



Online Training Report

Preparation phase

The training has been long prepared by the MDS2 Romanian consortium members. It was planned for February-March 2020, to take place in all the headquarters where the piloting of the MDS2 platform has been planned: Bucharest, Cluj-Napoca, Satu Mare and Sf. Gheorghe.

Preparation consisted in translating the pre and post questionnaires, the Training manual, the Protocol, the Power-Point presentations prepared by the Greek Team, and preparing the cases. In the fall 2019 and in February 2020 the Romanian team visited for 2nd time Satu Mare and Sfântu Gheorghe and had talked with the two Directors of the Social Assistance and Child Protection Directorate, Mrs Mariana Dragos and Mrs Vass Maria to prepare the training for their operators. By the help of the head of the service for abused children from these two institutions, Mihaela Bonea (Satu Mare) and Katalin Szasz (Covasna) we have organized presentations of the MDS platform and explain its benefits. We prepared a short outline of the project for the staff of the two Directorates of Child Protection and explained, then G. Tonk made a short demonstration on the platform. The team of psychologists and social workers has asked questions. They have also answered to our questions about cooperation with local public social services and about the ways they organise support for children exposed to violence and about getting referrals on child abuse and the way they report data. Staff reported good networking with police, and mayoralities, but cooperation depends more on personal good will and characteristics, than on institutional agreements. Meanwhile, the national administrator contacted DGASPC sectors in Bucharest, and DASM Cluj-Napoca and prepared the lists of trainees for these cities, by contacting and building up contracts with child protection, educational, medical, police judicial personnel and others from services and NGOs


Already back in February we have received a list of possible services and organisations to be invited to the training in both districts. We have contacted some of them already back in February and promised to start training in March. Then we had to postpone everything due to the pandemic situation, so we had time to prepare more. In May and June, we prepared the online meeting for the National board and translated all the training materials. The online board meeting which took place in June went well, which gave us courage to continue on-line.



The training structure

We started the training sessions with the four modules of the training programme designed by ICH. We spread the training program along two days of training and started the first training on 8-9 July 2020 for the group of specialists in Satu Mare county and another training on 15-16 July for the group from Covasna county. These two days were followed by a follow up of one more day in November, organized as face-to-face supervision and preparation for the piloting of the platform. We did the training sessions after a test-session for each location (approx. one hour) one day before the training, to check if everyone can use zoom, to see, hear, and speak on their digital device. After this, it went well, as the zoom program is simple and the internet connections were mostly good, so we have not foreseen to face major obstacles. The four modules were repeated in the following trainings organized by DASM, for Cluj-Napoca and FONPC, for Bucharest. Some of the trainees said they were at their first zoom training, others had already experienced such activities. All the groups seemed warmed up and ready to start working on the platform. In all groups, we had SWs from public institutions at the county, city and village level, a few police personnel, NGOs (more from Bucharest and Cluj-Napoca), one prosecutors (Satu Mare), and one judge (Covasna), one mental health professional (Satu Mare), several school counsellors, and representatives of educational inspectorates. The trainers were, by turns, prof. Maria Roth and dr Gabriella Tonk (from UBB), Dr. Corina Andrei, the national administrator, Daniela Bocsa (Gheorghe) and Oana Clocotici from FONPC, Diana Totelecan, Cristian Iclodean, and Arianda Popa from the Social and Medical Services (Clu-Napoca mayoralty office). The training sessions went smoothly.

As the main points of the first day's discussions, we talked about the history, the partners, and the scope of the project; we continued by collecting their thoughts and needs at the beginning of the training (they did not tell much, probably because the professionals were still a bit intimidated by technology). I asked about the way referrals work, and then I presented the discrepancies in the data at county level (The North-West region of Romania, to compare SATU-MARE with other counties, and the CENTRAL area of the country, for COVASNA county), as they are recorded in national reports of child abuse and neglect. We looked at why their county has much more or much less physical, sexual, emotional abuse, or neglect cases, and I asked them to explain. We agreed on the iceberg metaphor. Then dr. Tonk discussed the role of different sectors, and the



need of professionals to cooperate. We discussed the obligation due to the legislation to report any form of violence, so we talked about the professional obligation to report, and the need to respond to situations of violence and the advantages of collaborations via the platform. After the break Dr. Andrei Corina explained the security measures of the platform and how the GDPR is respected by pseudonymization of the name of the child. At the end of the 1st day Dr. Tonk explained the data collection protocol, and the way we shall work the next day. At the end of the day, the trainees got the username and password for the demo platform and were invited to try it out, and get familiarized with the data collection protocol.

The second day we checked what has been interesting for them on the first day, and then turned to the MDS platform to log in. Dr. Tonk explained the operator interface. Everybody managed to get into the platform. We continued with the 2 demonstration cases, each of them presented by one of us, to the whole team in the role of the doctor (1st case) and of the school director (2nd case). They had to listen, ask questions, and complete the platform. If they had difficulties, Corina Andrei, Gabriella Tonk, and Cristian Iclodean shared their screen and demonstrated how it works. Participants also shared their screen, when could not find their ways. We collected the questions and observations of the trainees related to the introduction of data on the platform.

The discussion points were:

- several trainees in the different sessions asked about confidentiality as often required by the child or his/her family members, and other group members reminded her about the legal obligation to report.
- we also discussed about the options offered by the platform: incident base reporting versus case based files and how to find previously introduced files.
- another issue raised during the training was how to introduce parenting in case of minor mothers, when minor mothers are the main caregivers, not any tutor. As the law considers sexual relationships with minors under 16 as being abusive, in the case of minor parents there might be mothers who can be also introduced in the dataset. This might be also the case some of the mothers of children abandoned in maternity and pediatric hospitals by teenage mothers.
- another question-mark was raised for introducing the cases when there is a protection order given by court, cases which might not always be known by direc-

torates (DGASPC); the advantage of the platform is that anyone who is confronted with a case can introduce it in the system, for considering the child as being at risk for violence. It should not be necessarily the DGASPC.

- sometimes referrals go back and forth between two different agencies, like mayoralities and child protection directorates, or tribunal to prosecutor, how can this movement be registered; it is clear that each incident is registered separately, but sometimes there is one incident, and several movements of the casefile, so this remained an open question.
- if there is a possibility to differentiate between what services the child received already and what services are planned.
- among the services: legal medicine should be also involved

These training activities were like in a lab, we could train participants how the platform works. In the end, we discussed about the operator’s level of access thoughts and willingness to cooperate and we explained that we have to wait for the real platform.

At the end of the training we presented how the process of introducing data in the platform will go on. We also discussed the kind of institutional preparations that must be done (bilateral protocols on county level between child protection directorates and institutions from the other sectors to establish the place of the CAN MDS system as a potentially new referral procedure) in order to strengthen the local networks of CAN MDS. Further meetings were held (on-line and/or face to face) to continue the training and to support the piloting process. In the fall, when the COVID situations allowed, the Cluj team travelled to the two locations (county capitals) Satu Mare and Covasna and talked in person with the trained operators, the heads of services and other professionals of the MDS network to see what other support they need for applying the MDS. All along the period of piloting post training the National administrator of the data base offered advice and direction about the steps needed for introducing of the data. This supervision and the follow-up directions given by the national administrator complemented the training.

The training sessions had similar structures. The total number of trainees were 171 who participated in 10 training sessions.

In the summer 2020 UBB has organized two training groups (8-9 July and 15-16 July 2020) and one has been added in 28 January 2021 for participants from Covasna and Satu Mare.



In September 2020, FONPC organized three training groups, with four modules on 8-9, 10-11, and 16-17 September 2020. In October and in November, the national administrator kept in touch with the operators and supported them such that in December, we started the piloting phase. As we mentioned in the list of trainees, professionals came from the following areas: social field – child protection (local and departmental authorities), schools (teachers and psychological counselors), hospitals (medicines and social workers), ombudsman office (central and departmental office), and NGOs. The majority of the training participants who became operators worked in the Directorates of Child protection and the Social services of the Mayoralities. We also had social workers from mental health services and psychologists from educational services.

After the start of the data collection, FONPC, DASM Cluj-N and UBB organized 2 workshops: on 08.04.2020 (10:00-14:00) participants were the operators from Bucharest, and on 14.04.2020 (10:00-14:00) with the operators from Cluj, Covasna and Satu Mare to follow up on the previous trainings, for the already trained operators, to stimulate the advancement of the data collection on the platform. The purpose of the working sessions was to answer all the questions regarding the introduction of data process, since the piloting started on 4th of December 2020. Another topic of the discussions was to see how the inter-sectoral communications between operators from different sectors is working. The College of Social Workers granted professional diplomas to those social workers who participated in training and workshops.


In 24 – 25 June 2021 FONPC organised a new training for the police and prosecutors/magistrate (30 participants – 9 prosecutor and 17 policemen, 1 trainer form FONPC, 1 trainer from National Institute for Magistrate, 1 psychologist and from police) from Bucharest.

The DASM team had or had been involved in 4 training sessions of specialists in Cluj-Napoca city. The training days were followed by the supervision and guidance of the database operators in the piloting phase of the system.

The trainings took place on **29-30 September 2020, 6-7 October 2020, 28 January, 2021 and 23 March 2021.**

In addition to the training classes that took place on the ZOOM platform, groups of participants were encouraged to study individually at home.

Each group received by email the GDPR agreement and the Operator's Manual for individual study, as well as the link for the demo application so that the system could be tested at home by each participant.



The online training sessions were attended by professionals from Cluj-Napoca (teachers, social workers, psychologists, experts, school inspector) who work in NGOs, The Cluj County School Inspectorate (educational sector), The People's Advocate Institution-Cluj-Napoca Territorial Office (legal sector, public institution), social workers from DGASPC Cluj (the county institute responsible for interventions in CAN cases) colleagues from DASM (both from the Child and Family Protection Service and at the Wonderland Day Center).

The trainers emphasised the professional experience that each of them had in providing social services in Romania at county level, as well as at local level, in order to highlight the role and importance of different sectors in identifying, CAN case reporting and management. The trainers also mentioned the role of different sectors and the need of professionals to cooperate.

It is important to mention that the participants at Cluj-Napoca were interested in knowing if, in the situation of registering a CAN case in the MDS platform, they also have the obligation to report the case legally to the competent authorities in Romania. They also asked the trainers to explain to them how they can identify a CAN case practically in situations of offering services to marginalized communities, such as Pata Rat area in Cluj-Napoca.

Operators perceived the results of the piloting as the following: The usefulness and the necessity of the MDS was recognized unanimously by all trainees. The main concern however was related to the capacity of the operators from the different sectors to allocate time for completing the data base. The main gains after the piloting period identified by participants from different training sessions (operators, members of the CAN MDS network) were the following:

- New context and structure for networking which gives opportunity to work on the common understanding of CAN between sectors (through discussions around clarification of modalities of introducing a specific case in the system).
- Clarification of sectoral, institutional and professional roles related to reporting. E.g. the educational system lacks the proper institutional procedures for reporting CAN cases, the role of the school counsellors is not clear in reporting nor the relationship between the mandatory reporting and the obligation of confidentiality.
- Enhancement of the coordination of the intersectorial interventions in CAN cases
 - the monthly meetings of the local network of operators gave the opportunity to present difficult cases and plan case conference.



- Evidence based planning of human and material investments in responding to needs related to CAN .
- Bringing forward the efforts of the child protection system and other related systems in responding to accountability issues and justifying budgets.

According to the pre-training questionnaire

- 57.89% of the specialists from Bucharest and 36.99% of the specialists from the 3 counties have never reported CAN incidents
- For 50% of the professionals from Bucharest and for 37.68% from the counties this training was the first one on CAN, while 59.45% from Bucharest and 68.42% are working with child victims of CAN many times or frequently
- 50% of the professionals from the 3 counties and 33,33% from Bucharest know that there are different categories of specialists who are mandated by the law to report CAN incidents, 38.60% from Bucharest and 43.24% the counties and know that there are consequences of not reporting

Regarding the efficiency of the training, there was an almost 3 point difference in the mean score of the knowledge of the participants (according to their self-evaluation).

Comparing evaluation forms

Question: Please evaluate your knowledge on a scale from 1 to 10	Pre- and post-training questionnaire			
	Pre-N	Mean	Post-N	Mean
What child abuse means	74	8.108	53	9.54
How I can recognize child abuse	74	7.811	53	9.56
Legislative framework of child abuse	74	6.635	53	9.50
Information of the prevalence of CAN	74	6.338	53	8.64
How does CAN-MDS operate	74	4.27	53	9.73
Total		6.632		9.40

2nd Tabel. Participation in training sessions in Romania



participants	1 st training UBB	2 nd training UBB	1 st training FON-PC	2 nd training FON-PC	3 rd training FON-PC	1 st training DASM	2 nd training DASM	3 rd training UBB	3 rd training DASM	4 th training FONPC
child protection exp	17	9	6	11	6		3	7	5	
education	2	3	2	0	5		2	3	2	
health	1		2	4	3			1		
NGO		1	6	4	4	5	11	1	1	1
police, judicial personnel	3	2	0	2	3	2	1	1		29
t o t a l 171	23	15	16	21	21	7	17	13	8	30

Online Training Program

Four modules for training MDS-CAN operators plus supervision

Preparation for zoom technology previous day

Initial evaluation survey 1st day of training: 10.00-10.30, 30 min
Post training evaluation: 30 min

1st Module: SMD-CAN-MDS Rationale and Importance of the project; the need to digitalize registration of data

10:30– Welcome

10:45 - Presenting trainers and participants: Maria Roth, Gabriella Tonk, Corina R. Cristea, Cristian Iclodean

10:45– Evaluation of training needs of participants
11:00

11:00-11:15 Rationale and importance of SMD-CAN

- Presenting the project (scope & objective etc.) Maria Roth,
 - The role of different sectors, professionalas and the relation among professionals Gabriella Tonk
-



11:15–11:45 Reporting the situations of violence against the children

Maria Roth, Gabriella Tonk

- How one can recognize child abuse and neglect (CAN) cases?
- Regulations of referrals and reporting of violence against children. Difficulties, and obstacles in reporting. Systems of reporting.
- Questions and answers

11:45-12:00 Coffey break

12:00 – How does CAN- MDS function?

- 13.00**
- GDPR for MDS2
 - The Operators manual
 - Presentation of the MDS2 working plan and protocol
 - Questions and answers

13.00-13:30 Individual preparation to get familiarized with the platform

2nd Module: Presenting MDS2: demonstration and discussion

**09:30–9:45 Welcome back
Evaluation of the former day**

-
- 9.45–10:15 Presenting MDS2**
- Protocol of Data Collection
 - Presentation of the operator interface\
 - Questions and answers

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- 10:15–10:45 Demonstration of CAN-MDS2**
- Case work on the platform. Case Referral 1
 - Revisions and clarification
 - Questions and answers

10:45–11:00 Coffey break

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- 11:00–11:45 Demonstration of CAN-MDS2**
- Case work on the platform. Case Referral 2
 - Revisions and clarification
 - Questions and answers
-



11:45– **Piloting CAN-MDS2**

- 12:15**
- Conclusions as a result of the Demo cases. Referrals and reporting according to the law 272/2004, law 2011, and law 2020
 - What you can expect from introducing data in the platform. The operators views. Advantages and difficulties
 - Levels of access in the mandate of the operators

12:15– **The networks of collaboration**

- 13:00**
- Conclusions for the digitalized networks in the area of child abuse and neglect
 - Further steps for MDS2
 - Evaluation survey 2**

**13.00-13
.30**

3rd Module

10.00:11.45 **Update about the situation of introducing data on the MDS platform**

- Discussing the Operator’s Manual
- Discussion

11.45-12:15 **Coffey break**

12.15– **Legal aspects and GDPR for network members**

- 14:00**
- presentation of the Romanian regulations and the addendum of FONPC for GDPR
 - Discussion

4th Module

10.00:11.45 **Cooperation in the MDS network**

- The functioning of the protocol of Data Collection
- Discussion

11.45-12:15 **Pauza de cafea**

12.15–13.15 **The functioning of the network**

- Supervision and support for the operators who introduce data and the functioning of the network
- Întrebări și răspunsuri



13.15-14.00 Final questionnaire





Final survey, Romanian, FONPC training

Stimate participant,

În primul rând, am dori să vă mulțumim pentru că ați acceptat invitația de a deveni operator CAN-MDS și pentru participarea dvs. la acest training. Răspunsurile dvs. la următoarele întrebări ne vor fi utile pentru a continua cu îmbunătățirea suplimentară a modulului de instruire care va fi utilizat la sesiunile viitoare de formare. Completarea chestionarelor de evaluare este ANONIMĂ. În afară de chestionarul actual, într-o etapă ulterioară, vi se va cere să completați alt chestionar. Pentru a putea să corespundem răspunsurilor de persoană, va fi necesar să avem un cod care să înlocuiască datele dvs. personale. În acest scop, am dori să vă rugăm să vă creați codul personal de mai sus, urmând instrucțiunile.

Mulțumim,
Echipa de traineri CAN-MDS

Informații generale:

1. Profesia (profesor, asistent social, medic, procurer, polițist, psiholog, etc).....

2. Sectorul unde profesati(servicii sociale, educație, neguvernamental-ONG, justiție, sănătate, etc):

3. Experiența de lucru cu copiii: ani

4. Alte traininguri privind problematica abuzului/neglijării :

Nu Da Nu știu/Nu răspund.

5. În practica dvs profesională se întâmplă să întâlniți cazuri de abuz/neglijare asupra copiilor în situațiile obișnuite de muncă

Nu Da Nu știu/Nu răspund

6. Dacă DA, cât de frecvent se întâmplă?

Foarte des Des Rar Foarte rar Nu știu/Nu răspund

7. Vă rugăm pe o scală de la 1 la 5 (unde 1 înseamnă că nu știu nimic, iar 5 că știu tot) să evaluați cunoștințele dumneavoastră privind următoarele probleme:

Probleme	1	2	3	4	5	Nu știu/Nu răspund
Cum se manifestă abuzul și neglijarea copilului (CAN)						
Cum să recunoaștem un caz de abuz și neglijare (semnele acestora) asupra copiilor						
Care sunt legile care reglementează CAN						
Magnitudinea cazurilor de CAN în România						



FEDERAȚIA ORGANIZAȚILOR NEGUVERNAMENTALE PENTRU COPIL



Ce este sistemul CAN-MDS							
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8. Când aveți o suspiciune privind o situație de abuz/neglijare asupra copiilor considerați că ea trebuie raportată?

- Mai degrabă DA Mai degrabă NU Nu știu/Nu răspund

9. Către cine credeți că trebuie să transmiteți dvs sesizările privind cazurile de abuz/neglijare asupra copiilor

.....

.....

10. Cum credeți că vor răspunde cei cărora le transmiteți sesizările privind cazurile de abuz/neglijare asupra copiilor

.....

.....

11 Mă aștept ca acest training să îmi ofere informații despre		Scală (0-10)
a	Ce este CAN-MDS	
b	Rolul meu ca operator CAN-MDS	
c	Cum să folosesc instrumentele CAN-MDS	
d	Cum să recunosc semnele de abuz și neglijare	
e	Ce înseamnă subraportarea	

Final evaluation survey

Please create your personal code as follows:

AA. Day of birth (number from 01 to 31)
BB. Last 2 digits of your phone number

AA	AA	BB	BB

Dear Participant,

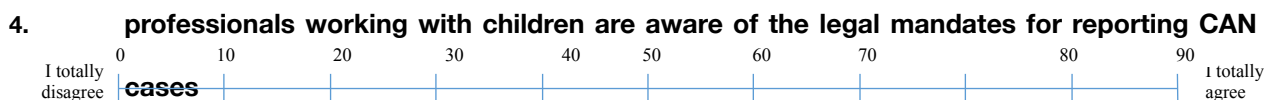
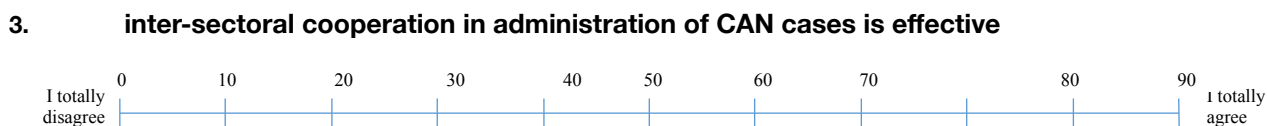
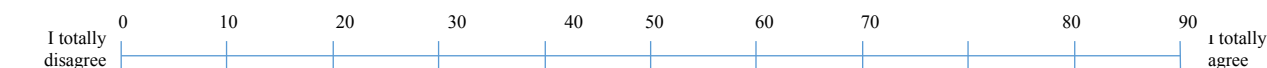
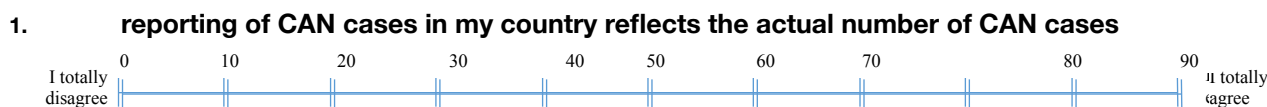
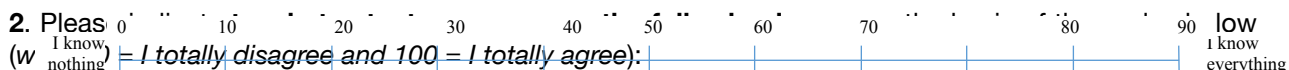
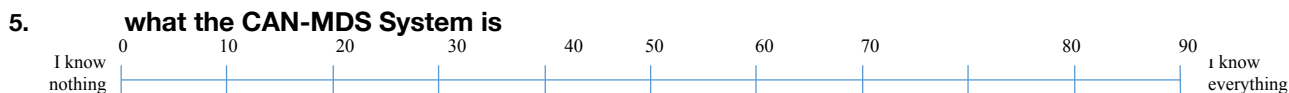
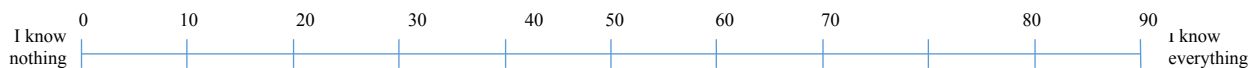
As before, please reply to the questions below following the respective instructions. It is important to not forget to fill-in your personal code in the upper right corner of this page.

Thank you again for your participation!
National Administrative Authority

1 Please assess **your current knowledge** on the basis of the scales below (*where 0 = I know nothing and 100 = I know everything*) **on the following issues:**

- what child abuse and neglect (CAN) is**
- how to recognize a child-victim of abuse and/or neglect**
- what is provisioned by the law for reporting CAN cases by professionals working with/for children**





5. currently available epidemiological data for CAN are adequate in my country

3. In my country, I am aware of		Rate (0-100)
a	how to report my concerns for a potential case of child maltreatment	
b	where (to which authority) to submit a report for a potential case of child maltreatment	
c	what are the main problems related to estimating the magnitude of child abuse and neglect	
d	what will be my role as CAN-MDS Operator	



4. I feel confident		Rate (0-100)
a	to recognize signs indicating that a child might be suffering abuse and/or neglect	
b	to respond to a child that reveals they suffer abuse and/or neglect	
c	to record and report my concerns for a potential CAN case to the appropriate authority/-ies	
d	to act as a CAN-MDS Operator	
5 This training provided me with adequate information		Rate (0-100)
a	on what CAN-MDS is	
b	on my role as CAN-MDS Operator	
c	on how to use the CAN-MDS tools	
d	on how to recognize signs of child abuse and neglect	
e	on what is provisioned by the law, including professional mandates concerning reporting of suspected CAN	
f	on what underreporting is	
g	on what the main problems related to estimation of the magnitude of child abuse and neglect are	
6. Please rate (0-10 or NA-not applicable) the extent that, according to your opinion, each of the following factors hinder, or prevent the decision of a professional to report suspected or actual child abuse/neglect:		

- _____ Attitude “*It’s not my responsibility*”
- _____ Amount of time it takes to make a report
- _____ Being uncomfortable intervening in a family’s life
- _____ Belief that “*nothing would be done to help the situation, anyway*”
- _____ Concern that reporting will not help the child or the family
- _____ Confidentiality associated with reporting CAN cases
- _____ Currently applied policies or procedures
- _____ Currently applied reporting process
- _____ Currently applied screening processes
- _____ Difficulty for the professional to make a report
- _____ Existing step-by-step process to follow when making a report
- _____ Family violence against professionals
- _____ Fear of legal ramifications for false allegations
- _____ Fear of making inaccurate report
- _____ Fear of negative effects on the child’s family
- _____ Fear of violence or unknown consequences against the child
- _____ Fear that reporting would damage professional’s relationship with family
- _____ Fear that someone would find out you made report
- _____ Fears of a negative impact on professional’s practice, fear of litigation
- _____ Feedback currently provided to reporters by the authorities about status of report
- _____ Lack of adequate history
- _____ Lack of adequate knowledge about abuse and neglect and professionals’ role in reporting
- _____ Lack of certainty about the diagnosis of CAN



- _____ Lack of confidence in child protection authorities and their ability to handle such cases
- _____ Lack of professionals’ knowledge about the signs and/or symptoms of abuse/neglect
- _____ Lack of professionals’ knowledge of referral procedures
- _____ No apparent physical sign of abuse
- _____ Not knowing what happens after report is made
- _____ Not knowing what is expected
- _____ Not knowing where to report
- _____ Previous poor experience with responsible authorities
- _____ Adequacy of training that mandated reporters receive
- _____ Uncertainty about the consequences of reporting
- _____ Unclear statutory laws
- _____ Vague organizational protocols
- _____ Other? Please, specify: _____

Organization of the Seminar		
1	The duration of Seminar was:	0. As much as needed 1. More than needed, I would suggest to last _____ hours 2. Less than needed, I would suggest to last _____ hours
2	The information provided during the Seminar was:	0. As much as needed 1. More than needed 2. Less than needed If 1 or 2: <i>I would suggest to eliminate/add:</i> _____ _____ _____ _____ _____
3	The means used for the training (presentations, mock cases, processes):	0. Was appropriate 1. Needs improvement; <i>I would suggest to:</i> _____ _____ _____ _____ _____



<p>4</p>	<p>Are there other improvements you would recommend in this Seminar?</p>	<p>0. No 1. Yes; I would suggest: _____ _____ _____ _____ _____</p>
<p>5</p>	<p>What is least valuable about this seminar? Why?</p>	<p>_____ _____ _____ _____</p>
<p>6</p>	<p>What is most valuable about this seminar? Why?</p>	<p>_____ _____ _____ _____</p>
<p>7</p>	<p>Are there any personal expectations of yours that were not met?</p>	<p>0. No 1. Yes (<i>what and why</i>) _____ _____ _____ _____</p>

8 How would you rate the accommodation (e.g. seating comfort, facilities)

_____ (please provide a rating from 0=min to 10=max)