

# RECOMMENDATIONS ON THE NECESSITY TO ENHANCE EFFORTS FOR HARMONIZING RIGOROUS INTERDISCIPLINARY DATA COLLECTION ON CHILD ABUSE AND NEGLECT INCIDENTS IN ALL EU MEMBER STATES

## CAN-MDS II POLICY RECOMMENDATIONS AT EU LEVEL

ACTION Coordinated Response to Child Abuse & Neglect via Minimum Data Set: *from planning to practice*  
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### Present state situation and efforts insofar

While the shortcomings in compatible, comparable and rigorous data is almost standardly mentioned in all international reports on child abuse and neglect throughout Europe as an important barrier in designing and implementing effective policies to combat the phenomenon, still situation has not changed substantially. As a matter of fact, throughout Europe insofar only fragmented initiatives have taken place to come up with reliable data on child maltreatment. Data that are regularly collected are often from a singular sector involved in child protection (e. g. police records or criminal investigations) despite the fact that none of the involved sectors (law enforcement, justice, welfare, health, education) takes notice of all and every case of child abuse and neglect in any European country.

In several countries, however, there have been some systems of child maltreatment data collection installed during the last decade. However, apart from the fact that as already mentioned most of them are operational only regarding cases known to just one sector, they also collect information with totally different philosophy to one another, recording different variables and sometimes even with different among them basic registration units (e. g. case, child, family etc.). That results in data collected to be practically impossible to be compared to one another. As a matter of fact, in some countries the development of different registries in different sectors in incommensurable initiatives has led to data produced to be incomparable even within one singular country. In addition to this, case-based registration of child abuse cases is rather rare and in countries that currently exists some form of aggregative child abuse data collection, the aforementioned discrepancies in methods of registration make the usage of the outputs of these registration systems extremely limited.

# BARRIERS & CHALLENGES IN CHILD ABUSE AND NEGLECT DATA COLLECTION HARMONISATION

CAN-MDS offers an easy to use, rigorous, user-friendly and cost-efficient solution to this problem. From its initial development in 2013, the system of interdisciplinary, intersectoral registering of case-based and aggregative data of child abuse and neglect cases has been acknowledged by almost all relevant international organizations as reflected in mentions in reports or statements of leading officials of organizations such as WHO, CoE, UN-CRC etc. However, insofar, the progress in implementing a common methodology (that being the CAN-MDS one or some other in any case) still has been limited. Naturally, the environment created by the covid-19 pandemic and measures to address it didn't help, making issues like child protection data collection to seem less urgent to decision-makers compared to required public health measures required to tackle the pandemic. However, there are further barriers to the progress of the enterprise of harmonizing practices of child abuse and neglect regular data collection throughout Europe, barriers, that if understood better, solutions could be provided to advance situation faster than currently. Such barriers might include the following::

Shortcomings in understanding and full awareness of the importance and the practical utility of having a rigorous, permanent data collection system by policy-makers or even by first-line professionals.

Despite efforts insofar, sometimes it seems that stakeholders still perceive problems with inexistence of comparable and rigorous data on child maltreatment as minor or secondary, thus, failing to realize the utility of such data if made available. The very fact that if meaningful the enterprise of harmonized intersectoral child maltreatment data collection should be decided by different sectors, thus, requiring decisions to be made at various levels by different Ministries (or other equivalent competent authorities) make this even harder, as entailing that the maturation of the realization of the necessity for such measure should be similar simultaneously at all involved parties decision-making centers. That becomes even more complicated in countries with federal structure or with enhanced local governance, since the requirement of consensus on the necessity of the decision for installing a common system of child abuse and neglect cases registration should be mature in multiple levels of decision-making. Sometimes, also, first-line professionals understand data collection efforts are referring only to the production of aggregative data to be used for policy purposes only, thus, missing the usefulness of case-based registration of child abuse and neglect cases in their own daily work. That misconception is further enforced by professional fatigue or burn-out phenomena which are unfortunately quite often in child protection services globally: due to work overload and the burdening nature of the job in hand, first-line professionals in child protection sometimes are less motivated to endorse novel techniques which as a matter of fact could make their work easier and more effective.

Established registration practices among sectors that make it hard for countries to endorse a multidisciplinary, multisectoral system of child abuse cases registration..

During the last two decades, in several countries, some or other form of digital registering of information concerning cases managed by services has been introduced. That of course has been done in different ways in different countries and even in a single country among sectors. The rule is that in most cases, sectors and countries have introduced registration practices that have built on their previous traditional filing techniques, therefore, simply digitalizing what previously was done in paper format. In turn, this has resulted in diversities in variables to be registered in each case, even in differences in registration methodologies and the basic registration units of each registration system: for welfare services typically the fundamental registration unit is the family, for health services the client, for law enforcement agencies the incident or sometimes the offender or the victim while in juridical services basic registration unit might be the type of offence or sometimes the offender (e. g. in the case of sexual offenders against minors). On top of these, emphasis in the type of information collected is usually different with limited coherence among information collected and registered in the different incommensurable systems of filing information. All the above, result in incompatibility of information already stored in different registries which is extremely difficult to be electronically "matched" especially in cases in which data entry has followed a methodology of different fundamental registration unit. In turn, the problem in "pooling" information already collected in a common intersectoral system is perceived as extremely difficult, requiring a lot of effort and change in the standard procedures employed by involved parties. This constitutes the grounds for resistance to change traditionally followed practices and introduction of any novelty in child abuse and neglect case-based registration.

already existing systems for registration of child abuse and neglect cases

Already installed systems of child abuse and neglect cases (in which some considerable investment has been made) that make countries rather reluctant to enter in an effort of aligning existing systems with a common "denominator" system (e. g. CAN-MDS). Ironically, it has been observed that in cases of countries or sectors in which there are already some one-off efforts to install and operate some short of more sophisticated child abuse and neglect cases registration system barriers to endorse a unified and harmonized such system were substantially more compared to countries in which no such previous efforts have been made. That can be understood as a natural resistance of systems recently installed to be revised in order to be aligned to a pan-European system; moreover, efforts already been made for developing any previous system make parties involved quite reluctant to get in a new adventure of harmonizing their outcome system with others.

hesitations  
regarding case-  
based information  
sharing

Hesitations regarding case-based information sharing, especially among countries, that might raise sensitive personal data protection issues (although this is mostly based on misconceptions and misunderstandings of the methodology of harmonizing child abuse and neglect data collection). Several countries approach the issue with increased cautiousness because they understand that case-based information registered might have to be shared along with aggregative data. However, this problem been apparent from the time of the development of the CAN-MDS system has been sufficiently addressed by introducing (a) pseudonymization of all information to be stored in the system and (b) mechanisms for preserving case-based data communication among different parties (countries) using the system (viz. employing the CAN-MDS methodology and utilities). Given the above, such consideration are already addressed; however, hesitation on exactly these grounds still emerges due to misconceptions of the issue and technical solutions that have already been applied.



## WAYS TO ADDRESS COMMON BARRIERS AND MOVE AHEAD

Given the perplexity of the problems in moving ahead with the business of harmonizing child abuse and neglect data collection at pan-European level, a multi-level effort seems to be required to address current challenges and move things ahead. Such an effort will necessarily have to move in at least three different levels for effectively address all current problems, viz. pan-European, national decision-making and grass-roots level.

Pan-European  
level

The issue at stake here is the adoption of a comprehensive directive on behalf of competent European bodies such as the EC; that could be part of the European strategy for combating child victimization or other relevant European Strategies (such as e. g. the EC's recently announced Strategy for combating child sexual abuse etc.). However, it should also be noted that other pan-European bodies could also contribute to that such as the Council of Europe (whose Children's Rights Division, the Lanzarote Committee and other bodies have already expressed their positive interest on the initiative for harmonizing interdisciplinary registration of child maltreatment cases throughout Europe) but also WHO-Europe and UNICEF's regional office for Europe and Asia.

The latter bodies could also reinforce corresponding efforts for harmonizing registration practices throughout geographical Europe (and not just EU member states).



## building alliances



Lobbying



However, to achieve consensus at such high level is not an easy quest; it would require intensive and continuous advocacy by all relevant stakeholders. To that end, building an alliance with all major international child protection NGOs which are operational in Europe as well as networks of child protection NGOs could help in building up leverage to achieve the final target goal.



## raising awareness




CAN-MDS  
Toolkit



Given the above, it is considered as a requirement to conduct a large-scale awareness raising campaign for informing both authorities, bodies, key persons and decision-makers of the aforementioned pan-European Institutions and their competent agencies as well as pan-European child protection NGOs. Apart from mere campaign and information-sharing activities to bring about the aforementioned objective, one more step seems to be promising in bringing about decisive developments on the subject matter.



## networking



Coordinated  
response to  
Child Abuse  
& Neglect

That step is to form a **permanent pan-European network for child abuse and neglect data collection** which would combine all expertise from various sectors, agencies and professionals throughout Europe that are in the business of operating such registries or mechanisms for child abuse and neglect surveillance. To that end, agencies that have piloted the CAN-MDS system via the current EU-funded project and especially in countries in which there is the will and the essentials to continue operating the system regardless from the formal conclusion of the current project, can undertake the initiative to form such a network. However, it should be noted that in order for this network to be effective, not just agencies implementing *stricto sensu* an identical methodology should be included, the network being open for inclusion of all similar agencies and actors that share the same goals, objectives and employ a minimum of standards in their methods of work. That would create a source of constant exchange of information and promotion of good practices but also of active advocacy, allowing thus the model of child abuse and neglect surveillance to be further replicated but also enriched and modified according to state of the art developments in relevant scientific discourses but also societal constantly changing needs. This network, could also organize conferences and other scientific and advocacy events on a regular (e. g. annual) basis for further dissemination of developments on the field and its overall goals and objectives.

National  
level

creating synergies

Synergy

*experience insofar has shown that institutional "recognition", formalization and adoption of this interdisciplinary methodology of child abuse and neglect registration is rather something that comes along in medias res rather than the starting point of the entire effort*

Experience gained both by the implementation of CAN-MDS and CAN-MDS II projects but also from similar other efforts in Europe and globally has shown that progress on the ground in the specific area is slow and comes with small steps rather than occurring with radical changes. Therefore, it should be anticipated that for a certain period of time, situation on the ground would be characterized by fragmented efforts in data collection systems, partial implementation of the state-of-the-art child abuse and neglect surveillance practices and uneven velocities in adopting common definitions, methods of registration etc. That is not only applying at the international level but also is more likely to characterize situation at national level especially in countries with bigger populations, federal structure of public administration or more degrees of liberty in decision-making at the regional or local level of administration. Given these, **it is of paramount importance not to wait until all relevant sectors in a single country realize fully the necessary harmonization methods of work; one should rather allow for differentiation of progress in different sectors or regions even in any single country.** In turn, that entails, that moving ahead would require to proceed with partial child abuse and neglect data collection in many cases of countries in which for instance just one sector or region would initially subscribe to implementing the CAN-MDS (or some equivalent) methodology. That should not be regarded as a problem but rather as something to be anticipated in the course of gradual adoption of a common methodology for rigorous, interdisciplinary child maltreatment data collection throughout Europe. Therefore, **moving ahead with any agencies willing to apply the developed methodology and be inclusive in adding others in due course is the optimum way ahead** and probably the only way in which such a radical change could eventually take place in management of information available to such a multiplicity of agencies and bodies that are regularly involved in dealing with child abuse and neglect cases in all EU Member States. Among others, such a strategy for initially partial but gradually expanding application of the developed model methodology would allow for more intensive dissemination schemes at national level for inviting more and more agencies and stakeholders to join in the common effort. An important threat to be tackled while implementing such a strategy is for agencies or sectors initially adopting the common minimum dataset methodology for child abuse and neglect cases' registration not to be tempted to adjust it to serve their own particular purposes at this initial phase in which they alone implement it but continue to apply it qua interdisciplinary, intersectoral methodology that is applicable to all stakeholders. That could secure the applicability of the methodology and sustain the inclusive, comprehensive nature of the effort making any invitation to further agencies or sectors to endorse it more successful. If such a strategy for expanding the basis for application of the methodology proves to be successful at national level, then at some point of time, formal (viz. administrative or legislative) adoption of the methodology should be attempted.

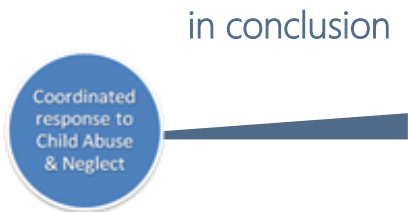
## Grass-roots level

Apart from national and pan-European levels and corresponding efforts to adopt a common methodology for child abuse and neglect surveillance and data collection, it is also crucial to comprehend the necessity to continue efforts for awareness raising of professionals and other grass-roots stakeholders. That is to say that gaps in information obtained by relevant professionals on the utility of surveillance and data collection systems on the field, solutions available and anticipated usefulness of the aforementioned solutions are still enormous. Professionals and agencies, including sometimes formal academic curricula in graduate studies of relevant disciplines, are still by and large not fully informed about tools that could meet uncovered insofar needs of societies on the particular subject matter. Therefore, a distinct level of further intervention is to continue professionals training, stakeholders' awareness raising and dissemination activities that would make all involved parties more and more informed about the problem and the solution to it. That could take the shape of national or local networks, conferences or training schemes, modules in university departments at graduate level (e. g. of social work, psychology etc.) or post-graduate level (e. g. master's course in child protection and relevant topics, clinical training curriculum for child and adolescent psychiatry or pediatrics etc.). Such actions could have the outcome of producing a more informed professionals' population that in turn could undertake all the necessary further efforts at national and European levels for enhancing the application of the common methodology for child maltreatment cases' registration developed by the CAN-MDS projects.

## capacity building

If these efforts could be further continued in the fashion described above, one could reasonable be optimist about positive developments on the ground in the years to come. It should also be added that experience has shown that usually in such matters developments have a slow, painful start in the beginning, until a critical mass of stakeholders fully realize the necessity and social usefulness of a particular social technique – here, specifically of applying a common, rigorous, harmonized, interdisciplinary and intersectoral child abuse and neglect data collection system; then, a “snowball effect” occurs and developments are galloping. The raw model of the INSPIRE network and its outstanding work for mainstreaming standards of the “Barnahus” model in forensic interview of children victims of abuse throughout Europe shows clearly that this is achievable and realistic; it only requires continuous efforts, dedication and patience to bypass temporal obstacles and delays in progress of work. In that sense, one can set a realistic target to push forward also the agenda of harmonized child maltreatment data collection throughout Europe in the years to come. Forming a permanent network of exchanges and dissemination of progress insofar, as already mentioned, would be a key step to advance the entire effort. For that end, agencies that have collaborated to implement the CAN-MDS II project have already made their initial deliberations, expressing their willingness to move ahead accordingly. Additional efforts can also augment this effort by the network of researchers on child abuse and neglect data which is operational under the EU-funded CA19106 COST Action. ISPCAN's Permanent Working Group on Child Maltreatment Data Collection could also be a further supporting agency.

Moving ahead in such a way seems the only reasonable thing to do: in a world becoming more and more digitalized, in which information collection, storage and sharing becomes of more importance than ever before, letting child protection in its multidisciplinary nature to operate in such a fragmented way as it currently is, seems not to be option. Soon enough, one or another way to address this issue will be necessary. Therefore, to advance such socially useful and technically rigorous developments seems to be the most reasonable thing to do for professionals, the academia, child protection stakeholders and decision-makers. To that end, the CAN-MDS initiative has already advanced developments still due offering reliable and state-of-the-art solutions. Accordingly, the initiative is on the right track and should be further continued and expanded as described for making things better for societies, professionals and stakeholders but most of all end-beneficiaries, viz. vulnerable children.



**ACTION  
CAN-MDS II:  
AIM &  
OBJECTIVES**

CAN-MDS II Action has a dual aim:

- to contribute to the protection of maltreated children and children at risk by building the capacity of professionals working with or for children in recognizing CAN cases and by facilitating reporting of identified or suspected cases and follow-up at a case level;
- to create the scientific basis, necessary tools and synergies for establishing national child abuse and neglect monitoring mechanisms using a minimum data set, common methodology and definitions throughout all relevant sectors.

CAN-MDS II Action targets to:

- ensure the availability of necessary resources, training modules & toolkits for building the capacity of professionals working with/for children in reporting & registering CAN cases;
- pilot the CAN-MDS system in real conditions at different levels for testing the extent the system is able to improve cooperation of professionals within & among child well-being- sectors, increase reporting & facilitate the administration of CAN cases;
- provide -at a case level- comprehensive & reliable data essential to inform prevention, identification, reporting, referral, investigation, treatment, judicial involvement, & follow-up;
- provide -at a population level- aggregated data essential to identify trends, measure responses & feed into policy development.

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**Action's Website:**  
**can-via-mds.eu**

Action number: **810508**    Action acronym: **CAN-MDS II**  
Starting date: **01/11/2018**    Duration: **32 Months**  
Call identifier: **REC-RDAP-GBV-AG-2017**  
Topic: **Prevent & combat gender-based violence & violence against children**  
**Consortium**  
**INSTITUTE OF CHILD HEALTH (COORDINATING ORGANIZATION)**  
**GIP ENFANCE EN DANGER**  
**FUNDACIO PRIVADA AROA**  
**FEDERATIA ORGANIZATIILOR NEGUVERNAMENTALE PENTRU COPIL**  
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