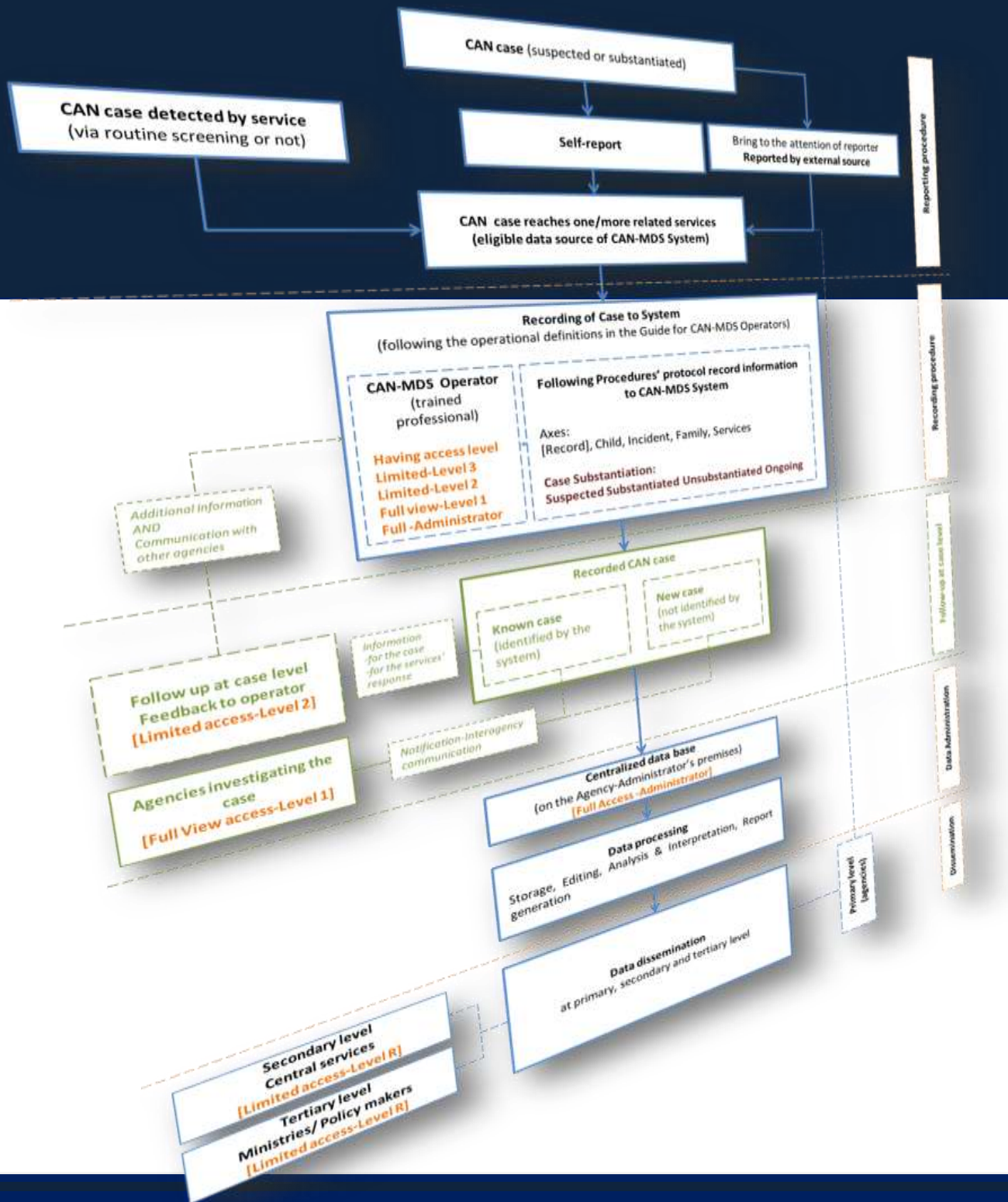
Co-funded by EU REC Programme 2014-2020

CAN-MDS TRAINING MODULE



NOTE

This Manual is part of the D2.2 Master CAN-MDS Training Module.
Concerning the language, the specific document can be used as it is or to be translated in national languages (optionally).

Action's Identity

Title	Coordinated Response to Child Abuse & Neglect via Minimum Data Set: *from planning to practice* (CAN-MDS II)
Grant agreement No.	810508
Funding	With the financial support of the EU REC Programme (2014-2020)
Duration	24 months
Project's website	www.can-mds.eu

Deliverable's Information

Workpackage	2 Preparatory phase
Activity	Activity 1.2: Revision of Master CAN-MDS Training Module
Deliverable No.	Deliverable D2.2 (part of)
Drafted	Ntinapogias, A., Chouchourelou, A., Gray, J., Jud, A., Nikolaidis, G. & CAN-MDS II Action's Partners and IT Experts
Deliverable title	Master CAN-MDS Training Module
Target group	National CAN-MDS Administrative Authorities, National CAN-MDS Administrators, Partners and any stakeholder interested in developing and implementing a CAN-MDS System

Institute of Child Health
Department of Mental Health and Social Welfare
7 Fokidos Street, 115 26 Athens-Greece
E-mail: info@can-via-mds.eu
Website: www.ich-mhsw.gr
Project's Website: www.can-mds.eu

This Manual is part of the Master CAN-MDS Toolkit prepared in the context of the Action "Coordinated Response to Child Abuse & Neglect via Minimum Data Set: *from planning to practice*"

COORDINATING ORGANIZATION

Institute of Child Health, Department of Mental Health and Social Welfare - GREECE
George Nikolaidis, Project Leader
Athanasios Ntinapogias, Project Coordinator/Principal Investigator
Arieta CHOUCHOURELOU, Researcher & National CAN-MDS Administrator in GREECE
Metaxia Stavrianaki, Researcher
Aggeliki Skoumbourdi, Researcher
Fotis Sioutis, Senior Software Developer
Babis Perdikoulis, IT Engineer Web Developer

PARTNERS' ORGANIZATIONS

State Agency for Child Protection – BULGARIA
Eleonora Lilova, Local Coordinator
Milena Anastasova, Chief Expert
Yanko Kovachev, State Expert
South West University "Neofit Rilski", Faculty of Public Health and Sport – BULGARIA
Vaska Stancheva-Popkostadinova, Scientific leader and Local Coordinator
Maya Tcholakova, Researcher
Hope for Children - CYPRUS
Andria Neocleous, Local Coordinator
Sofia Leitao, Researcher
Christine MAVROU, National CAN-MDS Administrator in CYPRUS
Ministry of Labour and Social Insurance, Social Welfare Services - CYPRUS
Tapanidou Hara, Local Coordinator
Efthymiadou Marina, Researcher
Observatoire national de l'enfance en danger (GIPED) – FRANCE
Agnès GINDT-DUCROS, Global Project Manager
Anne-Lise STEPHAN, Local Coordinator
Michel ROGER, Computer Engineer
Elsie Joëlle MEHOBA, Data Analyst
Claudine Burguet, Consultant
Departamentul de Asistenţă Socială şi Medicală (DASM) – ROMANIA
Aura Diana Totelecan, Local Coordinator
Arianda Maneula Popa, Local Thematic Expert
Cristian Florin Iclodean Lazar, Local Administrator
Federatia ONG pentru copil (FONCP) – ROMANIA
Daniela Boșca-Gheorghe, Local Coordinator
Ivona Păun, Researcher
Rodika-Corina ANDREI, National CAN-MDS Administrator in ROMANIA
Babes-Bolyai University, Department of Sociology and Social Work – ROMANIA
Maria Roth, Local Coordinator
Gabriela Tonk, Researcher
Fundació AROA – SPAIN
Neus Pociello Cayuela, Local Coordinator
Susana Rodriguez Pereiro, Researcher
Joaquim MILLAN, National CAN-MDS Administrator in SPAIN

Expert on Ethical Issues
Andreas Jud, Ulm University-GERMANY
External Evaluator
Jenny Gray, UK

This publication was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020). The content of this publication represents only the views of the authors and is their sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

Table of Contents

Training Module for Professionals-Operators of CAN-MDS Surveillance System, across sectors and disciplines

IDENTITY

This training module was developed in the context of the Action "Coordinated Response to Child Abuse and Neglect via a Minimum Data Set: *from planning to practice*" co-funded by EU REC Programme 2014-2020 [REC-RDAP-GBV-AG-2017/ 810508].

BRIEF INTRODUCTION

Protection and support for victims of violence against children, through tackling under-reporting and promoting multi-disciplinary cooperation among relevant professionals, is one highly ranked priority in the EU political agenda, and aims to contribute to the implementation of:

- Directive 2012/29/EU on establishing minimum standards on the rights, support and protection of victims of crime;
- Directive 2011/99/EU on the European Protection Order; and/or
- Regulation 606/2013 on mutual recognition of protection measures in civil matters

The fact that **'the true extent of child maltreatment is unknown'** is commonly recognized in the international literature. Based on a variety of estimations for the extent of the phenomenon: "*between half to four fifths of all victims of maltreatment are not known to child protection services*"; the "*tip-of-the-iceberg analogy easily comes to mind when one thinks of the scope of child maltreatment*" (Sedlak and Broadhurst 1996; Trocmé *et al*. 2005).

The necessity for CAN National Surveillance Systems is advocated by the need:

- to understand the incidence of CAN based on data deriving from services' response to CAN cases;
- to monitor demand for services administrating cases; to set priorities for prevention;
- to identify the needs of professionals involved; to understand CAN consequences; and
- to determine the costs associated with CAN.

The aim of the Action 'CAN-MDS II' is to create the scientific basis, necessary tools and synergies for supporting the establishment of CAN national epidemiological surveillance systems (where such mechanisms are not available) or improving of relevant mechanisms (where they exist) with an ultimate aim to tackle underreporting, especially by mandated professionals.

The means towards the aim is the development of an epidemiological surveillance System for Child Abuse & Neglect that is based on the record of multi-sectoral services' responses to individual cases by adopting a children rights approach, as is defined in General Comment 13 (2011) of the UN Committee on the rights of the child).

Among the project's scheduled activities towards the achievement of the aim is to ***build the capacity of multi-disciplinary professionals working with and/or for children to proceed with reporting of CAN cases by collecting and sharing information via the CAN-MDS following a short training course that will be conducted by trained facilitators and evaluation of trainings' effectiveness***. Given that the CAN-MDS aims to collect uniform data on the basis of the MDS from all potential sources, ***one common training module is addressed to all potential stakeholders***.

BACKGROUND

As is mentioned in the 10 Principles for integrated child protection systems which were *discussed at the 9th Forum on the rights of the child* (EU DG Justice and Consumers, 2015), **professionals working for and with children should receive training and guidance on children's rights, relevant laws and procedures. The category includes, not exhaustively** teachers at all levels of the education system, social workers, medical doctors, nurses and other health professionals, psychologists, lawyers, judges, police, probation and prison officers, residential care givers, civil servants and public officials, and asylum officers, among others. To identify risks for children in potentially vulnerable situations and to facilitate professionals' response to CAN, applied protocols and processes should be inter- or multidisciplinary; standards, indicators, tools and systems of monitoring and evaluation should be in place "*under the auspices of a national coordinating framework*" and child protection policies and reporting mechanisms should be in place within organisations working directly for and with children (Principle 6). Moreover, safe, well-publicised, confidential and accessible reporting mechanisms should also become established, available for children, their representatives and others to enable them to report CAN, including through the use of 24/7 help lines and hotlines (Principle 10).

In alignment with these principles, CAN-MDS System is designed to involve professionals working with and for children who have different roles and accountabilities; different backgrounds, who work in agencies belonging to the same or different sectors (such as hotlines, welfare, health, justice, law enforcement, education governmental and NGOs) in various EU countries. In order to become system's operators, these professionals should be trained and sensitized on a wide spectrum of issues related to CAN on the basis of a training module including material, as the Toolkit, that are prepared in such a way as to address needs and knowledge gaps of all relevant professionals' groups who are not expected to be neither equally, nor adequately sensitized, informed and trained on CAN issues, including reporting.

To respond to this challenge CAN-MDS, an *incident-based* system, defines the *incident* (act of violence committed against a child or omission in a child's care) according to the commonly accepted CRC (Art 19) and the UNCRC GC No. 13 (2011). For CAN-MDS, CAN definitions are operationalized in a way that requires only the smallest possible decision to be made on the part of the professional-operator, who has specifically been trained to register the case in an as much as possible uniform way.

In addition, CAN-MDS Toolkit addresses all professionals who are mandated to report CAN. These professionals might have come to, somehow, witness the CAN case they are identifying, or they may have been otherwise informed about it. For the identification and reporting of as many incidents as possible, the involvement of a wide range of professional specialties is recommended, however big the challenge, thus, posed for the commonality of procedures and homogeneity of collected information. To deal with this, a *minimum data set* has been developed including only these data elements that consist of the *common denominator among all professionals-potential operators*. An inter-sectoral approach is also adopted and, therefore, multiple sectors are eligible participants and data sources for the CAN-MDS, which is expected to lead to the identification, report and collection of information for a larger number of CAN cases and to a more precise depiction of the magnitude of the problem.

WORK PACKAGE 3: CAPACITY BUILDING

Action "CAN-MDS II" is designed with the objective to involve, to the biggest extent possible, potential stakeholders in order to widen the pool of sources for CAN reports and collection of data. Namely, the goal is to recruit eligible professionals from various backgrounds, working with or for children, in all relevant sectors. In this way, CAN-MDS has been crafted to collect uniform information from all potential sources for identified or suspected CAN cases.

The training module was prepared under WP3 in order to provide guidance for the training of stakeholders, based on shared training resources. It is made specifically for:

- the training of National CAN-MDS Administrators and Local Coordinators in their role and responsibilities as well as in the role of trainer of national groups of professionals and
- the training of professionals in each country who have signed up to become CAN-MDS Operators, according to what is provisioned in the national customized pilot plans.

TRAINING OF NATIONAL CAN-MDS ADMINISTRATORS

DURATION

2 days; 16 hours

TRAINERS & TRAINEES

Trainers: Project Coordinator with the support of Researcher and IT experts

Trainees: National CAN-MDS Administrators, Local Coordinators (and researchers)

LEARNING OBJECTIVES

To ensure that National CAN-MDS Administrators

- are fully informed on what the CAN-MDS system is, the objectives of its implementation, and how it operates
- are fully aware on what it is expected of them in the future, including
  - their role and responsibilities before, during and after the piloting of the system
  - their role to act as multipliers by identifying and training eligible professionals to become CAN-MDS operators in their countries

CONTENT OF TRAINING

DAY 1 – Role and Responsibilities of National CAN-MDS Administrators

- National Administrators' Role and Responsibilities
- CAN-MDS e-application: Exploring the Administrator's interface
- CAN-MDS Toolkit and step by step Guide for Administrators
- Using off-line forms and templates for selection & invitation of
  - agencies *data sources*
  - professionals *operators'*
- Preparing for the Operators' seminars at national level
- Training (content) and training evaluation for Operators
- Overview of Day 2 (Simulation Day)

DAY 2 – Simulation of Operators' Seminar

- CAN-MDS Rationale:
  - the necessity for CAN data collection – CAN-MDS Operator's Manual
  - the role of multiple sectors, disciplines and how they inter-relate
- Tackling Underreporting
  - how to recognize CAN cases
  - national mandates to report per Operators' group
- Using the CAN-MDS system: data collection protocol
- Ensuring understanding of CAN-MDS
  - Working with mock cases
  - Reviewing mock cases and clarifications
- CAN-MDS piloting in real settings: what is expected from Operators

EVALUATION

Training of National Administrators & Local Coordinators will be evaluated through pre- and post-training questionnaires for each day; additional qualitative information will be collected in a group discussion immediately after the training.

- An evaluation report was drafted and revision of the training material took place according to evaluation results

AVAILABLE MATERIAL (WP3_D3.1 Training of CAN-MDS National Administrators)

DAY 1

- Training of CAN-MDS National Administrators Programme and Attendance form (doc)
- Evaluation Q_NAs Training_Day 1_Pre-Post (questionnaires)
- CAN-MDS II. Operator's interface _Toolkit_Manual for Operators (presentation and manual)
- National CAN-MDS Administrator's Role_Responsibilities (presentation and Terms of Reference file)
- Agencies and Operator's Selection and Invitation (presentation and Tool)
- Practice Administrator tasks using the Admin interface and the step by step guide (e-application & manual)

DAY 2

- Training of CAN-MDS National Administrators Programme & Attendance form (doc)
- Evaluation Q_NAs Training_Day 2_Pre-Post (questionnaires)
- CAN-MDS System Rationale (presentation)
- Tackling Underreporting (presentation)
- Using CAN MDS_Data collection protocol (presentation and protocol)
- Ensuring understanding of CAN-MDS (e-application and mock cases 1, 2)

CAN-MDS OPERATORS' SEMINARS

DURATION

2 days; 16 hours

For more details see CAN-MDS Guide for Trainers

TRAINERS & TRAINEES

National CAN-MDS Operators' Seminars

Trainers: National CAN-MDS Administrators along with Local Coordinators and researchers, who have already participated in the *Training for National CAN-MDS Administrators*.

Trainees: Professionals working in relevant sectors that will be identified and recruited according to pre-defined eligibility criteria according to what is provisioned in the customized national pilot plans (see ANNEX I).

ELIGIBLE PROFESSIONALS' GROUPS PER SECTOR

Welfare related professions: Social Workers, Health Visitors, Care providers in institutions, other personnel (e.g. working in anti-trafficking agencies, directorates for disability, Child Ombudsperson)

Justice-related professions: Judges (family courts, juvenile courts), Probation Officers, Public Prosecutors, Forensic surgeons' professionals, Lawyers, other justice related professions)

Health related professions: Medical Doctors (general doctors and specialized doctors such as gynecologists, pediatricians, orthopedists, and radiologists), Midwives, Nurses, and Dentists

Mental health professions: Child Psychiatrists, Psychiatrists, Psychologists, Licensed Counselors (Youth Counselors, Family Counselors, etc.)

Law enforcement related professions: Police Officers (in general and specialized police investigators e.g. in forensic interviews, for crimes against minors etc.)

Education-related professions: Teachers/Educators (pre-school, kindergarten, primary and secondary education, for children with special needs), School Principals

Other professionals: Researchers, Data administrators, other school personnel (e.g. school guardians), other Public officials (e.g. ministries' employees), other NGOs personnel (e.g. volunteers, priests, sisters)

Note: for more details see Report *Eligibility criteria for CAN-MDS Agencies & Operators' Groups*

LEARNING OBJECTIVES

To ensure that professionals working with or for children in all relevant sectors

- are fully informed about what is CAN and its specific types
- are familiar with the operational definitions of CAN on the basis of CRC, Art. 19 and GC 13 of UN CRC (2011)
- are informed on how to recognize signs of child abuse and/or neglect

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

CONTENT OF TRAINING

DAY 1 - CAN-MDS Rationale & Tackling Underreporting

- CAN-MDS Rationale
  - the necessity for CAN data collection
  - the role of multiple sectors, disciplines and how they inter-relate
  - CAN-MDS Operator's Manual
- Tackling Underreporting
  - justifying the need for CAN reporting & exploring the reasons leading to underreporting
  - definition of violence and how to recognize CAN cases
  - responding to CAN disclosure, reporting CAN, legal framework & national mandates to report

DAY 2 - Demonstration of CAN-MDS System

- Demonstration of CAN-MDS System
  - Data Collection Protocol & tools
  - demonstration of Operator's interface
- Ensuring understanding of CAN-MDS
  - working with mock cases
  - reviewing mock cases and clarifications
- CAN-MDS piloting
  - what is expected by CAN-MDS Operators and what Operators can expect by CAN-MDS
  - why different level of access: role, responsibilities and mandates of operators' groups in management of CAN cases

EVALUATION

Building of operators' capacity via **seminars** will be evaluated via 3 questionnaire-based measures (pre- & post-training & after piloting) in terms of the seminars' **effectiveness** in improving

- knowledge of participants (e.g. on CAN definitions, CRC & UN.C.GC.13 content, relevant legislation, ethics on CAN cases' administration, mandatory reporting);
- sensitization (e.g. on roles & accountabilities, importance of reporting CAN);
- skills via mock cases (e.g. recognition of CAN cases based on signs; procedures for reporting; registration of cases; use of the CAN-MDS system);
- attitudes (e.g. about corporal punishment or routine screening for CAN) and
- self-evaluation of misunderstandings and false beliefs identified & corrected and establishing of intended behavior (action to be taken) when dealing with suspected CAN cases.

Apart from the formal evaluation which is based on the pre- and post- training, a follow-up measure will take place after the end of the piloting. Moreover, the data that will be collected through mock-cases-recording will be used to assess accuracy, validity and reliability of data collection via CAN-MDS.

DOCUMENTATION of SEMINARS

- Be sure that you have the attendance forms signed by all trainees and trainers for both days of each seminar
- Take some photos from each seminar (in case that some trainees do not agree, avoid faces or use a filter to blur faces afterwards).

PREPARATION FOR CAN-MDS OPERATORS' SEMINARS

Details are available in the Guide for Trainers

PRESENTATIONS – INSTRUCTIONS FOR ADAPTATION

Details are available in the Guide for Trainers

AVAILABLE MATERIAL - WP2_D2.2

Seminars of CAN-MDS Operators – Instructions

The Guide for Trainers includes information on how to proceed with the preparation for the CAN-MDS Operators' seminars; consult your customized national plan for decide the number and specialties of trainees (who will also participate in the piloting).

Note: You may decide to prepare an informed consent form to be signed during the training by the professionals-trainees that they agree to save their names and contact details with the system, in the context of the project. You may decide to proceed with this step, or not, at a later phase.

DAY 1

Template 1a_Programme_1st day of 2-day Seminar for CAN-MDS Operators
Template 2a_ Attendance form_1st-day Seminar for CAN-MDS Operators
Questionnaire 1a_Operators_evaluation_EN_pre_questionnaire

Presentations

Part 1_CAN-MDS System Rationale_the Necessity for CAN Data Collection
Part 2_CAN-MDS System Rationale_the role of multiple sectors and how they interrelated
Part 3_CAN-MDS Rationale_Operator's Manual_Toolkit_Manual for Operators
Part 4_Tackling underreporting_justifying the need for reporting and exploring the reasons of underreporting
Part 5_Tackling Underreporting_how to recognize CAN cases
Part 6_ Tackling Underreporting_National mandates and legal framework

Manuals

Manual 1_National version of Operator's Manual
Manual 2_National version of Data Collection Protocol

DAY 2

Template 1b_Programme_2nd day of 2-day Seminar for CAN-MDS Operators
Template 2b_ Attendance form_2nd-day Seminar for CAN-MDS Operators
Questionnaire 1b_c_Operators_evaluation_EN_post_follow-up_questionnaire
Tool 1_Mock case 1
Tool 2_Mock case 2

Presentations

Part 7_Demonstration of CAN MDS System_Data Collection Protocol
Part 8_Demonstration of CAN-MDS System
Part 9_Ensuring understanding of CAN-MDS_Working with mock cases
Part 10_ Operators Level of Access
Part 11_ What is expected by operators during piloting
Template 3_ Certificate of Attendance

Manuals

Manual 1_National version of Operator's Manual
Manual 2_National version of Data Collection Protocol

SUGGESTED PROGRAMME FOR THE CAN-MDS OPERATORS' SEMINARS

DAY 1: CAN-MDS Rationale & Tackling Underreporting,

DURATION: 8 HOURS

09:30–09:45	**Welcome**
09:45–10:00	Completion of pre-questionnaire
10:00-10:30	CAN-MDS Rationale - the necessity for CAN data collection
10:30–11:00	CAN-MDS Rationale (cont.) - the role of multiple sectors, disciplines and how they inter-relate
11:00–11:30	**Coffee-break**
11:30–13:30	**CAN-MDS Rationale** (cont.) - CAN-MDS Operator's Manual
13:30–14:00	**Light lunch**
14:00–14:30	Tackling Underreporting - exploring the reasons
14:30-15:30	Tackling Underreporting (cont.) - how to recognize CAN cases
15:30–16:00	**Coffee-break**
16:00–17:00	Tackling Underreporting (cont.) -national mandates to report per Operators group
17:00–17:30	Discussion - emphasis on Q&A
17:30	**End of Day 1**

DAY 2: Demonstration of CAN-MDS: working with mock cases

DURATION: 8 HOURS

09:30–09:45	**Welcome**
09:45–10:45	**Demonstration of CAN-MDS System** - Data Collection Protocol & tools
10:45-11:00	**Demonstration of CAN-MDS System** (cont.) - demonstration of operator's interface
11:00–11:30	**Coffee-break**
11:30–13:30	**Ensuring understanding of CAN-MDS** - working with mock cases: Case 1 - reviewing mock case and clarifications - Q&A
13:30–14:00	**Light lunch**
14:00–15:30	**Ensuring understanding of CAN-MDS** (cont.) - working with mock cases: Case 2 - reviewing mock case and clarifications - Q&A
15:30–16:00	**Coffee-break**
16:00–17:15	**CAN-MDS piloting** - what is expected by CAN-MDS Operators and what Operators expect by CAN-MDS - explaining access levels according to operators' roles and mandates - Q&A
17:15–17:30	**Post questionnaire & Certificates of Attendance**
17:30	**End of Seminar**

With financial support from the DAPHNE III Programme of the European Union

ANNEX 1 – Customized National Plans for Piloting CAN-MDS

[Adaptation: Keep only the customized plan for CAN-MDS Piloting of your country]

BULGARIA (South-West University-SWU & State Agency for Child Protection -SACP)	
Piloting	**Regional and local:** 3 regions (21 municipalities): **Veliko Tarnovo** (6 municipalities); **Kjustendil Province**: (9 municipalities); **Blagoevgrad** (6 municipalities)
Sectors	**Social system** [State Agency for Child Protection-SACP (at national level) and **Child Protection Departments** (at local level)], **Municipalities**, **Police** departments, **Regional health inspections**, **Regional education inspections**, **NGOs**
Operators	Total expected number of professionals to be trained as system's operators: **122** **Kjustendil Province (34):** 2 SACP representatives, 18 SWs, 9 police officers, 1 health & 1 education inspector, 1 municipality representative; 2 NGOs; **Veliko Tarnovo (44):** 24 SWs, 12 police officers, 2 health & 2 education inspector, 2 municipality representative, 2 NGO; **Blagoevgrad (44,** identical as in Veliko Tarnovo)
CYPRUS (Social Welfare Services, Min of Labour, Welfare & Social Insurance & Hope for Children)	
Piloting	National
Sectors	Social Welfare Services; Ministry of Health (e.g. Health Services, Mental Health Services), Ministry of Justice and Public Order; Police; Attorney General; Ministry of Education and Culture; NGO (Children`s House operated by Hope for Children CRC Policy Center)
Operators	Total expected number of professionals to be trained as system's operators: **86** Social Welfare Services (15), Ministry of Health (15), Ministry of Justice and Public Order (2), Police (40), Attorney General (2), Ministry of Education and Culture (10), NGO (2)
FRANCE (ONPE)	
Piloting	**National:** 10 Unité d'accueil Médico-Judiciaires pédiatriques (UAMJP) in 10 *départements*
Sectors	Health-general & mental health.; Medico-Judiciary; Social Work; NGO; Justice; law enforcement
Operators	Total expected number of professionals to be trained as system's operators: **min 26** Presumably 10 from a health/mental health background, 10 from a social work background, 2 from NGOs and 1 from law enforcement. Persons involved in the process altogether (professionals benefiting from some form of presentation/advice): 100 (co-workers and supervisors of the operators).

GREECE (ICH-MHSW)	
Piloting	National
Sectors	Welfare; Health & mental health; Justice; Law enforcement; Education; NGOs
Operators	Total expected number of professionals to be trained as system's operators: 400 Starting point would be all professionals already trained in 2015 for using the national CAN registry; their allocation in the five involved sectors is widespread with some fluctuations in between them in virtue of the role of its sector in first line management of CAN cases and thus CAN data collection.
ROMANIA (Babes-Bolyai University, DASM Cluj & FONCP)	
Piloting	Regional 4 regions: Bucharest, Transylvania Regions (Cluj, Satu-Mare, Covasna)
Sectors	Bucharest region: Central and national authorities: child protection, justice, education and health system, local authorities: general direction for child protection in 6 Bucharest district, NGOs. Now, the Federation has 87 NGOs members active in almost all the counties and in Bucharest. Transylvanian regions: Local child protection authorities, county child protection directorates, paediatric outpatient and inpatient psychiatry/mental health, one Roma NGO.
Operators	Total expected number of professionals to be trained as system's operators: 95 In Bucharest region (45): 14 CP professionals; 6 psychologists/SWs from the health sector, 6 professionals from the educational sector: school counselors, school mediators or social workers, 4 professionals from justice sector working with children, 15 form NGOs. In Transylvanian regions (50): 15 CP professionals; 10 psychologists/SWs from the health sector, 10 professionals from the educational sector: school counsellors, school mediators and school social workers, 15 community workers in NGOs.
SPAIN (Fundacio AROA)	
Piloting	Local: Barcelona County, 3 areas
Sectors	Welfare, Health, Mental Health, Education, NGOs, Justice and Security Corps
Operators	Total expected number of professionals to be trained as system's operators: 150 Welfare: 40; Health: 30; Mental Health: 10; Education: 20; NGOs: 15; Justice: 20; Security Corps: 15

+

CAN-MDS Training Module

Ntinapogias, A., Chouchourelou, A., Gray, J., Jud, A., Nikolaidis, G. & CAN-MDS II Action's Partners and IT Experts