classified by occupation with respect to the type of work performed, or to be performed. The basic criteria used to define the system of major, sub-major, minor and unit groups are the "skill level" and "skill specialization" required to competently perform the tasks and duties of the occupations.*
- 5. In collecting and processing statistics classified by occupation (e.g. for use in fields such as labour market analysis, educational planning, human resource planning, occupational health and safety analysis, wages analysis, etc.), each country should endeavour to compile data that can be converted to the ISCO-08 system, to facilitate the international use and comparison of occupational information."*²⁵

ISCO 08 Code	Title EN (full list available at: http://www.ilo.org/public/english/bureau/stat/isco/isco08/)
134	Professional services managers
1341	Child care services managers
1342	Health services managers
1344	Social welfare managers
1345	Education managers
1349	Professional services managers not elsewhere classified
143	Other services managers
1431	Sports, recreation and cultural centre managers
1439	Services managers not elsewhere classified
2	Professionals
2120	Mathematicians, actuaries and statisticians
22	Health professionals
221	Medical doctors
2211	Generalist medical practitioners
2212	Specialist medical practitioners
222	Nursing and midwifery professionals
2221	Nursing professionals
2222	Midwifery professionals
223	Traditional and complementary medicine professionals
2230	Traditional and complementary medicine professionals
2240	Paramedical practitioners
226	Other health professionals
2261	Dentists
2264	Physiotherapists
2265	Dieticians and nutritionists
2266	Audiologists and speech therapists

²⁵ International Labour Organization (2007). Resolution Concerning Updating the International Standard Classification of Occupations. Adopted at the Tripartite Meeting of Experts on Labour Statistics. (Available at: <http://www.ilo.org/public/english/bureau/stat/isco/docs/resol08.doc>)

2267	Optometrists and ophthalmic opticians
2269	Health professionals not elsewhere classified
23	Teaching professionals
232	Vocational education teachers
2320	Vocational education teachers
233	Secondary education teachers
2330	Secondary education teachers
234	Primary school and early childhood teachers
2341	Primary school teachers
2342	Early childhood educators
235	Other teaching professionals
2351	Education methods specialists
2352	Special needs teachers
2353	Other language teachers
2354	Other music teachers
2355	Other arts teachers
2359	Teaching professionals not elsewhere classified
2522	Systems administrators
2529	Database and network professionals not elsewhere classified
26	Legal, social and cultural professionals
261	Legal professionals
2611	Lawyers
2612	Judges
2619	Legal professionals not elsewhere classified
263	Social and religious professionals
2632	Sociologists, anthropologists and related professionals
2633	Philosophers, historians and political scientists
2634	Psychologists
2635	Social work and counselling professionals
2636	Religious professionals
32	Health associate professionals
321	Medical and pharmaceutical technicians
3211	Medical imaging and therapeutic equipment technicians
3212	Medical and pathology laboratory technicians
3213	Pharmaceutical technicians and assistants
3214	Medical and dental prosthetic technicians
322	Nursing and midwifery associate professionals
3221	Nursing associate professionals
3222	Midwifery associate professionals
323	Traditional and complementary medicine associate professionals
3230	Traditional and complementary medicine associate professionals
325	Other health associate professionals
3251	Dental assistants and therapists
3252	Medical records and health information technicians
3253	Community health workers
3254	Dispensing opticians
3255	Physiotherapy technicians and assistants
3256	Medical assistants
3258	Ambulance workers
3259	Health associate professionals not elsewhere classified
3314	Statistical, mathematical and related associate professionals
3342	Legal secretaries
3344	Medical secretaries
3355	Police inspectors and detectives

34	Legal, social, cultural and related associate professionals
341	Legal, social and religious associate professionals
3411	Police inspectors and detectives
3412	Social work associate professionals
3413	Religious associate professionals
342	Sports and fitness workers
3422	Sports coaches, instructors and officials
53	Personal care workers
531	Child care workers and teachers' aides
5311	Child care workers
5312	Teachers' aides
532	Personal care workers in health services
5321	Health care assistants
5322	Home-based personal care workers
5329	Personal care workers in health services not elsewhere classified
54	Protective services workers
541	Protective services workers
5411	Fire-fighters
5412	Police officers
5413	Prison guards
5414	Security guards
5419	Protective services workers not elsewhere classified

WORKING FILE 4. Operator's Level of Access

Levels of Access²⁶

Responsibilities	Level of access	Attributes & "rights" of the level of access
System Administrator	Full Access	<ul style="list-style-type: none"> Has access to view full reports of all existing incidents for any children's IDs recorded by him/her self or any other operator; Enters data for new incidents for unknown and known children's IDs by using either Child ID or Temporary Child ID; Has access to edit/update all existing incidents (both, information related to incident and information related to child and family) that have been recorded by him/her self or other operator Has access to administrative environment (agencies and users accounts, full aggregated and disaggregated data, send notifications) Has the access to view and edit contact details and accounts of any Operator
- Making decision on whether sufficient evidence exists to prosecute (alleged) offenders	Full View access (level 1)	<ul style="list-style-type: none"> Has access to view full reports of existing incidents recorded by him/her self or any other operator but only for children's IDs recorded by him/her self; Enters data for new incidents for unknown and known children's IDs by using either Child ID or Temporary Child ID; In case of known child, s/he has access to view full reports of all previous incidents and edit/update existing incidents (only information related to incident) that have been recorded by him/her self In case of known child, s/he has access to view contact details of Operator's who have worked with the specific child's ID in the past Has access to update his/her own contact details & password

²⁶ CAN-MDS WS3, Act. 1 Developing of eligibility criteria for the creation of national CAN-MDS Operators' Core Groups (in the context of the project) and of national Expanded Groups, D3.1: *Eligibility criteria for CAN-MDS Operators' Core Groups and Expanded Groups*

<ul style="list-style-type: none"> - Conducting initial assessments for suspected CAN cases - Providing services to CAN victims (diagnostic/ treatment/ consultation/ care) - Providing services to CAN victims' families (supporting) - Following-up of CAN cases 	Limited access (level 2)	<ul style="list-style-type: none"> • Has access to view full reports of existing incidents recorded by him/her self or by any other operator but only for children's IDs recorded by him/her self; • Enters data for new incidents for unknown and known children's IDs by using either Child ID or Temporary Child ID; • In case of known child, s/he has access to view full reports of all previous incidents (but not edit/update any existing incidents) • In cases of known child, s/he has access to view contact details of Operator's who have worked with the specific child's ID in the past • Has access to update his/her own contact details & password
<ul style="list-style-type: none"> - 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)	<ul style="list-style-type: none"> • Has access to view full reports of existing incidents recorded by him/her self and brief description of incidents recorded by any other operator but only for children's IDs recorded by him/her self; • Enters data for new incidents for unknown and known children's IDs by using either Child ID or Temporary Child ID; • In case of known child, s/he has access to view brief description of existing incidents that have been recorded by him/her self or by any other operators (but not edit/update any existing incidents) • In cases of known child, s/he has access to view contact details of Operator's who have worked with the specific child in the past • Has access to update his/her own contact details & password
<ul style="list-style-type: none"> - No administration-Making referrals to other services for ALL cases - Professionals not subjected to a code of ethics or related national legislation 	No access	no "rights"

Recommended Data sources and corresponding level of access in CAN-MDS

(Core data sources/ Expanded data sources -where applicable, according to country specifics)

Full View Access (Level 1)	Limited Access (Level 2)	Limited Access (Level 3)
<ul style="list-style-type: none"> - Public Prosecutors working in Judicial Services - Social Workers working in Child Protection System 	<ul style="list-style-type: none"> - Social Workers working in Social Welfare Services - Social Workers working in Accredited NGOs/ Community Organizations - Mental Health Professionals (psychologists, psychiatrists) working in Mental Health services - Child Psychiatrists working in Health Care Services - Child Psychiatrists working in Mental Health Services - Psychologists working in Child Protection/Social Welfare Services - Psychologists working in Health Care Services - Psychologists working in Mental Health Services - Paediatricians working in Health Care Services - Medical Doctors (different specialties, e.g. orthopaedists, radiologists) working in Health Care Services - Police Officers working in Law Enforcement-related Services - Mental Health Professionals (<i>psychologists, psychiatrists</i>) working in Law Enforcement related services - Licensed Counsellors working in CPS/Social Welfare Services - Licensed Counsellors working in Mental Health Services - Judges working in Judicial Services - Gynaecologists working in Health Care Services - Nurses working in CPS/Social Welfare Services - Midwives working in CPS/Social Welfare Services - Data administrators working in existing related registries - Legitimate researchers working to human subject protection 	<ul style="list-style-type: none"> - Social Workers working in Health Care Services - Mental Health Professionals (<i>psychologists, psychiatrists, licensed counsellors</i>) working in Accredited NGOs/Community Organizations - Social Workers working in Education Services - Social Workers working in Mental Health Services - Care Providers in Institutions working in Child Protection System/ Social Welfare Services - Psychologists working in Educational Services - Licensed Counsellors working in Education - Probation Officers working in Judicial Services - Other Justice-related professions working in Judicial Services - Nurses working in Accredited NGOs/Community Organizations - Teachers/educators (pre-school, kindergarten, primary and secondary education, for children with special needs, school principals) working in Educational services - Other personnel working in antitrafficking, directorate for disability, Child Ombudsman, etc.) working in Independent Authorities

Operator's ID within Agency

Organization/Service Number (3 digits): Numerical ID per Professional per Agency

WORKING FILE 5. EDUCATION RELATED INFORMATION

[I3_B_4] Omissions < educational neglect related omissions

Useful information for national adaptation of permissible values related to educational neglect omissions

Compulsory Education in Europe 2018-18

Available at: <https://publications.europa.eu/en/publication-detail/-/publication/4569ca0c-caa7-11e8-9424-01aa75ed71a1/language-en/format-PDF> ²⁷

Duration of compulsory education/training and student's age-groups, 2018-2019

	Full-time education/training												Additional Compulsory Part-time
	Starting age					Leaving age						Duration (in years)	Ending age
	3	4	5	6	7	14	15	16	17	18	19		
CY			5	6			15					10	na
	ISCED 2011 level 0					ISCED 2011 level 1				na: non applicable			

Explanatory notes

In countries where compulsory education starts at pre-primary level (ISCED 0), the starting age of primary education (ISCED 1) is also indicated. The starting and leaving ages presented in this report are notional; early or late entry, grade retention or other interruptions to schooling are not taken into account.

ISCED 2011: International Standard Classification of Education

ISCED 0: Early Childhood Education Programmes at this level are typically designed with a holistic approach to support children's early cognitive, physical, social and emotional development and introduce young children to organised instruction outside of the family context. ISCED level 0 refers to early childhood programmes that have an intentional education component.

ISCED 1: Primary education Programmes at this level are typically designed to provide students with fundamental skills in reading, writing and mathematics (i.e. literacy and numeracy) and establish a solid foundation for learning and understanding core areas of knowledge, personal and social development, in preparation for lower secondary education. Age is typically the only entry requirement at this level. The customary or legal age of entry is usually not below 5 years old nor above 7 years old. This level typically lasts six years, although its duration can range between four and seven years.

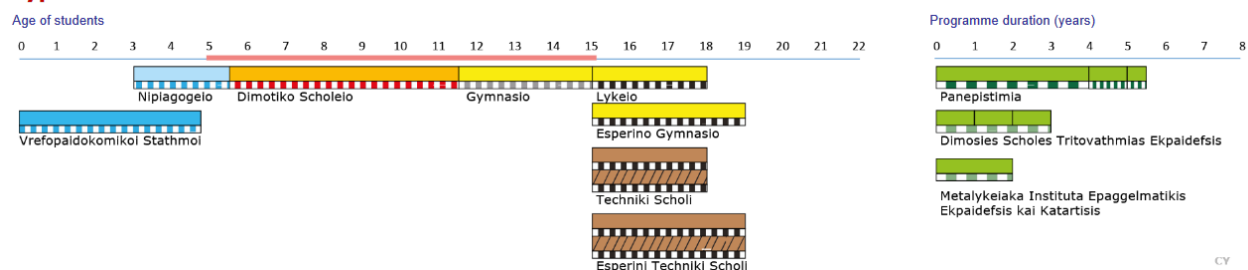
Available at: <http://www.uis.unesco.org/Education/Documents/isced-2011-en.pdf>

The Structure of the European Education Systems 2018/19: Schematic Diagrams September 2018

European Commission/EACEA/Eurydice, 2018. *The Structure of the European Education Systems 2018/19: Schematic Diagrams*. Eurydice Facts and Figures. Luxembourg: Publications Office of the European Union.

Source: eacea.ec.europa.eu/national-policies/eurydice/sites/eurydice/files/the_structure_of_the_european_education_systems_2018_19.pdf

Cyprus



²⁷ European Commission/EACEA/Eurydice, 2018. *Compulsory Education in Europe – 2018/19*. Eurydice Facts and Figures. Luxembourg: Publications Office of the European Union.

Early childhood education and care (ECEC)

Provision for children from birth through to primary education that falls within a national regulatory framework, i.e., it has to comply with a set of rules, minimum standards and/or undergo accreditation procedures.

Source: European Commission/EACEA/Eurydice, 2019. *Key Data on Early Childhood Education and Care in Europe-2019 Edition*. Eurydice Report. Luxembourg: Publications Office of the European Union. Available at: https://eacea.ec.europa.eu/national-policies/eurydice/sites/eurydice/files/ec0319375enn_0.pdf

Age from which a place in ECEC is guaranteed, 2018/19

	CY
Starting age (in years) of guaranteed ECEC place	4.7

Explanatory note: The Figure shows the earliest age from which a place in ECEC is guaranteed for all children. In the table, a legal entitlement is shown in black, while compulsory ECEC is marked in bold dark red.

Country-specific notes: Cyprus: 4.7 years correspond to 4 years 8 months.

Weekly ECEC hours, by type of guarantee, 2018/19

	CY
Legal entitlement	-
Compulsory ECEC	26

* no top-level regulations

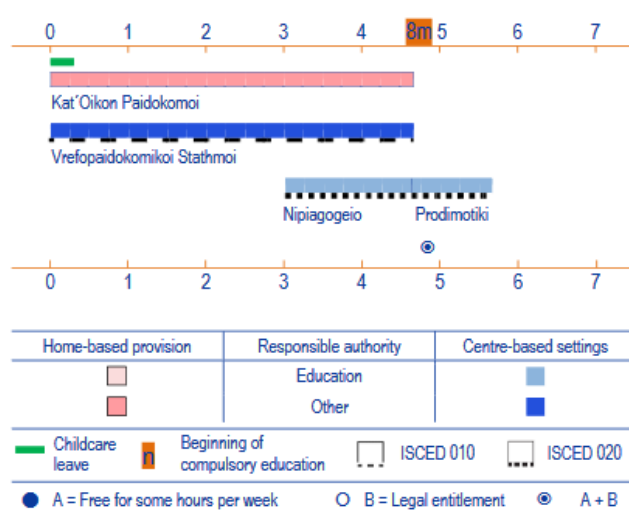
Explanatory note: When the number of hours or the type of guarantee (legal entitlement/compulsory ECEC) varies by age, the earliest age threshold is shown in the figure. When the number of hours varies by region or by type of guarantee, the lowest number is taken into account.

ECEC Organization per country - Reference year 2018/19

Available at: https://eacea.ec.europa.eu/national-policies/eurydice/sites/eurydice/files/ec0319375enn_0.pdf

Cyprus

Diagram



(page 179)

WORKING FILE 6. MANDATORY AND RECOMMENDED VACCINATIONS

[Related to I3_B_3.01] Omissions < Medical neglect < failure to provide preventive health care < vaccinations

National adaptation according to “Modality of implementation of childhood vaccination programme by country”²⁸

	Cyprus
Diphtheria	RA
Haemophilus influenzae type B	RA
Hepatitis A	RR
Hepatitis B	RA
Human Papillomavirus a	A
Influenza	RR
Invasive disease caused by Neisseria meningitides group C	RA
Invasive pneumococcal disease	RA
Measles-mumps-Rubella	RA
Pertussis	RA
Polio	RA
Rotavirus	A
Tetanus	RA
Tuberculosis (with Bacillus Calmette-Guérin)	RR
Varicella	RA/RR

MA: mandatory for all

MR: mandatory for people at risk

RA: recommended for all

RR: recommended for people at risk

R: recommended

A: absence of recommendation

²⁸ Haverkate M, D'Ancona F, Giambi C, Johansen K, Lopalco PL, Cozza V, Appelgren E, on behalf of the VENICE project gatekeepers and contact points. Mandatory and recommended vaccination in the EU, Iceland and Norway: results of the VENICE 2010 survey on the ways of implementing national vaccination programmes. Euro Surveill. 2012;17(22):pii=20183. Available online: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20183>

TABLE 1

Modality of implementation of childhood vaccination programme by country, the European Union countries, Iceland and Norway, 2010 (n=29)*

Country	Diphtheria	<i>Haemophilus influenzae</i> type B	Hepatitis A	Hepatitis B	Human papillomavirus*	Influenza	Invasive disease caused by <i>Neisseria meningitidis</i> group C	Invasive pneumococcal disease	Measles-mumps-rubella	Pertussis	Polio	Rotavirus	Tetanus	Tuberculosis (with Bacillus Calmette-Guérin)	Varicella
Austria	RA	RA	RR	RA	R	RR	RA	RA	RA	RA	RA	RA	RA	A	RR
Belgium	RA	RA	RR	MR/RA ^b	R	RR	RA	RA	RA	RA	MA	RA	RA	A	RR
Bulgaria	MA	MA	RR	MA	R	RR	A	MA/RA ^c	MA	MA	MA	RA	MA	MA	A
Cyprus	RA	RA	RR	RA	A	RR	RA	RA	RA	RA	RA	A	RA	RR	RA/RR
Czech Republic	MA	MA	MR	MA	R	RR	RR	MR	MA	MA	MA	A	MA	MR	RR
Denmark	RA	RA	RR	RR	R	RR	RR	RA/RR ^d	RA	RA	RA	A	RA	A	RR
Estonia [6]	RA	RA	RA ^e	RA	R ^e	RA ^e	RR ^e	RR ^e	RA	RA	RA	RR ^e	RA	RA	RR ^e
Finland	RA	RA	RR	RR	A	RA	A	RA	RA	RA	RA	RA	RA	RR	A
France	MA/MR/RA ^f	RA	RR	MR/RA ^h	R	RR	RA	RA	RA	RA	MA/MR/RA ^f	A	MA/MR/RA ^f	MR/RR ^h	RR
Germany [7]	RA	RA	RR	RA	R	RR	RA	RA	RA	RA	RA	A	RA	A	RA
Greece	MA	RA	RA	MA ^g	R	RR	RA	RA	RA	RA	MA ^g	A	MA	RA	RA
Hungary	MA	MA	MR	MA	A	RR	A	RA	MA	MA	MA	A	MA	MA	A
Iceland	RA	RA	RR	RR	A	RR	RA	RR/RA ⁱ	RA	RA	RA	A	RA	A	RR
Ireland	RA	RA	RR	RA	R	RR	RA	RA	RA	RA	RA	A	RA	RA	RR
Italy	MA ^j	RA	A ^j	MA	R	RR	RA/RR ^k	RA/RR ^k	RA	RA	MA	A	MA	RR	RA/RR ^k
Latvia	RA	RA	RR	RA	RA	RR	RR	RA	RA	RA	RA	RA	RA	RA	RA
Lithuania	RA	RA	RR	RA	A	RR	RR	RR	RA	RA	RA	A	RA	RA	RR
Luxembourg [8]	RA	RA	RR	RA	R	RR	RA	RA	RA	RA	RA	RA	RA	RR	RA
Malta	MA	RA	RR	RA	A	RA	A	RR ^m	RA ⁿ	RA	MA	A	MA	RA	RR
The Netherlands [9]	RA	RA	RR	RR	R	RR	RA	RA	RA	RA	RA	A	RA	RR	A
Norway	RA	RA	A	RR	R	RR	A	RA	RA	RA	RA	A	RA	RR	A
Poland	MA	MA	RR	MA	R	RR	RR	MR	MA	MA	MA	RA	MA	MA	RR
Portugal	RA/MR	RA	A	RA	R	RR	RA	RR	RA	RA	RA	A	RA/MR	RA	A
Romania	MA	MA	RR	MA	R	RR	A	A	MA	MA	MA	A	MA	MA	A
Slovakia	MA	MA	MR/RR ^o	MA	R	MR/RR ^o	RR	MA	MA	MA	MA	A	MA	MA	A
Slovenia	MA	MA	RR	MA	R	RR	RR	RR	MA	MA	MA	RA	MA	RR	RR
Spain	RA	RA	RR/RA ^h	RA	R	RR	RA	RA/RR ^h	RA	RA	RA	A	RA	A ^j	RA/RR ^h
Sweden	RA	RA	A	RR	R	RR	A	RA	RA	RA	RA	A	RA	RR	A
United Kingdom	RA	RA	RR	RR	R	RR	RA	RA	RA	RA	RA	A	RA	RR	RR

A: absence of recommendation, MA: mandatory for all; MR: mandatory for people at risk; R: recommended; RA: recommended for all;

RR: recommended for people at risk.

^a Mostly recommended for girls 10-17 years of age.

^b Mandatory for healthcare workers.

^c RA: children born prior to 2010 and younger than five years of age.

^d RA: conjugated vaccine to children younger than two years of age.

^e RR: polysaccharide vaccine to older persons.

^f Not included in the national immunisation programme, but recommended by the Ministry of Social Affairs [10].

^g MA: children up to 18 months of age.

^h MR: healthcare workers.

ⁱ RA: older than 13 years of age.

^j MA: children up to 13 years of age.

^k MR: healthcare workers.

^l RA: older than 13 years of age.

^m No penalty exists for non-compliance.

ⁿ RA: from 2011.

^o One of 20 regions does not have any mandatory vaccination as of 2008.

^p Regional variability.

^q RA: only in one region.

^r Rubella: mandatory for girls by the age of 14.

^s RR: for children under two years of age.

^t MR: social care facilities.

^u RR: children six months to 12 years, elderly, for some diagnoses, for some professions.

^v MR: direct contact with infectious person, some professions.

^w RR: chronic liver disease, children two years of age living in bad conditions, some professions.

WORKING FILE 7. Secondary Data for Mandatory reporting of CAN

(Professional) group	Mandated for report CAN	Related law
1. Educators (private and public schools, primary and secondary education)	Mandated to report CAN to Public Prosecutor	The Law on Prevention and Combating Sexual Abuse, Sexual Exploitation of Children and Child Pornography Law of 2014 (91(I)/2014), Art 30 (2), states that: '[...] <i>the fact that the person who fails to file a complaint or fails to file a complaint as a teacher [...]</i> '
2. Health professionals (including clinical psychologists, psychiatrists, physician, nurse or other professional with relevant activities).	Mandate to report CAN to competent authorities	The Law on Prevention and Combating Sexual Abuse, Sexual Exploitation of Children and Child Pornography Law of 2014 (91(I)/2014), Art 30 (2) states that: '[...] <i>the fact that the person who fails to file a complaint or fails to file a complaint as [...] a healthcare professional, such as a psychiatrist, physician of any other specialty, nurse, psychologist or other professional with relevant activities</i> '.
3. Social worker	Mandate to report CAN to competent authorities	91(I)/2014 , Art 30 (2) states that: '[...] <i>the fact that the person who fails to file a complaint or fails to file a complaint as [...] social worker [...]</i> '.
4. Lawyer or a member of the Police	Mandate to report CAN to competent authorities	91(I)/2014 , Art 30 (2) states that: '[...] <i>the fact that the person who fails to file a complaint or fails to file a complaint as [...] lawyer practicing or a member of the police force [...]</i> '.

WORKING FILE 8. NATIONAL OMBUDSPERSONS

National Ombudsperson (<http://www.ombudsman.europa.eu/en/atyourservice/nationalombudsmen.faces>)

Cyprus	Γραφείο Επιτρόπου Διοικήσεως Era House Diagorou 2 CY-1097 Nicosia Tel.: +357 22 405500 Fax: +357 22 672881 http://www.ombudsman.gov.cy
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WORKING FILE 9. Matching of CAN-MDS with existing systems (DSM-V, ICD-10 and ICD-9)

DSM-5 Diagnoses and ICD-9-CM and ICD-10-CM Codes, Numerical ICD-10-CM Listing and CAN-MDS coding

This is a listing of the DSM-5 diagnoses with ICD-10-CM codes and ICD-9-CM codes (this listing includes the corrections dated 6/20/13)

DSM-IV-TR codes are (a subset of) ICD-9-CM codes and so can probably be found in the ICD-9-CM column.

CAN-MDS-related	Sub-code	DSM-5 diagnoses: Disorder, condition, or problem	ICD-10-CM	ICD-9-CM
I3_B_2.01 I3_A_2.2	I3_B_2.01 I3_A_2.2.03 I3_A_2.2.09	Overweight or obesity	E66.9	278.00
I3_A_1	I3_A_1.02	Alcohol use disorder mild	F10.10	305.00
	I3_A_1.02	Alcohol use disorder moderate or severe	F10.20	303.90
	I3_A_1.02	Amphetamine-type substance use disorder, Mild	F15.10	305.70
	I3_A_1.02	Amphetamine-type substance use disorder, Moderate or Severe	F15.20	304.40
	I3_A_1.02	Cannabis use disorder, Mild	F12.10	305.20
	I3_A_1.02	Cannabis use disorder, Moderate or severe	F12.20	304.30
	I3_A_1.02	Cocaine use disorder, Mild	F14.10	305.60
	I3_A_1.02	Cocaine use disorder, Moderate or severe	F14.20	304.20
	I3_A_1.02	Inhalant use disorder, Mild	F18.10	305.90
	I3_A_1.02	Inhalant use disorder, Moderate or severe	F18.20	304.60
	I3_A_1.02	Opioid use disorder, Mild	F11.10	305.50
	I3_A_1.02	Opioid use disorder, Moderate or severe	F11.20	304.00
	I3_A_1.02	Other (or unknown) substance use disorder, Mild	F19.10	305.90
	I3_A_1.02	Other (or unknown) substance use disorder, Moderate or severe	F19.20	304.90
	I3_A_1.02	Other hallucinogen use disorder, Mild	F16.10	305.30
	I3_A_1.02	Other hallucinogen use disorder, Moderate or severe	F16.20	304.50
	I3_A_1.02	Other or unspecified stimulant use disorder, Mild	F15.10	305.70
	I3_A_1.02	Other or unspecified stimulant use disorder, Moderate or severe	F15.20	304.40
	I3_A_1.02	Phencyclidine use disorder, Mild	F16.10	305.90
	I3_A_1.02	Phencyclidine use disorder, Moderate or severe	F16.20	304.60
	I3_A_1.02	Sedative, hypnotic, or anxiolytic use disorder, Mild	F13.10	305.40
	I3_A_1.02	Sedative, hypnotic, or anxiolytic use disorder, Moderate or severe	F13.20	304.10
	I3_A_1.02	Tobacco use disorder, Mild	Z72.0	305.1
	I3_A_1.02	Tobacco use disorder, Moderate or severe	F17.200	305.1
I3_A_1	I3_A_1.01	Anorexia nervosa, Restricting type	F50.01	
	I3_A_1.01	Anorexia nervosa, Binge-eating/purging type	F50.02	
	I3_A_1.01	Bulimia nervosa	F50.2	307.51
	I3_A_1.01	Avoidant/restrictive food intake disorder	F50.8	307.59
	I3_A_1.01	Binge-eating disorder	F50.8	307.51
	I3_A_1.01	Other specified feeding or eating disorder	F50.8	307.59
	I3_A_1.01	Unspecified feeding or eating disorder	F50.9	307.50
DE_F3	F3_03	Gender dysphoria in adolescents and adults	F64.1	302.85
DE_C2	C2_03	Gender dysphoria in children	F64.2	302.6
DE_C2	C2_03	Other specified gender dysphoria	F64.8	302.6
DE_F3	F3_03			
DE_C2	C2_03	Unspecified gender dysphoria	F64.9	302.6
DE_F3	F3_03			
I3_A_3.1	I3_A_3.1.05	Exhibitionistic disorder (of perpetrator)	F65.2	302.4
I3_A_3.1	I3_A_3.1.07	Voyeuristic disorder (of perpetrator)	F65.3	302.82
I3_A_3.1	I3_A_3.1.88	Pedophilic disorder (of perpetrator)	F65.4	302.2
I3_A_2.3	I3_A_2.3.01 I3_A_2.3.02 I3_A_2.3.03	Frotteuristic disorder (of caregiver)	F65.81	302.89

I3_A_2.3	I3_A_2.3.01 I3_A_2.3.02 I3_A_2.3.03	Factitious disorder (of caregiver)	F68.10	300.19
I3_B_4.04	I3_B_4.04	Intellectual disability (intellectual developmental disorder), Mild	F70	317
I3_B_4.04	I3_B_4.04	Intellectual disability (intellectual developmental disorder), Moderate	F71	318.0
I3_B_4.04	I3_B_4.04	Intellectual disability (intellectual developmental disorder), Severe	F72	318.1
I3_B_4.04	I3_B_4.04	Intellectual disability (intellectual developmental disorder), Profound	F73	318.2
I3_B_4.04	I3_B_4.04	Unspecified intellectual disability (intellectual developmental disorder)	F79	319
I3_B_4.04	I3_B_4.04	Speech sound disorder	F80.0	315.39
I3_B_4.04	I3_B_4.04	Childhood-onset fluency disorder (stuttering)	F80.81	315.35
I3_B_4.04	I3_B_4.04	Social (pragmatic) communication disorder	F80.89	315.39
I3_B_4.04	I3_B_4.04	Language disorder	F80.9	315.39
I3_B_4.04	I3_B_4.04	Unspecified communication disorder	F80.9	307.9
I3_B_4	I3_B_4.04	Specific learning disorder, With impairment in reading	F81.0	315.00
I3_B_4	I3_B_4.04	Specific learning disorder, With impairment in mathematics	F81.2	315.1
I3_B_4	I3_B_4.04	Specific learning disorder, With impairment in written expression	F81.81	315.2
I3_B_4	I3_B_4.04	Developmental coordination disorder	F82	315.4
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Autism spectrum disorder	F84.0	299.00
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Global developmental delay	F88	315.8
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Other specified neurodevelopmental disorder	F88	315.8
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Unspecified neurodevelopmental disorder	F89	315.9
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Attention-deficit/hyperactivity disorder, Predominantly inattentive presentation	F90.0	314.00
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Attention-deficit/hyperactivity disorder, Predominantly hyperactive/impulsive presentation	F90.1	314.01
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Attention-deficit/hyperactivity disorder, Combined presentation	F90.2	314.01
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Other specified attention-deficit/hyperactivity disorder	F90.8	314.01
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Unspecified attention-deficit/hyperactivity disorder	F90.9	314.01
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Conduct disorder, Childhood-onset type	F91.1	312.81
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Conduct disorder, Adolescent-onset type	F91.2	312.82
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Oppositional defiant disorder	F91.3	313.81
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Other specified disruptive, impulse-control, and conduct disorder	F91.8	312.89
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Conduct disorder, Unspecified onset	F91.9	312.89
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Unspecified disruptive, impulse-control, and conduct disorder	F91.9	312.9
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Separation anxiety disorder	F93.0	309.21
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Selective mutism	F94.0	313.23
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Reactive attachment disorder	F94.1	313.89
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Disinhibited social engagement disorder	F94.2	313.89
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Provisional tic disorder	F95.0	307.21
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Persistent (chronic) motor or vocal tic disorder	F95.1	307.22

I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Tourette's disorder	F95.2	307.23
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Other specified tic disorder	F95.8	307.20
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Unspecified tic disorder	F95.9	307.20
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Enuresis	F98.0	307.6
I3_B_3	I3_B_3.02			
I3_B_4	I3_B_4.04	Encopresis	F98.1	307.7
I3_B_3	I3_B_3.02			
I3_A_1	I3_A_1.01	Rumination disorder	F98.21	307.53
I3_A_1	I3_A_1.01	Pica, In children	F98.3	
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner neglect, Confirmed, Initial encounter	T74.01XA	995.85
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner neglect, Confirmed, Subsequent encounter	T74.01XD	995.85
I3_B		Child neglect, Confirmed, Initial encounter	T74.02XA	995.52
I3_B		Child neglect, Confirmed, Subsequent encounter	T74.02XD	995.52
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner violence, Physical, Confirmed, Initial encounter	T74.11XA	995.81
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner violence, Physical, Confirmed, Subsequent encounter	T74.11XD	995.81
I3_A_2		Child physical abuse, Confirmed, Initial encounter	T74.12XA	995.54
I3_A_2		Child physical abuse, Confirmed, Subsequent encounter	T74.12XD	995.54
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner Violence, Sexual, Confirmed, Initial encounter	T74.21XA	995.83
I3_A_3.1	I3_A_3.1.10			
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner Violence, Sexual, Confirmed, Subsequent encounter	T74.21XD	995.83
I3_A_3.1	I3_A_3.1.10			
I3_A_3		Child sexual abuse, Confirmed, Initial encounter	T74.22XA	995.53
I3_A_3		Child sexual abuse, Confirmed, Subsequent encounter	T74.22XD	995.53
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner abuse, Psychological, Confirmed, Initial encounter	T74.31XA	995.82
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner abuse, Psychological, Confirmed, Subsequent encounter	T74.31XD	995.82
I3_A_4		Child psychological abuse, Confirmed, Initial encounter	T74.32XA	995.51
I3_A_4		Child psychological abuse, Confirmed, Subsequent encounter	T74.32XD	995.51
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner neglect, Suspected, Initial encounter	T76.01XA	995.85
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner neglect, Suspected, Subsequent encounter	T76.01XD	995.85
I3_B		Child neglect, Suspected, Initial encounter	T76.02XA	995.52
I3_B		Child neglect, Suspected, Subsequent encounter	T76.02XD	995.52
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner Violence, Physical, Suspected, Initial encounter	T76.11XA	995.81
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner Violence, Physical, Suspected, Subsequent encounter	T76.11XD	995.81
I3_A_2		Child physical abuse, Suspected, Initial encounter	T76.12XA	995.54
I3_A_2		Child physical abuse, Suspected, Subsequent encounter	T76.12XD	995.54
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner Violence, Sexual, Suspected, Initial encounter	T76.21XA	995.83
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner Violence, Sexual, Suspected, Subsequent encounter	T76.21XD	995.83
I3_A_3		Child sexual abuse, Suspected, Initial encounter	T76.22XA	995.53
I3_A_3		Child sexual abuse, Suspected, Subsequent encounter	T76.22XD	995.53
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner abuse, Psychological, Suspected, Initial encounter	T76.31XA	995.82
I3_A_4.3	I3_A_4.3.01.2	Spouse or partner abuse, Psychological, Suspected, Subsequent encounter	T76.31XD	995.82
I3_A_4		Child psychological abuse, Suspected, Initial encounter	T76.32XA	995.51
I3_A_4		Child psychological abuse, Suspected, Subsequent encounter	T76.32XD	995.51
I3_B_4	I3_B_4.88	Academic or educational problem	Z55.9	V62.3
I3_B_2	I3_B_2.04	Homelessness	Z59.0	V60.0
I3_B_2	I3_B_2.04	Inadequate housing	Z59.1	V60.1
I3_B_5	I3_B_5.01.2	Discord with neighbor, lodger, or landlord	Z59.2	V60.89
I3_A_2	I3_A_2.1	Problem related to living in a residential institution	Z59.3	V60.6
	I3_A_2.5			
	I3_A_2.88			
I3_A_3	I3_A_3.88			
I3_A_4	I3_A_4.88			
I3_B				
I3_B_2	I3_B_2.01	Lack of adequate food or safe drinking water	Z59.4	V60.2

I3_B		Extreme poverty	Z59.5	V60.2
I3_B		Low income	Z59.6	V60.2
I3_B_2	I3_B_2.88	Insufficient social insurance or welfare support	Z59.7	V60.2
I3_B_3	I3_B_3.88			
I3_B_2	I3_B_2.04	Unspecified housing or economic problem	Z59.9	V60.9
I3_B_6	I3_B_6.88	Problem related to living alone	Z60.2	V60.3
I3_B_7	I3_B_7.88			
I3_B_4	I3_B_4.88	Acculturation difficulty	Z60.3	V62.4
I3_A_4.1	I3_A_4.1.07	Social exclusion or rejection	Z60.4	V62.4
I3_A_4.1	I3_A_4.1.01 I3_A_4.1.02 I3_A_4.1.03	Target of (perceived) adverse discrimination or persecution	Z60.5	V62.4
I3_A_4.1		Unspecified problem related to social environment	Z60.9	V62.9
I3_B_7		Upbringing away from parents	Z62.29	V61.8
I3_A_2		Personal history (past history) of physical abuse in childhood	Z62.810	V15.41
I3_A_3		Personal history (past history) of sexual abuse in childhood	Z62.810	V15.41
I3_A_4		Personal history (past history) of psychological abuse in childhood	Z62.811	V15.42
I3_B		Personal history (past history) of neglect in childhood	Z62.812	V15.42
I3_B_1	I3_B_1.01 I3_B_1.02 I3_B_1.03 I3_B_1.88 I3_A_4.1.88	Parent-child relational problem	Z62.820	V61.20
I3_A_4.3	I3_A_4.3.01	Sibling relational problem	Z62.891	V61.8
I3_A_4.1	I3_A_4.1.88			
I3_B		Child affected by parental relationship distress	Z62.898	V61.29
I3_A_4	I3_A_4.88	Disruption of family by separation or divorce	Z63.5	V61.03
I3_A_4	I3_A_4.88	High expressed emotion level within family	Z63.8	V61.8
I3_B	I3_B_1 I3_B_2 I3_B_3 I3_B_5 I3_B_7 I3_B_88	Problems related to unwanted pregnancy	Z64.0	V61.7
I3_B	I3_B_88	Problems related to multiparity	Z64.1	V61.5
S2_A	S2_A_02 S2_A_04	Discord with social service provider, including probation officer, case manager, or social services worker	Z64.4	V62.89
I3_A_4.2	I3_A_4.2.01 I3_A_4.2.05	Conviction in civil or criminal proceedings without imprisonment	Z65.0	V62.5
I3_A_1	I3_A_1.88	Imprisonment or other incarceration	Z65.1	V62.5
I3_A_1	I3_A_1.88	Problems related to other legal circumstances	Z65.3	V62.5
I3_A_2 I3_A_3 I3_A_4	I3_A_2.3	Victim of crime	Z65.4	V62.89
I3_A_2.5		Victim of terrorism or torture	Z65.4	V62.89
I3_A_4.3	I3_A_4.3.02 I3_A_4.3.88	Exposure to disaster, war, or other hostilities	Z65.5	V62.22
I3_A_4.3	I3_A_4.3.88	Other problem related to psychosocial circumstances	Z65.8	V62.89
I3_A_4.2	I3_A_4.2.06	Religious or spiritual problem	Z65.8	V62.89
I3_B_5	I3_B_5.02 I3_B_5.88	Unspecified problem related to unspecified psychosocial circumstances	Z65.9	V62.9
S2_01.03	S2_1.3.01 S2_1.3.03	Other circumstances related to child neglect, Encounter for mental health services for victim of child neglect by parent	Z69.010	V61.21
S2_01.03	S2_1.3.01 S2_1.3.03	Other circumstances related to child physical abuse, Encounter for mental health services for victim of child abuse by parent	Z69.010	V61.21
S2_01.03	S2_1.3.01 S2_1.3.03	Other circumstances related to child psychological abuse, Encounter for mental health services for victim of child psychological abuse by parent	Z69.010	V61.21
S2_01.03	S2_1.3.01 S2_1.3.03	Other circumstances related to child sexual abuse, Encounter for mental health services for victim of child sexual abuse by parent	Z69.010	V61.21

S2_01.03	S2_1.3.02 S2_1.3.03	Other circumstances related to child neglect, Encounter for mental health services for perpetrator of parental child neglect	Z69.011	V61.22
S2_01.03	S2_1.3.02 S2_1.3.03	Other circumstances related to child physical abuse, Encounter for mental health services for perpetrator of parental child abuse	Z69.011	V61.22
S2_01.03	S2_1.3.02 S2_1.3.03	Other circumstances related to child psychological abuse, Encounter for mental health services for perpetrator of parental child psychological abuse	Z69.011	V61.22
S2_01.03	S2_1.3.02 S2_1.3.03	Other circumstances related to child sexual abuse, Encounter for mental health services for perpetrator of parental child sexual abuse	Z69.011	V61.22
S2_01.03	S2_1.3.01 S2_1.3.03	Other circumstances related to child neglect, Encounter for mental health services for victim of nonparental child neglect	Z69.020	V61.21
S2_01.03	S2_1.3.01 S2_1.3.03	Other circumstances related to child physical abuse, Encounter for mental health services for victim of nonparental child abuse	Z69.020	V61.21
S2_01.03	S2_1.3.01 S2_1.3.03	Other circumstances related to child psychological abuse, Encounter for mental health services for victim of nonparental child psychological abuse	Z69.020	V61.21
S2_01.03	S2_1.3.01 S2_1.3.03	Other circumstances related to child sexual abuse, Encounter for mental health services for victim of nonparental child sexual abuse	Z69.020	V61.21
S2_01.03	S2_1.3.02	Other circumstances related to spouse or partner abuse, Psychological, Encounter for mental health services for victim of spouse or partner psychological abuse	Z69.11	V61.11
S2_01.03	S2_1.3.02	Other circumstances related to spouse or partner neglect, Encounter for mental health services for victim of spouse or partner neglect	Z69.11	V61.11
S2_01.03	S2_1.3.02	Other circumstances related to spouse or partner violence, Physical, Encounter for mental health services for victim of spouse or partner violence	Z69.11	V61.11
S2_01.03	S2_1.3.02	Other circumstances related to spouse or partner abuse, Psychological, Encounter for mental health services for perpetrator of spouse or partner psychological abuse	Z69.12	V61.12
S2_01.03	S2_1.3.02	Other circumstances related to spouse or partner neglect, Encounter for mental health services for perpetrator of spouse or partner neglect	Z69.12	V61.12
S2_01.03	S2_1.3.02	Other circumstances related to spouse or partner violence, Physical, Encounter for mental health services for perpetrator of spouse or partner violence	Z69.12	V61.12
S2_01.03	S2_1.3.02	Other circumstances related to spouse or partner violence, Sexual, Encounter for mental health services for perpetrator of spouse or partner violence	Z69.12	V61.12
S2_01.03	S2_1.3.02	Other circumstances related to spouse or partner violence, Sexual, Encounter for mental health services for victim of spouse or partner violence	Z69.81	V61.11
S2_01.03	S2_1.3.01	Sex counseling	Z70.9	V65.49
S2_01.03	S2_1.3.01 S2_1.3.02 S2_1.3.03	Other counseling or consultation	Z71.9	V65.40
I3_B_6	I3_B_6.02.88	Tobacco use disorder, Mild	Z72.0	305.1
I3_A_1	I3_A_1.88	Child or adolescent antisocial behavior	Z72.810	V71.02
I3_A_1	I3_A_1.88	Problem related to lifestyle	Z72.9	V69.9
S2_A	S2_A_03 S2_A_05	Unavailability or inaccessibility of health care facilities	Z75.3	V63.9
S2_A	S2_A_03 S2_A_05	Unavailability or inaccessibility of other helping agencies	Z75.4	V63.8
I3_B_3	I3_B_3.01 I3_B_3.02 I3_B_3.05 I3_B_3.88	Nonadherence to medical treatment	Z91.19	V15.81
I3_A_4		Other personal history of psychological trauma	Z91.49	V15.49
I3_A_1	I3_A_1.04	Personal history of self-harm	Z91.5	V15.59
I3_B_6	I3_B_6.01 I3_B_6.88	Wandering associated with a mental disorder	Z91.83	V40.31
I3_A_1	I3_A_1.88	Other personal risk factors	Z91.89	V15.89

ANNEX I: Off line databases_templates (.xlsx file)

ANNEX II: Tool for Definition of Eligibility Criteria for CAN-MDS Operators (.xlsx file)

ANNEX III: Focus Group Protocol & Discussion Guide

To take place after piloting of the system (OPTIONAL)

Suggested Methodology for modifications and further cultural adaptation of CAN-MDS Toolkit

Focus Group Discussions

AIM: *to assess content validity, quality and feasibility of each individual element in CAN-MDS*

- 2 groups * 10 Operators / country
 - o *Professional specialties of Operators should represent all eligible professional groups and sectors*

Planning the Focus Groups

- *Preparing Invitation letters**
- *Define the venue & the dates*

Focus group results

- *Reporting*
 - o *Considering revision of the national version of the Toolkit according to FG results*

*** Invitation for participation to the Focus Groups Discussions**

- Invitation letter is suggested to include
 - a brief description of the objectives of discussion group and of the procedure
 - instructions to Operators to prepare in advance their notes/observations for any issue they would like to discuss.

Overview of FGs

	Suggested Process & Organization
Method	Group session
Group size	10 participants + 2 moderators
Number of Groups	2 groups (at least) /country * 6 countries
Session duration	120 min
Time	After the end of pilot phase
Place	TBD per country
Participants	Professionals who participated in CAN-MDS piloting as Operators
Recruitment of participants	Written invitations and further communication via phone where needed
Participants preparation	Preparation of notes and observations in advance
Group synthesis	Professional specialites of operators to represent all relevant sectors
Moderator(s)	National Administrator and Local coordinators or Researcher Moderator: coordinate the discussion Co-moderator: keeping the minutes of the discussion
Moderators' discussion guide	Document including the issues to be discussed, instructions for moderating the discussion, time to be devoted per topic
Other material	Invitation letters; a copy of Toolkit; a list of CAN-MDS data elements
Data to be collected	Qualitative
Data collection	Written minutes and voice recording
Analysis of data	Descriptive analysis of repeated issues, comments and suggestions Presentation of selected quotations (words, sentences, expressions)
Reporting	Brief description of aim and method of FG Presentation of results and references for any specific part of the Toolkit suggested to be modified A list of the modifications suggested for the national CAN-MDS

FOCUS GROUP DISCUSSION CAN-MDS Toolkit (after piloting – optional) [120 MIN PER GROUP]

Opening of the Discussion

TOPIC 1: CONTENT OF the Toolkit

[10 min]

As the participants get prepared for the discussion, the moderator asks the following questions:

1. Do you think that the way the content is presented meet the objectives of the CAN-MDS?
 - a) *As for the content of the Toolkit, is there any point that you don't agree with?*

TOPIC 2: STRUCTURE & FUNCTIONALITY OF Toolkit

[10 min]

1. In general, how would you evaluate the structure of the Toolkit?
 - a) *Do you think that the Toolkit was useful for you as an operator of the CAN-MDS System?*
 - b) *Is there anything that you don't understand regarding the instructions for the use of the Toolkit?*

TOPIC 3: CAN-MDS Data Elements

[25 min]

CLARITY & PRECISION

1. To your opinion, is there any data element that it is not understandable and that it requires changes/modifications?
TIP: Use a table with the 18 data elements of the CAN-MDS in order to record how many professionals indicate each individual variable

TOPIC 4: Data Collection

[50 min]

APPLICABILITY & USABILITY

1. Did you had the opportunity to record any CAN incidents in the CAN-MDS during the piloting?
 - a) *If yes, how many incidents you recorded?*
 - b) *If no, what was the reason for this?*
 - c) *There were cases that you could record but you decided to not do it?*
 1. *If yes, what was the reason?*
2. Did you had any specific difficulties in the whole process? If yes, they were relevant
 - a) *To the online application use?*
 - b) *To the operator's manual use?*
 - c) *To the protocol for data collection?*
 - d) *To the communication with the National Administrator?*
 - e) *To other aspects of the system (such as)?*
3. Is there anything you like to suggest in order to improve the system?

TOPIC 4: Closing

[15 min]

1. In general, what's your opinion regarding the idea of developing a system, such as the CAN-MDS?
 2. Do you think that your participation as a CAN-MDS operator is useful for your work?
-

Management and processing of results: From the focus groups' discussion a bulk of information is expected to result regarding participants' opinions and comments.

To this end, especially if the discussion has not been recorded by electronic means (such as voice recorder), it is suggested that immediately after ending each group, the moderators to meet and consolidate what they record (such as excerpts) and summarize the main points of the discussion, potential patterns observed in the answers, by identifying the topics on which there was agreement or disagreement. They should also record all alternative proposals for improvement.

The answers (qualitative data) and words- or key-phrases should be recorded and grouped into categories under general headings corresponding to the topics included in the respective discussion guide for each group. Once completing the recording of answers, the different views and attitudes and the extent to which group members agreed (they actually had the same opinion) can then be separated. Combining the common responses will result in the general pattern of responses, which will determine whether the material requires further modifications or not.

To facilitate and systematize this process, a template can be used as in the example below, in which the Discussion Guide's topics are recorded in the first column and participants' answers can be recorded in the second column.

Keeping notes from FGs. Template for the systematization of answers from a focus group with professionals

TOPIC 1: CONTENT OF the Toolkit	Comments (initials of professional's name based on the attendance list)
Do you think that the way the content is presented meet the objectives of the CAN-MDS?	e.g.
As for the content of the Toolkit, is there any point that you don't agree with?	A.B.

TOPIC 2: STRUCTURE & FUNCTIONALITY OF Toolkit	Comments (initials of professional's name based on the attendance list)
In general, how would you evaluate the structure of the Toolkit?	e.g. AB:
<i>Do you think that the Toolkit was useful for you as an operator of the CAN-MDS System?</i>	A.B.
<i>Is there anything that you don't understand regarding the instructions for the use of the Toolkit?</i>	

TOPIC 3: CLARITY AND PRECISION PER DATA ELEMENT	Comments (initials of professional's name based on the attendance list)	DE:
<p>To your opinion, is there any data element that it is not understandable and that it requires changes/modifications?</p>	<p>e.g. AB:</p>	

TOPIC 4: Data Collection APPLICABILITY & USABILITY	Comments (initials of professional's name based on the attendance list)
<p>Did you had the opportunity to record any CAN incidents in the CAN-MDS during the piloting?</p>	<p>e.g. AB:</p>
<p>If yes, how many incidents you recorded?</p>	<p>A.B.</p>

<p>If no, what was the reason for this?</p>	
<p>There were cases that you could record but you decided to not do it?</p> <p>If yes, what was the reason?</p>	

<p>Did you had any specific difficulties in the whole process? If yes, they were relevant</p> <p>a) To the online application use?</p> <p>b) To the operator's manual use?</p> <p>c) To the protocol for data collection?</p> <p>d) To the communication with the National Administrator?</p> <p>e) To other aspects of the system (such as)?</p>	
<p>Is there anything you like to suggest in order to improve the system?</p>	

TOPIC 5: CLOSING	Comments (initials of professional's name based on the attendance list)
<p>In general, what's your opinion regarding the idea of developing a system, such as the CAN-MDS?</p>	<p>e.g. AB:</p>
<p>Do you think that your participation as a CAN-MDS operator is useful for your work?</p>	<p>A.B.</p>

