



# D3.4

## EVALUATION OF NATIONAL OPERATORS' SEMINARS



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Institute of Child Health  
Department of Mental Health and Social Welfare  
7 Fokidos Street, 115 26 Athens-Greece

Website: [www.ich-mhsw.gr](http://www.ich-mhsw.gr)  
Project's Website: [www.can-via-mds.eu](http://www.can-via-mds.eu)

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#### COORDINATING ORGANIZATION

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

*George Nikolaidis, Project Leader*  
*Athanasios Ntinapogias, Project Coordinator/Principal Investigator*  
*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

*Eleonora Lilova, Local Coordinator*  
*Milena Anastasova, Chief Expert*  
*Yanko Kovachev, 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*  
*Sofia Leitaou, Researcher*

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

*Tapavidou 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 MEHOBA, 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 copil (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*

#### NATIONAL CAN-MDS ADMINISTRATORS

*Arieta CHOUCOURELOU, National CAN-MDS Administrator in GREECE*  
*Christine MAVROU, National CAN-MDS Administrator in CYPRUS*  
*Rodika-Corina ANDREI, National CAN-MDS Administrator in ROMANIA*  
*Joaquim MILLAN, National CAN-MDS Administrator in SPAIN*

#### Expert on Ethical Issues

*Andreas Jud, Ulm University-GERMANY*  
**External Evaluator**  
*Jenny Gray, UK*

## Contents

Evaluation of National Operators' Seminars .....	5
Aim of the Evaluation of National Operators' Training .....	6
Evaluation Results per Country .....	7
Bulgaria .....	8
Cyprus .....	11
Greece .....	14
Romania .....	18
Spain .....	21
Overall Evaluation .....	24

## Evaluation of National Operators' Seminars

Action "CAN-MDS II" is designed with the objective to involve, to the biggest extent possible, potential stakeholders in order to widen the pool of sources for CAN reports and collection of data. Namely, the goal is to recruit eligible professionals from various backgrounds having different roles and accountabilities while working with or for children, in all relevant sectors (such as hotlines, welfare, health, justice, law enforcement, education governmental and NGOs). In this way, CAN-MDS has been crafted to collect uniform information from all potential sources for identified or suspected CAN cases.

In order the eligible professionals to become system's operators able to collect uniform information from any potential data sources for any reported and/or identified CAN cases, they should be trained and sensitized on a wide spectrum of issues related to CAN on the basis of a training module. The CAN-MDS Training Module was prepared under WP3 in order to provide guidance for the training of stakeholders, based on shared training resources. It is made specifically for the training of professionals in each country who have signed up to become CAN-MDS Operators, according to what is provisioned in the national customized pilot plans. Eligible professionals' groups (*per sector*) for all partner countries are: social workers, health visitors, care providers in institutions, etc (*welfare*); judges, probation officers, public prosecutors, forensic surgeons' professionals, police officers, specialized police investigators etc (*Justice and Law Enforcement*); medical doctors, midwives, nurses, dentists, child psychiatrists, psychiatrists, psychologists, licensed counselors etc (*Health and Mental Health*); teachers/educators (pre-school, kindergarten, primary and secondary education, for children with special needs), school principals (*Education*) and others like researchers and data administrators. Targeted groups of professionals mentioned above are not expected to be neither equally, nor adequately sensitized, informed and trained on CAN issues, including reporting. To this end, Training Module, apart from the CAN-MDS Toolkit, includes material that was prepared in such a way as to address needs and knowledge gaps of all relevant professionals' groups in all countries.

The national CAN-MDS Training Module was initially developed to guide the conduction of in person seminars of professionals to become operators of CAN-MDS System. Following the particular conditions due to pandemic and the consequent restrictive measures including lockdown and

working from home for many professionals belonging to CAN-MDS target group, all training material had to be not only translated and adapted to each country's specifics, but also revised and adapted to support alternative training methodology, namely distant training for potential system operators.

### Aim of the Evaluation of National Operators' Training

National Operators' Seminars aim to build the capacity of professionals working with or for children in all relevant sectors in order for them to use the system in real conditions in the context of their daily professional activity. More specifically, the learning objectives of the CAN-MDS seminars are to ensure that professionals working with or for children in all relevant sectors:

- are fully informed about what is CAN and its specific types and are familiar with the operational definitions of CAN on the basis of CRC, Art. 19 and GC 13 of UN CRC (2011)
- are informed on how to recognize signs of child abuse and/or neglect
- are aware of the procedures to be followed upon the identification of a (suspected) CAN case (recognizing; reporting; registering; providing services; referring to other agencies; follow-up)
- are aware of their role and responsibilities in the course of administrating a CAN case and under which circumstances a case should be reported either to authorities in charge (depending on country) or by the professionals themselves directly via the system
- are aware of what is provisioned by the law as well as for their own professional field's mandates for reporting
- have a common understanding on what are the ethical principles governing CAN data collection, including the importance of confidentiality, legislative provisions, and professionals' codes of ethics
- are fully informed about the CAN-MDS system and how it operates, namely
  - which are the data elements comprising the minimum data set
  - which cases are eligible to be recorded in the system
  - what is the data entry procedure [record of (suspected) incident; information for child and family; services' response (institutional response and referrals made); how to communicate with and provide feedback to other professionals-operators (at case-level)]
  - how to use the system (working in real time with mock-CAN cases)
- are fully informed on what is expected by them as system's Operators and how they will benefit by the system in their everyday practice depending to their roles and accountabilities

## Evaluation Results per Country

A number of adverse situations, the most important of which being the COVID-19 pandemic and the consequent measures for its control, did not allow for the implementation of the National Operators' (NO's) seminars as initially planned. All participating countries had to switch their agenda from overall in-person training to entirely or partly online training. Some of the participating countries were moreover faced with additional difficulties arising from local circumstances which further complicated the implementation of the NOs seminars.

The following table briefly summarizes the means of the seminars' implementation per country:

Country	Means of Implementation	Means of Evaluation
Bulgaria	Live online training	Online pre- and post-training questionnaires
Cyprus	Mixed asynchronous and face-to-face training	Live feedback during the face-to-face sessions
Greece	Asynchronous e-learning methodology	Online pre- and post-training questionnaires
Romania	Live online training and subsequent face-to-face supervision	Online pre- and post-training questionnaires
Spain	Two formats: Face-to-face (pre-pandemic) and live online training (post-pandemic)	Respectively, print and online pre-and post-training questionnaires

Note: Operators' Seminar were not conducted in France

## Bulgaria

According to the initial plan CAN-MDS Operators' seminars in Bulgaria would include 6\*2-day seminars x ~20 participants (122 trainees-operators). Trainings were planned to be implemented in face-to-face sessions in July and August 2020 in three localities, i.e. Sofia, Blagoevgrad, Veliko Turnovo.

Unfortunately, a combination of unfavorable circumstances, thwarted the preliminary plans. First, there was a prolonged and tough communication between the two national bodies responsible for child protection and welfare issues, namely the Child Protection Agency and the Social Assistance Agency. The highest national authority, namely the Agency for Social Assistance, did not agree on the implementation of CAN-MDS and refused to provide the system's piloting due to data privacy-related issues. Secondly, COVID-19 related lockdown made it impossible to conduct face-to-face trainings. Additionally, the political situation did not favor the implementation of trainings due to the local and national elections. All of the above-described circumstances hindered the implementation of the activities as planned in advance.

When it became evident that there was no way to pilot CAN-MDS, no active national administrator, and no readiness on the part of the State Agency for Child Protection to act as a National authority (due to the above-mentioned problems), it was decided to arrange at least one local training in Blagoevgrad with participants from the social welfare and educational sectors, under the authority of the Mayor of Blagoevgrad municipality.

The day before the training the pre-training questionnaire was sent to all participants. The training was held online through the Big Blue Button platform, on June 21-22, 2021. The training duration was 8 hours, divided into 2 days. The program was based on the one presented in Master CAN-MDS Training Module.

For the session "Demonstration of CAN-MDS, work with mock cases" the online application CAN-MDS was used. Mock case1 were used in the presenting on-line CAN-MDS. Main training material that provided to trainees was the CAN-MDS Operator's Manual and the Data Collection Protocol.

The formal evaluation was done before the training and after the end of the training (via completion of pre- and post- questionnaires). The informal evaluation was done during the discussions at the end of each day of the training.



The professionals considered that their knowledge was increased for all subjects in question but mainly on what the CAN-MDS System is, on how to recognize a child-victim of abuse and/or neglect, what is provisioned by the law for reporting CAN cases by professionals working with/for children.

The professionals considered that their awareness about reporting procedure increased after the training, as well as their role as future operators of CAN-MDS.

All participants agreed that physical punishment is a form of violence, because :

- it violates human rights - the right to free expression, free choice of various activities related to the life and existence of the individual
- it violates the rights of the child, it is not a method of education, we need communication, conversations, explanations
- violence breeds violence... it is not a response that brings about a complete change in the child's behavior in the long run but a temporary cessation of certain behavior
- children should not be punished, they should be talked to
- It affects the personality
- it inflicts enormous mental trauma on children, which is difficult to overcome
- corporal punishment is not a measure to discipline children. Violence against children can lead to disturbance in their development - behavioral, psychological and others.

All participants declared that there were no expectations that were not met during the training.

All participants were satisfied with the training organization, and mentioned that the seminar duration and the provided information were as much as needed. The means used for the training (presentations, mock case, process) were appropriate.

All participants agreed there was no need for improvement of the training content, and the only issue some participants mentioned is that "it would have been better if the training was in person"

Participants shared the following as the most useful outcomes from the training :

- Clarification of the concepts of "abuse" and "neglect"
- Recognition of the signs of abuse and neglect
- Reporting procedure for CAN: how, when, and where (which authority) to report a potential case of child abuse
- What are the main problems related to the assessment of the extent of CAN

- I learned more about the CAN-MDS system, as all the information is in one place
- Introduction of CAN-MDS system and examples
- The training with the mock case, how to enter data and prepare the report
- How to use CAN-MDS tools
- What will be my role as an operator of the CAN-MDS system

All participants were satisfied with the training, and they found it very interesting and fruitful. The seminar created a space for discussion and opportunities for the participants to share cases from their practice, as well as to receive valuable feedback from practitioners working in different sectors. Participants shared that many issues connected with child abuse and neglect identification and reporting became clearly outlined and they learned a lot within the training.

Most of the participants would like to act as operators of CAN-MDS, when the agreement for the implementation of the system will be achieved.

The participants in the Seminar pointed out that some topics need more attention in the future: recognition of the signs of CAN; how to respond to a child who reveals that she/ he has been abused; issues connected with insufficient reporting; assessment of the extent of child abuse and neglect.

There were made strong recommendations that all teams working with children should undergo such training, they could even be trained as trainers in order to conduct it for the parents; organization of a training in a real setting in order to try out CAN-MDS system in person.

The organizers of the training invited participants to visit Department of Medical-Social Sciences in October 2021 in order to discuss further topics in the field of child abuse and neglect, as well as possibilities for implementation of CAN-MDS in the region of Blagoevgrad.

At the end of the training all mean scores of items related to knowledge of signs of CAN, reporting procedure, the trainees' awareness of CAN-MDS, and their future role as operators of CAN-MDS were increased in the second measure (post-training questionnaire). All participants expressed satisfaction with the content of the training, and general evaluation was positive, ranged between 5 and 10 scores. The main conclusion that all participants agree upon was that the CAN-MDS is an easy-to-use tool for reporting cases of child abuse and neglect, information storage for all new incidents and must be implemented in child protection practice in Bulgaria.

## Cyprus

Due to the pandemic and the strict measures against its spread issued by the Republic of Cyprus, the professionals working on the project had to adjust several times the way the trainings were going to be implemented. However, since the timeframe was narrowing, it was decided to implement the training in a blended way, using both face-to-face and online methodologies. Thus, the first trainings, which dealt with the theoretical approach, were recorded and shared with the participants so that they could watch them. The trainings concerning the practical approach were conducted in person, through small and mixed groups of professionals. Regarding the trainings for the professionals of the Children's House (CH) and Helpline Operators of Hope for Children, where the platform would be implemented in a pilot phase, it was decided that these would be delivered only online so that the pilot phase could start. However, professionals from Hope For Children, working in the project were able to assist the professionals of CH and Helpline Operators in a face to face form in cases where problems have arisen.

The professionals involved in the implementation of the CAN-MDS II project were particularly involved and interested in the new reporting mechanism built within the framework of the project. Professionals from various fields related to the handling of child abuse and neglect cases participated, such as Mental Health Services, Health Services, Ministry of Education and Pedagogical Institute, Police, Non-Governmental Organizations, Helpline Operators, Social Welfare Services.

According to the feedback of the professionals we had during the trainings, some found the platform extremely useful for data purposes, in order to support both at European and national level the prevention and combating of such incidents/phenomena.

Others raised concerns about the way the platform works and the fact that the national administrator has to be consulted in order to register an incident in relation to child's ID, and felt that this would add to their workload, which would have a negative impact on the management of incidents.

Moreover, after the training, professionals were able to give a clearer picture of what constitutes child abuse and neglect. For example, prior to the training, some professionals felt that abuse addressed more serious incidents such as sexual abuse, as well as aggravated physical and mental abuse. However, after the trainings they were able to give a more open and broader picture regarding the issue. Moreover, the evaluation results showed that some of them, while before the training they

knew the specific legislation defining the national framework, after the trainings they were able to refer to European legislation, recognizing its binding nature at national level. They were also more easily able to analyze the relevant legislation so that it was broadly applicable to the cases they handled, rather than applying it strictly in a literal sense.

Although initially the professionals presented a hesitation regarding the usefulness of the platform, later on and after the trainers explained to them the usefulness of the platform, they seemed to understand and agree, accepting that the platform is something we need at national level, since in Cyprus, there is no unified system for the recording of such cases, which results in having many different data, without being able to clearly and unambiguously define the extent of the problem.

Regarding the training of professionals, all agreed on the fact that professionals need further training. It is also worth noting that it was commented from a police officer that the lack of incident awareness training on the part of professionals, combined with their legal obligation to report such suspicions, often results in over-reporting, thus increasing the workload of professionals investigating cases, which results in a delay in investigating and handling cases where there is a real problem. They also indicated that this is also negative for the children themselves, since they are forced to go through the relevant investigation procedures without any reason, with the risk of being inconvenienced or even injured.

They all agreed that multidisciplinary cooperation in handling cases of children abuse and neglect is a must and that we need to give more emphasis on that and do the necessary steps to achieve this in excellence.

Specifically, about the platform, although during the trainings there was confusion and a lot of discussion about the role of the operator, afterwards they all seemed to have a full understanding of the role and said that everything will be easier for them once they start using the platform in practice. The trainers pledged to remain available to the practitioners during the practical application in order to help and solve any questions, and they share their contact information with the participants.

The trainings of Operators of CAN MDS platform in Cyprus showed the gaps and needs in relation to the professionals and the systems in place regarding child neglect and abuse. The feedback provided by the professionals that participated in the trainings of the project will serve as a guide to improve the current mechanisms as well as the further education of professionals in order to enhance their

skills. Also, notes were taken in order to improve the platform so it can be adapted perfectly in a national level without barriers. The project team, both on the part of SWS and on the part of HFC, engaged to remain in contact with the professionals and make sure to deal and solve any issues will arise. Added to that, more discussion with the Commissioner for personal data protection of Cyprus will take place in order to make sure that data are protected.

## Greece

According to the initial plan, CAN-MDS Operators' seminars in Greece would include 16\*2-day seminars x 25 participants (400 trainees-operators) nationwide. Implementation of seminars had been scheduled to start during March 2020; due to the restrictive measures, however, that adopted because of the COVID-19 pandemic on March 5, 2020, an amendment was submitted to the EU (July 2020) in order for the seminars to take place online (instead of in person). EU accepted the amendment (Oct 2020). According to the revised plan it was decided asynchronous e-learning methodology to be applied (based on the talentlms.com platform) with the aim to involve 400 trainees (as it was initially planned); as for the content of the training, it was decided full sections and material to be used (as it was described in the revised Training Module) including work of trainees with mock cases in a fully simulated process per trainee. Moreover, electronic evaluation questionnaires were created and completed by trainees online.

Although distance learning was applied due to unexpected reasons, professionals participated in the online training up to date of drafting the current evaluation report were overall declared satisfied from the e-learning platform and users' interface, the quality of training material including videos, presentations, and exercises and the quality of *ready to use* material (Manuals, Guidelines, Templates). On the other hand, due to changes on the initial plan and the long-lasting restrictive measures due to pandemic, approaching, recruitment and training of the provisioned number of professionals nationwide proved not feasible. Apart from the abovementioned reasons, involvement of professionals from specific sectors at the specific time period was not feasible too; the representative of Ministry of Education, for example, explained that for professionals working in schools and similar settings it would be possible to be involved after September (because of the sector-specific annual program). During the 3<sup>rd</sup> meeting of the national Inter-Sectoral Board, ICH along with the members of Board for supporting the CAN-MDS piloting took the decision to continue with the training of professionals and the piloting at least until the end of 2021 (after the end of the project).

As for their *self-perceived knowledge*, assessments were high enough even from the measurement before the training –as it was expected, given that most of the professionals were social workers who previously participated in relevant trainings and currently worked in municipal social services and are familiarized with the administration of child abuse and neglect cases. Despite the high scores of self-

assessed knowledge, an increase was noted in all relevant items, indicating that new information acquired by professional during the online training.

Similar were the results for items where professionals-trainees assessed their own *awareness* on various issues related to CAN, specifically the reporting processes ("how" and "where" to report), the reasons of underreporting, and the CAN-MDS Operator's role. Initially professionals assessed highly their awareness on the above issues –apart from the item related to their role as CAN-MDS operators and after the training these assessment were even higher, especially at the item related to their awareness on the role of a CAN-MDS Operator. It seems that there is still room for improving knowledge of professionals on reporting processes as well as on their expected role as system's operators.

Concerning their expectations about this training, comparison of pre- and post-training evaluation suggests that participants, on average, considered that they learned more about the underreporting issue than they had initially expected to. They also reported they received on average more information on how to recognize signs of child abuse and neglect than what they were expecting from the training, as well as on the provisions and law mandates on suspected CAN reporting. All these issues are among the main learning objectives of this training. However, participants, on average reported their expectations to learn about their role as CAN-MDS Operator were not met exactly and, similarly, that their expectations regarding learning to how to use the CAN-MDS tools were, also, not met. Although this could be a weakness of the training of operators, it should be reminded that simulation of workshop took place in half of the time (compressed in 1 instead of 2 days) and, in addition, some technical issues required the training to pause at some points. This information is being examined with the utmost attention, since the specific group of trainees consisted of professionals with expertise both with CAN, in general, and with the learning process itself (i.e. they have had a long history, collectively, of formal education, and many rounds of various trainings on multiple subjects during their respective careers). In response to this feedback, adaptations have been already made to the training material and structure to incorporate step-by-step, in multiple rounds, instructions on how to use all parts of the Toolkit and the e-app. Moreover, a separate presentation with an analytical, lay-language worded preface on the role of CAN-MDS Operators has been added, outside the official descriptions included in the Toolkit.

Concerning their knowledge, pre-training scores were high enough but in a modest way, perhaps, considering the level of expertise with CAN and with the earlier milestones of CAN-MDS development for most of the participants. Post-training scores show increases as trainees at the end of the training considered that they know more about what CAN is, how to recognize a child-victim of CAN, and what the CAN-MDS system is.

In regards to professionals' assessment of self-confidence on various issues related to CAN cases administration, all post-training confidence ratings increased. As it was expected the major increase is noted in the statement "I feel confident to act as a CAN-MDS Operator", while increases were also observed in the statements "*I feel confident to recognize signs indicating that a child might be suffering abuse and/or neglect*", "*I feel confident to respond to a child who reveals that suffer abuse and/or neglect*" and "*I feel confident to record and report concerns for a potential CAN case to the appropriate authorities*".

Concerning factors preventing the decision of a professional to report suspected child abuse and/or neglect, according to professionals-trainees' assessments "*lack of feedback provided to the professionals who made a report by the Authorities about status of the report*" is the most hindering factor on the list. High rating of this factor can be justified by the current situation and the practices applied in Greece; for example, Social Workers who work in Municipal Social Services often work with CAN cases (reporting and investigation) in close collaboration with prosecutors' offices and police; in most of the cases, however, after the submission of their assessments, social workers do not receive any feedback on the progress of the cases. Other factors that rated highly by professionals were the "*fear that someone would find out who made report that would damage professional's practice*" (that also can be justified by the fact that in Greece –with only a few exemptions- professionals working with children have no "legal immunity" when they report a suspected case of CAN in the authorities) and "*lack of certainty about the diagnosis and substantiation of CAN on the part of the professional*" (as most of them are not trained on how to recognize CAN cases). The factors with the lower impact on the professionals' decision to report a CAN case were the case of "*professionals being uncomfortable intervening in a family's life*" and practical reasons as "*the time it takes to make a report and the necessary processes (where to report, what is expected)*".



The expectations of the professionals who decided to attend the seminar were high enough concerning all training subjects under evaluation (knowledge, definitions, underreporting, legal issues, CAN-MDS system, tools and roles). The comparison of pre- and post- assessments (expectations and the extent to which these were fulfilled) revealed that CAN-MDS Operators' online Seminar satisfied the expectations of the professionals. Apart from issues related to what trainees learned, they also evaluated the duration and the completeness of the information provided during the online seminar; the quality of content of the four seminar sections; and the quality of e-learning platform and users' interface; of training material (videos, presentations, exercises); and of ready to use material (Manuals, Guidelines, Templates). In all cases evaluation results were very positive suggesting that the decision to apply asynchronous e-learning methodology for the needs of the CAN-MDS Action in Greece was correct. The e-learning platform with the respective material is still open and new trainees are everyday added in the program; this will last for at least the next 6 months (up to Dec 2021).

## Romania

The National Operators' training program in Romania was adapted and implemented use of a mixed methodology. The training sessions with the four modules of the training program designed by ICH took place via live online Zoom meetings. These two days were followed by a follow up of one more day in November, organized as face-to-face supervision and preparation for the piloting of the platform.

Before the training begun, there was a test-session for each location (approx. one hour) one day before the training, to check if everyone can use zoom, to see, hear, and speak on their digital device. The four modules were repeated in the following trainings organized by DASM, for Cluj-Napoca and FONPC, for Bucharest. Some of the trainees said they were at their first zoom training; others had already experienced such activities. All the groups seemed warmed up and ready to start working on the platform.

The questions and observations of the trainees related to the introduction of data on the platform raised some interested discussion points:

- confidentiality as often required by the child or his/her family members; other group members reminded her about the legal obligation to report.
- options offered by the platform: incident base reporting versus case-based files and how to find previously introduced files.
- how to introduce parenting in case of minor mothers, when minor mothers are the main caregivers, not any tutor. As the law considers sexual relationships with minors under 16 as being abusive, in the case of minor parents there might be mothers who can be also introduced in the dataset. This might be also the case some of the mothers of children abandoned in maternity and pediatric hospitals by teenage mothers.
- introducing the cases when there is a protection order given by court, cases which might not always be known by directorates (DGASPC); the advantage of the platform is that anyone who is confronted with a case can introduce it in the system, for considering the child as being at risk for violence. It should not be necessarily the DGASPC.
- sometimes referrals go back and forth between two different agencies, like mayoralities and child protection directorates, or tribunal to prosecutor, how can this movement be registered;

it is clear that each incident is registered separately, but sometimes there is one incident, and several movements of the casefile, so this remained an open question.

- if there is a possibility to differentiate between what services the child received already and what services are planned.
- among the services: legal medicine should be also involved
- the operator's level of access thoughts and willingness to cooperate and we explained that we have to wait for the real platform.
- At the end of the training, there was a presentation about how the process of introducing data in the platform will go on.

These was also discussion about the kind of institutional preparations that must be done (bilateral protocols on county level between child protection directorates and institutions from the other sectors to establish the place of the CAN MDS system as a potentially new referral procedure) in order to strengthen the local networks of CAN MDS. Further meetings were held (on-line and/or face to face) to continue the training and to support the piloting process. In the fall, when the COVID situations allowed, the Cluj team travelled to the two locations (county capitals) Satu Mare and Covasna and talked in person with the trained operators, the heads of services and other professionals of the MDS network to see what other support they need for applying the MDS.

Operators perceived the results of the piloting as following:

- The usefulness and the necessity of the MDS was recognized unanimously by all trainees.
- The main concern however was related to the capacity of the operators from the different sectors to allocate time for completing the data base.
- The main gains after the piloting period identified by participants from different training sessions (operators, members of the CAN MDS network) were the following:
  - New context and structure for networking which gives opportunity to work on the common understanding of CAN between sectors (through discussions around clarification of modalities of introducing a specific case in the system).
  - Clarification of sectoral, institutional and professional roles related to reporting. E.g. the educational system lacks the proper institutional procedures for reporting CAN

cases, the role of the school counsellors is not clear in reporting nor the relationship between the mandatory reporting and the obligation of confidentiality.

- Enhancement of the coordination of the intersectorial interventions in CAN cases
- the monthly meetings of the local network of operators gave the opportunity to present difficult cases and plan case conference. "Coordinated Response to Child Abuse & Neglect via Minimum Data Set: from planning
- Evidence based planning of human and material investments in responding to needs related to CAN .
- Bringing forward the efforts of the child protection system and other related systems in responding to accountability issues and justifying budgets.

According to the pre-training questionnaire 57.89% of the specialists from Bucharest and 36.99% of the specialists from the 3 counties have never reported CAN incidents - For 50% of the professionals from Bucharest and for 37.68% from the counties this training was the first one on CAN, while 59.45% from Bucharest and 68.42% are working with child victims of CAN many times or frequently - 50% of the professionals from the 3 counties and 33,33% from Bucharest know that there are different categories of specialists who are mandated by the law to report CAN incidents, 38.60% from Bucharest and 43.24% the counties and know that there are consequences of not reporting Regarding the efficiency of the training, there was an almost 3 point difference in the mean score of the knowledge of the participants (according to their self-evaluation).

## Spain

The training program implemented for professionals in Spain was designed according to the content of the Training Module and the CAN-DS Trainer's Manual. The program was adapted to the Catalan context and to the profile of the participating professionals. In this context, it is important to bear in mind that in Catalonia, there is a consolidated system of care for children and adolescents at risk, articulated according to specific legislation and developed through the bodies responsible for child and adolescent policies in Catalonia, such as the Directorate General for Child and Adolescent Care (DGAIA).

Due to the exceptional situation that we have experienced during the course of the project the training has been developed in two different formats: in-person during the pre-pandemic period and online once the restrictions on face-to-face social interactions established by the health authorities. The crisis has generated an increase of more than 200% in the demand for child and adolescent care, which has put considerable pressure on the teams involved, so it was considered advisable to adapt the training to the reality of the overload of professionals, adjusting the duration to the minimum necessary to achieve the objectives set and to facilitate the participation of the different entities. Therefore, the training in the CAN-MDS system for participating professionals has been carried out according to two programs designed and adapted to the pre-pandemic and pandemic situation using the in-person and online formats.

The operators' capacity building training seminars were evaluated by two points of measurements based on a pre- and post-seminar questionnaire. The tools implemented were aimed at evaluating the effectiveness of the seminars in terms of improvement. The achievements, including the training objectives evaluated, were as follows:

- knowledge of the participants (e.g. definitions of child maltreatment, children's rights, relevant legislation, etc.).
- ethical aspects of handling cases of child maltreatment, such as mandatory reporting, etc.
- awareness raising on e.g. the roles and responsibilities of professionals working with children, the importance of reporting child maltreatment, etc.
- skills acquired through case simulations (e.g. recognition of cases of child maltreatment through identification of signs, reporting procedures, etc.).

- registration of cases through the use of the CAN-MDS application.
- attitudes (e.g. on corporal punishment).
- identification and transformation of erroneous beliefs about child maltreatment and integration of anticipation of actions in case of suspected cases of child maltreatment.

Evaluation method: initial and final questionnaires. The evaluation of the training's objectives was carried out by means of two questionnaires. The questionnaires included in the CAN-MDS Toolkit were used, with appropriate translations and adaptations to the local context. The questionnaires were printed out and handed out on paper, for the in-person training sessions and, for the online training sessions, the questionnaire was incorporated into an online survey tool. 51 of the 59 training participants completed the initial and final questionnaires correctly. Some respondents did not fill in the questionnaire at all and some did not fill it in correctly, so they had to be discarded.

The conclusion that can be drawn after the completion of the CAN-MDS training with the operators, in general is very positive. The participants, belonging to sectors of care for children and adolescents at risk in Catalonia with a high degree of experience and knowledge, have been able to achieve the objectives set for the seminars, and specifically with regard to the use of the registration application, they have developed appropriate independence and skills to carry out the pilot test that started on June 15th 2021. In addition to deepening and broadening the knowledge on the CAN-MDS training toolkit, the professionals were able to play an active role as specialists in the field of children and adolescents at risk of maltreatment, which has been an important element for their motivation and has facilitated their identification with the project's objectives.

It is worth highlighting that the methodologies used for the seminars were positive for the interaction. They facilitated interaction and built a shared space for the professionals for debate, reflection and integration of the content presented, and the professionals were able to contribute with their specific knowledge and background, while at the same time being made aware of the value of CAN-MDS as a proposal for improvement of the approach to child abuse based on the analysis that the groups have made on the needs and shortcomings of the Catalan model.

The professionals' feedback on the content methodology of the training was very positive. Although they indicated that the overload of work they experienced has made it difficult for them to participate,

they recognized that it was positive for them to have the possibility to reinforce and broaden their knowledge, as well as having a space to contribute reflections on the challenges and strengths of the Catalan system in relation to the registration and coordination in the management of cases of child maltreatment. As such the CAN-MDS system was evaluated as a good option with a view towards a unified European model, as it offers an interesting response to the identified needs for improvement. The professionals have also been able to identify and describe the improvement points for the CAN-MDS system, which were described in this report, and which can be considered as a high value outcome. Nevertheless, the training has not reached the number of professionals and agencies that was initially planned (N=150) despite the efforts that have been made through more than 60 bilateral meetings with different institutional entities. We interpret this reality as a reminder that there is still a long way to go to achieve a coordinated response to child maltreatment, as intended by CAN-MDS.

## Overall Evaluation

The training of CAN-MDS Operators has been met with a number of hindrances, the most important of which being the outburst of the COVID-19 pandemic and the enforcement of strict measures against it internationally. This alone was enough to bring certain restrictions in the implementation of the training program as initially designed.

All the participating countries had to adapt the training material for distant learning, either asynchronous or not, as the exclusive or combined with face-to-face sessions method. Another restriction imposed by external factors, was the limited number of participants who were finally able to attend the training.

Country	planned	achieved	%	Notes
Bulgaria	122	21	17.2	Only 1 seminar in 1 Region was conducted because of COVID-19 related lockdown; the disagreement of the National Agency for Social Assistance to pilot CAN-MDS due to data privacy-related issues; the political situation (local and national elections)
Cyprus	86	89	103.5	As planned
Greece	400	112	28.0	Delays with the arrangements with some Board Members representing the respective Ministries had as result the recruitment of Agencies and professionals-trainees to start in April 2020 and the training on May 10; the process is ongoing until 31/12/21; with some sectors (Education, Justice, Law enforcement) technical agreements are still pending and it is expected to be completed in September 2021 (at the moment no professionals are currently trained from the respective sectors).
France	23	0	0.0	Not possible to conduct training
Romania	95	171	180.0	Additional seminars took place in all piloting Regions
Spain	150	59	39.3	the training has not reached the planned number despite the efforts that have been made through >60 bilateral meetings with different institutional entities
<b>Total</b>	<b>876</b>	<b>452</b>	<b>51.6</b>	

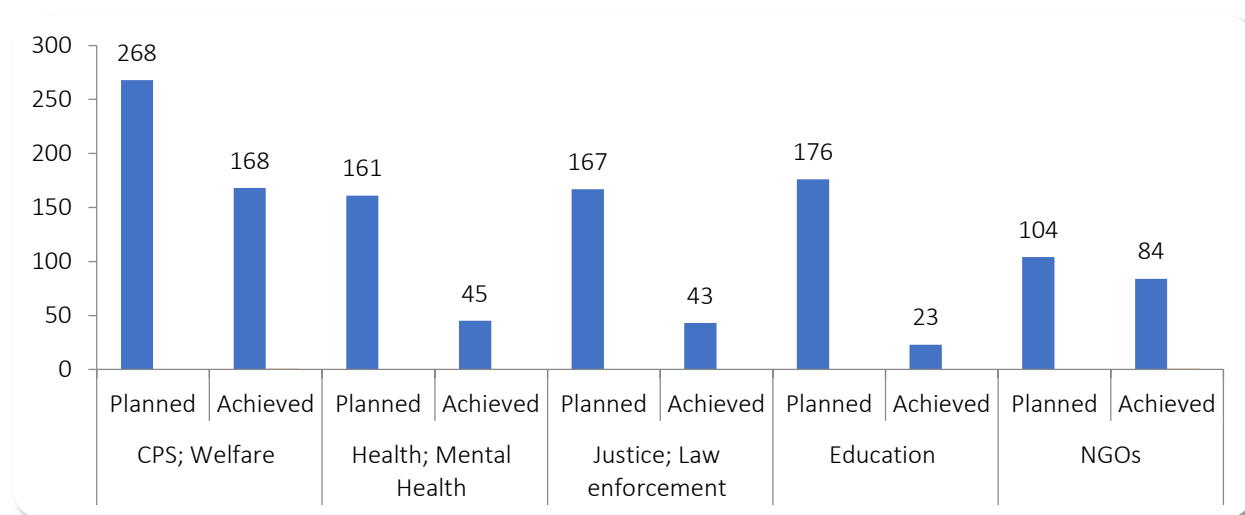
The COVID-19 pandemic also brought a considerable increase in the workload of professionals employed in the sectors of social welfare, health, mental health, education, hotlines, governmental and NGOs, who constituted the majority of the participants, meaning that many of them, despite their willingness, were not finally able to attend or complete the training. So, the initially planned and desired overall number of participants was not possible to be reached. Moreover, the partners in



Bulgaria were faced with problems in the cooperation of local authorities, which further reduced the number of training sessions and trainees they were finally able to include.

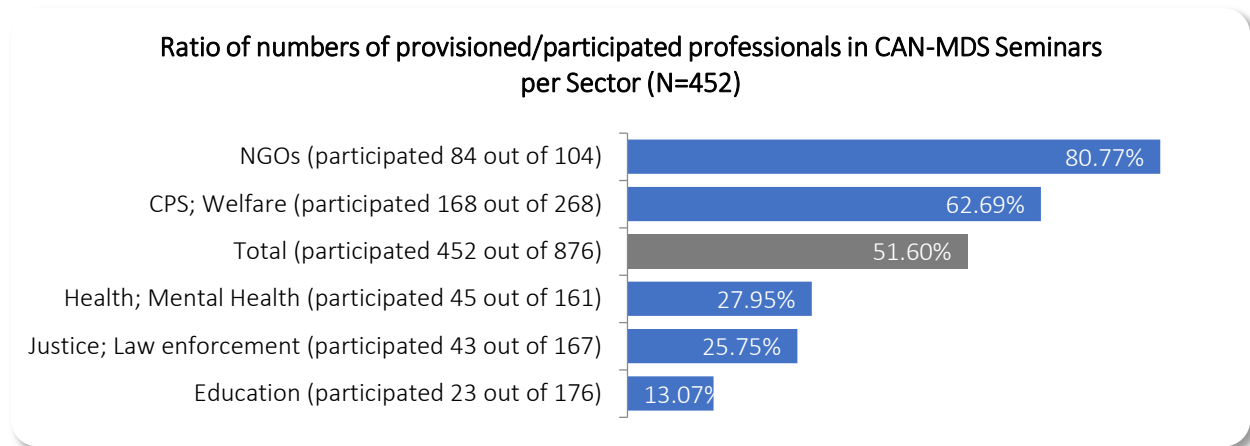
Sector		BG	CY	FR	GR	RO	SP	Total
CPS; Welfare	Planned	74	15	10	100	29	40	278
	Achieved	6	*15	0	81	64	17	168
Health; Mental Health	Planned	5	15	10	75	16	40	151
	Achieved	8	*15	0	26	11	0	45
Justice; Law enforcement	Planned	33	44	1	50	4	35	157
	Achieved	0	*44	0	0	43	0	43
Education	Planned	5	10	0	125	16	20	186
	Achieved	4	*10	0	0	19	0	23
NGOs	Planned	5	2	2	50	30	15	104
	Achieved	3	*5	0	5	34	42	84
Total	Planned	122	86	23	400	95	150	876
	Achieved	21	89	0	112	171	59	452

\* According to the plan; information for distribution per sector didn't sent by CY partners in the report<sup>1</sup>



<sup>1</sup> "The total number of participants was 89. The teams were multidisciplinary, and we had participants of the following sectors: Mental Health Services; Health Services; Ministry of Education and Pedagogical Institute; Police; Non-Governmental Organizations; Helpline Operators; Social Welfare Services. The background of the professionals is already mentioned in the report." (Sent by HFC by email in August 13, 2021)

As it is obvious from the graph below, Educational sector had the minimum participation; this to an extent is due to situation in Greece where the Ministry of Education decided to start the recruitment of professionals on September 2021 and afterwards.



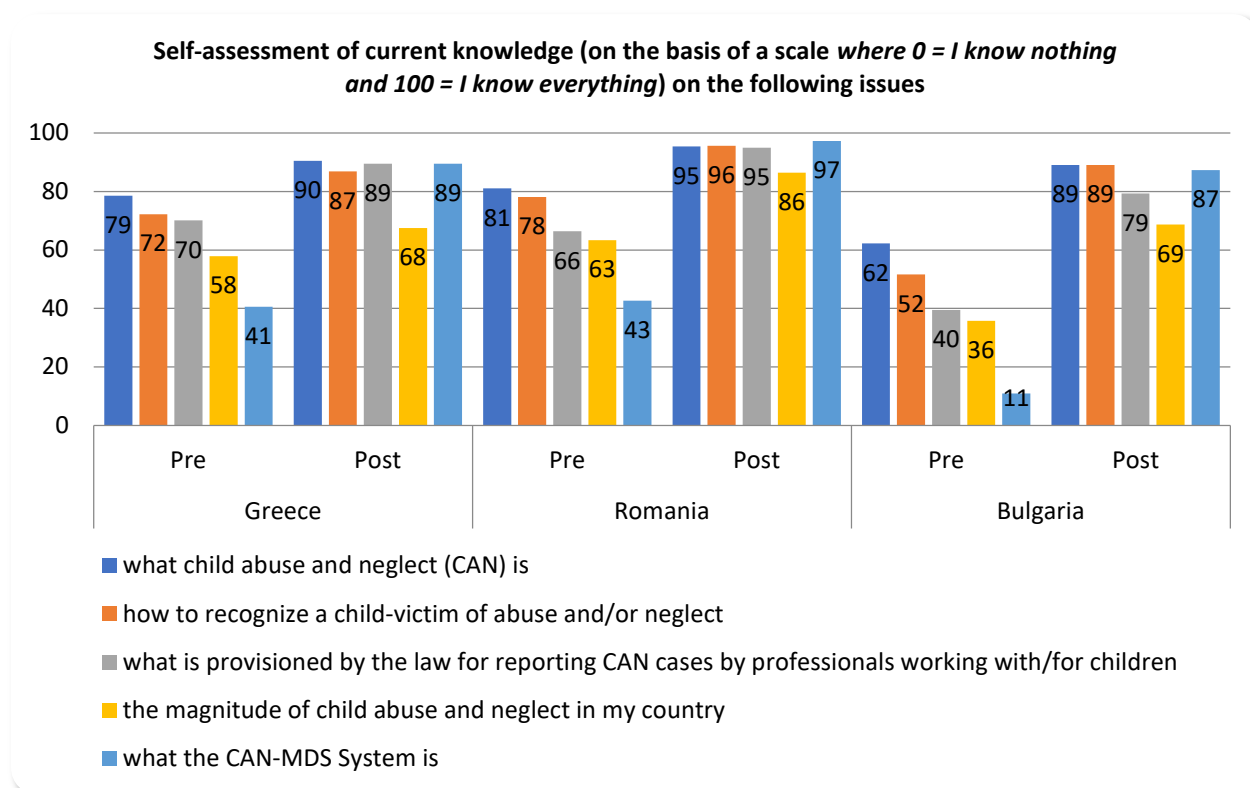
Similar is the situation for Justice/Law Enforcement (see Bulgaria, Greece, Spain) and Health/Mental Health sectors (see Spain and France).

Regarding the content and implementation of the training, as was pointed out by some of the trainees, face-to-face training would be preferable in all cases. Nevertheless, both quantitative and qualitative data available from all participating countries indicate the overall satisfaction of the trainee operators from the training program was quite high in all participating countries, and their expectations from the training were met, according with both the pre- and post-training questionnaires and the informal evaluation/spontaneous observations of the trainees during the training sessions.

In short, the main evaluation points were:

- Overall satisfaction from the training
- Expectations from the training
- Self-perceived knowledge on CAN-related issues
- Awareness on CAN-related issues
- Self-confidence regarding the handling of CAN cases
- Knowledge of the CAN-MDS System, according to the mock case drills

The feedback on all the above was positive in all participating countries, which depicts CAN-MDS System as quite comprehensive, user-friendly and also educating for all possible operators. Indicatively, in cases there are quantitative data on self assessment of knowledge and self-confidence, the difference in the mean scores of self-evaluation of trainees between the pre- and post-training questionnaires was found to be in all cases positive (mean score in post measure was in any case higher than the respective mean score in pre measure as in the graph below; results for Spain and Cyprus were similar).



The issues raised during discussion by the trainees had mostly to do with local conditions or pre-existing problems in national legislation, indicating that they believe the success rate of CAN-MDS System largely depends on governmental and societal sensitization and acceptance. Moreover, it seems that the professional community in general would need better education and training on identifying all types of child maltreatment as possible CAN cases that need to be recorded and reported. Most of the trainee operators reported they had already had considerable professional experience before the training and quite a few of them experience dealing with CAN cases,

nevertheless, the pre- and post-training self-evaluation of their respective knowledge showed they still had a lot to learn.

Summarizing, the National Operators' training program did not revolve as planned and hoped especially in terms of timely application and targeted numbers, for various reasons, unrelated to the willingness and efforts of the participating partners. The fact that the outcome of the training was still positive constitutes a genuine success of the program and marks a true need for the further dissemination of CAN-MDS System along with better education, training and sensitization of professionals from all relevant sectors.

