

# Coordinated Response to Child Abuse & Neglect via Minimum Data Set: from planning to practice in Romania

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## BACKGROUND

The **objectives** to report on the progress of the participating agencies

- to the opportunity of digitalization of child abuse referrals.
- to report on the progress of the agencies on collaborating between specialists within the same or different agencies, between the same profession, or different professions.

## THE CONTEXT:

Piloting in Romania of the EU project “Coordinated Response to Child Abuse & Neglect via Minimum Data Set: from planning to practice” (MDS2 financed by the EU).

Data in child abuse and neglect cases in Romania have been collected till now on paper files, by each agency

This resulted in different definitions of maltreatment depending on local and institutional policies, so the data in different counties of the country are extremely different. Because of communication difficulties, many times school educators, psychologists, NGO workers, municipality social workers, police, prosecution, judges, doctors and nurses did not communicate with each other.

## PROJECT IMPLEMENTATION

Training sessions: Challenges of the case management and reporting CAN have been discussed during the 5 training sessions run by the Romanian team, and the advantages of the common work on the platform were shown to participants.

## MEASURES:

- Online Survey before the training and after the training
- Collecting feedback during supervision

## RESULTS

- increase in the motivation of the majority of participants to **respond to the needs of maltreated children.**
- **increase in referrals.**
- **development in digital competencies of participants,** who have been initially skeptical in using the platform.

## RESULTS

### Main gains after the piloting period identified by participants

1. 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)
  - Clarify 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.
  - Enhance coordinated 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
2. Evidence based planning of human and material investments in responding to needs related to CAN
3. Bringing forward the efforts of the child protection system and other related systems in responding to accountability issues and justifying budgets .

### Data on training, 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 questionnaires).

### References

Action “Coordinated Response to Child Abuse & Neglect via Minimum Data Set: from planning to practice” [REC-RDAP-GBV-AG-2017/810508], Institute of Child Health Department of Mental Health and Social Welfare. [www.can-mds.eu](http://www.can-mds.eu)

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## Notes

The program has been delayed due to the COVID period, but finally, this challenge became an opportunity for the application of the digital platform, as professionals got used to digital work and felt the necessity to cooperate in a safe way.

### Project implementation

- run according to the intervention research design planned by the project coordinators (George Nikolaidis and Sakis Ntinapogias, Child and Family Health Institute Athens)
- ✓ Based on the evaluation of the needs and competencies of professionals before piloting the program, after the training and at the end of the pilot program.
- ✓ We have collected questionnaire data with an online survey, used in all the participant project countries, and qualitative data based on the discussions during the online training and supervision sessions run during the 6 months of running the program.

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
<b>Total</b>		<b>6.632</b>		<b>9.40</b>

**Key findings: Conclusions.** The results of the project demonstrate an increase in the motivation of the majority of participants to respond to the needs of maltreated children. We have also seen development in digital competencies of participants, who have been initially skeptical in using the platform.

Learning to use a traceable digital system, with a common case typology definition, and to transmit minimal data to the professionals in a network represents **the major takeaways** of this project. Learning that cooperation is possible on a common platform, without threats to security, and in an ethical way, is another strength of the program.