

Co-funded by EU REC
Programme 2014-2020



D3.3

Operators' Seminar in Bulgaria

Action's Identity

Title	Coordinated Response to Child Abuse & Neglect via Minimum Data Set: <i>from planning to practice</i> (CAN-MDS II)
Grant agreement No.	810508
Funding	With the financial support of the EU REC Programme (2014-2020)
Duration	32 months
Project's website	www.can-via-mds.eu

Deliverable's Information

Workpackage	3. Capacity's building
Activity	Activity : Operators' training
Deliverable No.	Deliverable D3.3, D16
Drafted	V. Stancheva-Popkostadinova, May Tcholakova
Deliverable title	Operators' seminars in Bulgaria
Target group	Frontline professionals (to become CAN-MDS Operators from relevant sectors in six countries)

DEPARTMENT OF MEDICAL SOCIAL SCIENCES
SOUTH-WEST UNIVERSITY "NEOFIT RILSKI", BLAGOEVGRAD
66 IVAN MIHAILOV Str.

Project's Website: www.can-via-mds.eu

COORDINATING ORGANIZATION

Institute of Child Health, Department of Mental Health and Social Welfare - GREECE

George Nikolaidis, Project Leader

Athanasios Ntinapogias, Project Coordinator/Principal Investigator

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

Yanko Kovachev, State Expert

Milena Anastasova 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

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 MEHOBBA, Data Analyst

Claudine Burguet, Consultant

Departamentul de Asistență Socială și 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

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

Joaquim Millan, Researcher

Expert on Ethical Issues

Andreas Jud, Ulm University-GERMANY

External Evaluator

Jenny Gray, UK

Table of Contents

INTRODUCTION	5
PROCEDURE	5
CONTENT OF SEMINAR	6
AIM AND OBJECTIVES OF THE TRAINING	6
TRAINERS & TRAINEES	7
EVALUATION METHODOLOGY	8
EVALUATION RESULTS	8
EVALUATION OF THE TRAINING	12
DISCUSSION	12
CONCLUSION	13

INTRODUCTION

Initially provisioned schedule for the training: 6*2-day seminars x ~20 participants (122 trainees-operators).

We conducted one training in Blagoevgrad.

A brief history:

We planned to conduct face-to-face trainings to be held in July and August 2020 in three localities, i.e. Sofia, Blagoevgrad, Veliko Turnovo. Unfortunately, a combination of unfavorable circumstances, some of which were out of any control, thwarted the preliminary plans. First, there was a prolonged and tough communication between the two national bodies responsible for child protection and welfare issues, namely the Child Protection Agency and the Social Assistance Agency. The highest national authority, namely the Agency for Social Assistance, did not agree on the implementation of CAN-MDS and refused to provide the system's piloting due to data privacy-related issues and perhaps other reasons beyond our knowledge. Secondly, COVID-19 related lockdown made it impossible to conduct face-to-face trainings. Additionally, the political situation did not favor the implementation of trainings due to the local and national elections. All of the above-described circumstances hindered the implementation of the activities as planned in advance.

When it became evident that there is no way to pilot CAN-MDS, no active national administrator, and no readiness on the part of the State Agency for Child Protection to act as a National authority (due to the above-mentioned problems), we took a decision to arrange at least one local training in Blagoevgrad with participants from the social welfare and educational sectors, under the authority of the Mayor of Blagoevgrad municipality.

PROCEDURE

We sent an official letter with an invitation to professionals from social welfare services, preschool, nursery, and health sectors to participate in online training on 21-22 of June 2021. The Mayor was supportive and sent us the names of coordinators from different sectors. We contacted the coordinators who provided lists of participants from their sectors with contact details and thus we were able to invite relevant professionals to take part in the training.

The Manual for Operators and the Protocol for data collection were sent to the selected participants in advance via e-mail. The day before the training the pre-training questionnaire was sent to all participants. The training was held online, and some of participants use one computer.

The training was held online through the Big Blue Button platform, on June 21-22, 2021. The training duration was 8 hours, divided into 2 days. The program was based on the one presented in Master CAN-MDS Training Module (WP.2_D2.2_Master CAN-MDS Training Module).

CONTENT OF SEMINAR

(See Annex I: Training Programme: 21-22 June 2021 (BG). Main topics include:

- CAN-MDS Rationale
- Demonstration of CAN-MDS System
- Ensuring understanding of CAN-MDS
- Ensuring understanding of CAN-MDS (working with mock cases)

For the session “Demonstration of CAN-MDS , work with mock cases” the online application CAN-MDS was used.

Mock case1 was used in the presenting on-line CAN-MDS. Main training material that provided to trainees was the CAN-MDS Operator’s Manual (D2.3._D8_c6_BG) and the CAN-MDS Protocol for data Collection (D2.3._D8_d6_BG)

AIM AND OBJECTIVES OF THE TRAINING

To ensure that professionals working with or for children :

- 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 CAN cases and under which circumstances a case should be reported
- are aware of what is provisioned by the law as well as for their own professional field’s mandates for reporting
- 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)]
- which are the data elements comprising the minimum data set and how to use CAN-MDS system

TRAINERS & TRAINEES

A. Trainers:

1. Professor Vaska Stancheva-Popkostadinova, South-West University "N.Rilski", Blagoevgrad : Introduction; The necessity for CAN data collection, Possibilities of CAN-MDS; CAN-MDS Operator's Manual; Tackling Underreporting- exploring the reasons; Mandates to report per Operators group; Demonstration of CAN-MDS System-instruments; Demonstration of operator's interface; 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
2. Assoc. Prof. Maya Tcholakova, South-West University "N.Rilski", Blagoevgrad : CAN-MDS Rationale: the role of multiple sectors, disciplines and how they inter-relate; Tackling Underreporting- how to recognize CAN cases; Demonstration of CAN-MDS System-instruments; Demonstration of operator's interface; Ensuring understanding of CAN-MDS, working with mock cases: Case 1; reviewing mock case and clarifications;

B. Trainees: The professionals were identified based on the criteria resulted from the D2.1. The main professional groups (with exception of medical doctors, policemen and prosecutors) involved in the administration of child maltreatment cases were represented as well as the main sectors where the management of cases take place from the early phase of referral to the intervention of children-victims.

Twenty one professionals participated in the training, as follows:

- ✓ social workers (6),
- ✓ nurses (5),
- ✓ psychologists (3),
- ✓ kindergarten teachers (4),
- ✓ nursery staff (3)

The sectors where the above professionals work are as follows: social welfare services (at the municipality of Blagoevgrad), mental health sector (mental health services, specialized centers for children and families), education (pre-school education, nursery), representatives of NGO working in the field of child abuse and neglect.

EVALUATION METHODOLOGY

The aim of evaluation: to assess the effectiveness of CAN-MDS operators training, in order to proceed with the further improvement of the training module to be used in future trainings.

The formal evaluation was done before the training and after the end of the training (via completion of pre- and post- questionnaires , annex V). The informalevaluation was done during the discussions at the end of each days of the training.

EVALUATION RESULTS

For evaluating the extent to which the goals and objectives of the training were fulfilled, the following aspects of the training were measured before and after the workshop:

A. Self-assessment of trainees concerning :

- knowledge about about CAN and reporting procedure
- awareness and skills attained (including via mock cases)
- self-confidence concerning their expected role
- attitudes about corporal punishment

B. Satisfaction with the training (content, organization).

Work experience with children

All professionals have an experience in working with children, ranged from 1 to 24 years (mean 9.39).

Participation in previous trainings related to CAN

Most of the professionals had not received a specific training related to CAN, and did not feel confident in dealing with CAN cases in their practice. Only 4 participants had previous training on issues related to child abuse and neglect in the context of: undergraduate studies – topic “Aggression and violence against children” (1); post graduate studies - topic “Mental health consequences for children, victims of sexual abuse” (1); current work-training upon employment - topics “Children, victims of abuse. Trauma and its consequences for children’s mental health. Neglect-signs and symptoms (1); and informal training- learning on the job (1) – different topics concerning child abuse and neglect (signs, consequences, interventions) and reporting CAN cases.

Knowledge about CAN and reporting procedure

Most of the participants were not fully aware about the reporting procedure for CAN cases. Only 2 participants shared personal professional experience in reporting CAN cases.

The professionals considered that their knowledge was increased for all subjects in question but mainly on what the CAN-MDS System is (from 10.95 to 87.33/100), on how to recognize a child-victim of abuse and/or neglect (from 51.61 to 89.0/100), what is provisioned by the law for reporting CAN cases by professionals working with/for children (from 39.52 to 79.3/100). Results are presented on (figure 1).

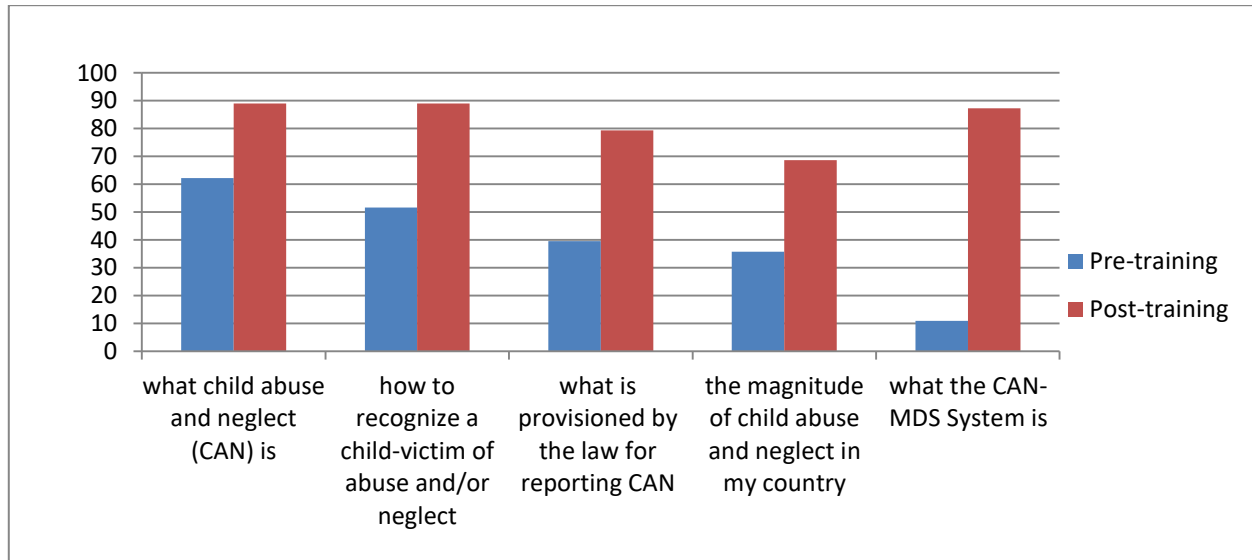


Figure 1. Knowledge about CAN-related issues and CAN-MDS system

Awareness and skills attained (including via mock cases)

The professionals considered that their awareness about reporting procedure increased after the training, as well as their role as future operators for CAN-MDS (figure 2, figure 3).

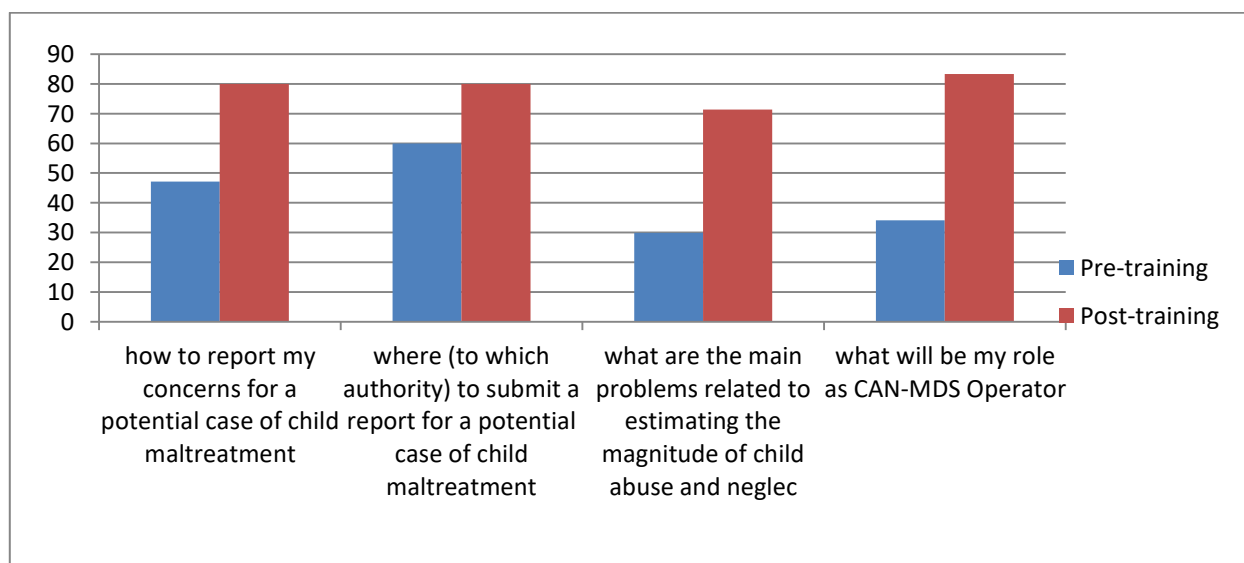


Figure 2. Reporting procedure and registration of CAN cases

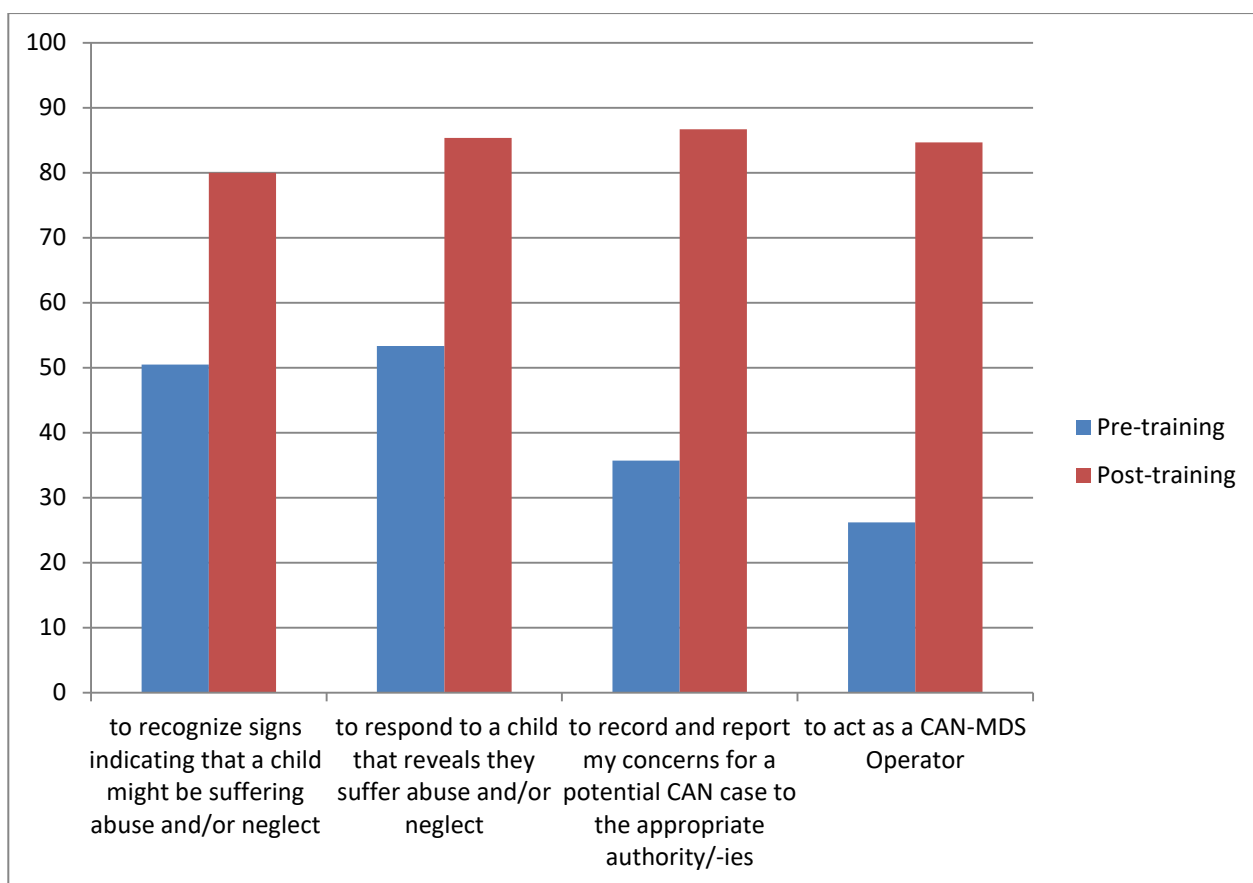


Figure 3. Confidence in having knowledge and skills for CAN recognition and reporting

Sensitization (e.g. on roles & accountabilities, importance of reporting CAN)

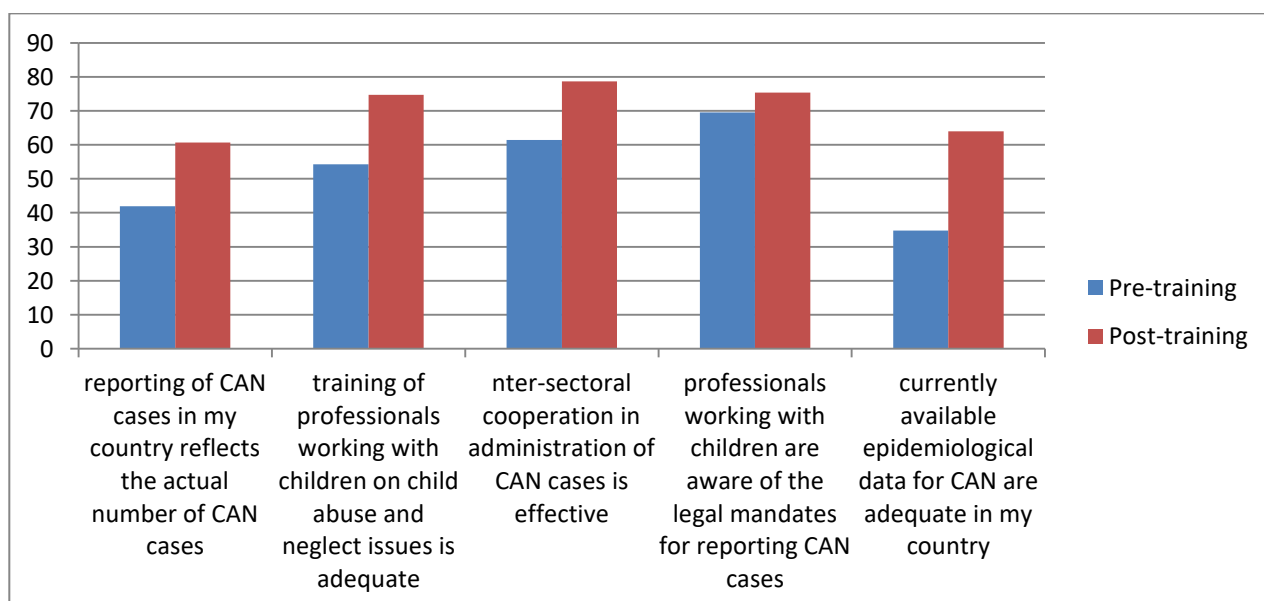


Figure 4. Self-evaluation of factors for CAN underreporting

Attitudes about corporal punishment

All participants agreed that physical punishment is a form of violence, because :

- it violates human rights - the right to free expression, free choice of various activities related to the life and existence of the individual
- it violates the rights of the child, it is not a method of education, we need communication, conversations, explanations
- violence breeds violence... it is not a response that brings about a complete change in the child's behavior in the long run but a temporary cessation of certain behavior
- children should not be punished, they should be talked to
- It affects the personality
- it inflicts enormous mental trauma on children, which is difficult to overcome
- corporal punishment is not a measure to discipline children. Violence against children can lead to disturbances in their development - behavioral, psychological and others.

Expectations from the training

All participants declared that there were no expectations that were not met during the training (figure 5)

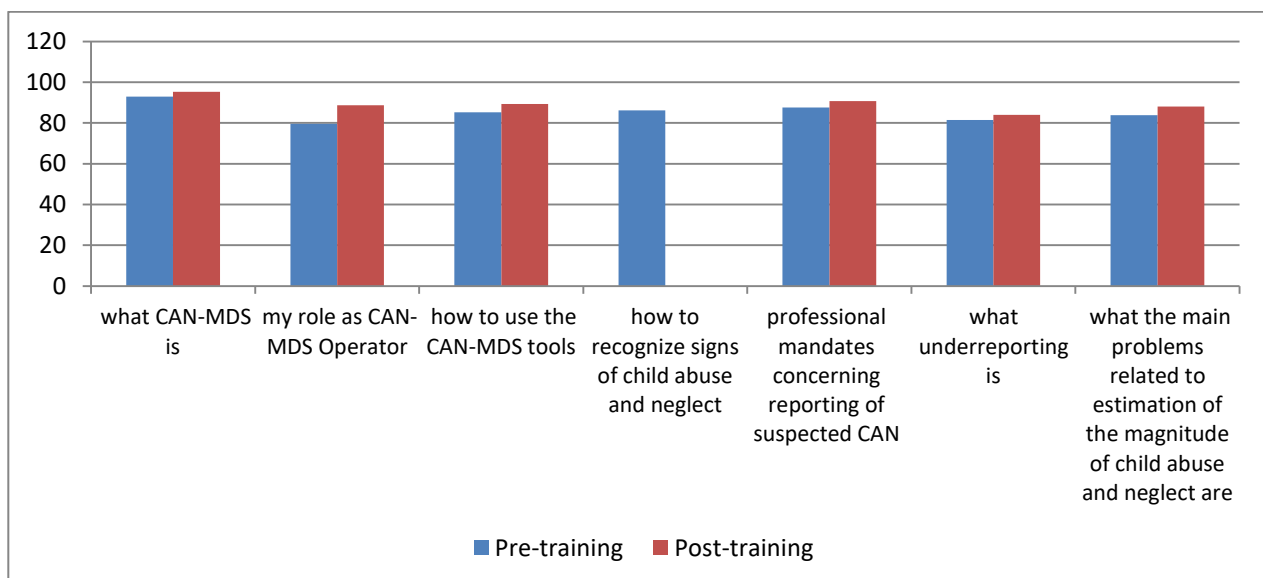


Figure 5. Expectations from the training

EVALUATION OF THE TRAINING

All participants were satisfied with the training organization, and mentioned that the seminar duration and the provided information were as much as needed. The means used for the training (presentations, mock case, process) were appropriate.

All participants agreed there was no need for improvement of the training content, and the only issue some participants (3) mentioned is that “it would have been better if the training was in person”

Participants shared the following as the most useful outcomes from the training :

- Clarification of the concepts of “abuse” and “neglect”(2)
- Recognition of the signs of abuse and neglect (6)
- Reporting procedure for CAN: how, when, and where (which authority) to report a potential case of child abuse (4)
- What are the main problems related to the assessment of the extent of CAN (3)
- I learned more about the CAN-MDS system, as all the information is in one place (1)
- Introduction of CAN-MDS system and examples (5)
- The training with the mock case, how to enter data and prepare the report (5)
- How to use CAN-MDS tools (3)
- What will be my role as an operator of the CAN-MDS system (3)

DISCUSSION

All participants were satisfied with the training, and they found it very interesting and fruitful. The seminar created a space for discussion and opportunities for the participants to share cases from their practice, as well as to receive valuable feedback from practitioners working in different sectors. Participants shared that many issues connected with child abuse and neglect identification and reporting became clearly outlined and they learned a lot within the training.

Most of the participants would like to act as an operators of CAN-MDS, when the agreement for the implementation of the system will be achieved.

The participants in the Seminar pointed out that some topics need more attention in the future: recognition of the signs of CAN; how to respond to a child who reveals that she/ he has been abused; issues connected with insufficient reporting; assessment of the extent of child abuse and neglect.

There were made strong recommendations that all teams working with children should undergo such training, they could even be trained as trainers in order to conduct it for the parents; organization of a training in a real setting in order to try out CAN-MDS system in person.

The organizers of the training invited participants to visit Department of Medical-Social Sciences in October 2021 in order to discuss further topics in the field of child abuse and neglect, as well as possibilities for implementation of CAN-MDS in the region of Blagoevgrad.

CONCLUSION

At the end of the training all mean scores of items related to knowledge of signs of CAN, reporting procedure, the trainees awareness of CAN-MDS, and their future role as operators of CAN-MDS were increased in the second measure (post-training questionnaire). All participants expressed satisfaction with the content of the training, and general evaluation was positive, ranged between 5 and 10 scores (mean 8.86/10). The main conclusion, that all participants agree upon was that the CAN-MDS is an easy to use tool for reporting cases of child abuse and neglect, information storage for all new incidents and must be implemented in child protection practice in Bulgaria

ANNEXES

Annex I. Training Programme: 21-22 June 2021 (BG)

Annex II. Letter to Mayor of Blagoevgrad. Invitation for participating in Training (BG)

Annex III. List of participants (BG)

Annex IV. Presentations and mock case used in the training

Annex V. Certificate of Attendance (BG)

Annex VI. Evaluation questionnaires: Pre- and Post- training (BG)

