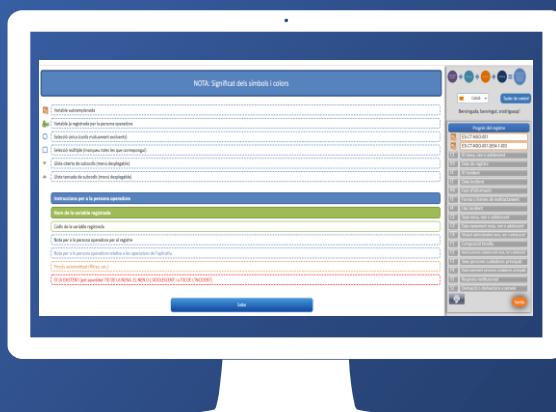


# D3.6 Report on Operators' training for CAN-MDS





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## Preface

This report addresses the context and objectives of the CAN-MDS application registration system, developed within the framework of the project "Coordinated Response to Child Maltreatment with a Minimum Data Set: From Planning to Practice", [GA No. 810508 CAN-MDSII] and co-funded by the European Union's Daphne III programme, which aims to contribute to the protection of child victims of abuse and those at risk by creating the scientific basis and the necessary tools and synergies to establish national monitoring systems on child maltreatment through a minimum data set and common methodology and definitions across all sectors.

Data on child maltreatment usually comes from a variety of cross-sectoral sources involved in the management of child maltreatment cases, with the result that the monitoring of victims is not sufficiently coordinated between the services involved, both nationally and internationally. The lack of common operational definitions or common recording practices and the use of different methods and tools for data collection and dissemination to stakeholders are obstacles to an effective monitoring of child maltreatment.

CAN-MDS aims to:

- provide comprehensive, reliable and comparable information on child and adolescent victims or alleged victims of abuse, who have appealed at, both national and International, social, health, education, justice and law enforcement services (who provide information for action, linked to public health initiatives).
- serve as a tool, that should be available at all times, for the investigation and follow-up of children and adolescents who are survivors of abuse or who are at risk of (re)victimisation, in compliance with national legislation and applying all the necessary provisions to guarantee the ethical collection and management of data (information on cases and link to the follow-up of individual cases).

Finally, the CAN-MDS system has the following objectives:

- To function as a communication channel between sectors involved in the management of child abuse cases.
- To facilitate the follow-up of each case.
- To serve as an instrument available at all times during the investigation of new or potential cases by the involved authorities.
- To provide information to the services about the cases already known.

The CAN-MDS system targets potential operators in the 27 EU member states and beyond: agencies and services active in the fields of welfare, health and mental health,



justice, law enforcement and education working in child maltreatment case management, as well as professionals in the field of secondary and tertiary prevention of maltreatment cases, and professionals in the fields of science, epidemiology, health and social care. However, the main target group of the application should be the operators of a potential CAN-MDS application.

The system consists of three main elements:

- a. **a minimum dataset, currently consisting of 18 variables** that are the result of a multiple and circular process of qualitative and reliability assessment involving international stakeholders; an electronic and a print version of the tool is available (mainly for educational purposes);
- b. **the Protocol for data collection** (annexed to the Manual for CAN-MDS operators), drawn up on the basis of the template and which proposes a step-by-step procedure for using it; this protocol can be used by any professional who has already been trained to be an operator of the application;
- c. **the Operator's Manual**, which includes all the necessary information for professionals who meet the profile and prerequisites (such as having completed a training course) to use the tool. In addition to the information needed for the registration of a maltreatment of a child in each country, the manual also includes a special section on ethical, privacy and confidentiality issues related to the collection of child maltreatment data. The main part of the document is devoted to the detailed presentation of the variables included in the tool, with technical specifications and definitions of the variables.

Therefore, the aim of the CAN-MDS system is to give the best possible picture of the extent of the problem, and to this end it includes not only cases coming from the judicial or legal protection systems, but also those cases identified on the basis of services received, i.e. cases received by any non-judicial service. The potential operators of the tool - in particular, the professionals in charge of collecting and recording the data - could be professionals from the social and health sectors or from other disciplines working in the field of child protection or with child survivors or alleged victims. Consequently, suspected cases of maltreatment and cases under investigation can also be recorded in a system based on a minimum data set.

The actions under CAN-MDS II want to:

- ensure the availability of the necessary resources, training modules and manuals to strengthen the capacities of professionals working with/for children to detect, report and record cases of CAN;



- test the CAN-MDS system in real-life conditions at different levels in six Member States to confirm to which extent the system is able to improve cooperation of professionals within and across child-welfare sectors, increase the level of reporting and facilitate the management of CAN cases;
- at a case level – to provide comprehensive and reliable data that is essential to be used by these services: prevention, identification, reporting, referral, investigation, treatment, judicial involvement and follow-up
- at population level- provide aggregated data essential to identify trends, measure responses and to obtain an overview on policy development.

## SUMMARY

A total of 4 training seminars were held from March to November 2020. During this time and bearing in mind that the planned schedule had to be adapted due to the restrictions imposed by the COVID-19 pandemic, a total of 59 professionals from different child and adolescent care entities in Catalonia completed the training.

The training seminar for the participating professionals followed the indications of the CAN-MDS Training Module of the project, using materials adapted to the Catalan context and framework of implementation, as well as to the profile of the participants. Additional material has also been developed to enrich and facilitate the learning processes, as well as incorporating participatory methodologies to add dynamic and boost the motivation and initiative of the participating professionals. This was achieved by fostering the identification of the contents and practices and bridging them with the professional's daily work tasks, as well as by promoting their active participation, and by gathering their professional experience as elements of quality and strength of the project.

The training has also promoted intersectoral contact and communication, which is a key aspect of the general approach of the project, aimed at promoting and optimising the work between the different sectors and entities that intervene with children at risk or in situations of abuse.

## BACKGROUND

The background of the project can be found in CAN-MDS I, the initial edition of the project developed between 2013 and 2015. In this period, research was carried out in eight European countries (Belgium, France, Italy, Germany, Bulgaria, Romania, Greece and Cyprus), which consisted of:



- National study of the extent of child maltreatment and registration systems.
- Analysis of minimum indicators according to the characteristics of each state.

In this initial edition, the CAN-MDS Tool kid was also created, with the following elements:

- Policy and Procedures Protocol
- CAN-MDS Manual Framework and methodology for adaptation to the states.
- National CAN-MDS Manuals containing: Manual for Services and Professional Operators and System Operators and Protocol for Data Recording.
- Training module for CAN-MDS system operators.

In the first edition, the CAN-MDS registration app was created, initially available in Beta version in English, German, French, Italian, Bulgarian and Romanian (<http://app.can-via-mds.eu/>).

A feasibility study of the CAN-MDS system was also carried out with the participation of 137 experts from 17 European countries. This study facilitated:

- The identification of current policies and practices.
- The Identification of challenges to the viability of the system from a transnational perspective.
- The identification of common barriers that can be addressed by the CAN-MDS system.

A SWOT analysis was used as a supporting tool to decide whether to deploy the CAN-MDS system in the EU countries. It took into account the "internal environment" (strengths and weaknesses of the system), as well as aspects of the "external environment" (i.e. opportunities or enablers and threats that could impede the initiative). A total of 136 responses from 12 EU member states (BE, BG, DE, EL, ES, FR, HU, IE, IT, PL, RO, SI) were collected on the basis of a tool that asked respondents to assess these two axes; the current and potential situation for the implementation of CAN-MDS in their countries.

The results are available at the following link: <http://can-via-mds.eu/content/ws1-preparatory-phase>

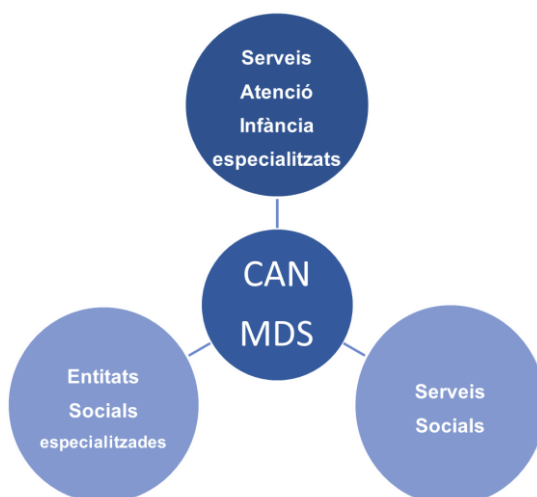
The current edition of the CAN-MDS II project (2018-2021) contains the following actions that have been developed:



- **Translation and cultural adaptation of the Toolkit**



- **Training:** theoretical and practical training about the use of the CAN-MDS system (operation of the system, variables, ethical aspects, etc.) aimed at 59 professionals from the services and entities that are going to participate in the piloting.
- **Piloting phase:** 2-week-period of local pilot of the CAN-MDS system to evaluate its efficiency, applicability and usability (the reduction of the expected duration of the pilot has been described in detail in the Monitoring Reports and the Pilot Test Report). In the case of Catalonia, the pilot territory was the province of Barcelona with the participation of all agents that can potentially act in the detection or monitoring of cases of child abuse.





## TRAINING MODULE FOR FRONT-LINE OPERATORS, CAN-MDS APPLICATION

### Preparation of the training

#### **CAN-MDS application training seminars for operators**

The CAN-MDS system is designed to involve professionals working with and for children and young people with different roles, responsibilities and backgrounds, and who work in entities related to the sector but also different sectors (such as helplines, health services, justice, social services, education and NGOs, among others) in various EU countries. To become operators of the application, professionals must have awareness and knowledge of a wide range of issues related to child maltreatment as well as knowledge and practice with the recording of cases in the application. The training is carried out based on a training module that includes material from the CAN-MDS toolkit, prepared to meet needs and provide knowledge. Thus, the training of professionals proposed by CAN-MDS considers that the different professional groups can be diverse in relation to their awareness, training and information on the issue of child abuse, and particularly focus on the recording and reporting of cases.

The training provided was aimed at professionals working with children and adolescents and with the possibility of detecting and reporting situations of child abuse. Therefore, the seminars developed, included various topics related to the subject: from definitions, signs of detection and protocols for action in situations of child abuse, to the operation of the application for registering new cases, updating information on cases already registered, procedures for making referrals to other services, description of the services already provided and extraction of the information available (depending on the level of access to information according to the role, competences and responsibilities of the professional).

The aim of the training in Catalonia was to contribute to the capacity building of the participating professionals and was focused on the testing of the application within the scope of the project.

The training activities of CAN-MDS are in line with the recommendation made in the art. 26 "Cooperation and coordination of services" of Directive 2012/29/EU, as well as the §63 (reporting) and the §64 (commitment to achieve better data recording).





## Target groups and professionals

The **target group** of the CAN-MDS training included professionals of entities involved in intervention with children and adolescents in Catalonia at different levels and in different areas, with the potential to identify and report cases of child maltreatment. The work of defining the participating professionals has been linked to the participation and commitment of the different entities participating in Catalonia. Worth noting that the initial forecast of training 150 professionals had to be revised and redefined in response to the final involvement and collaboration of the different entities invited to meetings to involve them in the project.

The COVID-19 pandemic and the crisis had a significant impact on the participation of the entities. At the beginning of this crisis, meetings were held and the coordination of the different sectors relevant to the project was finalised so that, in many cases, the response and adaptation to the exceptional situation, as well as the alteration of the normal functioning of their services, had an impeding effect on the involvement of the entities, especially on the institutional entities, and therefore affected the participation of the potential professionals and operators.

The entities of the key sectors on intervention with children and adolescents in Catalonia to whom the project was presented and participation requested, and with whom various meetings and communications were held, and who have not expressed or mobilised collaboration actions, or have expressed their refusal to participate, are:

- Síndic de Greuges de Catalunya (Ombudsman).
- Security/ Police forces (Mossos d'esquadra).
- Education department.
- Department of Justice (Institute of Legal Medicine and Forensic Sciences of Catalonia).
- Local Health Care Service.
- Barcelona Urban Police.
- Child Promotion Barcelona.
- Social Services Department (Government of Catalonia).

Several bilateral meetings have been held with different entities, firstly to present the project and its approach to the objectives defined by the European Commission and, subsequently, specifying the collaboration and involvement of the entities. More than 60+ meetings have been held between the Aroa Foundation and the selected entities of



different sectors in Catalonia, which are described in the project monitoring reports that describe in detail the status of the conversations in relation to the concrete actions for the collaboration agreements at different times of the project.

Finally, the entities with whom a collaboration agreement/ terms of reference (ToR) was signed and who became involved in the project are the following:

- Municipal Institute of Social Services of Barcelona City Council (IMSS).
- General Directorate of Children and Adolescence Support (DGAIA).  
*(this agency's ToR has yet to be signed and has provide a signed document justifying this situation and its participation in the project as National Administration Agency)*
- Worker cooperative and social initiative EDVIC (NGO).
- Association for Welfare and Development ABD (NGO).

The aforementioned entities, through the signature of the ToR, were involved as participating members in the CAN-MDS intersectoral meetings, and committed to send their professionals to the training seminars and then carrying out the pilot test of the application. This commitment was in line with the terms established that were based on the project model and the adaptations to the Catalan regulations and following the entities' legal indications. Once the participating entities were defined, a total number of 59 professionals participated in the training and 45 took part in the piloting of the CAN-MDS.

In relation to the provisioned period of the pilot, it should be noted that the initial planning was delayed due to the impact of the pandemic on the services and entities involved. Consequently, the initial forecast of the 6-month duration of the pilot test was affected, so that the total time of the test had to be readjusted and adapted to the project's deadlines. Additionally, the steps to integrate the application on the server of the local entity DGAIA who has the permissions and the obligation to exercise the role of National Administrator of the system.in Catalonia, have been laborious and have taken longer than initially planned. Finally, to meet the project completion date of June 30<sup>th</sup>, 2021, the piloting phase was only 2 weeks long as all IT issues were resolved upon June 15<sup>th</sup>, 2021.

### Profiles of the professional operators in CAN-MDS

The profiles of the professionals participating in the training and in the piloting of the CAN-MDS application, although not all of the Catalan entities were involved in the notification and management of cases of child maltreatment due to the circumstances



described, include a range of relevant sectors with a great deal of involvement and intervention in the issue of child maltreatment, both in the preventive part and in the care and response to situations of child maltreatment. The profiles of participating professionals include:

- **Specialised Municipal Social Services for children and adolescents** (within this sector, different teams with different tasks and responsibilities).

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

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

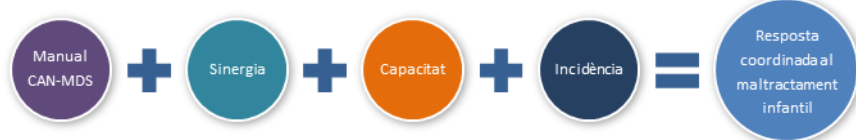
**ECEIA (Central Team Specialised in Childhood and Adolescence) - EAIA (Childhood and Adolescence Care Team):**

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

The team draws up improvement plans for the child or adolescent and their family, and monitor and treat them once the proposed measures have been applied, whether they are in the family nucleus, in a centre or in a foster family. They coordinate the other teams and services in their territory that also intervene in the care of children in danger, as well as giving advice to the primary social services.

- **General Directorate for Childhood and Adolescence Care of the department of social rights of the Government in Catalonia (DGAIA):**

The **General Directorate for Childhood and Adolescence Care Catalunya (DGAIA)** is a body that promotes the welfare of children and adolescents at high risk of social marginalisation that could negatively influence their personal development. They exercise the protection and guardianship of children and



adolescents in situations of neglect. Their functions are: Planning the policies for children and adolescents, programme services and resources in the area of protection and production of guidelines in the field of child protection.

- Promote the rights of children and adolescents in Catalonia, especially their right to participate as active citizens and to promote their welfare.
- Promote and draft collaboration plans and protocols that guarantee the organisation of actions for the detection, prevention, assistance, recovery and reintegration of children and adolescents who are survivors or victims of abuse and to ensure comprehensive action in accordance with the Law 14/2010, 27 of May, on the rights and opportunities of children and adolescents.
- Promote and provide specialised public services to deal with child and adolescent abuse, in accordance with Law 14/2010.
- To plan and execute the competences attributed in the area of children and adolescents at social risk.
- To protect children and adolescents in situations of neglect and assume guardianship in the cases established by law and to execute the measures of care and protection proposed in each case.
- Promote orientation and social integration programmes for children and adolescents in situations of guardianship or ex-guardianship.
- Implement the recommendations of the Observatory for Children's Rights.

**INFÀNCIA RESPON/ Childhood responds** (public service run by the entity **INVIA** – Non-profit organisation, aimed at the integral promotion of people in situations of vulnerability and risk of social exclusion, working on the prevention and eradication of the conditions of inequality that generate violence and discrimination, from the attention and integral attention of women, children, general youth, families and vulnerable groups). They offer exclusively telephonic public, free of charge, which operates 24 hours a day, 365 days a year, and aims to prevent and detect abuse of children and adolescents, while paying special attention to cases of bullying in schools, cyber-bullying, male violence in adolescents and sexual abuse. Through this service, the General Directorate for Child and Adolescent Care (DGAIA) can activate the corresponding protocols, and mobilisation of the appropriate teams to act (depending on the type of call).

- **Non-Governmental Organisations and Entities (NGOs):**



**EDUVIC:** a cooperation specialised in social action regarding children, adolescents and families, with more than 20 years of experience. They promote, generate and manage projects, programmes and services in the following areas: education, fostering and adoption, positive parenting, family consultancy, socio-educational prevention, family therapy, and more. The entity manages and provides professionals of a Shelter Centre for girls in Barcelona (Atalaya), a service promoted and contracted by the Consortium of Social Services of Barcelona, formed by DGAIA and the City Council of Barcelona.

Professionals from a Residential Centre for Educational Action (Kairós) are also participating. This is an urban residence located in Barcelona, which provides care and temporary accommodation for 20 adolescent girls aged between 14 and 18 years old under the guardianship of the DGAIA. In addition, professionals from the programme "Yo vuelvo a casa" ("I'm coming back home") contribute. This programme accompanies girls, boys and adolescents who are under the guardianship of the administration or living in residential centres, in the process of returning to their families.

**ABD – Association for Welfare and Development:** a non-governmental and non-profit organisation that defends people in situations of social fragility. They have been founded more than 30 years ago, and they accompany people at different points in their life trajectories, individually or in groups, and act in their community. They promote personal autonomy and social coexistence through clear ethical principles of proximity and quality. They have developed more than 90 programmes, linked to: dependency and older people, inequality, intellectual disability, drugs and health, gender equality and childhood and family.

The profiles of the professionals from the entities, who have received training and agreed to carry out the piloting, are as follows:

- Psychologists.
- Social workers.
- Social educators.
- Family therapists.
- Pedagogues.
- Nurses.
- Administrators working in participating services and entities.
- Heads of the different services and entities.



- Coordinators of the different services and entities.
- Directors and deputy directors of the participating entities.
- Section heads of the participating public services.

The participating professionals and users of the CAN-MDS system work in the areas of care for children and adolescents covered by the project, and are therefore involved in detecting and dealing with cases of child abuse, as well as in the field of secondary and tertiary prevention, research in social or health environments and in epidemiology.

Therefore, and as established by the project, the stakeholders are professionals involved in the detection and management of cases of child maltreatment according to defined competences and legal responsibilities (such as mandatory reporting) in the context of their regular work tasks in entities, services and organisations belonging to sectors relevant for the detection, the reporting, the coordination and the management of child abuse and/or neglect situations, as well as the recovery the situation.

### Implementation of the training

#### **Description of the CAN-MDS training:**

One of the objectives of the CAN-MDS project is the training and capacity building of multidisciplinary professionals who work with children and adolescents at different levels and who are able to identify and report cases of child maltreatment, through collection and recording of information which will be fostered by a training given by qualified facilitators who have as a premise an effective evaluation scheme. As CAN-MDS aims to collect standardized data on the basis of a minimum data system from all potential sources, a common training module has been designed and offered to all stakeholders and actors involved, adapted to each participating country.

#### **Learning Objectives**

The aim of the training is to ensure that professionals working with children in all relevant sectors involved in the project are able to:

- ✓ have all the information to understand what child maltreatment is and understand and its different types.
- ✓ know the operational definitions of child maltreatment based on CRC, art. 19 and GC 13 of UNCRC (2011).
- ✓ have all the information on how to recognise signs of child maltreatment in children.



- ✓ know the procedures to follow after the identification of a case of (suspected) child maltreatment: recognise, report, register, provide services, refer and communicate with other entities, follow up cases.
- ✓ be aware of their role and responsibilities in managing a case of maltreatment and know under what circumstances a case should be reported to the authorities in charge or professionals in the network through the application.
- ✓ have information on what the law provides, as well as on the obligations of their professional area.
- ✓ have a common understanding of the ethical principles governing the collection of child maltreatment data, including the importance of data confidentiality, legislative provisions, codes of conduct and ethic in different professional sectors.
- ✓ have all the information about the CAN-MDS application and how it works, i.e:
  - what are the variables need to be included for the minimum data set.
  - which cases can be recorded in the application.
  - what is the data entry procedure (incident/suspect registration, child and family information, service response (institutional response and referrals, how to communicate and provide feedback to other practitioners and operators at case level).
  - how to use the application (working in real time with examples of child abuse).
- ✓ to know what is expected of professionals as operators of the application and the benefits it brings to their daily practice, in line with their roles and responsibilities.

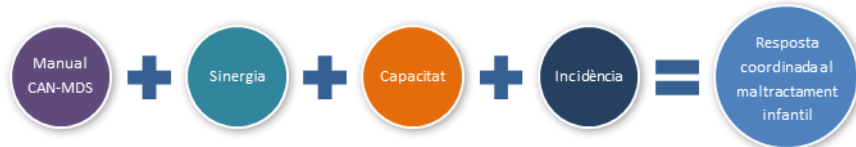
### Format and method of the training

Both the format and the methodology of the training seminars were based on and developed upon the indication from the Toolkit, specifically the:

- **CAN-MDS Training Module**
- **CAN-MDS Guidelines for trainers**

Based on the materials described, adaptations were made to make the content coherent with the Catalan framework of care for children and adolescents in a situation or at risk of maltreatment. This implied a global analysis of the existing care systems, as well as an in-depth knowledge of the different sectors involved and the professional's profiles of involved in the tasks of prevention, detection, care and recovery of children and adolescents in or at risk of maltreatment. This initial analysis was fundamental to





understand the reality from which we start when we face a professional training such as the one proposed by CAN-MDS at local and national context.

As mentioned earlier, the Catalan Law 24/2010 on the Rights and Opportunities of Children and Adolescents (LDOIA) governs the institution with the greatest responsibility in this area, DGAIA. This entity promotes the welfare of children and adolescents at high risk of social marginalisation, and they have the objective to contribute to the children's personal development, therefore they act as protectors and as a guardianship of children and adolescents in situations of neglect. Within the same law and its adjacent regulations, the creation of several inter-sectorial protocols has been promoted, oriented to ensure an integral action of the different Catalan services, departments and administrations with responsibility in cases of child abuse, related to the sectors of health, education, leisure, law enforcement, etc. Within this framework, and in the preparation for the CAN-MDS training of the professionals, it has been taken into account that, in Catalonia, and despite the shortcomings and weaknesses identified in the *Operator's Manual*, there is a consolidated system of care for children and adolescents and the professionals of the different sectors have shown knowledge and awareness of the project's subject matter.

The above factors have been considered when defining the content of the training programme that has been developed in the Catalan context and therefore explains some smaller deviations from the other plans. For example, given the knowledge, training, professional experience and profiles of the participating professionals, the planned timetable for the training was reduced **to 8 hours** (after consulting this possibility and receiving approval from the lead entity).

The following trainings were scheduled, but could not be carried out due to the start of the COVID-19 pandemic:

- ⇒ 16 and 23 of March 2020
- ⇒ 18 and 28 of March 2020
- ⇒ 16 and 30 of April 2020

Regarding the **format** of the seminars, two different formats had to be carried out to meet the safety standards that had been applied throughout the COVID-19 break-out.

The training sessions have been carried out as described in the table below:



FORMAT	DURATION	LOCATION	# OF GROUPS & SESSIONS	# OF PARTICIPATING PROFESSIONALS
IN_PERSON	8H.	Headquarters of the General Directorate for Children and Adolescent Care (DGAIA):  Address: avinguda Paral·lel núm. 52. Barcelona  and  Department of Labour, Social Affairs and Families in Catalonia:  Address: Passeig Taulat, 266-270, Barcelona	1 group, 2 sessions of 4 hours each	14
ONLINE	8H.	PLATAFORMA DIGITAL ZOOM	3 groups (2 in the morning and one in the afternoon)  4 sessions per group of 2h	45
ADDITIONAL SESSIONS	2h	DIGITAL PLATFORM: ZOOM	4 sessions between November 2020 and May 2021	36
TUTORIALS AND INDIVIDUAL SUPPORT	15h	DIGITAL PLATFORM: ZOOM	After closure of training through the piloting	15

The online training was a response to the restrictions on mobility and social interaction defined by the health authorities. It was carried out in a format of 8 hours and 4 sessions, and the AROA Foundation offered the option to schedule additional and optional sessions of 2 hours for further training and support in the use of the application. Additionally, individual tutorials were offered to the operators. The reduction of the initial planned duration of the training, as well as the partly changed format from face-to-face to online were consulted with the lead entity and the European Commission. The modification of the duration and the possibility of the online format are therefore due to two reasons:



- The experience gained after the first training confirmed the possibility of continuing the training with this reduced duration considering the professional profiles of the participants, who showed specialisation and knowledge in the subject matter of the project and a high sensitivity or involvement towards it.

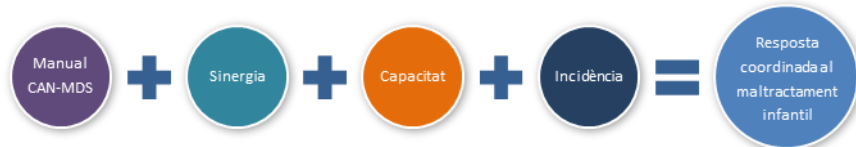
- The impact on child care services and teams as a result of the COVID-19 crisis has generated a situation of increased socio-economic risk for the population in general and specifically for the most vulnerable groups, such as children. Therefore, it was decided to adapt the training to an online format and to extend the number of days with a reduction in the daily dedication per session, to allow the participation of professionals in a situation of overload due to the increase in cases and demands for care.

The **methodology** used in the training, based on the objectives described above, had an active and participatory approach, promoting the involvement of professionals by highlighting their experience and knowledge, encouraging their contributions and sharing their impressions of the CAN-MDS system as a factor that adds value to the project. At the same time as transmitting the contents and practices with the programme's registration application, the participating professionals were able to identify with the topics presented. They were encouraged to broaden their knowledge and to contribute with their proposals and opinions to enrich the project by applying it in the reality and local situation and to the professionals involved in the protection of children and adolescents.

The format of each session combined the explanation of contents with the support of presentations (power point) of the training module, participatory dynamics and individual and group activities. During the group work in the face-to-face sessions the participants were split in different groups. In the online training sessions, groupwork was also carried out through the virtual room distribution tool where the participants were assigned to a different room.

Another aspect to highlight is that the participating professionals were given indications to practice on their own and outside the formal spaces of the seminars, which is why they have been provided with mock cases to familiarise themselves with the application and the recording of cases. The professionals were able to resolve doubts both individually through tutorials and in training groups with the rest of the participants.

At the same time, the professionals have been offered permanent support throughout the training and once it has finished, they were given different channels of contact (email and telephone) and access to the material of the seminars have been given to them.



## Training groups

As far as the groups are concerned, we have tried to diversify their composition as much as possible and, given that in the end it has not been possible to involve all the sectors even though multiple contacts and bilateral meetings have been held, the heterogeneity of the groups has been conditioned by the participation of a reduced number of professional areas of care for children and adolescents in a situation of / or at risk of maltreatment. However, the groups have been as diverse as the circumstances allowed and, in addition to the work developed in the sessions, it has been ensured that the professionals could work and interact with other sectors and with professional profiles different from their own.

It is worth highlighting the interest and participation in the training sessions of professional profiles with responsibility in the sectors and services involved, such as:

- *Head of the Department of Family and Child Care of the Directorate of Social Intervention Services in vulnerable population sectors of the Municipal Institute of Social Services of the Barcelona City Council;*
- *Head and Coordinator of the “Childhood Responds” Service of Catalonia;*
- *Presidents and Directors and Deputy Directors of the participating entities.*

The **final composition of the groups** was decided upon the following criteria:

- Involvement of the different services and entities of the participating sectors in the project.
- Possibility of contributing a specific number of professionals to the training and contribution to the piloting by the management and coordinators of the participating entities.
- Availability of the professionals on the proposed dates and time slots (it should be noted that different options and widths have been provided to facilitate the participation of the different professional teams as much as possible).

COMPOSITION OF CAN-MDS TRAINING GROUPS		
Seminar	Dates	Entities, services and number of professionals participating
In-person March 2020	2 and 9 (14 participants)	IMSS (4) EDUVIC (6) ABD (1) FUNDACIÓ AROA (3)
Online	2, 9, 16 and 23	IMSS (5)

November 2020	(group A, 16 participants)	DGAIA (4) - Infància Respon
		EDUVIC (2)
		FUNDACIÓ AROA (5)
	4, 11,18, 25 (group B, 16 participants)	IMSS (4)
		EDUVIC (3)
		FUNDACIÓ AROA (9)
	6, 13, 20, 27 (group C ,13 participants)	FUNDACIÓ AROA (13)

### Training programme for the CAN-MDS operators

The training programme implemented for the professionals was designed according to the content of the Training Module and the CAN-DS Trainer's Manual. The programme has been 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 (such as Law 14/2010, of 17 May, on the rights and opportunities for children and adolescents) and developed through the bodies responsible for child and adolescent policies in Catalonia, such as the Directorate General for Child and Adolescent Care (DGAIA).

This Catalan territorial context provides CAN-MDS with sectoral profiles and profiles of professionals working with children who, in general, are specialised in the field and therefore have in-depth knowledge of the subject. Even so, the Catalan system is diverse and presents needs for improvement in terms of the implementation of the existing protocols and with respect to the registration and notification of cases of maltreatment. Shortcomings are manifested in the lack of unification and inter-sectorial coordination and, therefore, prevent optimisation of all the professional teams with respect to the approach, prevention, and care on child maltreatment.

In this line, and focusing specifically on the entities participating in the project, all of them belong to sectors that could be called "strong" in the sense of being highly specialised in the subject, such as the specialised social services or the DGAIA entity itself, which at the same time exercises the function of national administrator of the application within the project as it is the entity with the obligation and authority to do so in Catalonia. With all this information, the training has been adapted to the specialised professional's profiles. On some subjects, such as the conceptualisation of child abuse or under-



reporting and the obligation of notification, the professionals already had a very good knowledge, which has allowed for a reduction in the time load of the training, which in turn has facilitated the participation of professionals, especially in the context of the work overload that they have experienced because of the crisis situation generated by the COVID-19 pandemic.

Due to the exceptional situation that we have experienced during the course of the project, as mentioned previously, 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 programmes designed and adapted to the pre-pandemic and pandemic situation using the in-person and online formats presented below:

## Training programme – *in-person* - March 2020

"Coordinated Response to Child Abuse & Neglect via Minimum Data Set: from planning to practice"  
(CA No. 200208 - CAN MDS II - Funded by EU REC Programme 2014-2020)

**Presentació detallada de l'aplicatiu CAN-MDS:**

- 5 Eixos: definició.
- 18 Variables: anàlisi variable a variable.
- Valors permesos: revisió de les opcions disponibles per cada variable.

**Dubtes i comentaris**

13h Finalització Sessió 1

**9 de març de 2020**

**Sessió 2**

**9:00h Benvinguda i entrega de material**

**9:15h Detecció d'incidents i casos de maltractament infantil.** Obtenció de la informació a registrar

**Accés aplicatiu online.** Obtenció ID persona operadora.

**Introducció a la pràctica amb exemples per al registre de casos de CAN a l'aplicatiu**

- Susceptibilitat de registre dels casos presentats.
- Procediment d'obtenció ID nena, nen o adolescent víctima o presumpta víctima.
- Registre dels valors de les 18 variables.
- Consulta intervencions prèvies.
- Obtenció d'informes i dades estadístiques.

**11:00h Pausa cafè**



**11:30h Continuació Pràctica amb exemples de casos.**

1. Possibles incidències en el registre de casos.
2. Dubtes i comentaris.
3. Comiat i foto de grup.

**Dubtes i comentaris**

**Entrega de certificats**

13h Finalització de la formació

"Coordinated Response to Child Abuse & Neglect via Minimum Data Set: from planning to practice"  
(CA No. 200208 - CAN MDS II - Funded by EU REC Programme 2014-2020)

**Programa**

**Formació per persones operadores CAN-MDS**

Dates: 2 i 9 de març de 2020

Lloc:

Sessió 1 (Direcció General d'Atenció a la Infància i l'Adolescència, Avda. Paral·lel núm.52)

Sessió 2 (Departament de Treball, Afers Socials i Famílies, Passeig Taulat, 266-270, Barcelona)

Contacte: Telèfon 669.05.75.40 Correu electrònic: [can\\_mdssi@fundacioaroa.org](mailto:can_mdssi@fundacioaroa.org)

**2 de març de 2020**

**Sessió 1**

**9:00h Benvinguda**

**9:15h Questionari inicial**

**9:30h Presentació del projecte CAN MDS II**

Contextualització, justificació i objectius

**Presentació de les eines de CAN-MDS II**

- Aplicatiu de registre de casos de CAN.
- Manual per a persones operadores i Protocol de recollida de dades.

**Definició de la funció de les i els professionals com a operadores de CAN-MDS**

- Sectors, perfils i requisits.
- Diferents nivells d'accés segons competències professionals.
- Gestió per part de la persona operadora.
- Possibilitats que l'aplicatiu ofereix a la persona operadora.



**Principals qüestions ètiques relatives al registre del maltractament infantil.**

Pseudoanonimització de les dades personals.

**11:00h Pausa cafè**

**11:30h Definició dels casos que es poden introduir a l'aplicatiu:**

- Població diana (nenes, nens i adolescents víctimes o presumptes víctimes...).
- Informació requerida per al registre de casos de CAN.



## Training Programme - online - Novembre 2020

### GROUP A:

**Programa**

**Formació per a persones operadores CAN-MDS**

Dates: 2, 9, 16 i 23 de novembre de 2020  
Horari: de 10 a 12h.  
Formació online (mitjançant plataforma Zoom)  
Contacte: 676.15.93.78 / [can\\_mdsl@fundacioaroa.org](mailto:can_mdsl@fundacioaroa.org)

**DIA 1 – FONAMENTACIÓ DE CAN MDS**

- FONAMENTACIÓ I OBJECTIUS DE CAN-MDS
  - Presentació, antecedents i situació actual
  - Justificació i objectius de CAN MDS
  - Marc legal
- EINES DEL SISTEMA CAN-MDS
  - Conjunt de dades mínim i Aplicatiu de registre de casos
  - Manual per a persones operadores
  - Protocol de recollida de dades
- PROFESSIONALS OPERADORES I OPERADORS DE CAN MDS
  - Qui pot ser operadora o operador? Requisits de les persones operadores
  - Què aporta l'aplicatiu a la persona operadora i què pot fer aquesta
  - Diferents nivells d'accés i operacions permises a l'aplicatiu
- QÜESTIONS ÈTIQUES DEL REGISTRE DEL MALTRACTAMENT INFANTIL
  - Reglament europeu i principis bàsics del tractament de dades en CAN MDS
  - Pseudoanonimització de les dades personals

**DIA 2 – DEMOSTRACIÓ DE L'APLICATIU CAN-MDS**

- DEFINICIÓ DELS CASOS QUE ES PODEN INTRODUIR A L'APLICATIU:
  - Població diana (nenes, nens i adolescents)
  - Informació requerida per al registre de casos de CAN
- PRESENTACIÓ DETALLADA DE L'APLICATIU CAN-MDS:
  - 5 Eixos i 18 Variables
  - Valors permisos per a cada variable
  - Pràctica inicial amb simulació de casos

**DIA 3 – APRENTATGE DEL REGISTRE DE CASOS A L'APLICATIU**

- DEMOSTRACIÓ DEL PANEL DE CONTROL DE LA PERSONA OPERADORA
  - ID persona operadora i opcions panel de control
- EXPLICACIÓ PAS A PAS DEL REGISTRE DE CASOS A L'APLICATIU
  - Procediment d'obtenció ID nena, nen o adolescent
  - Registre dels valors de les 18 variables
- OPCIONS DISPONIBLES PER LA PERSONA OPERADORA
  - Consulta intervencions prèvies
  - Obtenció d'informes i dades estadístiques
  - Modificació dades persones operadora (panel de control)
- DUBTES I COMENTARIS

**DIA 4 – PRÀCTICA DEL REGISTRE DE CASOS A L'APLICATIU**

- PRÀCTIQUES AMB L'APLICATIU I EL REGISTRE DE CASOS
  - Treball amb exemples de casos.
- EXPLICACIÓ DE LA PROVA PILOT I EL SEU DESENVOLUPAMENT.
- DUBTES I COMENTARIS

### GROUP B:

**Programa**

**Formació per a persones operadores CAN-MDS**

Dates: 4, 11, 18 i 25 de novembre de 2020  
Horari: de 16 a 18h.  
Formació online (mitjançant plataforma Zoom)  
Contacte: 676.15.93.78 / [can\\_mdsl@fundacioaroa.org](mailto:can_mdsl@fundacioaroa.org)

**DIA 1 – FONAMENTACIÓ DE CAN MDS**

- FONAMENTACIÓ I OBJECTIUS DE CAN-MDS
  - Presentació, antecedents i situació actual
  - Justificació i objectius de CAN MDS
  - Marc legal
- EINES DEL SISTEMA CAN-MDS
  - Conjunt de dades mínim i Aplicatiu de registre de casos
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- QÜESTIONS ÈTIQUES DEL REGISTRE DEL MALTRACTAMENT INFANTIL
  - Reglament europeu i principis bàsics del tractament de dades en CAN MDS
  - Pseudoanonimització de les dades personals

**DIA 2 – DEMOSTRACIÓ DE L'APLICATIU CAN-MDS**

- DEFINICIÓ DELS CASOS QUE ES PODEN INTRODUIR A L'APLICATIU:
  - Població diana (nenes, nens i adolescents)
  - Informació requerida per al registre de casos de CAN
- PRESENTACIÓ DETALLADA DE L'APLICATIU CAN-MDS:
  - 5 Eixos i 18 Variables
  - Valors permisos per a cada variable
  - Pràctica inicial amb simulació de casos

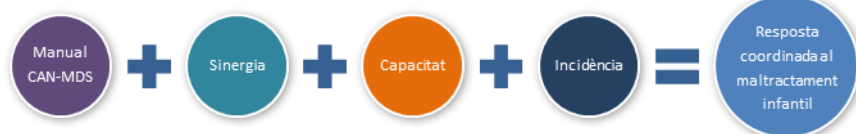
**DIA 3 – APRENTATGE DEL REGISTRE DE CASOS A L'APLICATIU**

- DEMOSTRACIÓ DEL PANEL DE CONTROL DE LA PERSONA OPERADORA
  - ID persona operadora i opcions panel de control
- EXPLICACIÓ PAS A PAS DEL REGISTRE DE CASOS A L'APLICATIU
  - Procediment d'obtenció ID nena, nen o adolescent
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- OPCIONS DISPONIBLES PER LA PERSONA OPERADORA
  - Consulta intervencions prèvies
  - Obtenció d'informes i dades estadístiques
  - Modificació dades persones operadora (panel de control)
- DUBTES I COMENTARIS

**DIA 4 – PRÀCTICA DEL REGISTRE DE CASOS A L'APLICATIU**

- PRÀCTIQUES AMB L'APLICATIU I EL REGISTRE DE CASOS
  - Treball amb exemples de casos.
- EXPLICACIÓ DE LA PROVA PILOT I EL SEU DESENVOLUPAMENT.
- DUBTES I COMENTARIS





## GROUP C:

**Programa**

**Formació per a persones operadores CAN-MDS**

Dates: 6, 13, 20 i 27 de novembre de 2020  
Horari: de 10 a 12h.  
Formació online (mitjançant plataforma Zoom)  
Contacte: 676.15.93.78 / [can\\_mdaii@fundacioaroa.org](mailto:can_mdaii@fundacioaroa.org)

**DIA 1 – FOMENTACIÓ DE CAN MDS**

- FOMENTACIÓ I OBJECTIUS DE CAN-MDS
  - Presentació, antecedents i situació actual
  - Justificació i objectius de CAN MDS
  - Marc legal
- EINES DEL SISTEMA CAN-MDS
  - Conjunt de dades mínim i Aplicatiu de registre de casos
  - Manual per a persones operadores
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  - Qui pot ser operadora o operador? Requisits de les persones operadores
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- QÜESTIONS ÈTIQUES DEL REGISTRE DEL MALTRACTAMENT INFANTIL
  - Reglament europeu i principis bàsics del tractament de dades en CAN MDS
  - Pseudonimització de les dades personals

**DIA 2 - DEMOSTRACIÓ DE L'APLICATIU CAN-MDS**

- DEFINICIÓ DELS CASOS QUE ES PODEN INTRODUIR A L'APLICATIU:
  - Població diana (nenes, nens i adolescents)
  - Informació requerida per al registre de casos de CAN
- PRESENTACIÓ DETALLADA DE L'APLICATIU CAN-MDS:
  - 5 Eixos i 18 Variables
  - Valors permesos per a cada variable
  - Pràctica inicial amb simulació de casos

1

**DIA 3 – APRENTATGE DEL REGISTRE DE CASOS A L'APLICATIU**

- DEMOSTRACIÓ DEL PANEL DE CONTROL DE LA PERSONA OPERADORA
  - ID persona operadora i opcions panel de control
- EXPLICACIÓ PAS A PAS DEL REGISTRE DE CASOS A L'APLICATIU
  - Procediment d'obtenció ID nena, nen o adolescent
  - Registre dels valors de les 18 variables
- OPCIONS DISPONIBLES PER LA PERSONA OPERADORA
  - Consulta intervencions prèvies
  - Obtenció d'informes i dades estadístiques
  - Modificació dades persones operadora (panel de control)
- DUBTES I COMENTARIS

**DIA 4 – PRÀCTICA DEL REGISTRE DE CASOS A L'APLICATIU**

- PRÀCTIQUES AMB L'APLICATIU I EL REGISTRE DE CASOS
  - Treball amb exemples de casos.
- EXPLICACIÓ DE LA PROVA PILOT I EL SEU DESENVOLUPAMENT.
- DUBTES I COMENTARIS

2

## Roll-out of the CAN-MDS training for operators

### In-person training (March 2020)

One group has been carried out with two sessions of 4 hours each (8 hours in total), one held at the central facilities of DGAIA and the other one at the Department of Labour, Social Affairs and Families of the Generalitat de Catalunya.

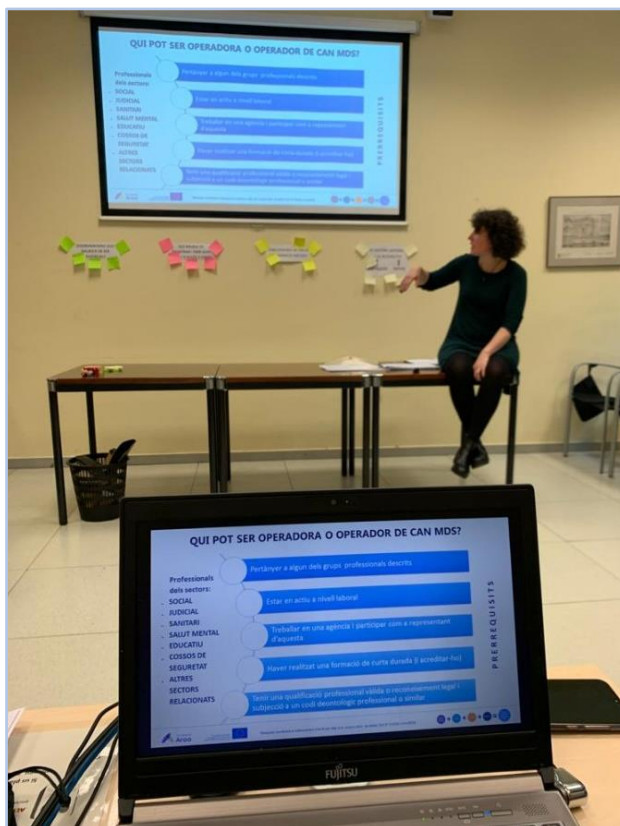
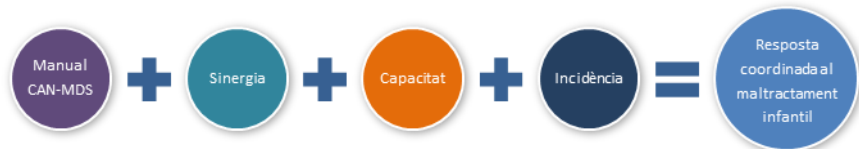
The sessions were developed by the project's reference team of the Aroa Foundation, and the content was distributed as follows:

- Contextualisation and presentation of the CAN-MDS project and its background: by the coordinator.
- Legal, ethical and confidentiality aspects of CAN-MDS: by the coordinator.
- Content and participatory dynamics: by the researcher..
- Practical exercises with applications and mock cases: by the researcher.

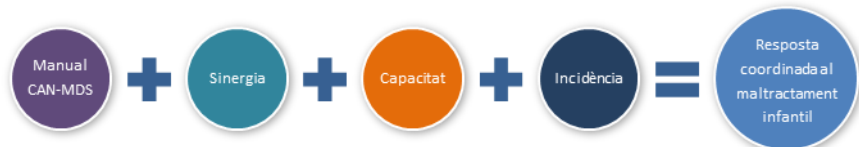
The training has been developed in an active and participative format, promoting the interaction of the professionals from the different entities, organising the work in heterogeneous groups to promote them as a space for mutual enrichment between professionals, facilitating their contributions as specialists working with children and







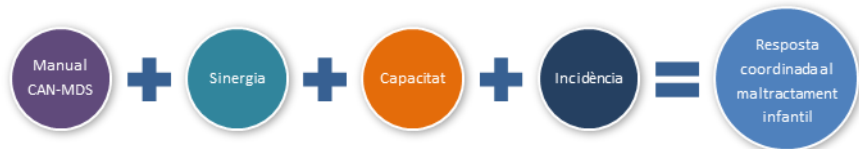
Explanations of programme's content supported by presentations



Practical training using the application with mock cases



Handover of certificates as a sign of achievement to several participants



## Online Training (November 2020)

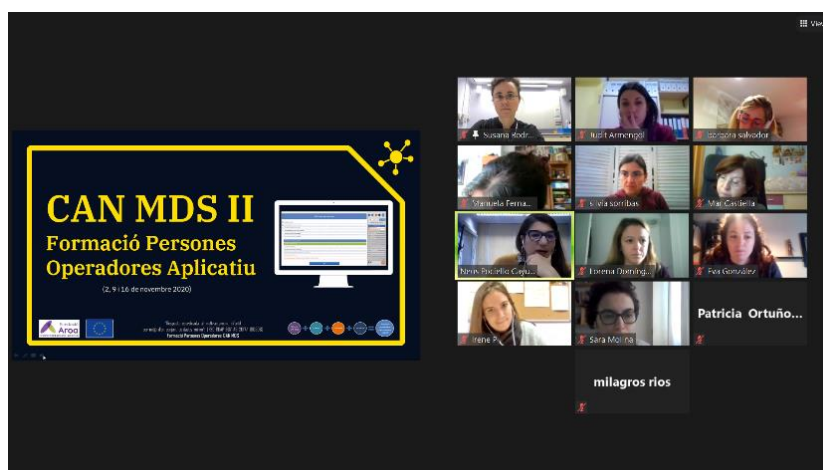
Three online-groups were established, two in the morning and one in the afternoon, so that professionals could choose according to their preferences and availability. In this format, four sessions of two hours each were held with each group, with the intention of making it as easy as possible for the professionals to participate, taking into account the current situation of overload and the good knowledge base of the specialised care teams, as mentioned earlier in this report.

In this case, the training sessions have been held through the *Zoom platform* and we have worked with different didactic formats:

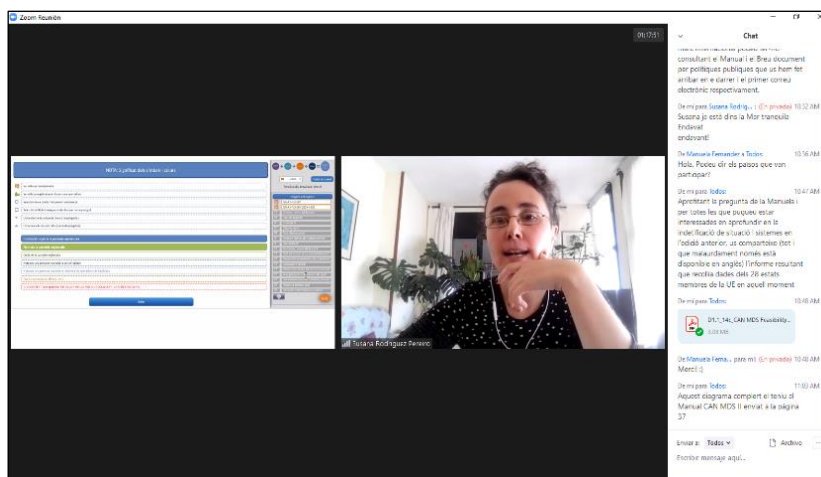
- In large groups, i.e. with the whole group working together during the parts of the training relating to explanations of content, resolving doubts and an initial example of the application and its options.
- In groups distributed in virtual rooms, with 4 or 5 people in each group, to carry out dynamics and activities.
- Individually to practice directly the introduction of cases in the registration application.

As in the in-person group, and as a characteristic of the foundation's work methodologies, in the online format, the training maintained a participative and dynamic character to stimulate the participation of the professionals, facilitate the acquisition of knowledge and create a relaxed and comfortable atmosphere that facilitated interactions between the participants, promoting their impact and recognising their experience as an element of value for the project.

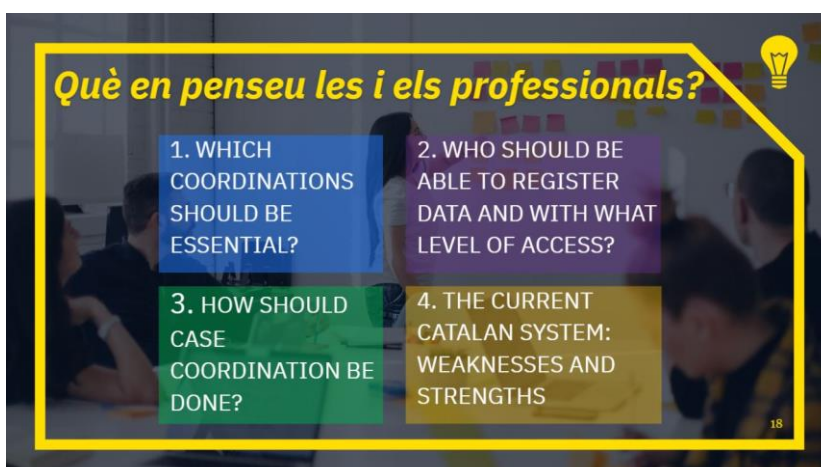
The below images were collected during the trainings and show some of the participants and break-outs that were carried out during the online training:





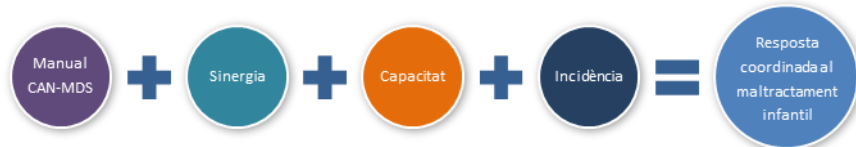


Below we present the results of a group activity in which professionals were encouraged to reflect on the following questions:





<p><b>WHICH COORDINATIONS SHOULD BE ESSENTIAL?</b></p> <p>Health, Education, Social Services, Social Entities and Law Enforcement. Communication circuits and joint work on cases should be activated.</p> <p>All the groups agree that coordination between teams should be essential and a priority.</p> <p>Most of the professionals agree that the specific teams for children should unify the coordination of the cases registered. In general, they mention that there is a need to involve the Health sector more, referring to the different medical teams, such as Primary Care, the CSMIJ (Child and Juvenile Mental Health Centre) and Hospitals.</p> <p>There is also consensus on the importance of including the Security/Police Forces and the Justice sector (Public Prosecutor's Office, Courts...).</p> <p>The need for the participation of schools and educational centres is highlighted and informal education centres (such as leisure and free time centres where children have activities outside school hours).</p> <p>Coordination between the different levels of Social Services is also emphasised.</p>	<p><b>¿WHO SHOULD BE ABLE TO REGISTER DATA AND WITH WHAT LEVEL OF ACCESS?</b></p> <ol style="list-style-type: none"> <li>1- The first person who detects the case (with a basic level of access),</li> <li>2. and then the person in charge of the service with a second, more in-depth level of access.</li> </ol> <p>In general, there is agreement that all professionals working in the detection and care of children in risk should be involved in the register.</p> <p>The majority agrees that it should be the children's teams and those who initiate action on cases of child maltreatment.</p> <p>The majority of professionals indicate that all professionals in contact with children should be involved in the case registration, specifically those who are in charge and competent to carry out the diagnostic assessment (i.e. specialised services).</p> <p>There is general agreement that it should be ensured that all those who have contact with children can easily report suspicions or actual cases, but that not all can have the same level of access to data, due to data protection issues.</p>
<p><b>¿HOW SHOULD CASE COORDINATION BE DONE?</b></p> <p>The suggestion is that the coordination via a face-to-face route with all the agents involved (taking into account the family) is important.</p> <p>The participants mention that the coordination of cases should be done in a network between all the professionals,</p>	<p><b>THE CURRENT CATALAN SYSTEM: WEAKNESSES AND STRENGTHS</b></p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> <li>• Training of the professionals.</li> <li>• Existence of specialised services for children at risk.</li> <li>• Legislation (Law 14/2010, 27 of May, on the rights and opportunities for children</li> </ul>



sharing the objectives and the focus of the intervention to avoid re-victimising the children.

The process should facilitate the definition of work plans with a continuous and shared evaluation of progress.

The coordination of cases should also unify information to avoid duplication.

The children's teams should have a system of shared alerts via digital channels.

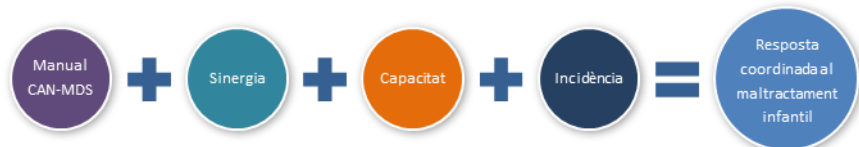
It is important that coordination is multidisciplinary and a multi-service.

and adolescents) and protocols relating to child protection (there are different protocols for each sector).

- Good awareness of the problem of child abuse.
- A specific system for dealing with child maltreatment in place.
- Availability of a portfolio of specific services in relation to child protection.
- Networking between the services.

#### Weaknesses:

- Need to increase the number of professionals (high work overload).
- Increase the specialisation of professionals.
- Require the accreditation of certain experience to work in some of the specialised services.
- Need for increasing and improved work with families.
- Facilitate and guarantee the training of law enforcement and legal bodies.
- Improve working conditions (regarding change of professionals, mobilities, trainings, etc.).
- Improve specialisation in child and maltreatment and update the training of professionals.
- Improve communications between professionals of the different departments.
- Lack of coordination and unification of the registers, and duplication of work.
- Improve the detection, intervention, notification and effectiveness of networking in cases of child abuse.
- Attend and improve the care to professionals (burn-out).
- Improve the existing registration applications in terms of the options they offer and their capacities.
- Optimise the coordination of files, especially in the protection and justice sectors, as they operate independently.



Finally, in both, in-person and online training, the participating professionals were offered individualised support and advice by means of:

**INDIVIDUAL TUTORIALS AVAILABLE  
THROUGH THE COURSE OF THE PROJECT**

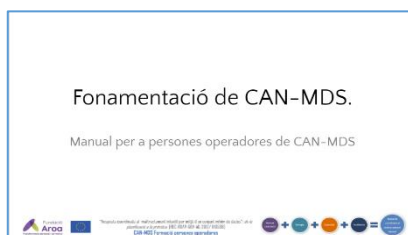
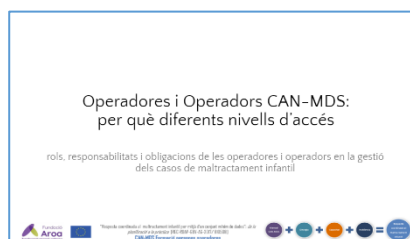
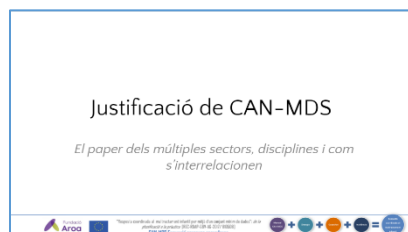
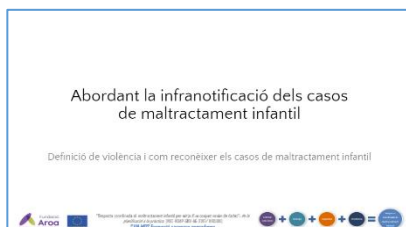
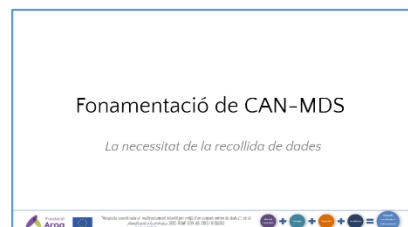
Through the e-mail address and via phone:

[can\\_mdsii@fundacioarao.org](mailto:can_mdsii@fundacioarao.org)

676 15 93 78

## Training material

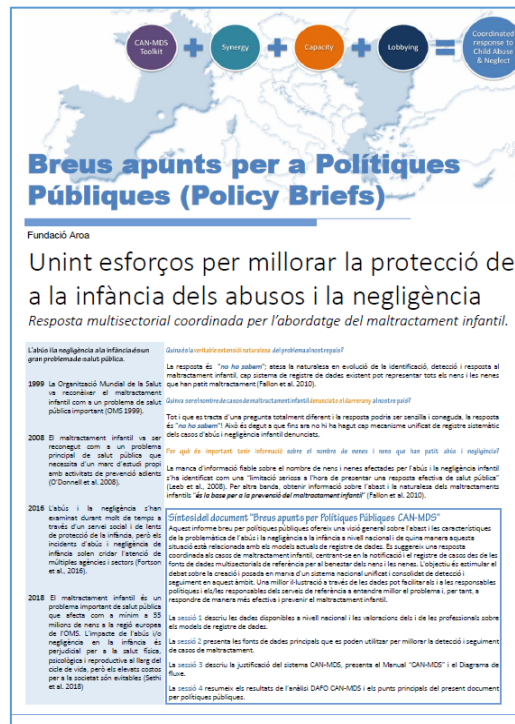
### Presentations on the CAN-MDS Toolkit



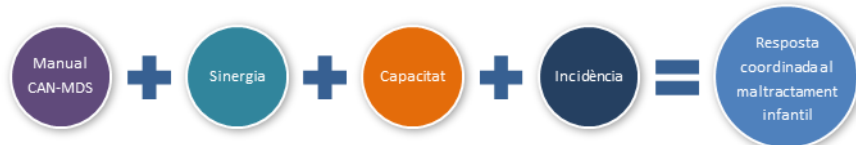


## CAN-MDS Toolkit

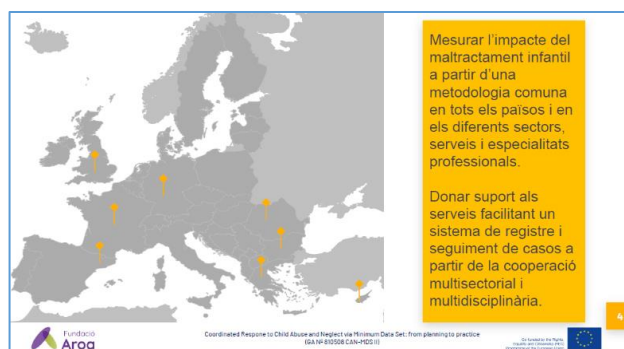
The Data Collection Protocol toolkit and the Operators' Manual and the Policy Briefs on Child and Adolescent Protection in Catalonia were translated and adapted to the Catalan context and delivered to the trainees beforehand to be used as materials during the training and afterwards. The materials were delivered in paper and digital format in the case of the Policy Briefs, and in digital format.



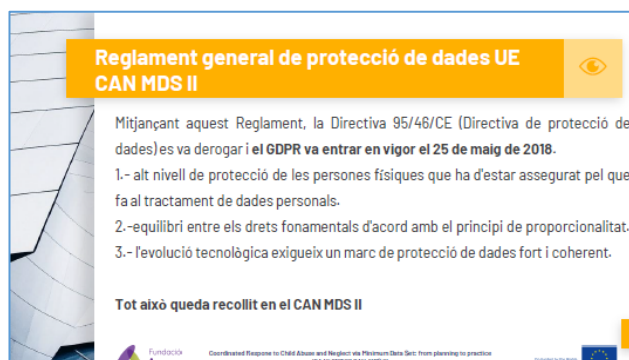
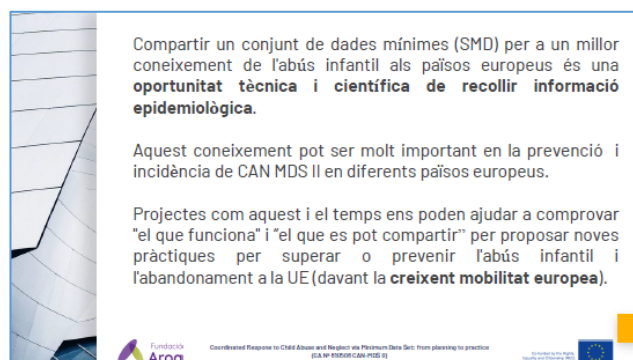


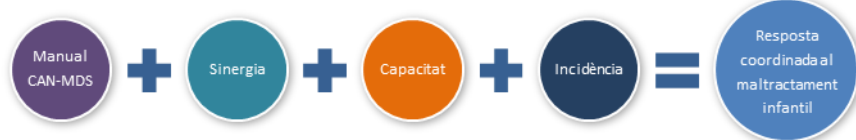


## Additional presentations that were elaborated by the Aroa Foundation



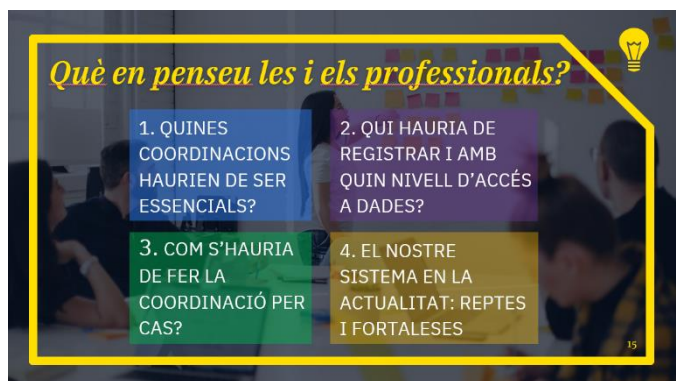
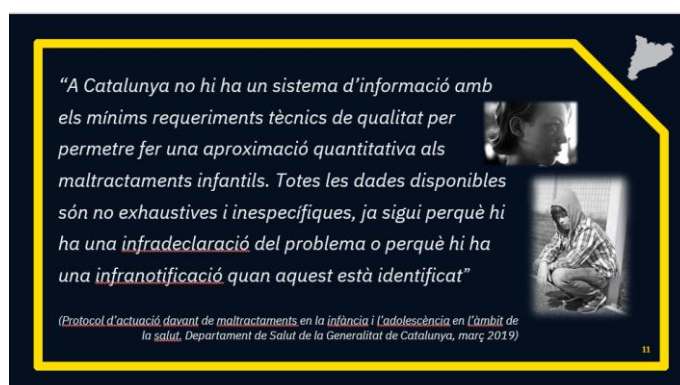
In addition to using the CAN-MDS Toolkit that has been translated and adapted to the Catalan context, two PowerPoints for the presentation of the project and the ethical and legal aspects of the project were prepared for the in-person training, which served to facilitate the content and understanding for the participating professionals.





For the online training sessions, specific material was developed to facilitate the sessions and to reinforce the transmission of the content of the CAN-MDS Toolkit.

The images of the presentation below show the integration of the participatory dynamics with the professionals, such as the one carried out to collect the assessment and expectations for improvement of the current system of registration and management of cases of child abuse in Catalonia (slide "What do the professionals think?"). These activities were very positively valued by the groups, and were perceived as a relaxed and participative atmosphere that enriched the project by gathering criteria and experience of the professionals of the participating entities.





## Mock-cases to gain practice with the application

To gain practical experience with the application 6 mock-cases were developed based on the CAN-MDS training kit and adapted to the context and profiles of the professionals of the entities participating in the project. The aim was to identify the variables of child maltreatment defined by the CAN-MDS system, and to facilitate and understand the registry of the values of these variables in the application. The below examples have been created based on the identification of casuistry and typologies of child maltreatment that the participants encounter in their daily work, including proposals that differ from the usual cases they face to show the diversity of possibilities that can occur, whatever the usual context and precedents of each professional in their entity.

Resposta coordinada al maltractament infantil per mitjà de l'aplicació CAN-MDS a la pràctica dels professionals participants

CAN-MDS Formació personalitzada

### FORMACIÓ PERSONES OPERADORES CAN-MDS

PRÀCTIQUES DEL REGISTRE DE CASOS A L'APLICACIÓ

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**CAS 1**

En el vostre context de treball d'un servei especialitzat en atenció a infància i adolescència, rebreu la informació de serveis socials sobre una possible situació de risc d'una nena. La treballadora social comenta que des de l'escola ha cuttat l'anima per la sospita de maltractament d'una nena de 6 anys que ha expressat a una monitora de pati que a casa la castiguen sense menjar quan "es porta malament". La informació la va donar la nena que li monitora la va trobar demanant un tros d'entrepà a una companya i la nena li va dir que no havia sopat la nit prèvia ni esmorçat aquell matí, i que tenia gana. Aquesta monitora va compartir amb la tutora que la nena comenta que la parella de la mare sovint li retira el menjar de la taula quan s'enfada amb ella, o que directament la deixa "castigada" a la seva habitació mentre la resta s'opos. També ha expressat que una vegada que estava molt enfadada la va deixar tancada al balcó mentre la resta dinaven i després li va dir que ara bromo però que si es tornava a portar malament la tornaria a deixar fora, perquè agriregués a portar-se'n bé. La nena també li ha dit que aquest home ben molta conversa i des que viu a casa amb la seva mare, ella també ho fa.

S'han donat varis incidents i la data exacta d'inici no la coneixem, però sabem que el curs passat la mare no tenia aquesta parella o al menys no convivien, pel que ha dit la nena. Sobre l'incident en el que la nena demanava menjar a una companya perquè no havia sopat la nit passada ni esmorçat el matí del dia, va ser l'1 de novembre.

Des de l'escola diuen que la nena ocasionalment presenta poca energia i està trista. També, arreu del que li va explicar a la monitora s'han descobert més episodis en el que la nena ha demanat menjar a les companyes i companyes durant l'horari de pati. La monitora ha afegit també que la nena ha explicat els episodis en el que la parella de la mare la fa fora de la taula agafant-la amb força del braç i fent-li menjar, movent agut blau recent als dos braços. La nena també ha explicat que la mare la defensa quan la seva parella s'enfada amb ella i que algun cop li va donar menjar "d'amagades" de la seva parella, però que la va "pillat" i li va treure el menjar, crident i insultant-la.

És una família de procedència acoloritana, la mare porta bastants anys a Barcelona (no sabem quants) i la nena va néixer aquí, d'una relació prèvia de la mare amb una altra parella. La nena s'ha criat amb la mare, del pare biològic no en sabem res i sabem que des de fa al menys un curs acadèmic la mare té una parella que conviu amb ella i la nena, i més d'una germana de la mare que passa temporades amb la família.

La psicopedagoga de l'EAP ha fet una primera valoració de la situació de la nena i tenim un informe disponible i per part de serveis socials la mare està citada a una entrevista la setmana passada però per malaltia no va poder venir i està citada per la setmana vinent. La nena ha estat deixada a una entitat del tercer sector que treballa amb infància en situació de vulnerabilitat per iniciar un suport psicològic i anem esperant el retorn de la professional responsable.

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**CAS 4**

En el vostre context de treball d'atenció a famílies, infància i adolescència, esteu treballant amb una família en situació de vulnerabilitat socioeconòmica en la qual teniu sospites que el fill pot estar patint maltractament. L'educadora referent de la família ha pogut confirmar que sovint disciplinen al nen amb bafarades i/o agafant-lo i sacant-lo, i també s'ha identificat que el nen, que té molt pes, sovint surt sol al carrer i va a comprar a la botiga, que està força lluny, i bé camina per zones amb bastant trànsit de cotxes. També s'ha sabut que freqüentment s'agita amb un grup de nens bastant més grans que el que consumeixen cànabals i alcohol i se li té la sospita que pot haver consumit alguna vegada o estar iniciant un consum.

Es pensa que aquesta situació es produeix "de de sempre", amb episodis constants, doncs és una família amb la que es treballa des que la mare es va quedar embarassada, però vivien a Vic fins i mig i les coordinacions sobre el cas amb l'equip referent de la zona han estat complicades ja que va canviar just en el moment que la família es va traslladar a Barcelona.

Durant el treball amb la família s'han detectat episodis en el que al nen se li castiga físicament i se l'escridassa amb freqüència, també en les coordinacions amb l'escola i al casell de col·lecció el nen s'han rebut actions com les descrites i abocades freqüentment del nen sense justificació. L'única mare és qui porta el nen tan a l'escola com al casell i en general se n'encarrega d'ell, és una dona que està malament de salut i que sovint té com també d'una altra mare i deu de la seva filla.

El nen té 7 anys, nascut el 3 d'abril de 2012, viu amb el pare, l'avi i l'avi, una tia i germana de la mare, i el marit d'aquesta i tenen un total de 2 anys, 1 fill i 2 germanes.

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**CAS 2**

En el vostre context de treball d'atenció a infància i adolescència (CRAE) rebreu la informació d'una educadora de l'equip que ha estat testimoni que una noia està rebent assetjament per part d'un grup de noies i nois del centre per la seva orientació sexual. S'ha donat en varies ocasions que l'assetjament consisteix en paraules com "holter" i l'altre de les activitats grupals que es realitzen. La noia ha explicat a la seva educadora que aquesta situació s'està produint després que s'obria a un grup d'amigues sobre aquesta qüestió i que una d'elles va fer córrer aquesta informació, sense el seu consentiment, entre d'altres persones, que ara són les que l'assetgen. En fer-se més gran la situació, la noia ha començat a autolesionar-se als braços i les cames i ha reduït força l'assetjament.

S'han donat varis situacions, la data d'inici no la sabem però podem dir que és recent i que la noia rep insults i amenaces d'un grup de noies i nois del centre, es allada de les activitats grupals i el seu cercle de relacions també s'ha reduït força perquè les noies que eren el seu suport tenen por de les reaccions del grup que l'assetja i s'han anat apartant d'ella a poc a poc. Amb tot això, la noia ha hagut de passar per la infermeria del centre en una ocasió per tallis autoinfligents en diversos parts del cos, més de per maneres que es valora són produïts per la manca d'atenció adequada unit a l'assetjament que s'està gaudint la situació. Tot i que des del centre ja s'estan prenent les mesures sancionadores i de treball educatiu amb les persones assetjadores, els efectes d'aquesta situació per a la noia encara estan molt presents i necessitarà un suport intens per a la seva recuperació.

La noia té 14 anys, nascuda el 12 de febrer de 2006. S'han fet exploracions físiques i psicològiques com a part del protocol del centre de prevenció i atenció a les situacions d'abús entre iguals.

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**CAS 5**

En el vostre context de treball d'atenció a famílies, infància i adolescència, dins un servei públic especialitzat d'atenció a dones, esteu treballant amb una noia de 13 anys embarassada amb conductes de risc i abolicia pràcticament tota la seva família i social de suport (tot i viure amb varis familiars). Aquesta noia va ingressar al programa amb un embaràs de 5 mesos i en aquell moment tenia parella, però ja 1 mes que el pare de la criatura l'ha deixada sola i s'ha marxat de Catalunya, a partir d'aquí la noia ha començat a consumir alcohol (se li sospita que també cànabals), desapareix de casa un parell de dies i no assisteix tant al programa del servei al qual participa. La manca d'assistència repetida a les activitats del programa i la dificultat per localitzar-la han fet saber les alarmes sobre la seva situació i la de la criatura.

La resta de participants que acudeixen a les activitats són conegudes del barri de la noia i han informat que se l'ha vist per zones perilloses, com un polígon conegut per ser una zona de tràfic de drogues i on hi ha freqüents altercats i situacions de violència barrials amb intervenció policial. A les últimes sessions que va assistir es va detectar que observava a alcohol (26 d'octubre) amb la psicòloga referent va admetre que havia begut una mica perquè estava "agafada", i que el pare de la criatura l'ha abandonat i se sent perduda. Posteriorment, el seu pare va fer un ingrés a l'hospital (de diabètic) i no es va poder contactar amb ella, i a les següents sessions del 2 i 3 de novembre va fer la seva germana va explicar que temps havia donat a casa i que potser s'havia quedat a casa d'un amic, però no va poder aportar més informació. En el moment actual s'ha pogut contactar amb ella i està molt desanimada i neguitosa respecte la seva maternitat (actualment de 7 mesos), troba que està sola i que no podrà tirar endavant amb la criatura, expressa que no té ganes de veure mare i que vol bisticar al pare de la criatura perquè se'n fa càrrec. Se sap que no s'ha presentat a la última reunió de seguiment de l'embaràs i ha expressat a la psicòloga que se'n va i que li truen a la criatura i que "tot és una merda i que totom l'està enganyant com ha fet el pare de la criatura". El vincle amb la seva mare està bastant deteriorat.

La noia viu amb la seva mare, al veïnat amb 2 filles petites i el marit d'aquesta. S'hagien que les condicions d'habitatge són precàries (viuen en un pis sense calefacció, amb moltes humitats i problemes de ventilació). Abans d'iniciar la participació al programa es van realitzar exàmens psicològics i físics a la mare per tal de valorar un potencial risc de l'embaràs i per part de serveis socials es va recomanar la seva participació al programa d'acompanyament a dones embarassades en situació de vulnerabilitat.

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**CAS 3**

En el vostre context de treball d'atenció a famílies, infància i adolescència en un centre de serveis socials, esteu atenent una dona que ha viscut violència masclista i participa en el vostre programa de recuperació de dones maltractades i prevenció i atenció de la violència intrafamiliar. En el decurs de les sessions d'atenció psicològica, la dona ha explicat a la psicòloga que els seus 2 fills (11 i 14 anys) van ser testimonis repetidament de la violència del pare del petit cap a ella i que en més d'una ocasió van rebre violència física quan intentaven protegir-la, a més d'insults i humiliacions freqüents.

Cap dels dos nens estan rebent suport o atenció específica en el moment en el que la psicòloga recull aquesta informació de la mare, ella és la única que està sent atesa i fins al moment actual no havia tingut forces per expressar el que li vaure els fills donat que té un gran sentiment de culpa per no haver-hi pogut protegir. L'últim període de convivència amb l'agressor va ser fa 1 any i mig, i en el moment actual no tenen contacte amb ell, es va establir una ordre de protecció que no se'n pot vigilar i fa un parell de mesos ha tornat al seu país d'origen.

La mare explica que els dos nens van rebre violència física en diverses ocasions mentre s'embarcaven entre ella i el pare del petit amb la intenció de defensar-la (durant 3 anys aproximadament, més o menys quan va portar el fill gran d'Honduras, el qual va néixer d'una relació anterior al seu país d'origen). L'home els hi donava empentes i bufetades mentre la escoltava i deia que aguantem el fill petit temps no ara així. Tot i que en més d'una ocasió els va produir ferides "visibles", no els va portar mai al metge perquè segons ella no eren greus i li feia por donar aquest pas per si els hi treien del seu costat. Comenta que els dos nens han tingut problemes de rendiment escolar, sobre tot el gran, del qual des del centre educatiu han notificat diversos episodis de violència cap a les seves companyes i companyes que s'han traduït en sancions com expulsions i accions de tutoria i reunions amb la mare.

Des de fa uns 6 mesos la mare està rebent suport psicològic i expressa que se sent desbordada i molt dèbil per fer front a la crància dels dos fills ja que fins que l'agressor ha tornat al seu país i tot i tenir una ordre de protecció, l'assetjament continua (viuen al mateix barri i el seu cercle de relacions era el mateix), al que s'afegien sentiments de culpa per tot el que li vaure els fills, amb preocupació especial ara pel petit, que en aquest últim període va estar molt al mig de la mare i el pare, doncs les visites amb aquest continuaven i el nen fugia de casa per no anar-se amb el pare, per exemple.

També, la situació de vulnerabilitat de la mare i que perdés la feina (treballava de cuinera) i es quedés a l'atur fa un temps, per la qual cosa es va haver de traslladar tota la família a casa d'una amiga amb 3 persones més de la família d'aquesta (dos fills petites i una germana de 17 anys) en un centre diferent, de 5 i 8 anys. L'embaràs del noi al centre i la seva integració es van desenvolupar amb normalitat, amb el que se li van fer exàmens físics i psicològics i es va adaptar al grup correctament. Recentment el noi ha compartit amb una companya haver estat agafat pel pare i pel que li ha dit han hagut més agressions que ell no li ha concretat perquè "no les considerava importants en comparació amb altres coses que feia el pare quan convivia". La noia s'ha decidit a compartir-ho amb l'equip del centre un cop el noi una dia li comenta idees de fer-se mal per tal d'acabar amb la "memòria de vida que té". Ja que igualment "el seu pare és tan cabot que mai el deixaria tornar a casa i que sempre està enfadat". La noia també comenta que el noi li ha parlat varies vegades de com s'escaparia del centre i que se pensava que ho deia de broma però que cada cop ho fa més seriós i li explica les maneres en que ho faria. La psicòloga del centre ho ha fet una entrevista amb ell i també se li han fet exàmens físics i psicològics, en el que s'ha trobat que té alguns muntats i l'espuma i esgarrapats als braços que semblen autoinfligides.





### Evaluation of the training

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 described in the previous chapter 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 following pictures show the questionnaires in the two formats used:

## Paper questionnaire pre-training:

Si us plau, creeu el teu codi personal de la següent manera:  
AA: Dia de naixement (del número 1 al 31)  
BB: Els dígits 2 dígits del teu número de telèfon

AA: 09 BB: 94

Benvolguda, benvolgut participant,

En primer lloc, volem agrair que hagi acceptat la proposta d'inscriure's a la formació CAN-MDS i concretament la teua participació en aquesta formació. Les teves respostes a les següents qüestions seran molt útils per tal de millorar el mòdul de formació utilitzat en futures formacions. S'ha de tenir en compte que omplir els qüestionaris d'avaluació és **ANONIM**. A part d'aquest qüestionari, se't demanarà omplir dos qüestionaris més en una fase posterior. Per tal que es pugui aparcar les respostes donades per cada persona, serà necessari disposar d'un codi que substituirà les teves dades personals i que us demanem generar seguint les instruccions indicades a la part de dalt.

Moltes gràcies per la teua col·laboració!

**INFORMACIÓ GENERAL**

1. Especialitat professional (per exemple, professora, treballadora social...): **EDUCACIÓ SOCIAL I TERA-PIA FAMILIAR**

2. Sector en el qual treballas actualment (per exemple, educació primària, serveis socials...): **ÀREA SOCIAL, ATENCIÓ A LA INFÀNCIA, ADOLESCÈNCIA I FAMILIAR**

3a. Experiència laboral amb infància: \_\_\_\_\_ anys

3b. Grups d'infància amb els que treballas:

	Molt	Parament	Algunes vegades	Sovint	Sempre
Infància general (0-18)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Primera infància (0-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adolescència (13-18)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Infància amb problemes de salut/problemes de salut mental	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Infància amb discapacitat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Infància vulnerable / famílies vulnerables (en general)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Infància amb problemes de comportament	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Infància en centres residencials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Infància víctima de maltractament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Formació prèvia en temes relacionats amb maltractament infantil: ☐ No ☒ Sí en cas "SI", si us plau, completa:

En el context de: **Terminologies principals**

☒ Estudi de grau

☒ Estudi de postgrau

☒ Programari d'espèl·lis al llarg de la vida

☒ La meua feina actual (formació al centre de treball)

☐ Aprenentatge a la meua feina (formació informal)

☐ Altres (per favor, especifica):

5. Experiència prèvia en informes sobre casos de maltractament infantil:

Com a professional	Com a ciutadana o ciutadà
<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Sí: en cas "SI", quants casos? A quins o quines serveis/institucions?	<input type="checkbox"/> No <input type="checkbox"/> Sí: en cas "SI", quants casos? A quins o quines serveis/institucions?

1

Si has marcat "SI", explica amb 2-3 frases quina va ser la informació d'un possible cas de maltractament del qual vas rebre informació o vas ser testimoni i que et va fer decidir a informar-ne. Tria i respones d'alguna qüestió específica del cas que en aquell moment fos més rellevant per a tu per identificar-lo com a maltractament? Què és el que et va preocupar més per la nena, nen o adolescent en aquest cas? **Maltractament després d'una violència adreçada a la seva filla de 11 mesos. Davant les de mides de la nena, la violència es desbordava i s'accedia a la petita i l'alemna.**

6. Si us plau, avalua el teu coneixement actual segons les escales inferiors (on 0 = No sé res i 100 = Ho sé tot) en els temes relacionats amb:

1. què és maltractament infantil (CAN)

2. com reconèixer una nena, nen o adolescent víctima de maltractament

3. què determina la llei sobre la notificació de casos CAN per a les i els professionals que treballen amb infància

4. la magnitud del maltractament infantil al meu país

5. què és el sistema CAN-MDS

7. Si us plau, indica en quina mesura estàs d'acord amb els següents enuncis utilitzant les escales de sota (on 0 = Estic en total desacord i 100 = Estic totalment d'acord):

1. la informació sobre els casos CAN en el meu país reflecteix l'actual nombre de casos

2. la formació de les i els professionals que treballen amb infància en situació de maltractament és l'adequada

3. la cooperació intersectorial en la gestió dels casos de CAN és efectiva

4. les i els professionals que treballen amb infància continuen les obligacions legals d'informar els casos de CAN

5. al meu país, les dades epidemiològiques disponibles actualment són completes

2

10. Si us plau, respon de manera breu (SI/NO/NO HO SE) quan s'escaigui i/o amb una breu frase quan no sigui el cas i a les següents qüestions referides a les situacions al teu país:

a. Hi ha professionals dels sectors amb més probabilitat de trobar-se amb casos de maltractament infantil a qui la legislació vigent obliga a informar d'aquests?

☒ Sí ☐ No ☐ No ho se. En cas afirmatiu, si us plau, enumera les professions/sectors: **PEI, PSICÒLOGUES, PSICÒLOGA, PSICÒLOGA, PSICÒLOGA, PSICÒLOGA**

b. Hi ha sancions (estabertes per la llei) per a les i els professionals que no informen dels casos que continuen mentre manregen la seva professió?

☒ Sí ☐ No ☐ No ho se

c. Existeix immunitat legal per a les i els professionals que tenen l'obligació de notificar els casos de CAN?

☐ Sí ☒ No ☐ No ho se

d. Algun dels següents grups professionals rep formació específica en CAN abans o després de començar a treballar?

	Sí	No	No ho se
Professionals de l'àmbit de benestar social	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casos de seguretat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Professionals de salut general i salut mental	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Professionals (tots els nivells, de primària a secundària)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionals de l'àmbit judicial	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

e. Consideres el castig corporal en tant a metodologia disciplinària com una forma de maltractament infantil?

☒ Sí ☐ No

Per què: **Perquè provoca una davant l'infant i no a l'infant, perquè no té el seu benestar emocional.**

11. Espera que aquesta formació em proporcionarà una informació adequada sobre:

	Valor (0-100)
a. Què és CAN-MDS	100
b. El meu paper com a operador o operador de CAN-MDS	100
c. Com utilitzar les eines CAN-MDS	100
d. Com reconèixer els indicadors de maltractament infantil	100
e. Què estableix la llei, incloent les obligacions de les i els professionals, respecte informar dels presumptes casos	100

3

de CAN

1. Què és el sub-registre en casos de CAN

2. Quins són els principals problemes relacionats amb l'estimació de la magnitud del maltractament infantil

4



Paper questionnaire, post-training:

Manual  
CAN-MDS

+

Sinergia

+

Capacitat

+

Incidència

=

Resposta  
coordinada al  
maltractament  
infantil

Si us plau, useu el teu codi personal de la següent manera:

AA: Dia de relament (del número 1 al 31)

BB: Els últims 2 dígit del teu número de telèfon

AA: 14

BB: 19

BB: 66

BB: 66

Benvolguts, benvolguts participants,

Com vas fer amb el qüestionari inicial, si us plau, contesta a les preguntes de més a baix seguint les respectives instruccions. És important no cobrir el teu codi personal a la part superior dreta d'aquesta pàgina.

Us agraïm un altre cop la vostra participació!

1. Si us plau, avalua el teu coneixement actual segons les escales inferiors (on 0 = No sé res i 100 = No sé tot) en els temes relacionats amb:

1. què és maltractament infantil (CAN)

0 10 20 30 40 50 60 70 80 90 100

2. com reconèixer una nena, nen o adolescent víctima de maltractament

0 10 20 30 40 50 60 70 80 90 100

3. què determina la llei sobre la notificació de casos CAN per a les i els professionals que treballen amb infància

0 10 20 30 40 50 60 70 80 90 100

4. la magnitud del maltractament infantil al meu país

0 10 20 30 40 50 60 70 80 90 100

5. què és el sistema CAN MDS

0 10 20 30 40 50 60 70 80 90 100

2. Si us plau, indica en quina mesura estàs d'acord amb els següents enuncisats utilitzant les escales de sota (on 0= En desacord total i 100= En total acord):

1. la informació sobre els casos CAN en el meu país reflecteix l'actual nombre de casos

0 10 20 30 40 50 60 70 80 90 100

2. la formació de les i els professionals que treballen amb infància maltractada és l'adequada

0 10 20 30 40 50 60 70 80 90 100

3. la cooperació intersectorial en la gestió dels casos de CAN és efectiva

0 10 20 30 40 50 60 70 80 90 100

4. les i els professionals que treballen amb infància contenen les obligacions legals d'informar dels casos de CAN

0 10 20 30 40 50 60 70 80 90 100

5. al meu país, les actuals dades epidemiològiques disponibles actualment són adequades

0 10 20 30 40 50 60 70 80 90 100

3. Al meu país, tinc la informació necessària sobre:

a. Com informar sobre un cas sospès de maltractament infantil

b. A quina autoritat notificar un potencial cas de maltractament infantil

c. Quines són les principals dificultats per estimar la magnitud del maltractament infantil

d. Quin serà el meu rol com a operadora o operador de CAN MDS

Valor (0-100)

4. Reconèixer els serveis i recursos que una nena, nen o adolescent pot estar patint maltractament

a. Responder a una nena, nen o adolescent que manifesta estar patint maltractament

b. Beposdrre a una nena, nen o adolescent que manifesta estar patint maltractament

c. Registrar i informar sobre les meves sospites a la o les autoritats pertinents sobre un cas de maltractament infantil

d. Actuar com a operadora o operador de CAN MDS

Valor (0-100)

5. Aquesta formació m'ha proporcionat informació adequada sobre:

a. El meu rol com persona operadora de CAN MDS

b. Com utilitzar les eines CAN MDS

c. Què és la notificació dels casos de maltractament infantil

d. Quins són els principals problemes a nivell europeu relacionats amb l'estimació de la magnitud del maltractament infantil

Valor (0-100)

6. Si us plau, qualifica (de 0 a 10 o NA, no aplicable) l'extensió en què, segons la teua opinió, cadascun dels següents factors dificulta o impedeix a les i els professionals notificar sobre un cas presumpte o confirmat de maltractament infantil:

L'actitud "No és la meua responsabilitat"

La quantitat de temps que porta fer un registre

Sentir incòmodat intervenir en la vida de les famílies

Creure que, de totes maneres, "no es farà res per què en aquesta situació"

La sensació que notificar no ajudarà a la nena o nen, ni a la família

Les aplicacions de confidencialitat associades a informar sobre casos de CAN

Les polítiques i procediments aplicats actualment

Els processos de notificació aplicats actualment

Els processos de col·laboració aplicats actualment

Les dificultats de les i els professionals per notificar

El procés a seguir per fer una notificació

La violència de les famílies envers les i els professionals

Per a les imputacions legals de possibles denúncies falses

Per a notificar incorrectament

Per als efectes negatius sobre la família de la nena o el nen

Per a violència o a conseqüències desequilibrades sobre la nena o el nen

Per a que el fet de notificar perjudiqui les relacions amb la família com a professional

Per a que algú se n'assabenti que s'ha noticiat

Per a l'impacte negatiu en la pràctica professional, per delit

El retorn maltrat per les autoritats a les i els professionals que informen sobre l'estat de la notificació

M manca d'un historial d'antecedents adequat sobre el cas

M manca de coneixement adequat sobre el maltractament infantil i el paper de les i els professionals davant la notificació

M manca de certesa sobre la identificació del maltractament infantil

M manca de confiança en les autoritats de protecció de la infància i la seva capacitat per gestionar possibles casos

M manca de coneixement de les i els professionals dels procediments de derivació

M absència aparent de senyals físiques de maltractament

M no saber si què passa després de fer la notificació

M que la resposta que es doni no coincideix amb les expectatives de la persona operadora

M no saber on notificar

M poca experiència prèvia amb les autoritats responsables

M poca adaptació de la formació rebuda per les i els professionals que han de ser operadors de CAN MDS

M incertesa sobre les conseqüències de les notificacions

M lleis poc clares

M protocols organitzatius impròpiament

M Altres? Si us plau, especifiqueu:

Organització de la formació

1. La durada de la formació ha estat:

1. Adequada a les necessitats

2. Menys de la necessària, recomanaria fer

3. Més de la necessària, recomanaria fer

2. La informació subministrada durant la formació ha estat:

1. Adequada a les necessitats

2. Menys de la necessària

3. Més de la necessària

3. Els mitjans utilitzats a la formació (presentacions, diàlogues, casos pràctics...) han estat:

1. Adequats

2. Necessiten millores. Recomana:

4. Hi ha altres millores que recomanaries en aquesta formació?

1. No

2. Sí

5. Què és el que menys valors d'aportació formació?

6. Què és el que més valors d'aquesta formació?

7. Tens alguna expectativa sobre la formació que no s'ha complert?

1. Sí (quina / per què)

2. No

8. Com valoraries la comoditat de l'espai de la formació? (p.ex. seients, equipaments...)

1. 2 (si us plau, valoreu de 0min a 10min)



## Online questionnaire, "pre-training"\*.:

**Fundació Aroa**  
QÜESTIONARI INICIAL  
Operadores i Operadors CAN MDS

1. Si us plau, crea el teu codi personal amb el següent format: AAAABBBB. Per fer-ho, utilitza els teus números personals: AA: Dia de naixement (del 01 al 31) i BB: Els 2 últims dígitos del teu número de telèfon\*

Escribe una o varias palabras...

2. Quina és la teva especialitat professional?\*

p.ex. professora, metgessa, treballadora social, educadora...

Escribe una o varias palabras...

3. En quin sector treballes actualment?\*

p.ex. serveis socials, educació...

Escribe una o varias palabras...

4. Anys d'experiència laboral amb infància:\*

Escribe una o varias palabras...

5. Grups d'infància amb els que treballes:\*

Selecciona una resposta a cada fila

	Mai	Rarament	Alguna vegada	Sovint	Sempre
Població general d'infància (0-18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primera Infància (0-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescència (13-18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infància i/o adolescència amb problemes de salut / problemes de salut mental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infància i/o adolescència amb discapacitat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infància i/o adolescència vulnerable / famílies vulnerables (en general)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infància i/o adolescència amb problemes de comportament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infància i/o adolescència en centres residencials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infància i/o adolescència víctima de maltractament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Existeix la immunitat legal per a les i els professionals que tenen l'obligació de notificar els casos de maltractament infantil?\*

Selecciona una resposta

☐ Sí

☐ No

☐ No ho sé

34. Algun dels següents grups professionals rep formació específica sobre maltractament infantil abans o després de començar a treballar?\*

Selecciona una resposta de cada fila

	Sí	No	No ho sé
Professionals de l'àmbit de benestar social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cossos de seguretat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionals de salut general i salut mental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professorat (tots els nivells, de primària a secundària)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionals de l'àmbit judicial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Espero que aquesta formació em proporcioni una informació adequada sobre els casos que no es reporten\*

Escribe una o varias palabras...

43. Espero que aquesta formació em proporcioni una informació adequada sobre quins són els principals problemes relacionats amb l'estimació de la magnitud de maltractament infantil\*

Escribe una o varias palabras...

MOLTES GRÀCIES PER LA TEVA COL·LABORACIÓ!!

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Cree encuestas gratis





## Online questionnaire, post-training\*:

**3. Com reconèixer una nena, nen o adolescent víctima de maltractament\***  
(avalua de 0 a 100)

Escribe una o varias palabras...

+

**4. Què determina la llei sobre la notificació de casos de maltractament infantil per a les i els professionals que treballen amb infància\***

Escribe una o varias palabras...

+

**5. La magnitud del maltractament infantil al meu país\***  
(avalua de 0 a 100)

Escribe una o varias palabras...

**15. Quin serà el meu rol com a operadora o operador de CAN-MDS\***  
(valora de 0 a 100 la informació que en tens)

Escribe una o varias palabras...

+

**VALORA, DEL 0 AL 100, EN QUINA MESURA ET SENTIS AMB SEGURETAT PER A LES SEGÜENTS QÜESTIONS:**

+

**16. Reconèixer els senyals indicadors que una nena, nen o adolescent pot estar patint maltractament\***  
(valora de 0 a 100 com et sentis de segura o segur)

Escribe una o varias palabras...

+

**17. Respondre a una nena, nen o adolescent que manifesta estar patint maltractament\***  
(valora de 0 a 100 com et sentis de segura o segur)

Escribe una o varias palabras...

**36. Por a les implicacions legals de possibles denúncies falses\***

Escribe una o varias palabras...

+

**37. Por a notificar incorrectament\***

Escribe una o varias palabras...

+

**38. Por als efectes negatius sobre la família de la nena o el nen\***

Escribe una o varias palabras...

+

**39. Por a violència o conseqüències desconegudes sobre la nena o el nen\***

Escribe una o varias palabras...

**71. Especifica quina o quines expectatives i per què si has respost afirmativament la pregunta prèvia:**


Escribe una o varias palabras...

+

**72. Com valoraries la comoditat de l'espai de la formació (p.ex. seients, equipaments...)? Valora de 0 (mínim) a 10 (màxim)\***

Escribe una o varias palabras...

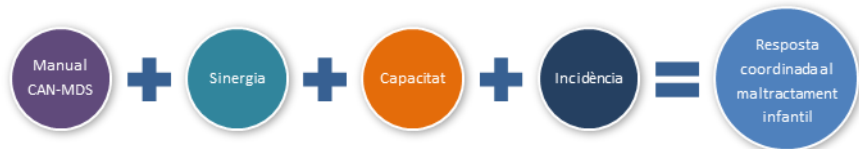
+



+

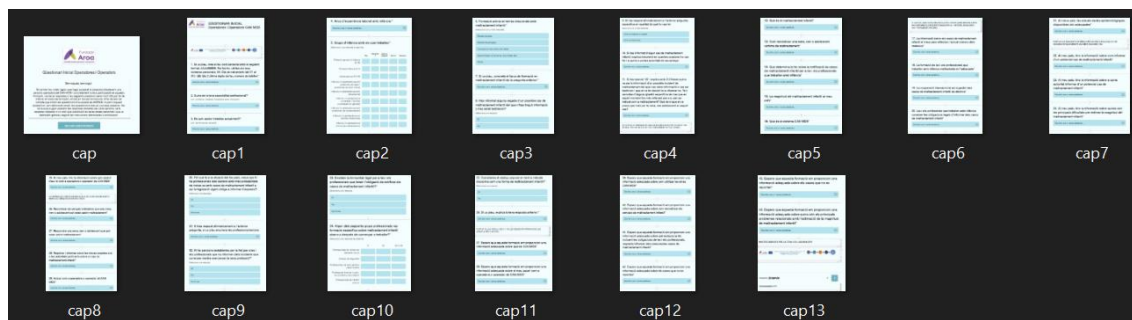
**MOLTES GRÀCIES PER LA TEVA COL·LABORACIÓ!!**

+

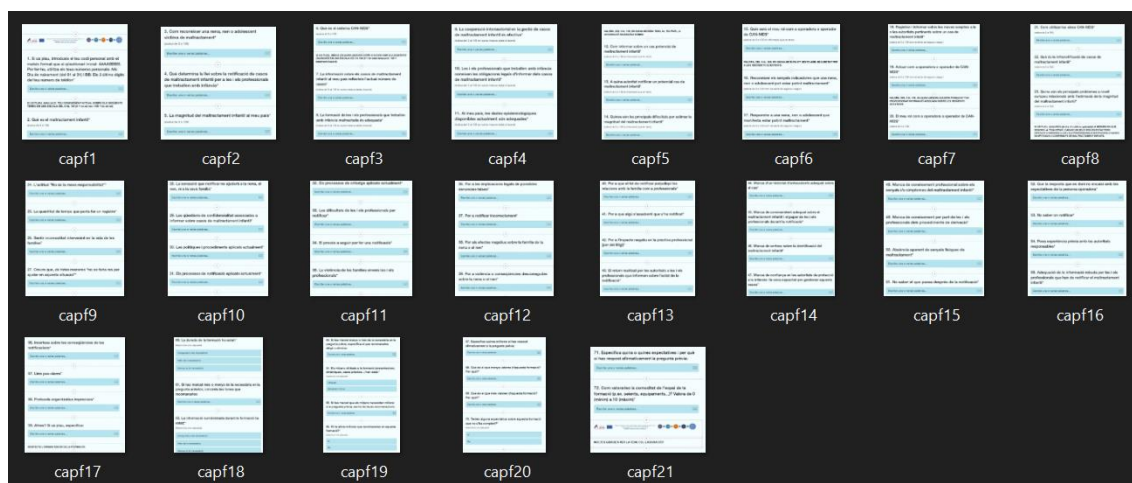


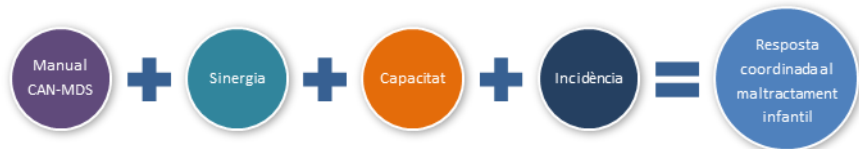
\* Only a selection of the questionnaires has been attached above. Below are screenshots of the completed questionnaires:

### Pre-training



### Post-training

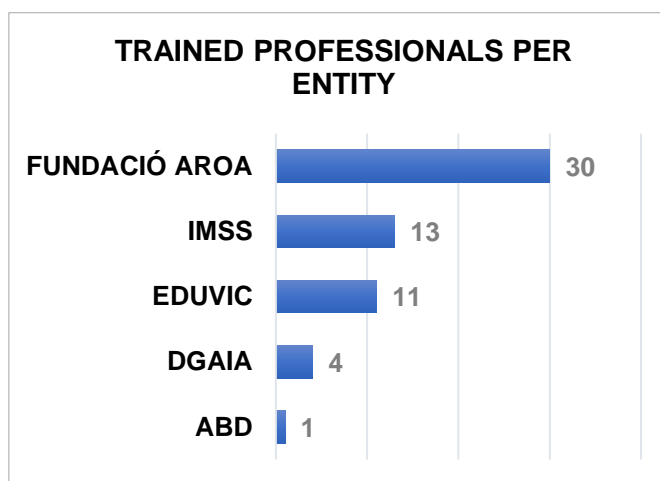
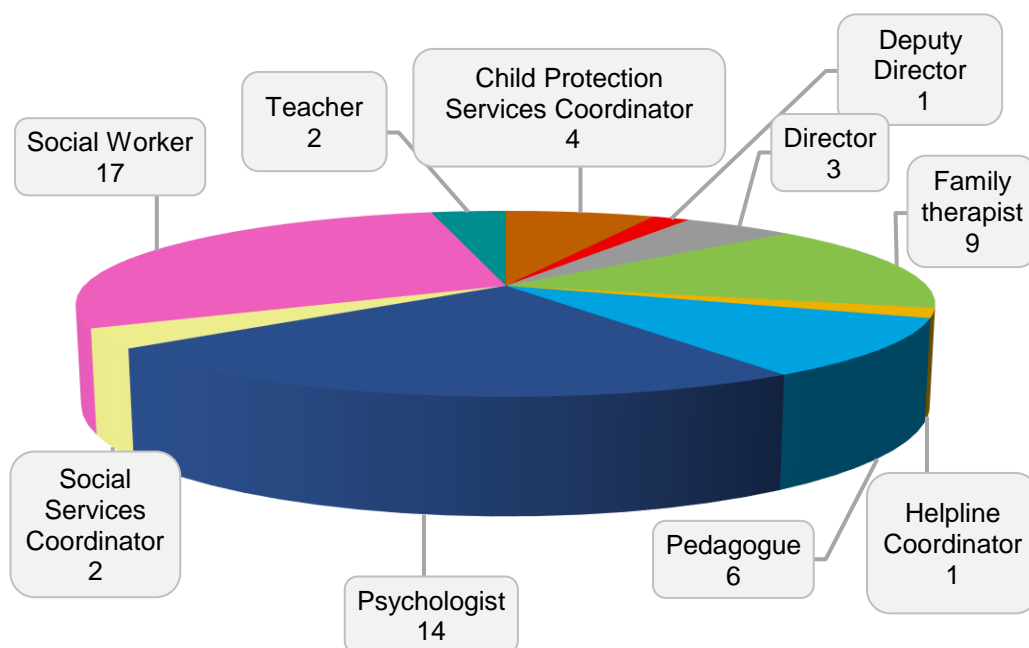




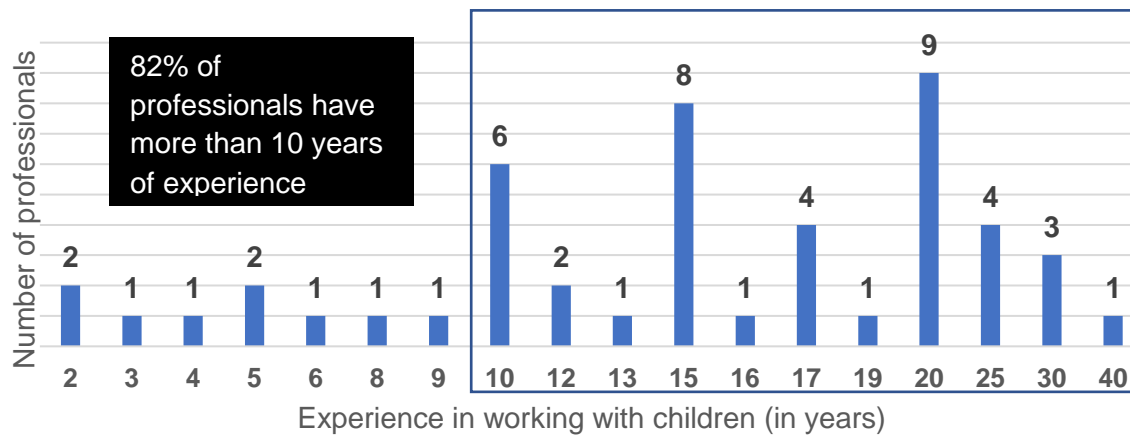
## Evaluation of results

The following chapter outlines a selection of the answers to the initial and final questionnaires filled in by the professionals who have received the training. This selection has been made on the basis of the question's significance for this report and according to the objectives of the project.

## EMPLOYMENT PROFILES OF THE PROFESSIONALS WHO HAVE DONE THE TRAINING:

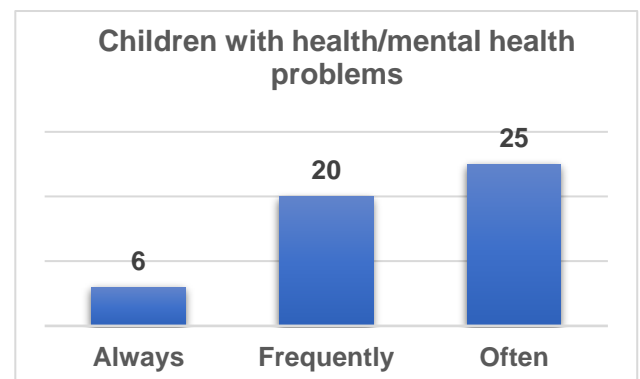
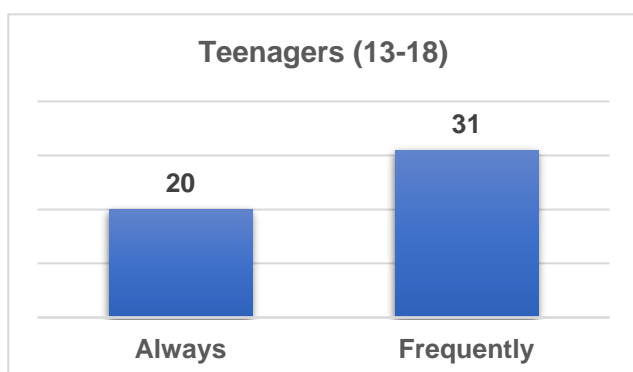
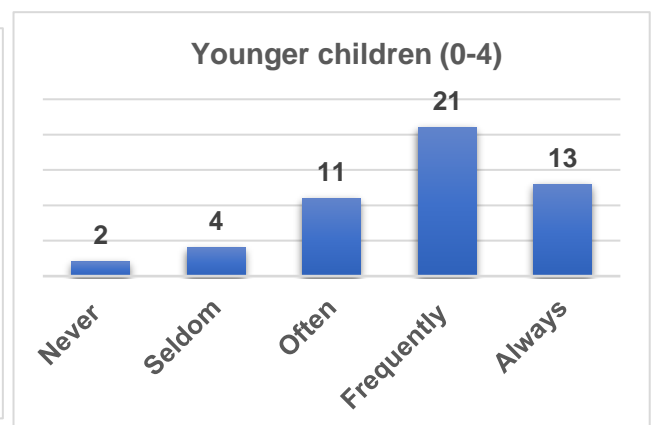
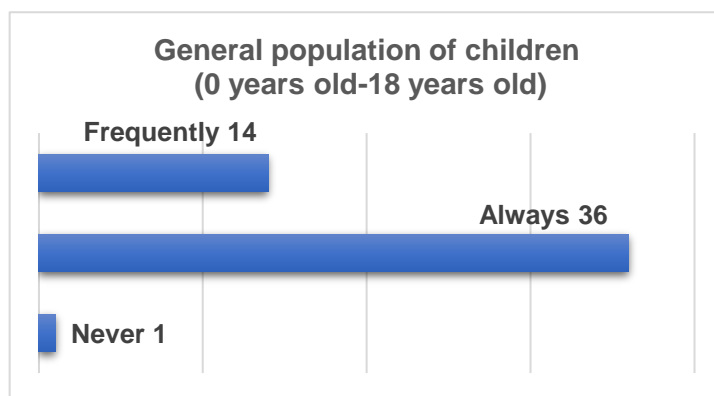


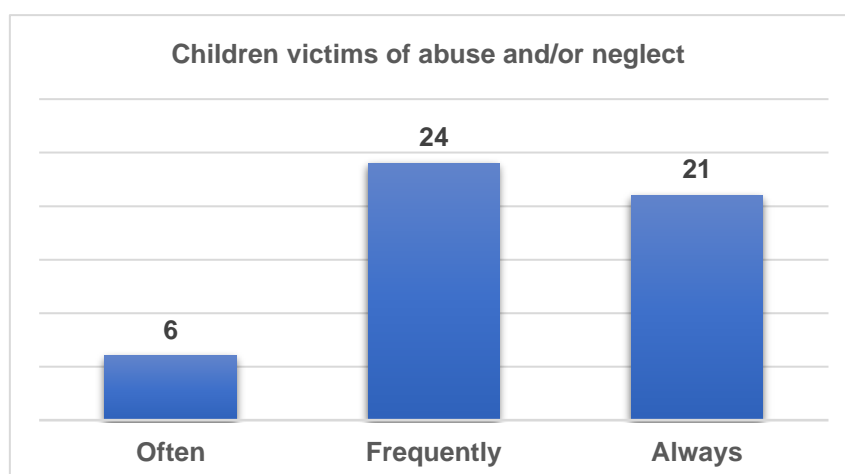
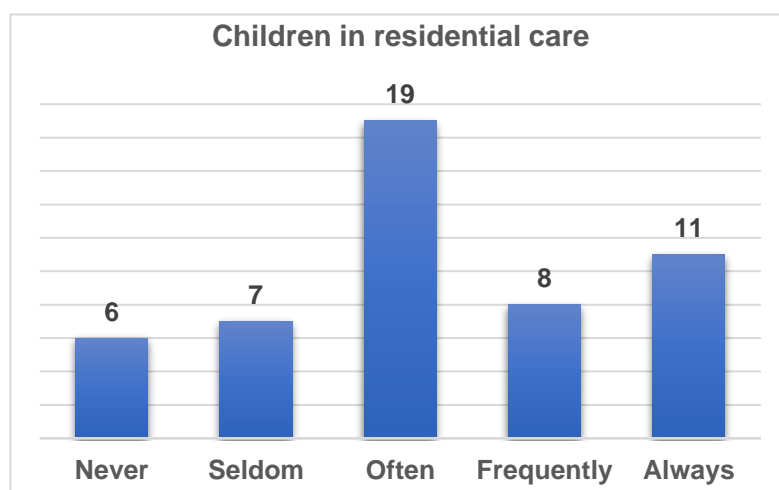
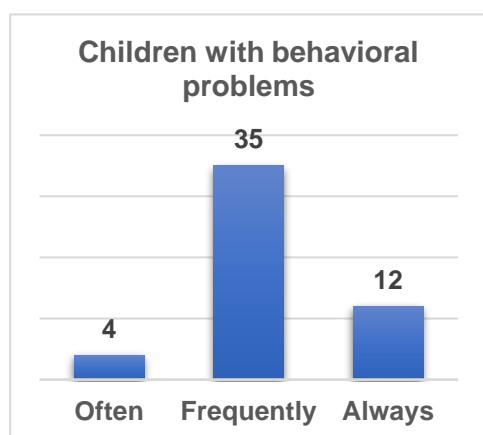
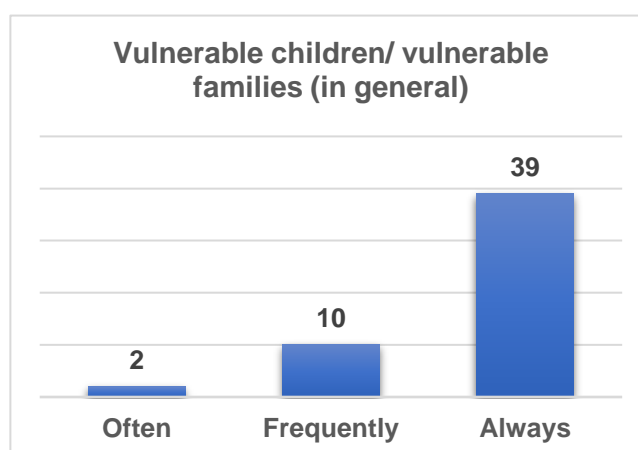
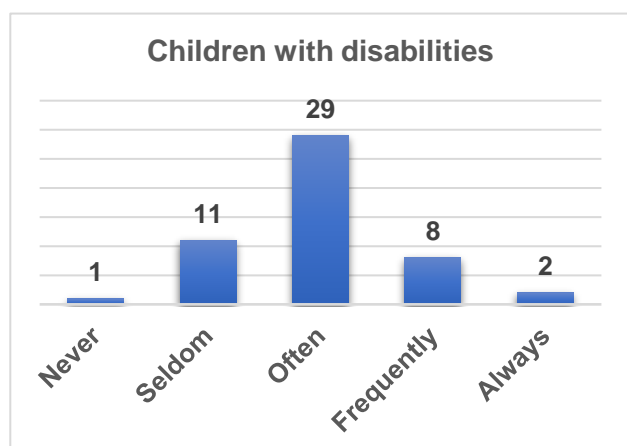
## WORK EXPERIENCE WITH CHILDREN

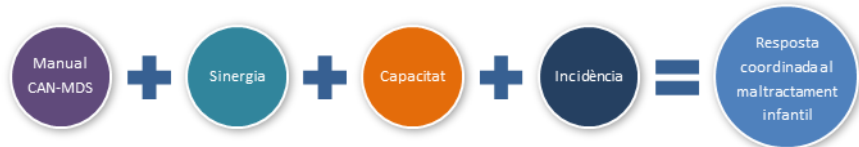


- ✓ The most experienced person has been working with children for 40 years and the least experienced for 2 years.
- ✓ The professionals have an average of 15 years of experience with children.
- ✓ Most professionals have 10, 15 or 20 years of experience

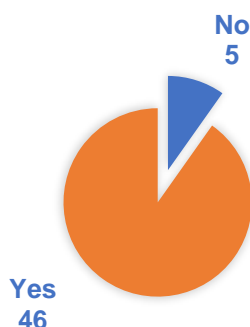
## PROFILE OF CHILDREN THEY ARE WORKING WITH:







## PROFESSIONALS WHO HAVE REPORTED AT LEAST ONCE A POSSIBLE CASE OF CHILD ABUSE/ OR HAVE HEARD ABOUT IT OR WITNESSED ONE

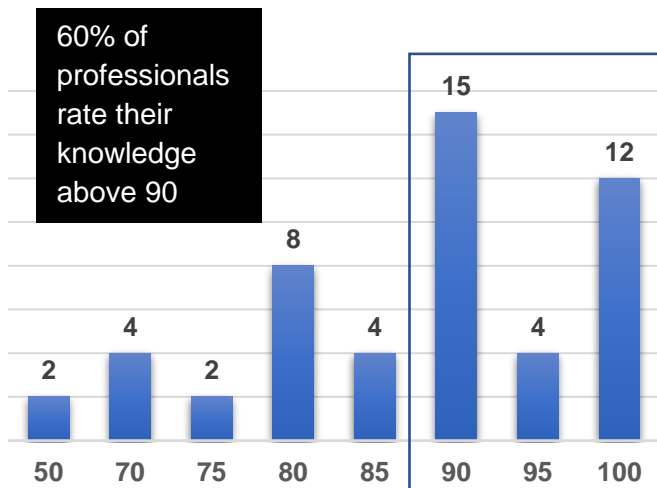


VERBATIM ANSWERS EXPLAINING WHAT KIND OF **INFORMATION WAS IN THE SUSPECTED CAN INCIDENT** THEY WERE INFORMED ABOUT, SPECIFIC DIMENSION OF THE CASE THAT STOOD OUT THE MOST TO THEM AT THE TIME TO LIKELY INDICATE CAN:

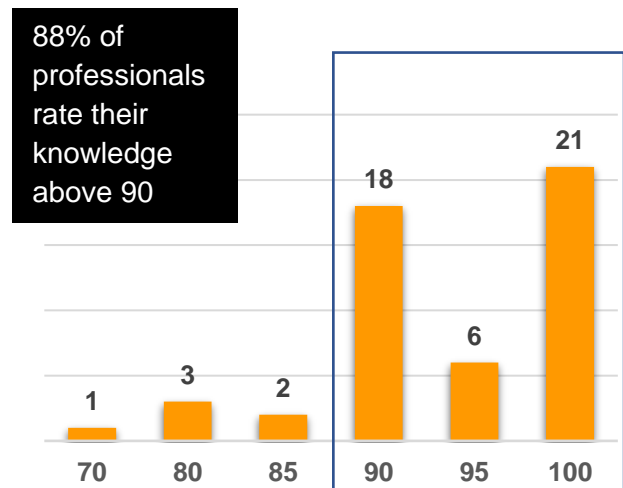
- *The risk itself and the defencelessness of the child, are the ones I was most concerned about.*
- *Working with children and families, the past and current incidents of abuse seem like they emerge recurrently as in the form of discipline and physical punishment. In some cases, the children share these incidents, and in others it comes up during the work with family members who care for the child.*
- *Physical signs; psychological (witnessed) abuse, changes in the child's mood, fear, sadness; lack of motivation.*
- *Vulnerability. In a family therapy a child shared the abuse and the parents admitted that they lost control.*
- *Child abuse of a teenage mother to her 11-month-old daughter. The mother was overwhelmed with the demands of her baby, and she lost control and shook the baby.*
- *Normally the child informs the police, the school or health services about the abuse. I always try to find out whether there is a medical record of injuries and also understand the child's experience of this abuse.*
- *The normalization of abuse as an educational tool and the difficulty of raising awareness to the family. In another case it was a neglect linked to the burden of the mother who was in a socioeconomic vulnerable situation.*
- *To use aggressive methods of discipline and unwillingness to respond to the care service's attempts to redirect these behaviours. Also exercised violence by the father against the mother in front of the children, leaving the children as eyewitnesses.*

## KNOWLEDGE ON “WHAT IS CHILD ABUSE” (0-100)

### INITIAL

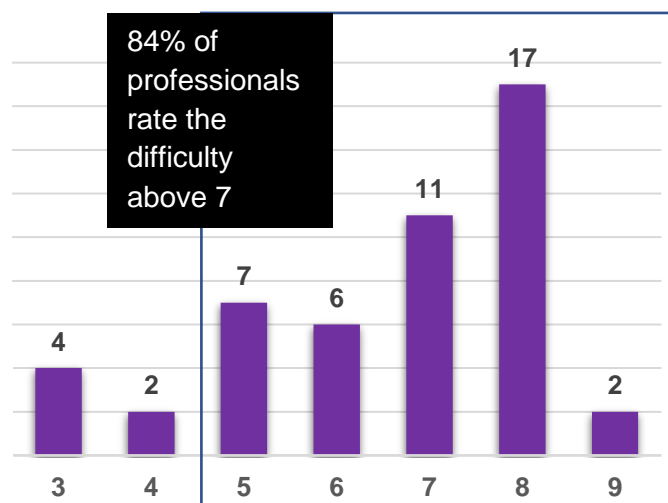


### FINAL



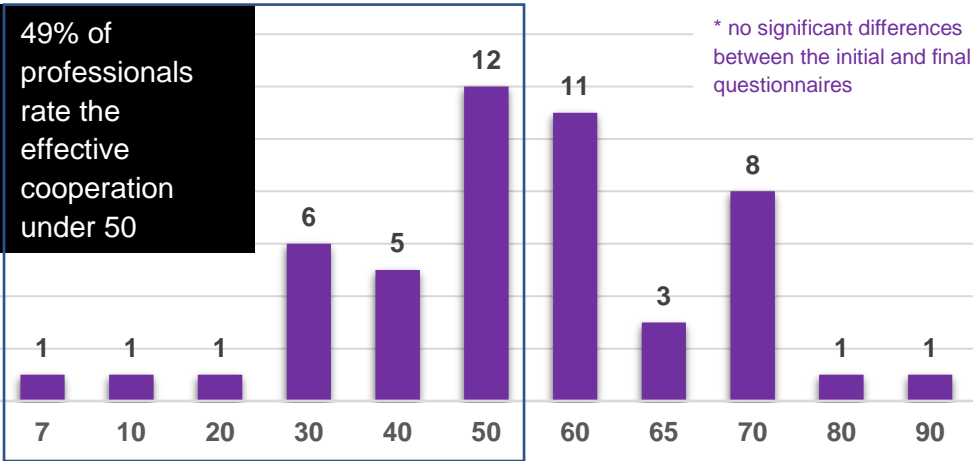
REGARDING THE **DIFFICULTIES OF REGISTERING CASES** OF CHILD MALTREATMENT, PROFESSIONALS RATE “**THE PROCESS TO FOLLOW TO MAKE A NOTIFICACION**” ON A SCALE FROM 0 TO 100.

\* no significant differences between the initial and final questionnaires

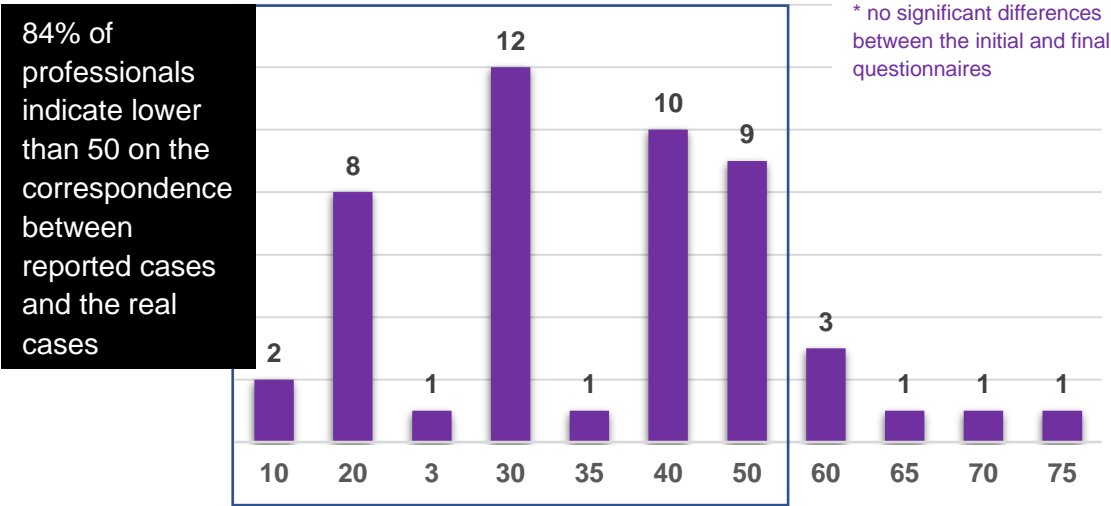




PROFESSIONALS RATE ON A SCALE FROM 0 TO 100 THEIR AGREEMENT WITH THE FOLLOWING ISSUE: **“INTER-SECTORIAL COOPERATION IN ADMINISTRATION OF CAN CASES IS EFFECTIVE”**

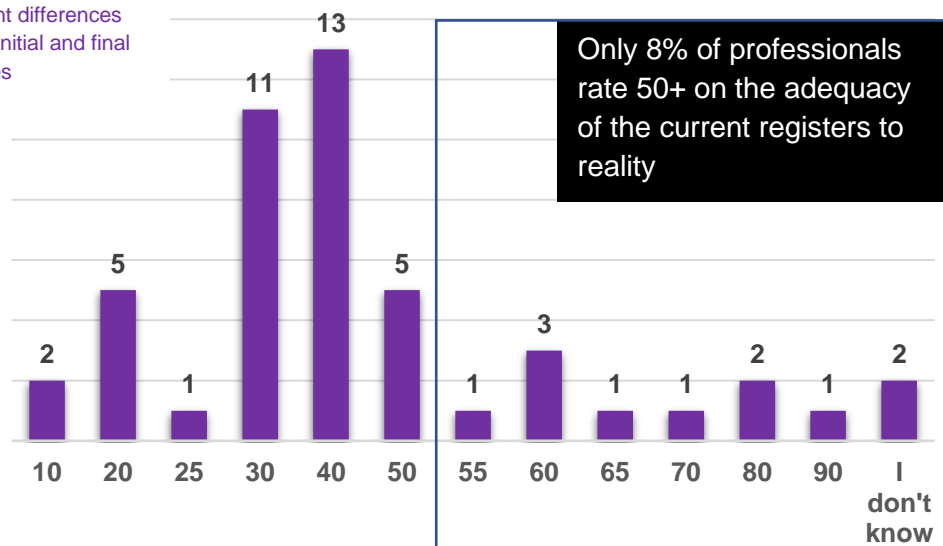


PROFESSIONALS RATE ON A SCALE FROM 0 TO 100 THEIR AGREEMENT WITH THE FOLLOWING ISSUE: **“REPORTING OF CAN CASES IN MY COUNTRY REFLECTS THE ACTUAL NUMBER OF CAN”**



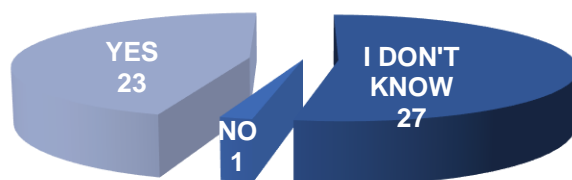
PROFESSIONALS RATE ON A SCALE FROM 0 TO 100 THEIR AGREEMENT WITH THE FOLLOWING ISSUE: **“CURRENTLY AVAILABLE EPIDEMIOLOGIC DATA FOR CAN IS ADEQUATE, IN MY COUNTRY”**

\* no significant differences between the initial and final questionnaires



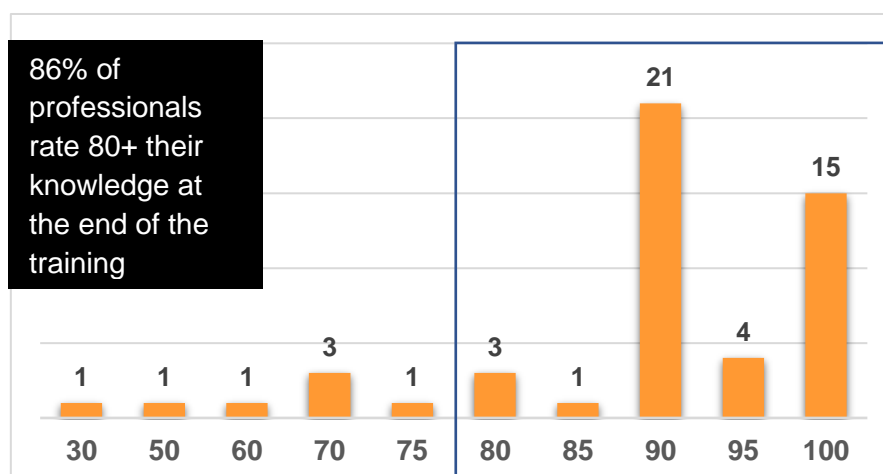
ARE THERE PENALTIES, **MANDATED BY LAW**, FOR THE PROFESSIONALS WHO DO NOT REPORT CAN INCIDENTS THAT HAVE COME TO THEIR KNOWLEDGE WHILE ON DUTY?

INITIAL

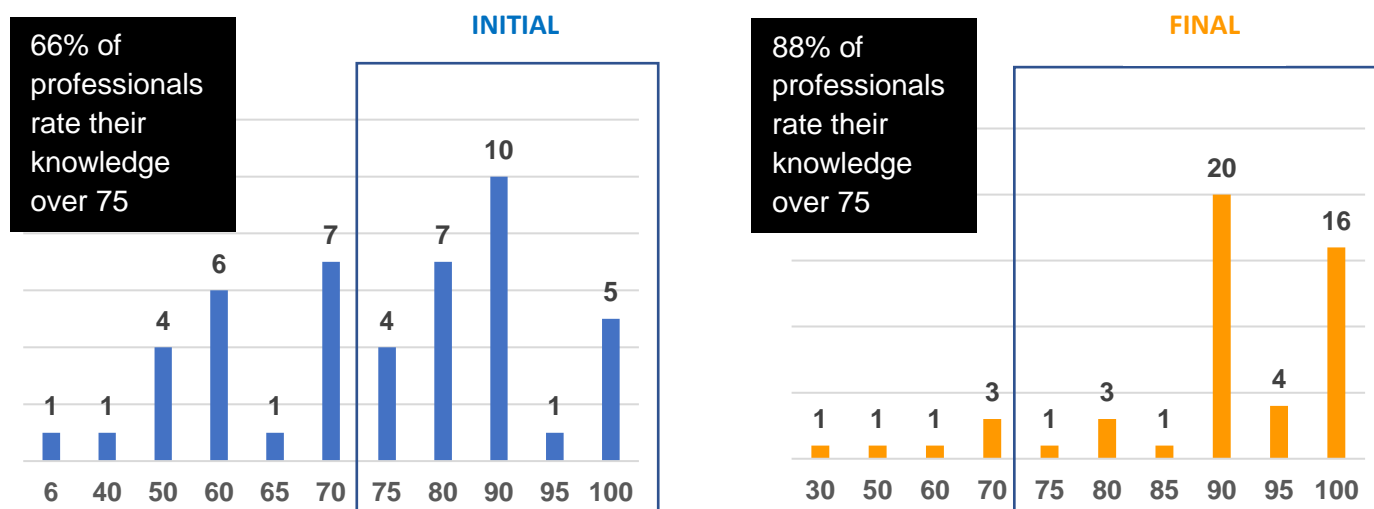


WHAT IS **PROVISIONED BY THE LAW** FOR REPORTING CAN CASES BY PROFESSIONALS WORKING WITH/FOR CHILDREN

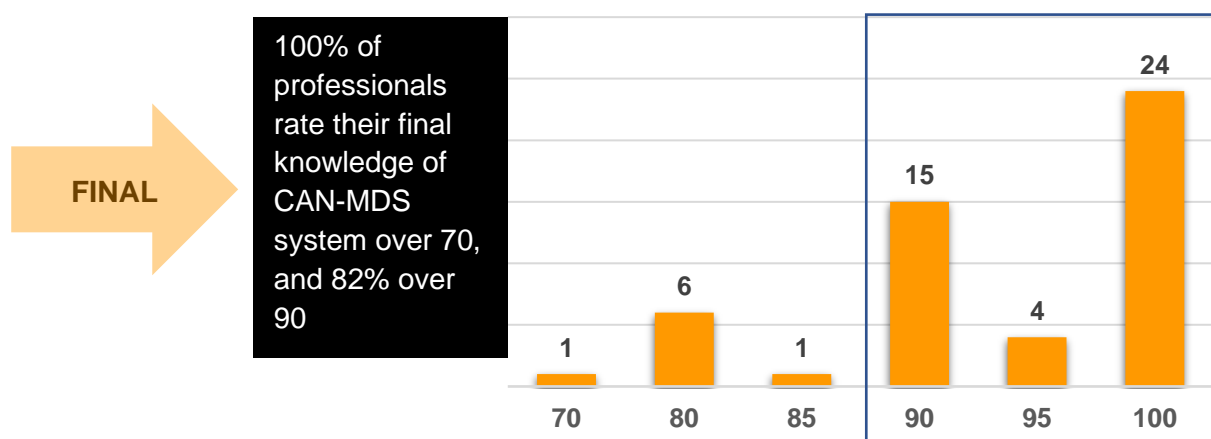
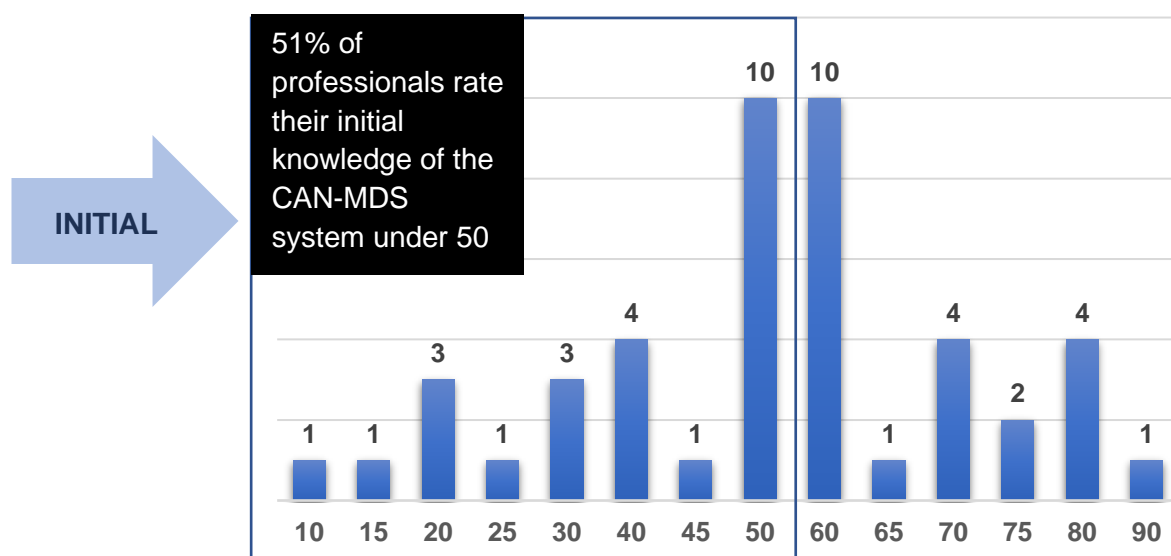
FINAL



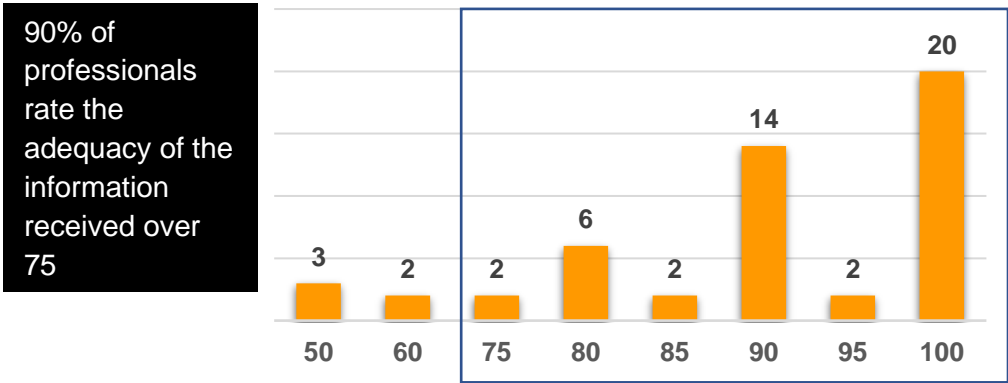
## KNOWLEDGE ON WHAT IS PROVIDED BY THE LAW FOR REPORTING OF CAN CASES BY PROFESSIONALS WORKING WITH/FOR CHILDREN (0-100)



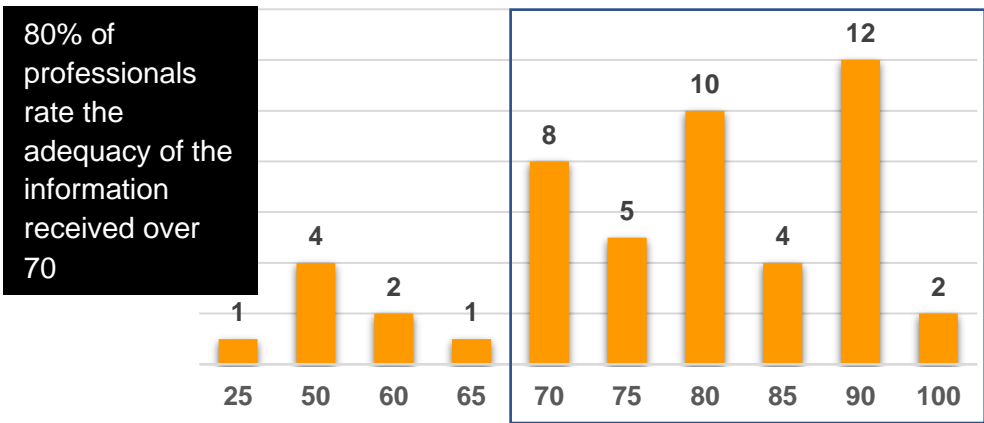
## CURRENT KNOWLEDGE RATE FROM 0 TO 100 ON ISSUES RELATED TO "WHAT THE CAN-MDS SYSTEM IS"



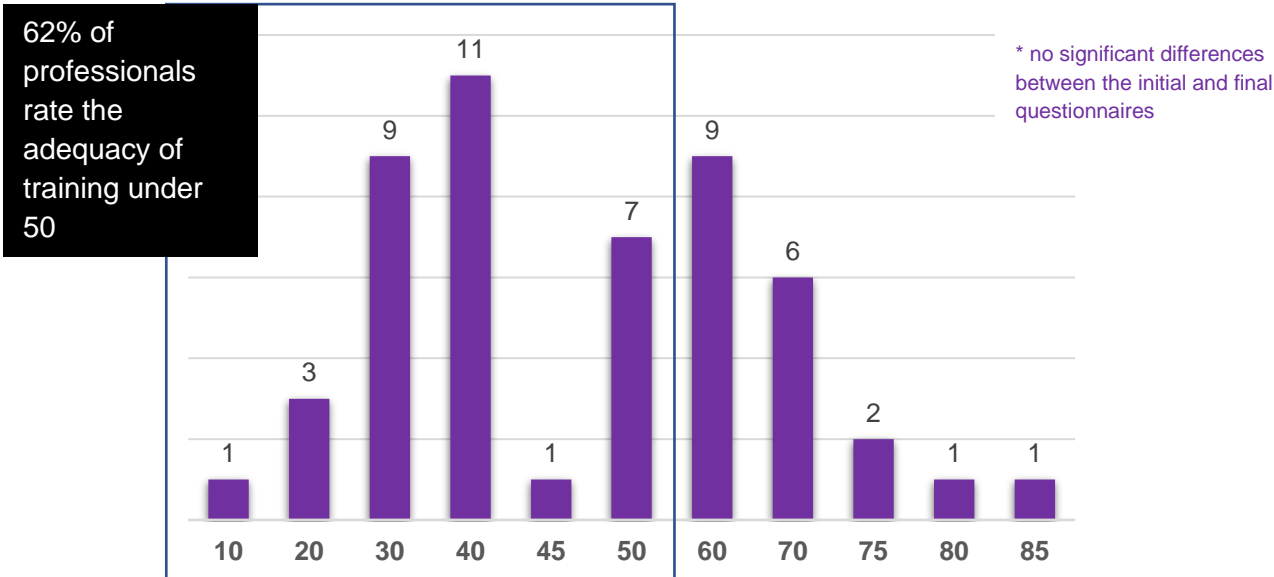
THE TRAINING PROVIDED THEM WITH **ADEQUATE INFORMATION OF WHAT UNDERREPORTING IS?**



TRAINING PROVIDED THEM AN UNDERSTANDING OF **WHAT THE MAIN PROBLEMS RELATED TO ESTIMATION OF THE MAGNITUDE OF CHILD ABUSE AND NEGLECT ARE?**



THE TRAINING OF PROFESSIONALS WORKING WITH CHILDREN ON CHILD ABUSE AND NEGLECT ISSUES WAS ADEQUATE



## PROFESSIONALS' RATING OF FACTORS THAT HINDER OR PREVENT THE DECISION TO REPORT SUSPECTED OR ACTUAL CHILD ABUSE/NEGLECT



Regarding the previous chart, it is important to point out that professionals' answers have been kept in assessment's intermediate areas in relation to the different statements.

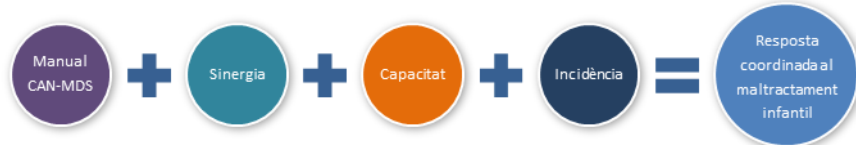
There are no extreme outliers in the evaluation of each of the statements and the replies of the 51 professionals are kept in a moderate range of values of the suggested scale from 0 to 10 which can be seen as a tendency towards coherent responses regarding Catalonia's current situation. Much progress has been made in terms of facilitating the decision to report a suspicion or existing child abuse, although there are still aspects to be adjusted to reduce the difficulties and to improve the reporting to optimize the process.

The chart also shows that professionals are aware of their duty to report cases as they have the resources to identify cases of child abuse and they are conscious of the legal framework related to children's protection. Additionally, the assessments reflect that lack of responsibility does not have an influence on fewer registrations, so we can conclude that consciousness amongst the professionals exists and they are aware about the need to report, although the average values lead to the conclusion that there is room for improvement.

The higher values of the chart vary between 6 and 6 '7 and they refer especially to issues related to already existing notification processes, inter-sectoral cooperation and case management. It is clear that the Catalan professionals value the existence of a consolidated system for detection, notification, attention and coordinated response to child abuse. However, they identify some weaknesses and the necessity to improve the system in relation to some of the points that are shown in the chart, such as:

the reporting of information after the notification of a case and the lack of feedback on the follow-up actions and response to it; or the improvements of the processes needed to make a notification, among others.

On the top of the chart, it also stands out that professionals worry about violence and the unknown consequences for the child after the notification itself, which leads to the assumption that there may be a greater need for case coordination and the improved and strengthened work with families, as expressed by the professionals in other areas of the training.



## WHAT IS MOST VALUABLE OF THIS SEMINAR?

The following verbatims are a selection of responses from professionals on what they value the most and the least about the training they have received:

*Its possibilities, although some changes would have to be made to adapt it to all situations that may exist*

*Possibilities to do practical part and the option to make consultations during the process.*

*The knowledge of this new tool and its possibilities. I believe that we must move towards a unified abuse's registration system that incorporates all sectors involved in children and adolescents at risk.*

*Knowing the application and knowing how to use the tools for the introduction of cases or suspicions of IM. It can become a good tool for early detection and management in the different states involved.*

*The practices performed and that the registration is very intuitive, being able to find drop-downs with the information, what makes it easy to fill in the form.*

*It has potential, but it is complicated to incorporate...*

*That it has been very concrete and focused on the programme.*

*It makes the scourge of child abuse visible and offers tools and information to confront it from the different professional sectors.*

*That the application can be used so that the cases of children and adolescents are registered correctly and background information is taken into account when something happens.*

## WHAT IS LEAST VALUABLE OF THIS SEMINAR?

*Some content is already known to us and it has made some parts of the training less interesting.*

*That it does not reach the entire network of professionals who work with children.*

*I think it is difficult to incorporate this system because it is ambitious and requires many sectors to work together.*

*The answer of the questionnaires. I understand that there is a need to know the acquisition of knowledge for the use of the application, but the contributions on all services involved with childhood would not apply to me and it is excessively long.*

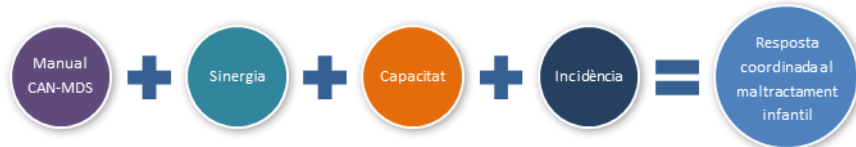
*Not knowing if the pilot test could be in coordinated actions (possible lack of usefulness).*

*The items of ill-treatment and negligence do not have a total correspondence with the current screening used in Catalonia, and that there are variables that are not taken into account and they depend on the subjectivity of "who" registers. I think definitions should be*

*Some things in the app should be better defined*

*It may conflict with current systems and some variables need changes to adjust to the Catalan*





## Conclusions

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 15<sup>th</sup> 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 build 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 recognised 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.