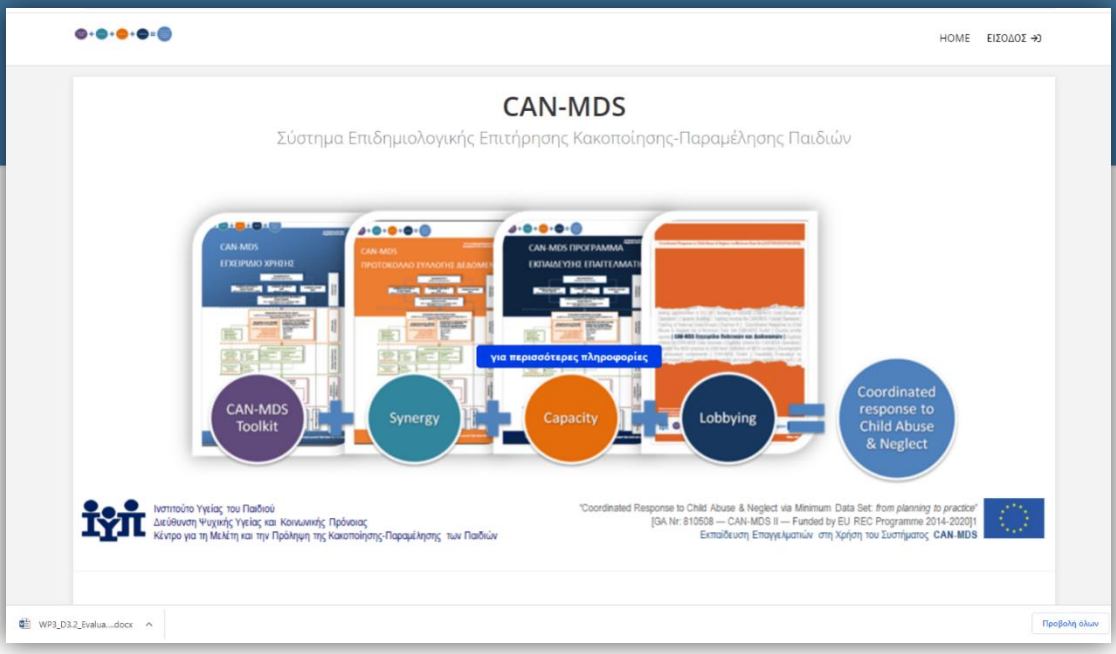
Co-funded by EU REC Programme 2014-2020

D3.7

OPERATORS' SEMINARS IN GREECE

Training Implementation & Evaluation Report




CAN-MDS Toolkit
Synergy
Capacity
Lobbying
Coordinated response to Child Abuse & Neglect

Action's Identity

Title	Coordinated Response to Child Abuse & Neglect via Minimum Data Set: *from planning to practice* (CAN-MDS II)
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Activity	Activity 3.6: Training of CAN-MDS Operators in Greece
Deliverable No.	Deliverable D3.7
Drafted	A. Ntinapogias, G. Nikolaidis
Deliverable title	Operators' Seminars in Greece: Training Implementation & Evaluation Report
Target group	National Partners, National CAN-MDS Administrators, All interested parties to replicate the training

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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*"

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Coordinated Response to CAN via MDS
Training of CAN-MDS Operators in Greece

May 10 2021 – (ongoing)
canmds.talentlms.com
for demonstration
Username: demo@demo.eu
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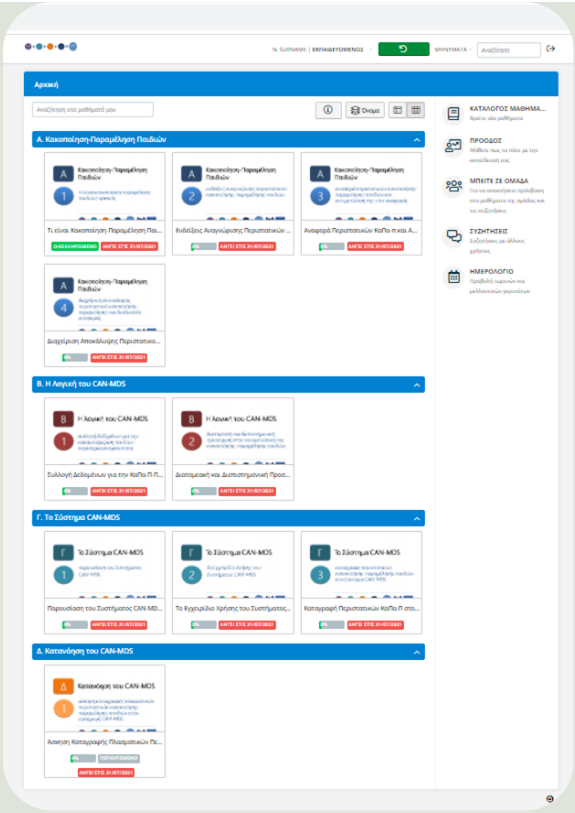


CAN-MDS System – Building the capacity of professionals on CAN data collection

By design the aim of CAN-MDS System is to involve as much as possible potential stakeholders in order to widening the data sources of CAN reports, namely to include eligible professionals having various professional specialties and backgrounds working with or for children in organizations and services activated in relevant sectors (justice, law enforcement, social welfare, health, mental health, education, hotlines, governmental and NGOs). To collect uniform information from all potential sources for any reported and/or identified CAN cases, a training module was prepared for all these people with common training resources.

The national CAN-MDS Training Module was initially developed to guide the conduction of in person seminars of professionals to become operators of CAN-MDS System. Following the particular conditions due to pandemic and the consequent restrictive measures including lockdown and working from home for many professionals belonging to CAN-MDS target group, the Training Module along with all necessary material was further revised and adapted to support planning and conduction of distance training for potential operators of the system (see D2.4 Greek CAN-MDS Training Module and canmds.talentlms.com).

Operators' Seminars in Greece

One of the main activities of Action's implementation in Greece was to conduct the training of adequate number of professionals for participating in CAN-MDS Piloting phase as operators, namely to record and share CAN data via the CAN-MDS System.

The aim of Operators' Seminars is to build the capacity of professionals working with or for children in all relevant sectors in order for them to use the system in real conditions in the context of their daily work. Specific learning objectives of the CAN-MDS seminars are to ensure that professionals working with or for children in all relevant sectors

- are fully informed about what is CAN and its specific types and 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

Preparation for the implementation of distance training of operators.

1. Revision of the national CAN-MDS Training Module including planning for distance learning (August - September 2020)
2. Preparation of training material (October 2020-January 2021)
   a. 20 Videos
   b. 10 learning sections
   c. 11 documents (available for downloading)
   d. 4 evaluation exercises
   e. 1 Process for simulation of the recording based on mock cases
3. Preparation of the platform canmds.talentlms.com (using all the above material)
   a. Started from February 2, 2021 until May 10, 2021
   See Annex A_Presentation of canmds.talentlms.com

CONTENT OF OPERATORS' SEMINAR

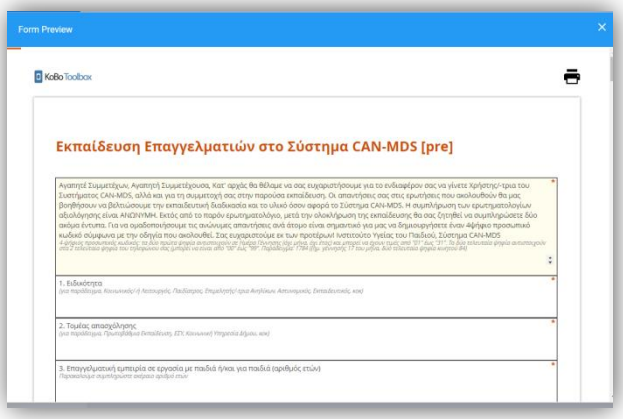
- Child Abuse and Neglect Issues (A)
  - *What is Child Abuse and Neglect: definitions (A1)*
  - *How to recognize signs of CAN cases (A2)*
  - *CAN case reporting (national mandates) and tackling under-reporting (A3)*
  - *How to handle self-reveal of abuse by children (A4)*
- CAN-MDS Rationale (B)
  - *the necessity for CAN data collection (B1)*
  - *the role of multiple sectors, disciplines and how they inter-relate (B2)*
- CAN-MDS System (C)
- *CAN-MDS System presentation (C1)*
- *CAN-MDS Operator's Manual (C2)*
- *Using the CAN-MDS system: data collection protocol (C3)*
- Ensuring understanding of CAN-MDS (D)
- *Working with mock cases (D1)*

4. **Preparation of e-evaluation questionnaires** (pre- post- follow up) (January 2021)

   Evaluation questionnaires were prepared and made available to professionals-trainees via KoBo Toolbox (a free toolkit developed by Harvard Humanitarian Initiative for collecting and managing data in challenging environments and is the most widely-used tool in humanitarian emergencies).

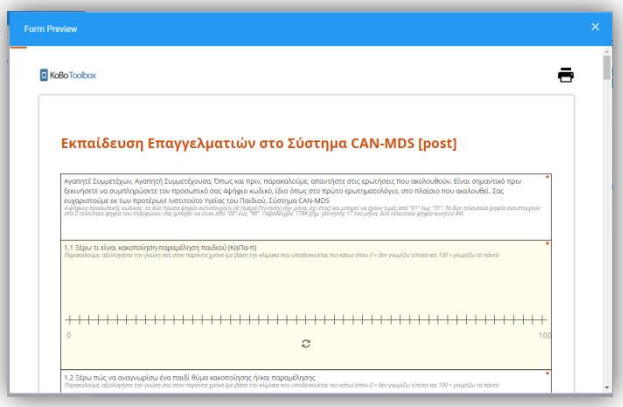
Pre-training questionnaire available at:

https://ee.humanitarianresponse.info/single/ebfa96ed965b113b7fed76aefcd8f142



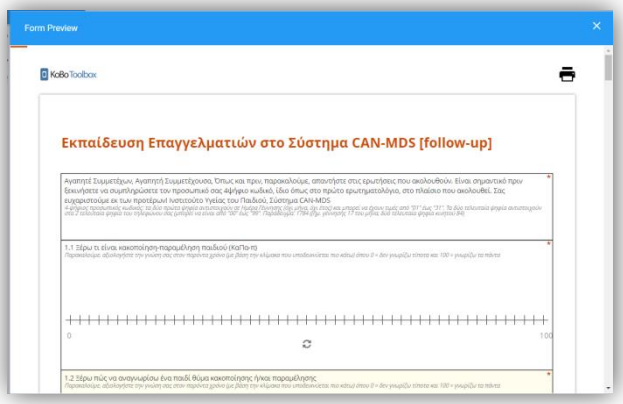
Post-training questionnaire available at:

https://ee.humanitarianresponse.info/x/3HnThnSg

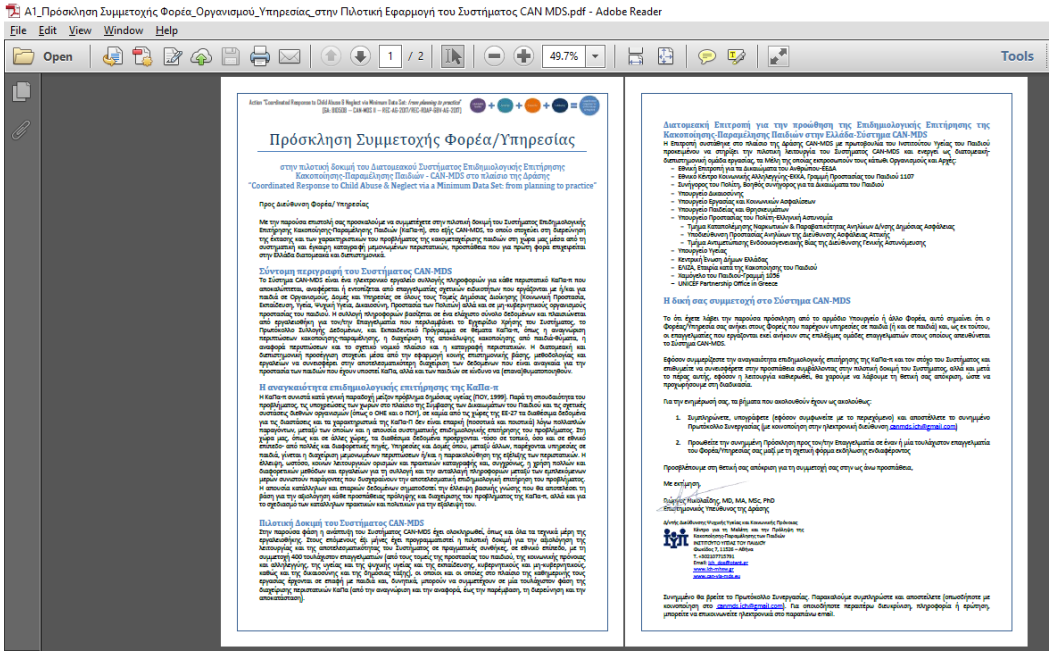


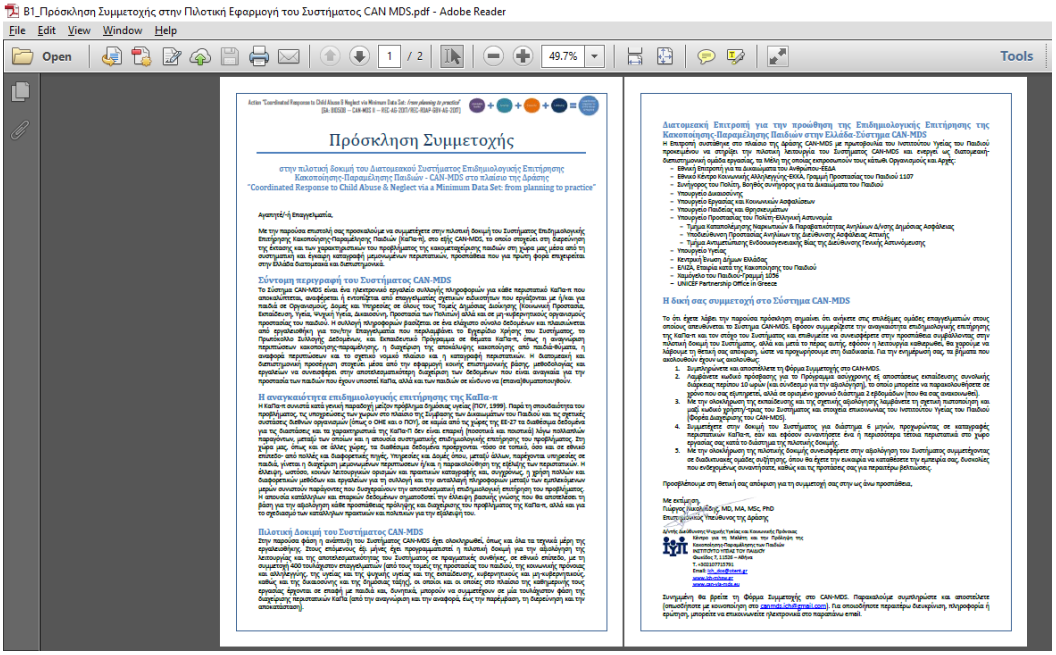
Follow-up questionnaire available at:

https://ee.humanitarianresponse.info/x/T3FQqvTq



5. Planning the recruitment of professionals trainees (March 2021)
    a. Preparation of information material and invitations for Agencies-potential Sources of information and for professionals-potential operators (see Annex C sample in Greek)





b. Preparation of bilateral cooperation protocols between ICH and participating organizations (see Annex C sample in Greek)


ΠΡΩΤΟΚΟΛΛΟ ΣΥΝΕΡΓΑΣΙΑΣ

c. Preparation of forms for professionals to declare their interest to participate in training and the piloting of the system as well as to consent with the use of their personal data (name, surname, specialty, service/organization, contact details) (see Annex C in Greek)

6. Involvement of National Inter-Sectoral Board Members (April 2021 – ongoing)
Information in blue boxes below as well as more details are available in the Minutes of the 1st National Inter-Sectoral Board Meeting (D4.1) (see also Annex B-Exceprt from Minutes of the 1st National Inter-Sectoral Board Meeting).

a. All necessary material were provided to National Inter-Sectoral board members who agreed to support the recruitment process in their sectors

Professional Groups & approximate breakdown for training/pilot testing per Sector

i. *Ministry of Education (total ~ 100-150 professionals of educational sector)*

- Representatives from the 71 KESY
- Representatives from 58 Primary & 58 Secondary Education Offices Nationwide
- Representatives of School Directorates (Principals), sampling, from various schools in the country (eg per Regional Unit)
- Other

Ministry of Education undertook the responsibility to invite internally education-related professionals (namely representatives of each Primary and Secondary Education Offices located in each of the Greek Prefectures, and at a later time of 71 Centers for Counseling and Support of Students (KESY). Due to the fact that schools were not open (during the whole period online education took place) the Ministry of Education decided to proceed with the invitations on September 2021. The process is ongoing.

ii. *Ministry of Health (total ~ 150 professionals of health/mental health sector)*

- Representatives from the 125 Hospitals of the country (not necessarily from all) including the Social Services of the Hospitals, Emergency Departments, Pediatric Clinics, Orthopedic Clinics etc.
- Representatives from the ~ 55 bodies in total (such as 44 Medical-Pedagogical Centers, 11 Centers EKEPSYE, EKPA, YEKA)
- Other

Ministry of Health undertook the initiative to invite health and mental health organizations/ services and professionals; a number of invitations sent out (since April 2019) and several organizations and professionals replied positively. The process is ongoing (reminders sent out again).

iii. *Social Protection / Welfare / Solidarity (total ~ 150 professionals)*

- Line Representatives (Ombudsman for Children, EKKA 1107, Child's Smile 1056, Together for the Child, etc.)
- Social Services of Municipalities - Representatives of Minority Protection Groups (MROs) (existing in 229 Municipalities)
- Closed Care Structures KKP (Ministry of Labour and Social Affairs)
- Other

National Center for Social Solidarity undertook the initiative to invite Social Welfare professionals working mainly in municipal social services through the national network of Teams for Protection of Minors (OPA). A number of Municipal Social Services and Professionals were positively replied. The process is ongoing.

Ministry of Labour and Social Welfare discussed the possibility to invite professionals working in social welfare organizations such as the daycare centers for infants and toddlers, child summer campuses etc. Because of the preparation of a national action plan where the above services are involved, Ministry of Labour decided to proceed with the invitations on September 2021. The process is ongoing.

iv. *Citizen protection (as representative a sample of professionals as possible per Regional Unit or, if this is not possible, per Region)*

- Representatives of Police Departments (if possible 1 / Regional Unit, Total 74 and, if not, 1 / District, Total 13)
- Representative of the Department of Police Psychologists
- Other

Hellenic police timely informed the Board that it wasn't in position to undertake such an initiative because such a decision should be made by the relevant Ministry (for Protection of Citizens) in cooperation with the Prosecutors' offices.

v. *Justice (the most representative sample of professionals per Regional Unit or, if this is not possible, by Region)*

- Representatives of the 3 Juvenile Prosecutor's Offices (Athens, Piraeus, Thessaloniki)
- Representatives of the Prosecutor's Offices of the Court of First Instance (at best 63 Prosecutions of the Court of First Instance, if not those that are possible)
- Representatives of the 41 Juvenile Court Bailiff Services
- Other

Ministry of Justice was asked to proceed with the invitation of professionals working in prosecutors' offices and in the 63 First Instance Courts nationwide. No invitations sent yet. Information on the relevant decision is pending.

vi. Other members of the Board, including ICH, UNICEF, the Smile of the Child, Eliza Association against Child Abuse, Ombudswoman for Children's Rights, National Committee for Human Rights, Central Union of Hellenic Municipalities, were offered to invite any relevant organization they collaborate to participate in the process (training and piloting of the system). A number of invitations sent out and some organizations and professionals were positively replied. The process is ongoing.

Note Because of the delayed starting of the training and the piloting phase of the system, the National Inter-Sectoral Board made the decision to support the training and the piloting of the project for at least the next 6 months (until December 2021), over and beyond the CAN-MDS II Action.

ICH undertook the responsibility to coordinate both, training and piloting for this period.

Procedure of training implementation

Steps	
1. Informational material and Invitation send out to relevant Organizations/Services along with a bilateral Protocol of Collaboration to be signed	See Annex D "Procedure Step 1"
2. When a Protocol of Collaboration was signed, informational material and invitation sent to Professionals working in the specific Organization/Service along with a form to be filled in and returned to Administrator where the Professionals declare their willingness to participate in the training and to become CAN-MDS System's Operators as well as written informed consent that their data will be used in the system	See Annex D "Procedure Step 2"
3. When a completed form received by the Coordinator, an account for the CAN-MDS e-learning platform was prepared per professional and individualized message sent back to each professional providing information for the procedure (namely first about the completion of the pre-questionnaire and next for the online training).	See Annex D "Procedure Step 3" and "Step 3 – Creation of User profile"
4. When one Professional trainee completed the nine first sections, s/he communicated with the Administrator (according to written instructions within section 10) providing necessary (mock) information for the pseudonymization and asking for a pseudonym.	See Annex D "Procedure Step 4"
5. Upon the receipt of the required information (and check of their correctness) individualized communication followed with each professional providing either further instructions (when information wasn't the expected) or the pseudonym for the recording of the mock incident in the system. At the same time individual account was prepared per professional for the CAN-MDS System (according to the instructions in the Step by Step Guide for the Administrator)	See Annex D "Procedure Step 5"
6. When the Professional-trainee completed the recording and the replacement of the temporal ID with the Pseudonym, s/he receives an individualized message by the Administrator including the instructions and link for the post-training evaluation, the Certificate of successful Attendance of the training and a certification that s/he is an operator of the CAN-MDS system (along with final username/ password for entering in the system).	See Annex D "Procedure Step 6"

Evaluation of CAN-MDS Operators' Training

EVALUATION METHODOLOGY & TOOLS

For the evaluation of the National Administrators' Training Seminar, three separate but intertwined evaluation processes were applied.

1. The first formal evaluation was conducted through one set (pre/post) of evaluation questionnaires that were completed by the trainees before entering first time in the e-learning platform and after the successful completion of the 10 sections.
2. The second evaluation component was based on a series of evaluation activities within the e-learning platform (4 activites).
3. The third line of evaluation of this Training Module was based on the actual entries into the CAN-MDS app that participants made in order to complete their training (see D4.4). This input was generated as part of the real time simulations which were based on mock cases. The entries have been examined in terms of accuracy, completeness, and frequency and the analysis section of this report describes the inferences, thus, generated.

What was evaluated before and after the Operators' Seminar

Trainees' self assessment of current knowledge, expectations in terms of acquiring new knowledge during the seminar, and how well these were addressed, regarding the following issues:

- What child abuse and neglect is (definitions)
- how to recognize signs of child abuse and neglect
- the legal framework in their country, including professional mandates, concerning reporting suspected CAN and main reasons for under-reporting
- how to handle cases of self-reveal of abuse by children
- what is the necessity of CAN data collection, what are the main problems related to estimation of the magnitude of child abuse and neglect and why intersectoral coordination is important
- what CAN-MDS System is
- their role as CAN-MDS Operator
- how to use the CAN-MDS tools

Moreover

- *their awareness of:*
  - how to report concerns for a potential case of child maltreatment
  - where (to which authority) to submit a report for a potential case of child maltreatment
  - what are the main problems related to estimating the CAN magnitude
  - what their role as CAN-MDS Operator will be.

- *their self- confidence regarding:*
  - recognizing signs indicating that a child might be suffering abuse and/or neglect

- how best to respond to a child that reveals they suffer abuse and/or neglect
- recording and reporting concerns for a potential CAN case to the appropriate authority
- acting from a CAN-MDS Operator position.

In addition, a section was included with information on the professionals' specialty, sector of current employment, work experience with various populations of children, type and duration of previous training(s) on CAN related issues, and previous experience with reporting CAN. An additional section covered current estimates of the size of underreporting of CAN, the adequacy of professional training on CAN, the effectiveness of inter-sectoral cooperation in CAN administration, the awareness about legal mandates for CAN reporting, and of the adequacy of their country's epidemiological data for CAN. Furthermore, a final section on the post-questionnaire addressed professionals' estimates of the extent that a list of various factors[1] might hinder decisions to report CAN.

What was evaluated regarding the organization of the whole training module:

- Seminar's overall duration
- Completeness of information provided during the Seminar
- Quality of content of each sesssion
- Training material (videos, mock cases, process)
- Material to be downloaded (guides, manuals, templates)
- E-learning platform used
- Overall assessment

Other evaluation components

- Moreover, 4 evaluation activities were introduced in between the online training sections, namely:
- Section A1 "What is Child Abuse and Neglect? Definitions": 5 Case Studies where trainees were asked to reply whether 5 specific incidents concern cases of CAN and, if yes, to recognize the form of maltreatment (see file "Case studies")
- Section A2 "Signs to recognize CAN cases". Trainees were asked before and after the section to reply whether 10 specific examples concern CAN incidents or not (see file "Is this CAN?")
- Section A3 "Reporting of CAN cases and tackling under-reporting". Trainees were asked to rate a series of 11 factors influencing the decision of professionals to proceed with the reporting of identified or recognized CAN cases to the Authorities (see file "Factors Under-reporting")

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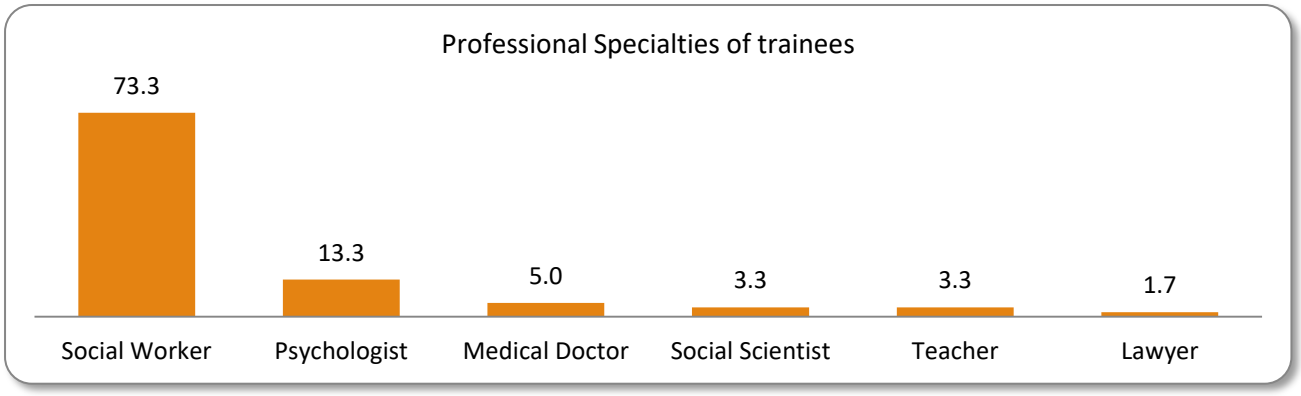
[1] Walsh, W., & Jones, L. (2015). Factors that influence child abuse reporting: A survey of child-serving professionals. *Durham, NH: Crimes against Children Research Center*.
Alrimawi, I., Rajeh Saifan, A., & Abu Ruz, M. (2014). Barriers to child abuse identification and reporting. *Journal of Applied Sciences*, *14*: 2793-2803.
Lynne, E. G., Gifford, E. J., Evans, K. E., & Rosch, J. B. (2015). Barriers to Reporting Child Maltreatment Do Emergency Medical Services Professionals Fully Understand Their Role as Mandatory Reporters?. *North Carolina medical journal*, *76*(1), 13-18.
Azizi, M., & Shahhosseini, Z. (2017). Challenges of reporting child abuse by healthcare professionals: A narrative review. *Journal of Nursing and Midwifery Sciences*, *4*(3), 110.

Evaluation Results

Professional, field, years of experience working with children, population of children most experienced with and formal training on CAN

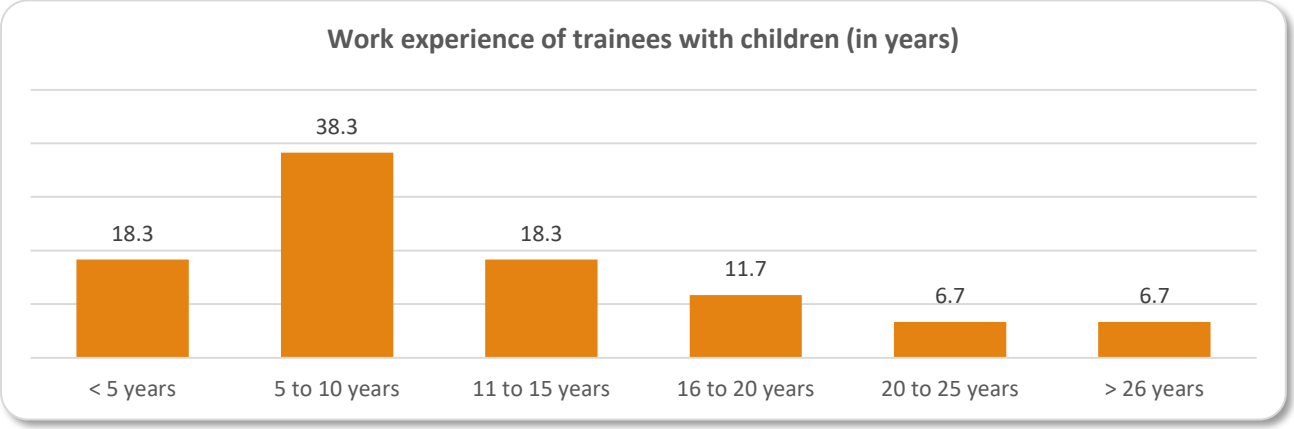
A total of 65 trainees nationwide participated In the training until June 30 2021 (the number increased to 103 until July 30, 2021 and the process is ongoing). During May 10-July 30 more than 650 training hours were recorded.



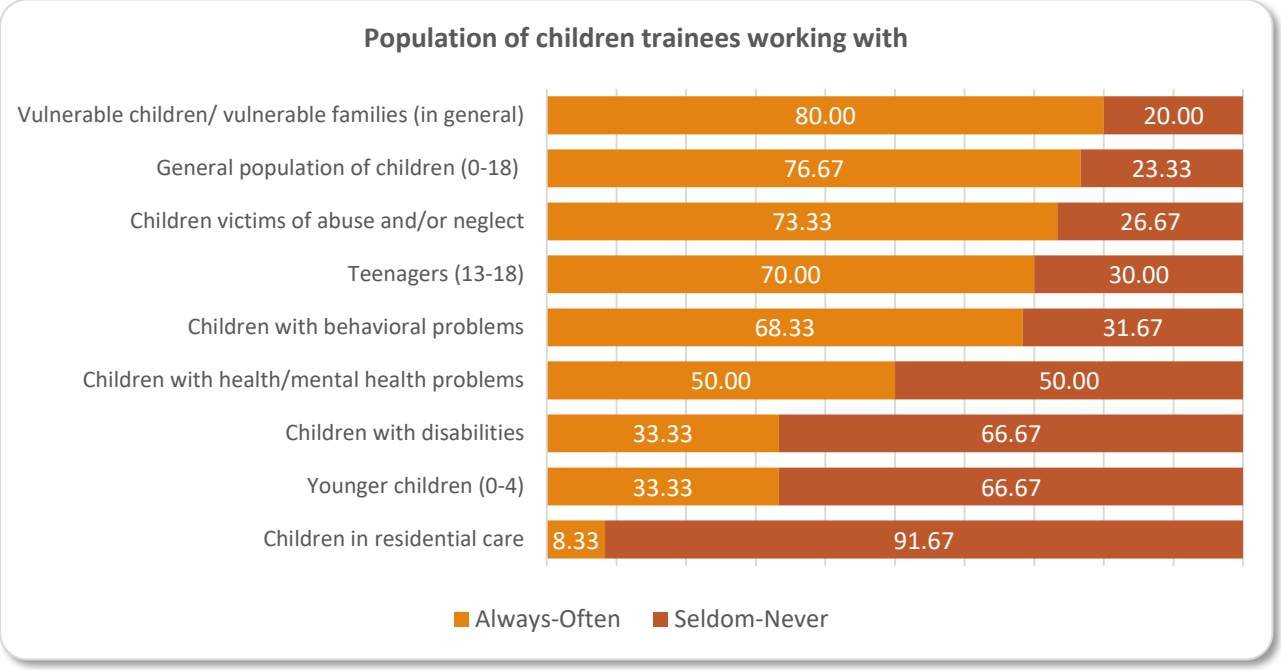
Concerning their professional background, most of the trainees were social work/welfare professionals (73%). This is due to the fact that first set of invitations sent out to Municipal Social Services while for the remaining sectors (health, education, justice) invitations are going to be sent at a later time (during September 2021, according to what was decided by the National Intersectoral Board Members).

For the same reason mentioned above, most of the first group of trainnes working in municipal and community-based social services nationwide while some of them working in health and mental health services.

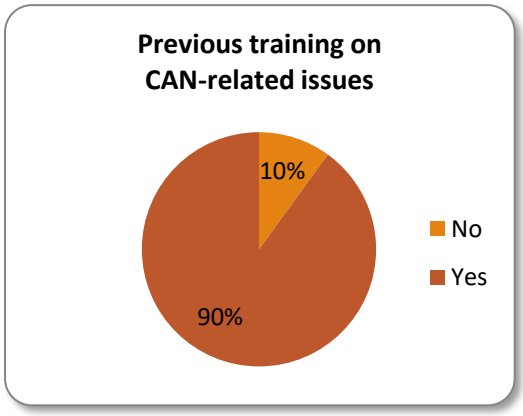
The mean duration of trainees' work experience in the field is 11,6 years (SD=8,1, min <1; max >31 years). The work experience for almost 4 out of 10 of trainees is between 5 to 10 years. Almost 20% are early career professionals while ~13% have more than 20 years of work experience with children.



The more specific populations of children that the trainees have worked with are presented in the figure below.

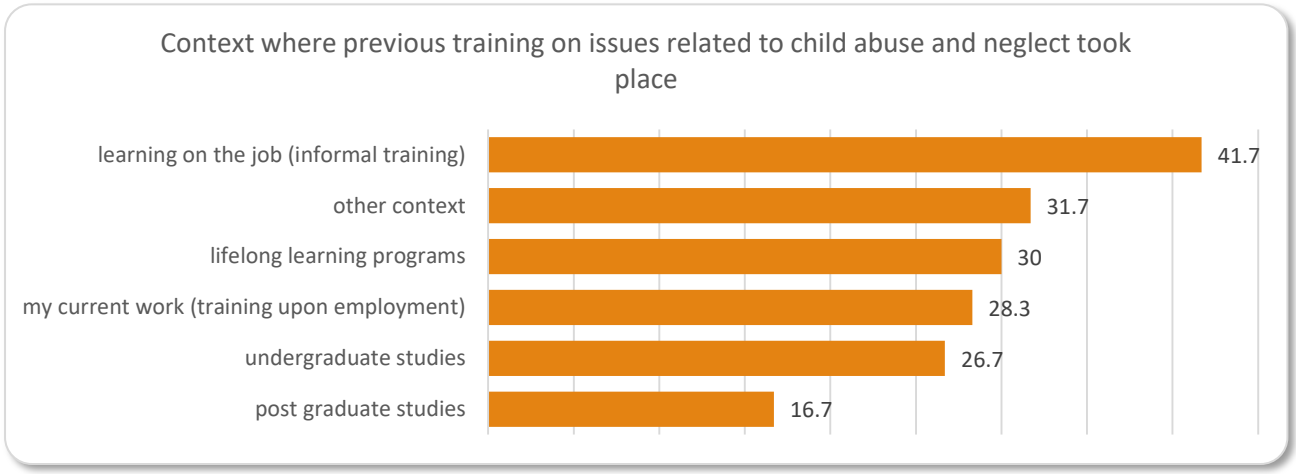


The majority of the trainees work either exclusively or very often with the general population of children 0-18 years old (~77%), with vulnerable children and their families (80%) while more than 7 out of 10 work with children victims of child abuse and neglect, usually teenagers. On the other hand, more than 90% of the professionals-trainees seldom or even never work with children living in residential care settings; only ~3 out of 10 work with infants and toddlers and/or children with disabilities and almost half of them with children having health, mental health or behavioural problems. This is a result of the delayed invitation of professionals working in residential care settings and day care centers for younger children (that will be invited by the Ministry of Labour and Social Affairs in September 2021).

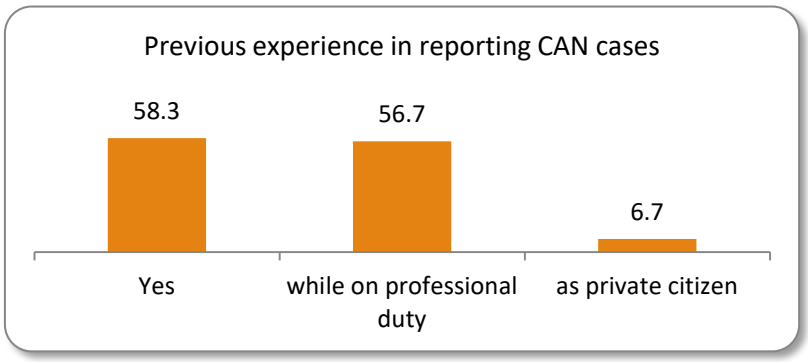


The majority of the participants (90%) report having been trained before on issues of CAN, while remarkably ~70% say the training they have had was "on the job" (41,7% informal training and 28,3% formal training upon employment); based on professionals' replies there is a glaring paucity of formal training in their experience (i.e. ~1/4 during undergraduate and ~17% during post-graduate studies). Lastly, 3 out of 10 professionals replied that they received training on child abuse and neglect related issues in the context of lifelong learning programmes.

More details about the context where previous training on issues related to child abuse and neglect took place can be seen in the graph below.



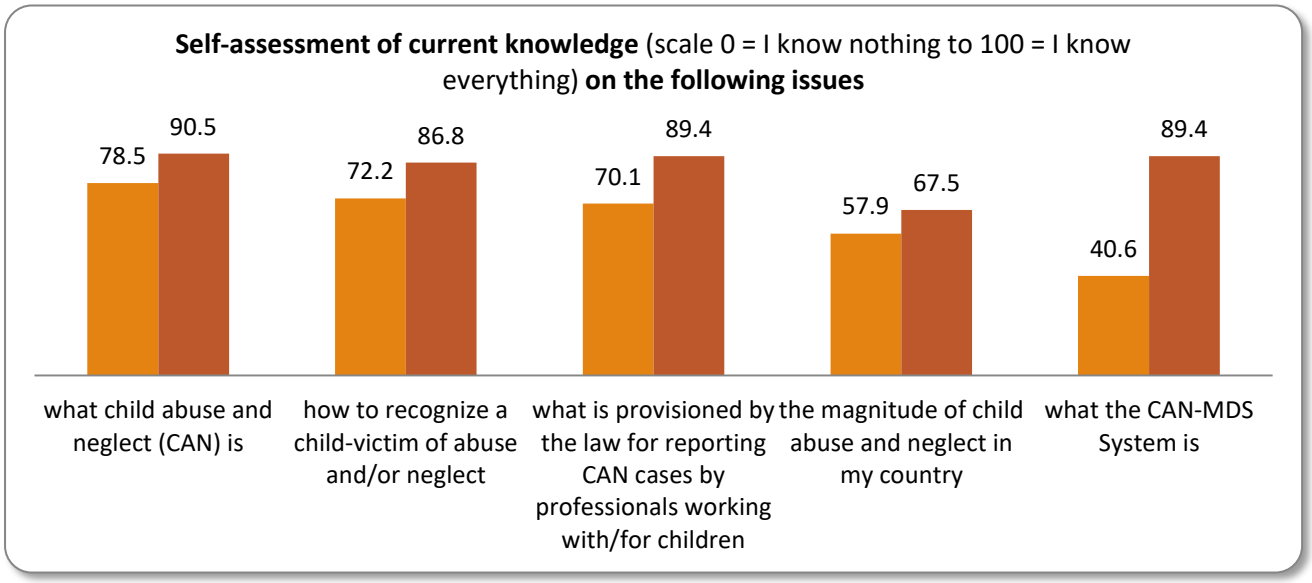
Previous experience in reporting CAN cases



Almost 60% of the professionals have reported a suspected CAN incident they had either learned about or witnessed while on professional duty, while ~7% said they have reported a suspected CAN incident as private citizens (i.e. notwithstanding their professional identity).

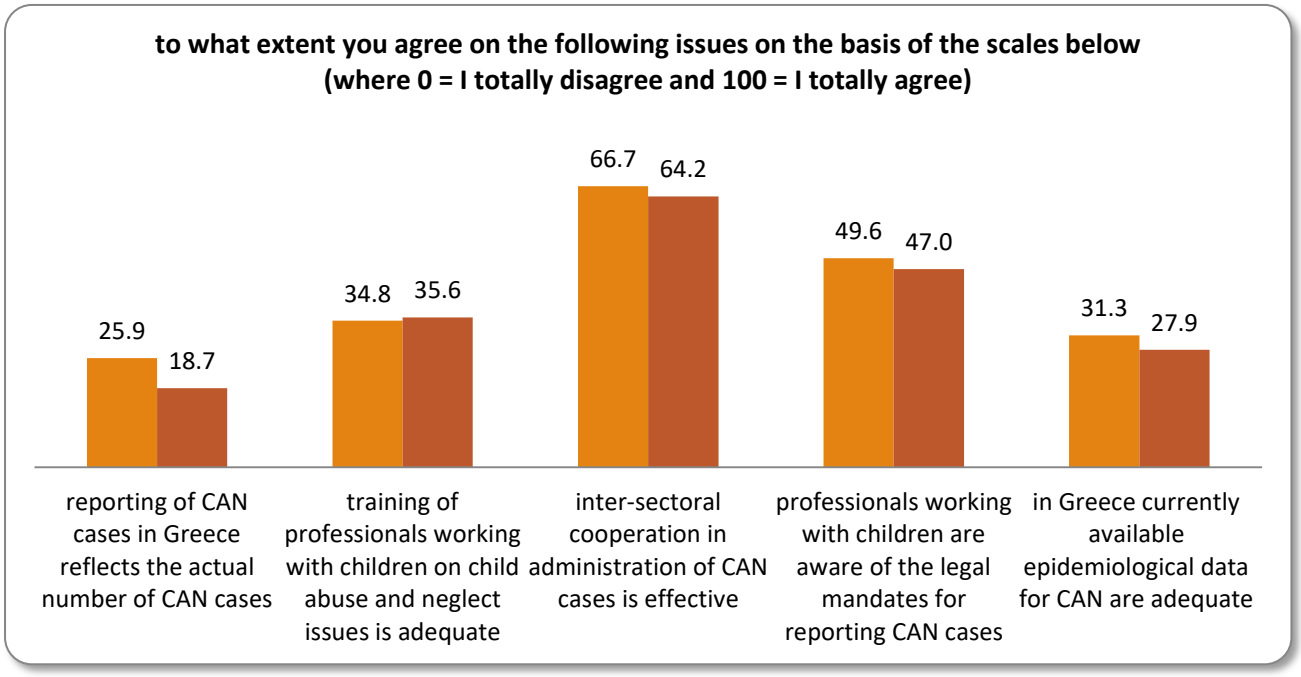
Self-perceived Knowledge

The following figure presents the Mean Scores of pre- and post- measurements of self-assessed knowledge (out of 100) on issues related to CAN. The assessment was high enough even from the first measure, before the training, in all cases; this is because of the fact that most of the trainees were social workers who previously participated in relevant trainings and currently work in relevant settings (mainly municipal social services) and, therefore, are adequately familiarized with the subject of CAN. An increase, however, is observed in all five items indicating that new information acquired by trainees during the seminars.



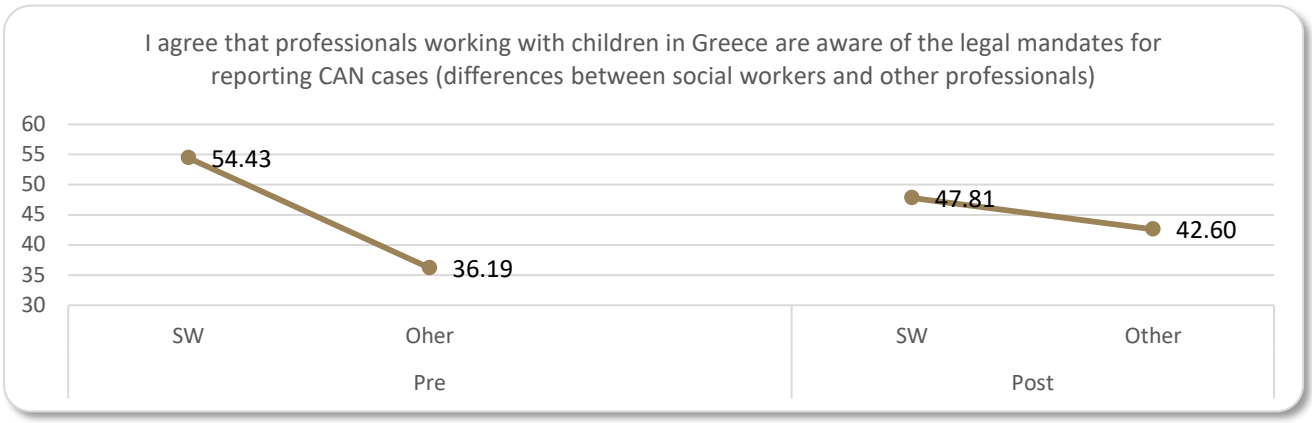
The highest increase it is noted in the question "*I know what the CAN-MDS System is*" (pre measure mean=40.58, SD=29.35, min 0; max 97; post measure mean=89.43, SD=9.19, min 70; max 100); this increase it was expected given that trainees had only a few information from before on CAN-MDS based on the informational material they received in advance such as the national policy brief. An increase of ~20% it is also observed on the question related to "*what is provisioned by the law for reporting CAN cases by professionals working with/for children*" (pre measure mean=70.1, SD=26.21, min 3; max 100; post measure mean=89.43, SD=9.79, min 60; max 100). It seems that professionals are not very familiarized with legal mandates as there is no a single law including the whole information and various provisions are available in various laws and ministerial decisions. In this training trainees had the opportunity to find all the relevant information concentrated. Sufficient increases were also noted in the questions "*I know what child abuse and neglect is*" (pre measure mean=78.52, SD=16.39, min 20; max 100; post measure mean=90.48, SD=7.92, min 60; max 100) and "*I know how to recognize a child victim of abuse and/or neglect*" (pre measure mean=72.22, SD=18.26, min 20; max 100; post measure mean=86.81, SD=10.50, min 50; max 100), ~11% and 14% respectively while the lower increase (~9%) is observed in the item "*I know the magnitude of child abuse and nelect in Greece*" (pre measure mean=57.9, SD=23.71, min 0; max 100; post measure mean=67.53, SD=26.69, min 5; max 100). Here any recent available data were presented to trainees and at the same time it was clarified that the available data are not adequate to indicate the magnitude and the characteristics of the problem in Greece.

The mean ratings (both pre-and post-training) of agreement with 5 statements describing critical aspects of CAN management indicate that participants view these CAN management dimensions as mostly inadequate (the highest score of agreement was ~67% in the statetment "inter-sectoral cooperaton in administration of CAN cases is effective"). Again, it should be taken into account that the vast majority of the trainees at this phase were social workers which is a very active group of professionals in the administration of CAN cases that closely collaborates with Prosecutors' offices and the police in cases of CAN.



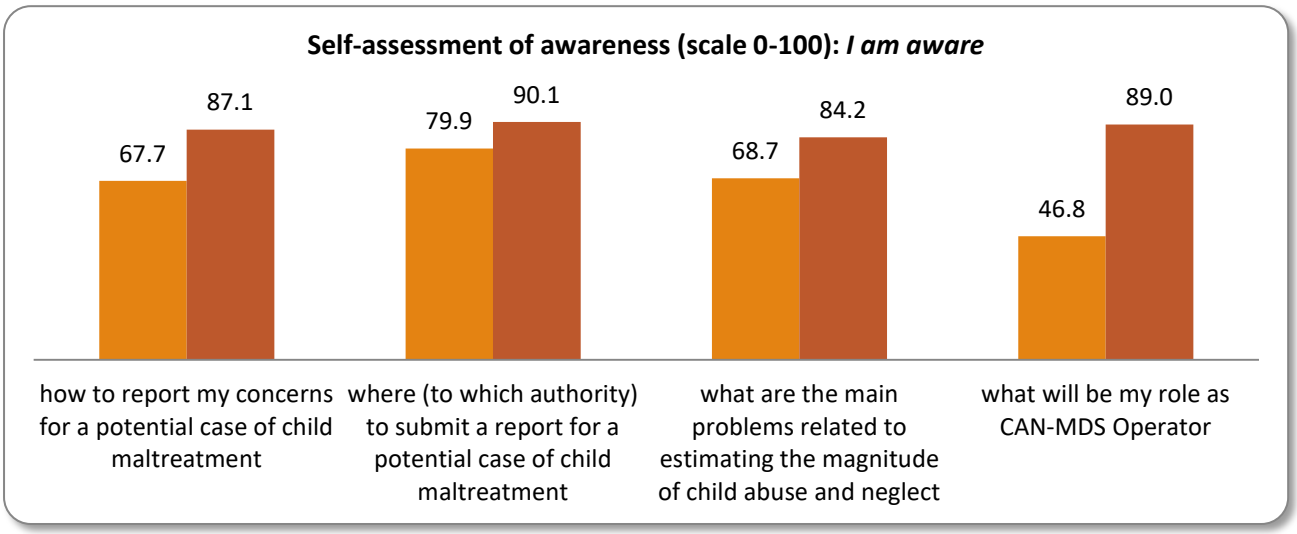
The post-training mean ratings slightly decreased for 4 statements out of 5, with the exception of the statement regarding the adequacy of training that professionals working with children receive on issues related to CAN. Professionals were already aware that reporting of CAN cases in Greece doesn't reflect the actual number of CAN cases and after training the agreement with the specific statement was even lower (pre: 25,9% and post: 18,7%). Similarly the agreement in the statement "available epidemiological CAN data are adequate" was inititally 31,3% and after training where results of the BECAN project were presented it was even lower (27,9%).

A different pattern of replies was noted between social workers and other professionals in regards to the statement "professionals working with children in Greece are aware of the legal mandates for reporting CAN cases"; Social workers initially replied that professionals are aware of legal mandates (agreement 55%) and after training (where legal mandates were presented) they reconsider the extent of their agreement to ~48%; other professionals, on the other hand, initially replied that professionals are not sufficiently aware of legal mandates (agreement ~36%) and after the training the extent of agreement increased to 42%. In both measurements social workers seemed to consider that professionals are aware on legal mandates in comparison with other professionals although in the second measurement at an extent their reconsidered their assessment.



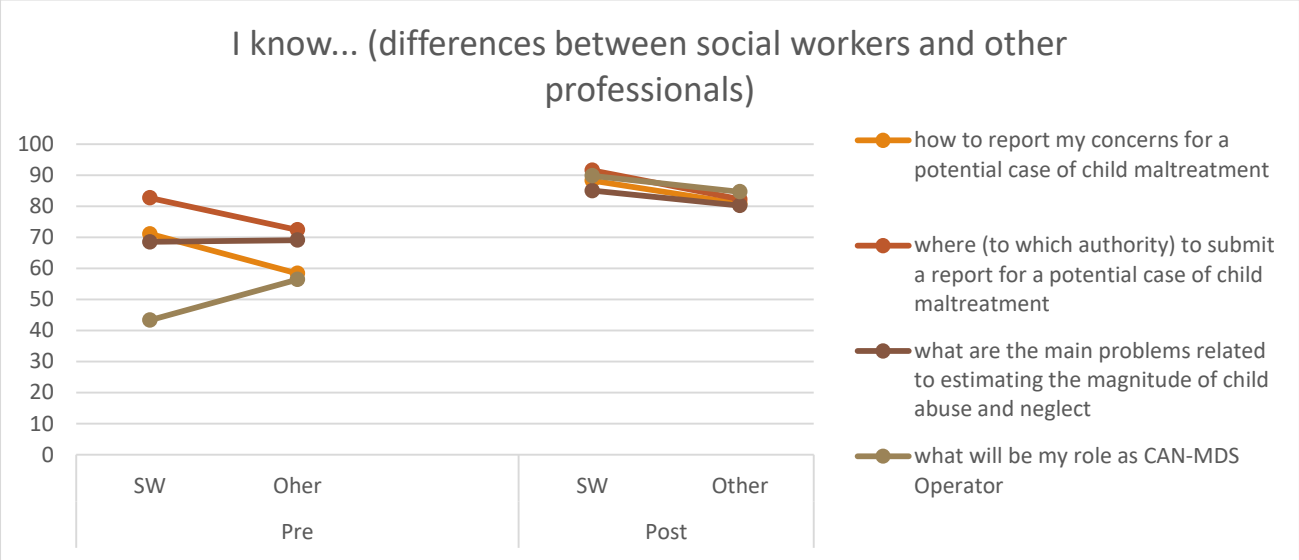
Awareness

The mean ratings of awareness of the reporting processes ("how" and "where"), the reasons of underreporting, and the CAN-MDS Operator's role are displayed below. Trainees, initially, reported that they are, on average, 79.9% (SD=22,42 min 0; max 100) aware to which authority to report a potential case of child maltreatment to, and, on average, 67.7% (SD=31,05 min 0; max 100) aware of how to report their concerns for a potential case of CAN. The post-training mean ratings of awareness on the same items reflect increases to 90.1% (SD=10.73, min 50; max 100) and 87.1% (SD=12.25, min 46; max 100) respectively. Professionals reported, in their initial ratings, awareness of 68.7% (SD=22.8) of the main problems related to estimating the magnitude of child abuse and neglect; mean rating increased to 84.2% after the training (SD=11,16, min 60; max 100). Lastly, trainees reported, in their initial ratings, awareness of 46.8% of their prospective role as CAN-MDS Operators (SD=28,23, min 0; max 98). After the training mean self-assessment score on the statement "I am aware what will be my role as CAN-MDS operator" increased to 89% (SD=8,77, min 70; max 100).



It seems that there is still room for improving knowledge of professionals on reporting processes as well as on their expected role as system's operators.

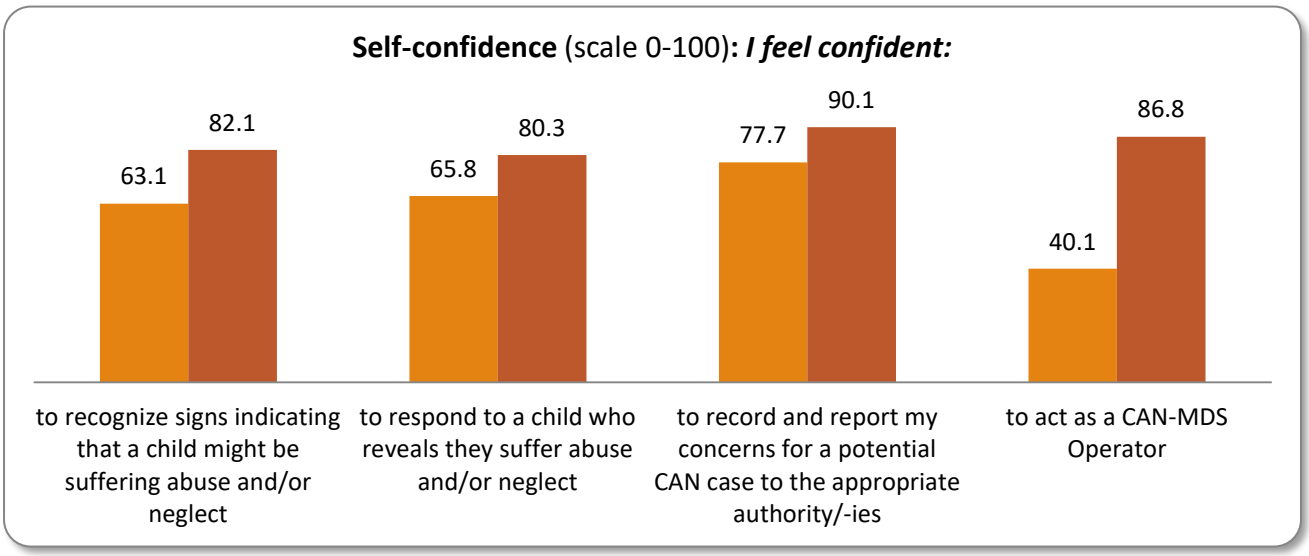
In the graph below differences between social workers and other professionals participated in training are indicated, especially in the pre-measurement (before the training); in the post measurement all participantes assessed their knowledge on reporting processes higly enough and in a similar way.



Assessment of self-confidence

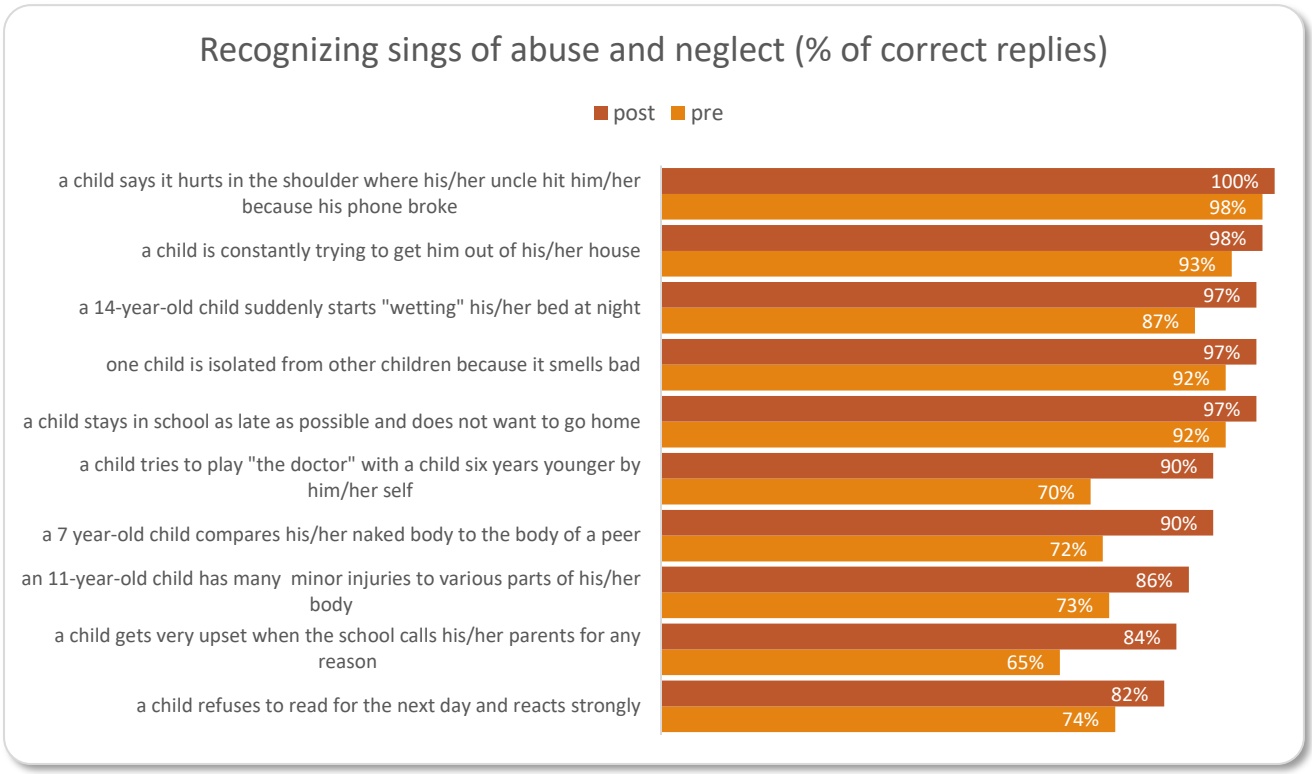
The mean ratings (both pre- and post-) of confidence regarding recognizing, responding to, recording and reporting CAN and acting as CAN-MDS Operator are shown below. All post-training confidence ratings increased.

The major increase is noted (as it was expected) in the statement "I feel confident to act as a CAN-MDS Operator"; mean score of initial self assessment was 40,1% (SD=29.59, min 0; max 95) while mean post measurement score (after the attendance of Section C1-C3 and D) was 86,8% (SD=11.35, min 61; max 100).



A high increase in self confidence was also noted in regards to the statement "*I feel confidence to recognize signs indicating that a child might be suffering abuse and/or neglect*"; the mean pre-training score was 63% (SD=18.67, min 11; max 94) while after training (mainly Section A2) the mean score was increased to 82,1% (SD=10.75, min 64; max 100).

In the graph below correct replies are presented before and after the attendance of the Section A2. Although correct replies increased in all cases in post measurement, in some cases there is still room for improvement (potentially more relevant training is necessary).



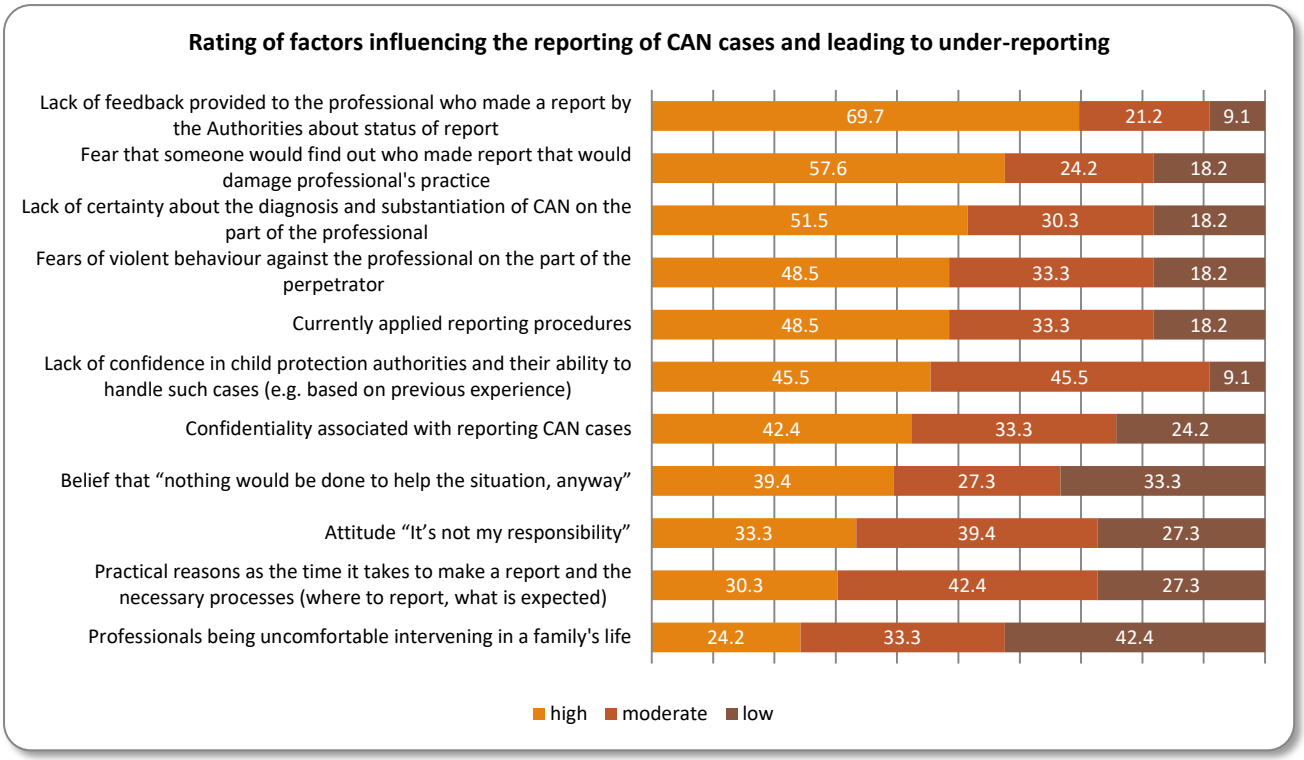
Similar were the results of self assessment for the remaining two statements (related to sections A3-A4). Specifically, concerning self-confidence of professionals to "respond to a child who reveals that suffer abuse and/or neglect" in the pre measurement was 65,7% (SD=21.37, min 3; max 100) while after training was increased to 80,3% (SD=11.38, min 60; max 100). Concerning professionals confidence "*to record and report concerns for a potential CAN case to the appropriate authorities*", mean estimation before training was 77,6% (SD=22.43, min 12; max 100); after the training mean self-confidence was increased to 90,1% (SD=8.63, min 70; max 100).

Below the differences between social workers and other professionals are indicated concerning estimations of their self-confidence in the aspects discussed above before and after the training.

Factors that hinder or prevent the decision of a professional to report suspected child abuse and/or neglect

After the end of the seminar, trainees were asked to assess, in their opinion, the extent to which each of a list of factors hinders or prevent professionals from reporting suspected child abuse and neglect cases, namely the extent to which each factor contributes in underreporting.

The results from the post-training questionnaires' section that rates the extent to which participants believe a number of listed factors hinder/prevent professionals from reporting suspected CAN incidents are featured in the figure below.

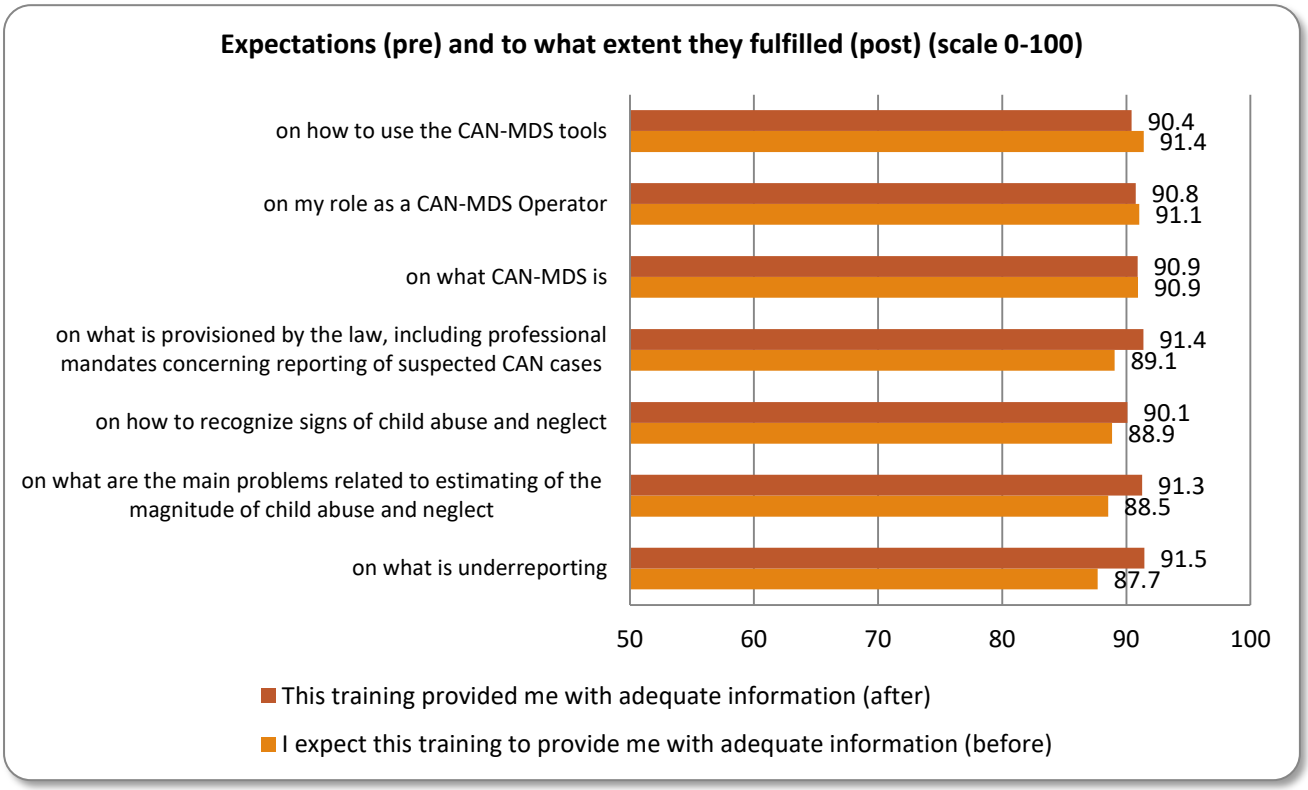


On average, professionals assessed "*lack of feedback provided to the professionals who made a report by the Authorities about status of the report*" as the most hindering factor on the list, followed by "*fear that someone would find out who made report that would damage professional's practice*" and "*lack of certainty*

about the diagnosis and substantiation of CAN on the part of the professional". The factors with the lower impact on the professionals' decision to report a CAN case were the case of "*professionals being uncomfortable intervening in a family's life*" and practical reasons as "*the time it takes to make a report and the necessary processes (where to report, what is expected)*".

Professionals' expectations from the CAN-MDS seminars

The mean scores of expectations (out of 100) before the training and those of expectations fulfilled after the training are presented in the figure below.

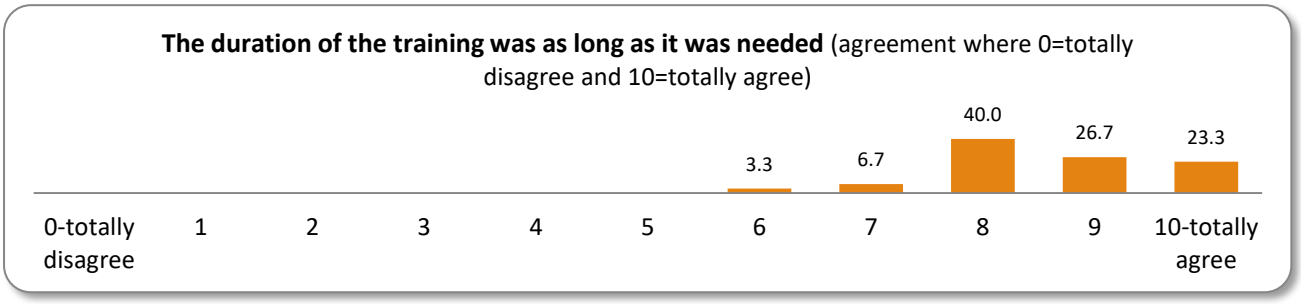


As a general comment, professionals expectations expressed before the seminar were very high concerning all aspects under evaluation (knowledge, definitions, underreporting, legal issues, CAN-MDS system, tools and roles) ranging from ~88 to 91%. Comparison of mean scores of pre- and post-assessments reveal that trainees felt that they learned more about the underreporting issue (M=91,5) than they initially expected to (M=87,7). Similar were there results related to issues like how to recognize signs of child abuse and neglect, on the provisions and law mandates on suspected CAN reporting and on what child abuse and neglect is. Participants, on average reported their expectations to learn about their role as CAN-MDS Operator (M=91,1) were also met (M=90.8). Similarly, participants, on the whole, noted that their expectations regarding learning to use the CAN-MDS tools (M=91,4) were, also, met (M=90,4).
In conclusion CAN-MDS Operators' Seminar seemed to satisfy the expectations of the professionals.

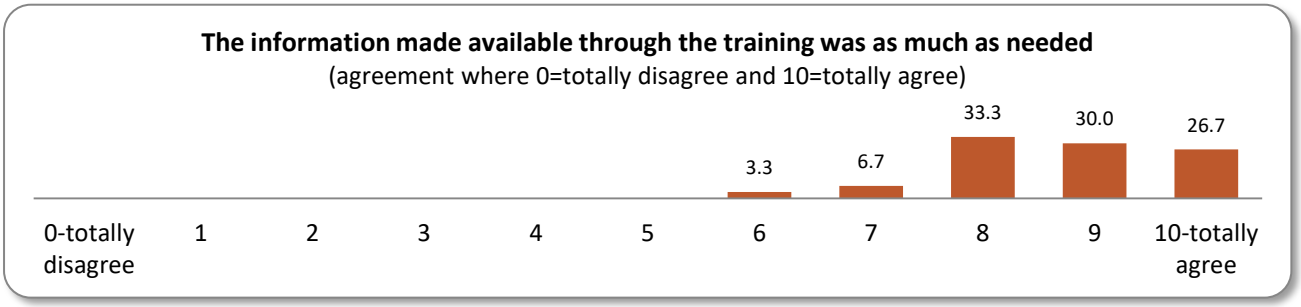
Seminar Evaluation

The final part in this report presents the evaluation of specific aspects of CAN-MDS online seminars by professionals-trainees, specifically: the duration and completenesss of information provided during seminars; the quality of content of the four seminar sections; and quality of e-learning platform and users' interface; of training material (videos, presentations, exercises); and of ready to use material (Manuals, Guidelines, Templates).

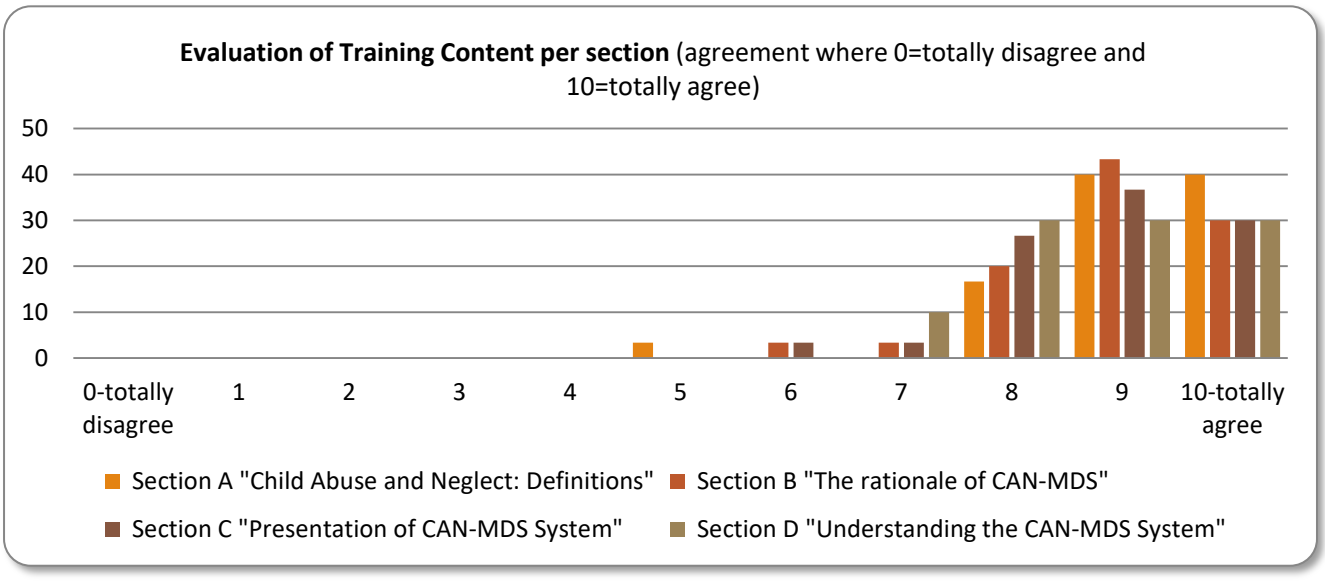
In the question "please declare whether you agree or not with the following statements (where 0=totally disagree and 10=totally agree)"



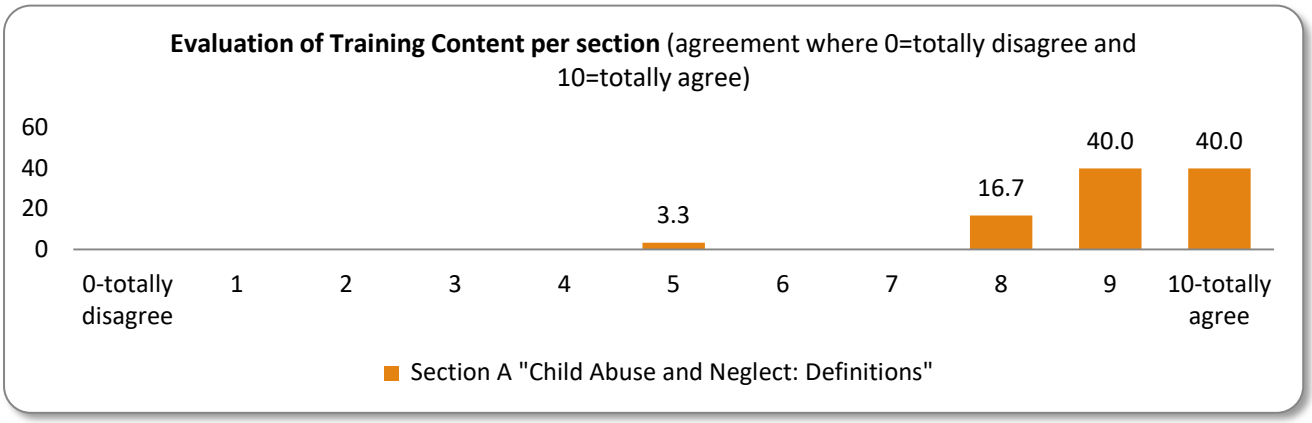
Mean score: 8.6 (SD=1,03 min 6; max 10)



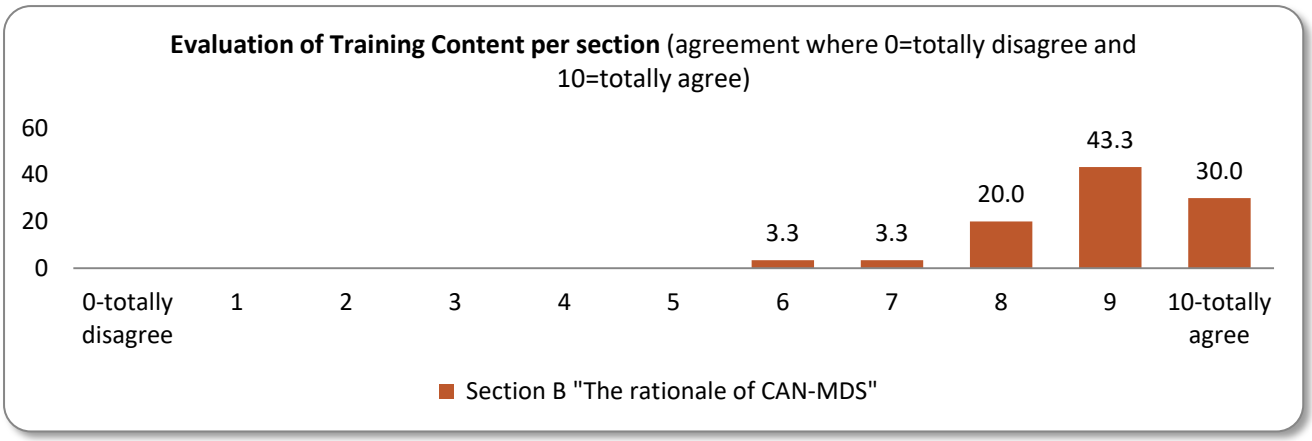
Mean score: 8.7 (SD=1,05 min 6; max 10)



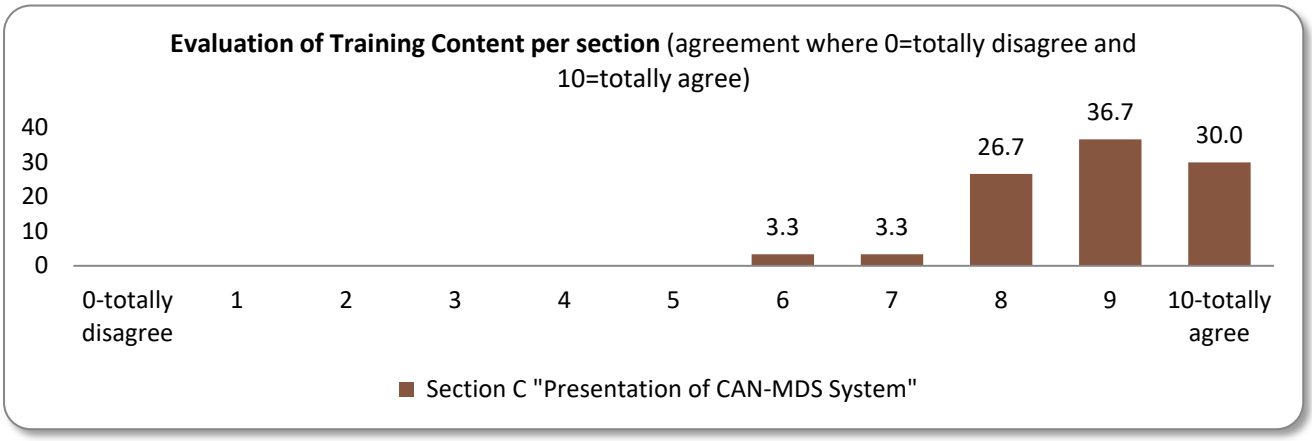
Section A "Child Abuse-Neglect" (what is CAN, how to recognize signs of CAN cases, CAN case reporting (national mandates) and tackling under-reporting, how to handle self-reveal of abuse by children)
Mean score: 9.1 (SD=1,06 min 5; max 10)



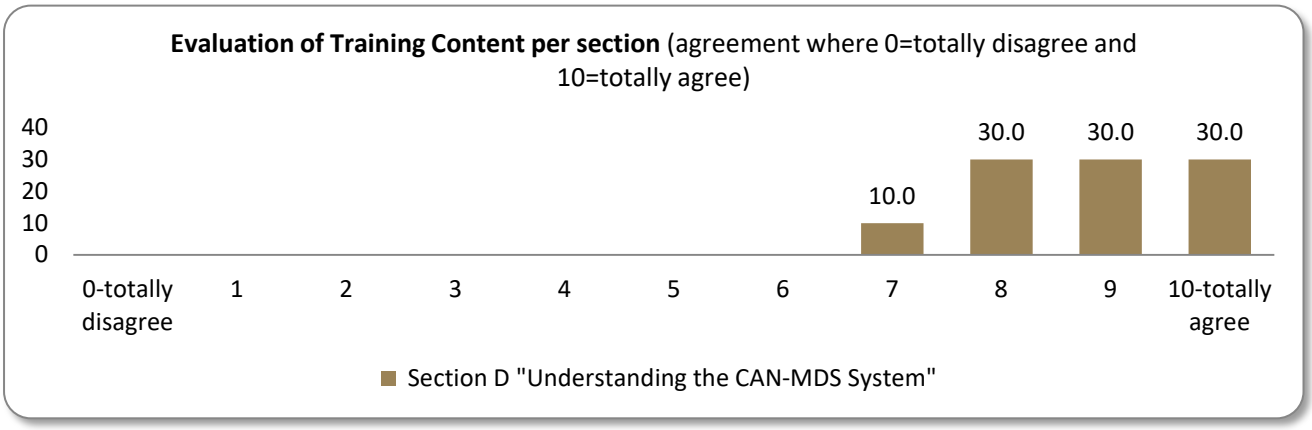
Section B "CAN-MDS Rationale" (the necessity for CAN data collection and the role of multiple sectors, disciplines and how they inter-relate)
Mean score: 8.9 (SD=,98 min 6; max 10)



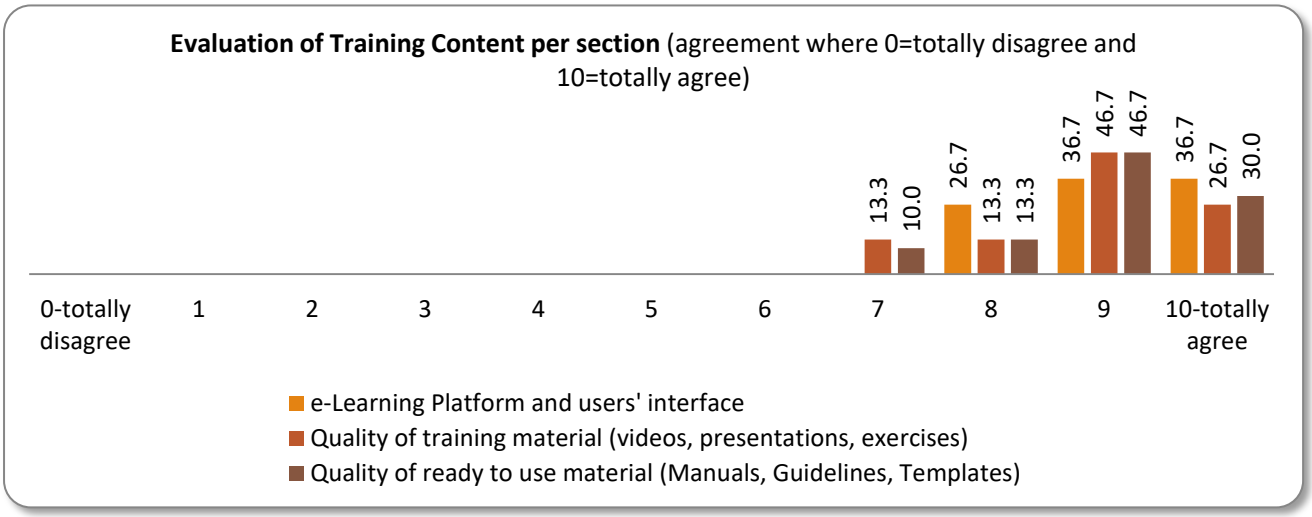
Section C "CAN-MDS System" (CAN-MDS System presentation, CAN-MDS Operator's Manual and Using the CAN-MDS system: data collection protocol)
Mean score: 8.9 (SD=1,00 min 6; max 10)



Section D "Ensuring understanding of CAN-MDS" (working with mock cases)
Mean score: 8.8 (SD= ,99 min 7; max 10)



Although distance learning was applied due to unexpected reasons in the context of the CAN-MDS Action, it seemed that professionals participated in the training were overally satisfied from the experience; they were satisfied from the e-learning platform and users' interface (mean score: 9,1; SD=.80, min 8; max 10) but also from the quality of training material including videos, presentations, and exercises (mean score: 8,86; SD=.97, min 7; max 10) and the quality of *ready to use* material (Manuals, Guidelines, Templates) (mean score: 8.96; SD=.92, min 7; max 10).



Conclusion

One of the main activities of Action's implementation in Greece was to conduct the training of adequate number of professionals for participating in CAN-MDS Piloting phase as operators, namely to record and share CAN data via the CAN-MDS System.

According to the initial plan CAN-MDS Operators' seminars would include 16*2-day seminars x 25 participants (400 trainees-operators) nationwide. Conduction of seminars had been scheduled to start during March 2020; due to the restrictive measures, however, that adopted because of the COVID-19 pandemic on March 5, 2020, an amendment was submitted to the EU (July 2020) in order for the seminars to take place online (instead of in person). EU accepted the amendment (Oct 2020). According to the revised plan it was decided asynchronous e-learning methodology to be applied (based on the talentlms.com platform) with the aim to involve 400 trainees (as it was initially planned); as for the content of the training, it was decided full sections and material to be used (as it was described in the revised Training Module) including work of trainees with mock cases in a fully simulated process per trainee. Moreover, electronic evaluation questionnaires were created and completed by trainees online.

Although distance learning was applied due to unexpected reasons, professionals participated in the online training up to date of drafting the current evaluation report were overally declared satisfied from the **e-learning platform and users' interface,** the **quality of training material including videos, presentations, and exercises** and the **quality of *ready to use* material (Manuals, Guidelines, Templates)**. On the other hand, due to changes on the initial plan and the long lasting restrictive measures due to pandemic, approaching, recruitment and training of the provisioned number of professionals nationwide proved not feasible. Apart from the abovementioned reasons, involvement of professionals from specific sectors at the specific time period was not feasible too; the representative of Ministry of Education, for example, explained that for professionals working in schools and similar settings it would be possible to be involved after September (because of the sector-specific annual program). During the 3rd meeting of the national Inter-Sectoral Board, ICH along with the members of Board for supporting the CAN-MDS piloting took the decision to continue with the training of professionals and the piloting at least until the end of 2021 (after the end of the project).

First set of invitations to professionals to participate in CAN-MDS training and piloting sent out to Municipal Social Services and to this end concerning their professional background most of the first group of trainees were social work/welfare professionals (invitations to professionals working in the sectors of health, education, and justice are going to be sent in September 2021 and afterwards). For the same reason most of the first group of trainees work in municipal and community-based social services nationwide and some of them working in health and mental health services.

The majority of professionals who participated in the training (and afterwards in the piloting of the CAN-MDS system in real settings) reported that they are working with children for 5 to 10 years, most of them with vulnerable children and their families and with children victims of CAN. More than half have reported a suspected CAN incident they had either learned about or witnessed while on professional duty in the

past. In their vast majority professionals-trainees reported having been trained before on issues of CAN, while remarkably most of them said the training they have had was "on the job", often informal training.

As for their *self-perceived knowledge*, assessments were high enough even from the measurement before the training –as it was expected, given that most of the professionals were social workers who previously participated in relevant trainings and currently worked in municipal social services and are familiarized with the administration of child abuse and neglect cases. Despite the high scores of self-assessed knowledge, an increase was noted in all relevant items, indicating that new information acquired by professional during the online training.

Similar were the results for items where professionals-trainees assessed their own *awareness* on various issues related to CAN, specifically the reporting processes ("how" and "where" to report), the reasons of underreporting, and the CAN-MDS Operator's role. Initially professionals assessed highly their awareness on the above issues –apart from the item related to their role as CAN-MDS operators and after the training these assessment were even higher, especially at the item related to their awareness on the role of a CAN-MDS Operator. It seems that there is still room for improving knowledge of professionals on reporting processes as well as on their expected role as system's operators.

Concerning their expectations about this training, comparison of pre- and post-training evaluation suggests that participants, on average, considered that they learned more about the underreporting issue than they had expected to initially. They also reported they received, on average more information on how to recognize signs of child abuse and neglect than what they were expecting from the training, as well as on the provisions and law mandates on suspected CAN reporting. All these issues are among the main learning objectives of this training. However, participants, on average reported their expectations to learn about their role as CAN-MDS Operator were not met exactly and, similarly, that their expectations regarding learning to how to use the CAN-MDS tools were, also, not met. Although this could be a weakness of the training of operators, it should be reminded that simulation of workshop took place in half of the time (compressed in 1 instead of 2 days) and, in addition, some technical issues required the training to pause at some points. This information is being examined with the utmost attention, since the specific group of trainees consisted of professionals with expertise both with CAN, in general, and with the learning process itself (i.e. they have had a long history, collectively, of formal education, and many rounds of various trainings on multiple subjects during their respective careers). In response to this feedback, adaptations have been already made to the training material and structure to incorporate step-by-step, in multiple rounds, instructions on how to use all parts of the Toolkit and the e-app. Moreover, a separate presentation with an analytical, lay-language worded preface on the role of CAN-MDS Operators has been added, outside the official descriptions included in the Toolkit.

Concerning their knowledge, pre-training scores were high enough but in a modest way, perhaps, considering the level of expertise with CAN and with the earlier milestones of CAN-MDS development for most of the participants. Post-training scores show increases as trainees at the end of the training

considered that they know more about what CAN is, how to recognize a child-victim of CAN, and what the CAN-MDS system is.

In regards to professionals' assessment of self-confidence on various issues related to CAN cases administration, all post-training confidence ratings increased. As it was expected the major increase is noted in the statement "I feel confident to act as a CAN-MDS Operator", while increases were also observed in the statements "*I feel confident to recognize signs indicating that a child might be suffering abuse and/or neglect*", "*I feel confident to respond to a child who reveals that suffer abuse and/or neglect*" and "*I feel confident to record and report concerns for a potential CAN case to the appropriate authorities*".

Concerning factors preventing the decision of a professional to report suspected child abuse and/or neglect, according to professionals-trainees' assessments "*lack of feedback provided to the professionals who made a report by the Authorities about status of the report*" is the most hindering factor on the list. High rating of this factor can be justified by the current situation and the practices applied in Greece; for example, Social Workers who work in Municipal Social Services often work with CAN cases (reporting and investigation) in close collaboration with prosecutors' offices and police; in most of the cases, however, after the submission of their assessments, social workers do not receive any feedback on the progress of the cases. Other factors that rated highly by professionals were the "*fear that someone would find out who made report that would damage professional's practice*" (that also can be justified by the fact that in Greece –with only a few exemptions- professionals working with children have no "legal immunity" when they report a suspected case of CAN in the authorities) and "*lack of certainty about the diagnosis and substantiation of CAN on the part of the professional*" (as most of them are not trained on how to recognize CAN cases). The factors with the lower impact on the professionals' decision to report a CAN case were the case of "*professionals being uncomfortable intervening in a family's life*" and practical reasons as "*the time it takes to make a report and the necessary processes (where to report, what is expected)*".

The expectations of the professionals who decided to attend the seminar were high enough concerning all training subjects under evaluation (knowledge, definitions, underreporting, legal issues, CAN-MDS system, tools and roles). The comparison of pre- and post- assessments (expectations and the extent to which these were fulfilled) revealed that CAN-MDS Operators' online Seminar satisfied the expectations of the professionals. Apart from issues related to what trainees learned, they also evaluated the duration and the completeness of the information provided during the online seminar; the quality of content of the four seminar sections; and the quality of e-learning platform and users' interface; of training material (videos, presentations, exercises); and of ready to use material (Manuals, Guidelines, Templates). In all cases evaluation results were very positive suggesting that the decision to apply asynchronous e-learning methodology for the needs of the CAN-MDS Action in Greece was correct. The e-learning platform with the respective material is still open and new trainees are everyday added in the program; this will last for at least the next 6 months (up to Dec 2021).

ANNEX 1-List of Professionals-Trainees

(individual signed forms are available including contact details and informed consent by each professional trainee)

Firstname	Lastname	Email	Bio
			Κοινωνική Λειτουργός, Τμήμα Άσκησης Κοινωνικής Πολιτικής & Πολιτικών Ισότητας της Διεύθυνσης Κοινωνικών Υπηρεσιών του Δήμου Ελληνικού-Αργυρούπολης
			Κοινωνική Λειτουργός, Διεύθυνση Πρόνοιας Δήμου Ηγουμενίτσας
			Ψυχολόγος, Δήμος Νέας Φιλαδέλφειας Νέας Χαλκηδόνας
			Κοινωνική Λειτουργός, ΤΜ. ΚΟΙΝΩΝΙΚΗΣ ΜΕΡΙΜΝΑΣ Δ/ΝΣΗ ΚΟΙΝΩΝΙΚΗΣ ΜΕΡΙΜΝΑΣ & ΑΛΛΗΛΕΓΓΥΗΣ, Δ. Χαϊδαρίου
			Κοινωνική Λειτουργός, Δήμος Σπάτων Αρτέμιδος, Κέντρο Κοινότητας, Διεύθυνση Κοινωνικής Πολιτικής
			Κοινωνική Λειτουργός, Τμήμα Άσκησης Κοινωνικής Πολιτικής & Πολιτικών Ισότητας της Διεύθυνσης Κοινωνικών Υπηρεσιών του Δήμου Ελληνικού-Αργυρούπολης
			Κοινωνική Λειτουργός, ΙΥΠ, ΔΨΥΚΠ
			Κοινωνική Λειτουργός, Συντονίστρια Κέντρου Κοινότητας Δήμου Θερμαϊκού
			Κοινωνική Λειτουργός, Τμήμα Κοινωνικής Μέριμνας, Διεύθυνση Κοινωνικής Μέριμνας και Αλληλεγγύης, Κοινωνική Υπηρεσία Δήμου Χαϊδαρίου
			Κοινωνική Λειτουργός, Κοινωνική Υπηρεσία Δήμου Περιστερίου
			Κοινωνική Λειτουργός, ΔΗΜΟΣ ΘΕΣΣΑΛΟΝΙΚΗΣ: Δ/ΝΣΗ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΣΤΑΣΙΑΣ ΚΑΙ ΔΗΜΟΣΙΑΣ ΥΓΕΙΑΣ – ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΠΟΛΙΤΙΚΗΣ ΚΑΙ ΙΣΟΤΗΤΑΣ ΤΩΝ ΦΥΛΩΝ
			Κοινωνική Λειτουργός, Πρόγραμμα Βοήθεια στο Σπίτι, Κέντρα Κοινωνικής Πρόνοιας-Φροντίδας & Προσχολικής Αγωγής Δήμου Θέρμης
			Κοινωνική Λειτουργός, Διεύθυνση Κοινωνικής Προστασίας, Δήμος Αιγάλεω
			Κοινωνική Λειτουργός, ΔΗΜΟΣ ΚΑΛΑΜΑΡΙΑΣ, Δ/ΝΣΗ ΚΟΙΝΩΝΙΚΗΣ ΜΕΡΙΜΝΑΣ ΑΛΛΗΛΕΓΓΥΗΣ & ΔΗΜΟΣΙΑΣ ΥΓΕΙΑΣ
			Κοινωνικός Λειτουργός, Τμήμα Κοινωνικής Μέριμνας, Δ/νση Κοινωνικής Μέριμνας και Αλληλεγγύης, Κοινωνική Υπηρεσία Δήμου Χαϊδαρίου
			Ψυχολόγος, Δήμος Σπάτων Αρτέμιδος, Διεύθυνση Κοινωνικής Πολιτικής, Κέντρο Κοινότητας
			Κοινωνική Λειτουργός, ΚΕΝΤΡΟ ΠΑΙΔΙΟΥ ΚΑΙ ΕΦΗΒΟΥ, ΚΙΝΗΤΗ ΜΟΝΑΔΑ ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ ΧΙΟΥ
			Ψυχολόγος, Κέντρο Κοινότητας Δήμου Βύρωνα, Διεύθυνση Κοινωνικής Πολιτικής και Υγείας
			Κοινωνική Λειτουργός Δήμου Καρπενησίου
			Κοινωνική Επιστήμονας, Κοινωφελής Επιχείρηση Δήμου Ν. Φιλαδέλφειας-Χαλκηδόνας, Πρόγραμμα Εστία
			Κλινική Κοινωνική Λειτουργός, Συμβουλευτικός Σταθμός Δήμου Πετρούπολης
			Κοινωνική Λειτουργός, Πρόγραμμα Βοήθεια στο Σπίτι, Κέντρα Κοινωνικής Πρόνοιας-Φροντίδας & Προσχολικής Αγωγής Δήμου Θέρμης

			Κοινωνική Λειτουργός, ΕΤΑΙΡΕΙΑ ΠΕΡΙΦΕΡΕΙΑΚΗΣ ΑΝΑΠΤΥΞΗΣ & ΨΥΧΙΚΗΣ ΥΓΕΙΑΣ– ΜΟΝΑΔΑ ΨΥΧΟΚΟΙΝΩΝΙΚΗΣ ΑΠΟΚΑΤΑΣΤΑΣΗΣ ΕΦΗΒΩΝ
			Κοινωνική Λειτουργός, Δήμος Σπάτων Αρτέμιδος, Διεύθυνση Κοινωνικής Πολιτικής, Κέντρο Κοινότητας
			Κοινωνική Λειτουργός, Δήμος Θεσσαλονίκης, Διεύθυνση Κοινωνικής Προστασίας και Δημόσιας Υγείας
			Κοινωνικός Λειτουργός, Αν/της Προϊστάμενος Διεύθυνσης Κοινωνικής Μέριμνας και Αλληλεγγύης Δήμου Νέας Σμύρνης
			Κοινωνική Λειτουργός, Πρόγραμμα Βοήθεια στο Σπίτι, Κέντρα Κοινωνικής Πρόνοιας-Φροντίδας & Προσχολικής Αγωγής Δήμου Θέρμης
			Κοινωνική Λειτουργός, ΙΥΠ-ΔΨΥΚΠ
			Κοινωνική Λειτουργός, ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΓΙΑ ΤΗ ΘΕΡΑΠΕΙΑ ΤΟΥ ΠΑΙΔΙΟΥ ΚΑΙ ΤΗΣ ΟΙΚΟΓΕΝΕΙΑΣ «ΤΟ ΠΕΡΙΒΟΛΑΚΙ»
			Ψυχολόγος, Ελληνική Εταιρεία Προστασίας Αυτιστικών Ατόμων
			Εκπαιδευτικός-Ειδική Παιδαγωγός, Επανένταξη Παιδιών με Ψυχοκοινωνικά Προβλήματα «Λόγος Νους»
			Ψυχολόγος, Δήμος Παπάγου-Χολαργού
			Κοινωνική Λειτουργός, Κοινωνική Υπηρεσία Δήμου Περιστερίου
			Κοινωνική Λειτουργός, Δήμος Σπάτων Αρτέμιδος, Κέντρο Κοινότητας
			Κοινωνική Λειτουργός, Δήμος Πολύγυρου, Τμήμα Κοινωνικής Προστασίας, Παιδείας και Πολιτισμού
			Ιατρός της Μονάδας Φροντίδας για την Ασφάλεια των Παιδιών, στο Γενικό Πανεπιστημιακό Νοσοκομείο ΑΤΤΙΚΟΝ.
			Κοινωνική Λειτουργός, MSc, ΔΗΜΟΣ ΚΡΩΠΙΑΣ / ΑΥΤΟΤΕΛΕΣ ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΣΤΑΣΙΑΣ ΠΑΙΔΕΙΑΣ & ΠΟΛΙΤΙΣΜΟΥ
			Κοινωνική Λειτουργός, ΕΚΚΑ Καλαμαριά, Θεσσαλονίκη
			Νομικός, Δρ. Δικαιωμάτων του Παιδιού, ΕΛΙΖΑ
			Ψυχολόγος, ΙΥΠ ΔΨΥΚΠ
			Ψυχολόγος, ΕΛΛΗΝΙΚΟ ΚΕΝΤΡΟ ΓΙΑ ΤΗ ΘΕΡΑΠΕΙΑ ΤΟΥ ΠΑΙΔΙΟΥ ΚΑΙ ΤΗΣ ΟΙΚΟΓΕΝΕΙΑΣ «ΤΟ ΠΕΡΙΒΟΛΑΚΙ»
			Κοινωνική Λειτουργός, Κέντρο Κοινότητας Δήμου Βύρωνα, Διεύθυνση Κοινωνικής Πολιτικής και Υγείας
			Κοινωνική Λειτουργός, Κέντρο Κοινότητας Δήμου Βύρωνα, Διεύθυνση Κοινωνικής Πολιτικής και Υγείας
			Κοινωνικός Λειτουργός, Δήμος Σπάτων Αρτέμιδος, Διεύθυνση Κοινωνικής Πολιτικής
			Κοινωνική Λειτουργός, Πρόγραμμα "Βοήθεια στο Σπίτι" Δήμου Θερμαϊκού
			Κοινωνική Λειτουργός, ΙΥΠ-ΔΨΥΚΠ
			Κοινωνική Λειτουργός, Κοινωνικό Φαρμακείο Δήμου Βύρωνα
			Ψυχολόγος, ΙΥΠ-ΔΨΥΚΠ
			Υπεύθυνη Στρατηγικού Σχεδιασμού, ELIZA – Σωματείο Ενάντια στην Κακοποίηση του Παιδιού
			Κοινωνική Λειτουργός, Δήμος Αγίου Δημητρίου,

			Κοινωνική Υπηρεσία
			Κοινωνική Λειτουργός, Κέντρο Κοινότητας Δήμου Παπάγου-Χολαργού
			Κοινωνική Λειτουργός, Διεύθυνση Κοινωνικής Πολιτικής και Προαγωγής Δημόσιας Υγείας Δήμου Μεταμόρφωσης
			Κοινωνική Λειτουργός, Κοινωνικό Παντοπωλείο Δήμου Βύρωνα
			Κοινωνική Λειτουργός, Δήμος Σπάτων Αρτέμιδος, Διεύθυνση Κοινωνικής Πολιτικής
			Κοινωνική Λειτουργός, Αυτοτελές Τμήμα Κοινωνικής Προστασίας Δήμου Θηβαίων
			Κλινική Ψυχολόγος, ΕΚΕΨΥΕ, Μονάδα Παιδιού και Εφήβου, Αθήνα
			Ψυχολόγος, ΙΥΠ-ΔΨΥΚΠ
			Κοινωνική Λειτουργός, Τμήμα Κοινωνικής Προστασίας Δημόσιας Υγείας, Δήμος Ωραιοκάστρου
			Νηπιαγωγός, Γραφείο Α' Βάθμιας Εκπαίδευσης, Ρέθυμνο
			Κοινωνική Λειτουργός, ΔΗΜΟΣ ΝΕΑΣ ΦΙΛΑΔΕΛΦΕΙΑΣ – ΝΕΑΣ ΧΑΛΚΗΔΟΝΑΣ Δ/ΝΣΗ ΚΟΙΝΩΝΙΚΗΣ ΠΟΛΙΤΙΚΗΣ ΚΑΙ ΠΡΟΑΓΩΓΗΣ ΔΗΜΟΣΙΑΣ ΥΓΕΙΑΣ (ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΠΟΛΙΤΙΚΗΣ)
			Κοινωνική Λειτουργός, ΔΗΜΟΣ ΚΟΡΥΔΑΛΛΟΥ-ΔΙΕΥΘΥΝΣΗ ΚΟΙΝΩΝΙΚΩΝ ΥΠΗΡΕΣΙΩΝ- ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΑΛΛΗΛΕΓΓΥΗΣ , ΠΡΟΝΟΙΑΣ & ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΣΤΑΣΙΑΣ
			Ιατρός της Μονάδας Φροντίδας για την Ασφάλεια των Παιδιών, Π. & Α. Κυριακού
			Κοινωνική Λειτουργός, Κοινωνικός Ξενώνας, Δήμος Βάρης-Βούλας-Βουλιαγμένης
			Κοινωνική Λειτουργός, ΕΨΥΠΕΑ Παιδιού και Εφήβου Αιτολωακαρνανίας, Κέντρο Ημέρας για Παιδιά με Αναπτυξιακές Διαταραχές
			Κοινωνική Λειτουργός, ΜΚΟ – ΦΑΡΟΣ ΕΛΠΙΔΑΣ / Σε συνεργασία με το Δήμο Βριλησσίων
			Ιατρός, Υπεύθυνη Μονάδας Φροντίδας για την Ασφάλεια των Παιδιών, Γενικό Νοσοκομείο ΑΤΤΙΚΟΝ
			Κοινωνική Λειτουργός, ΟΡΓΑΝΙΣΜΟΣ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΣΤΑΣΙΑΣ ΚΑΙ ΑΛΛΗΓΓΥΗΣ ΔΗΜΟΥ ΒΡΙΛΗΣΣΙΩΝ
			Κοινωνική Λειτουργός, Αντιδημαρχία Κοινωνικής Πολιτικής, Αλληλεγγύης, Δημόσιας Υγείας και Ισότητας των Φύλων Δήμου Καλαμαριάς
			Κοινωνικός Λειτουργός, Συμβουλευτικός Σταθμός Δήμου Πετρούπολης
			Κοινωνική Λειτουργός, Δήμος Βύρωνα, Διεύθυνση Κοινωνικής Πολιτικής και Υγείας
			Κοινωνική Λειτουργός, Εθνικό Κέντρο Κοινωνικής Αλληλεγγύης, Διεύθυνση Κοινωνικών Παρεμβάσεων-Τμήμα Τηλεφωνικών Γραμμών 197 και 1107
			Κοινωνική Λειτουργός, Σισμανόγλειο Νοσοκομείο - Κοινοτικό Κέντρο Ψυχικής Υγείας Παιδιών και Εφήβων (ΚοΚεΨΥΠΕ) 6ου Τομέα (Παλλήνη)
			Κοινωνική Λειτουργός, Κοινωνική Υπηρεσία Δήμου Αγίων Αναργύρων-Καματερού
			Κοινωνική Λειτουργός, Δήμος Βριλησσίων
			Κοινωνική Λειτουργός, Δήμος Καρπενησίου
			Εκπαιδευτικός/Παιδαγωγός, Φιλόλογος, ΙΥΠ, ΔΨΥΚΠ
			Ψυχολόγος, Δήμος Σπάτων Αρτέμιδος, Διεύθυνση Κοινωνικής Πολιτικής

			Κοινωνική Λειτουργός, ΔΗΜΟΣ ΗΛΙΟΥΠΟΛΗΣ, Διεύθυνση Κοινωνικής Προστασίας- Υγείας Παιδείας και Εθελοντισμού
			Κοινωνική Λειτουργός, ΙΥΠ-ΔΨΥΚΠ
			Κοινωνική Λειτουργός, Δήμος Βριλησσίων, Κέντρο Κοινότητας
			Ιατρός, Υπεύθυνη Μονάδας Φροντίδας για την Ασφάλεια των Παιδιών, Π. & Α. Κυριακού
			Συμβουλευτική Ψυχολόγος, Δήμος Βριλησσίων, Κέντρο Κοινότητας
			Κοινωνική Λειτουργός, Σύλλογος Γονέων Κηδεμόνων και Φίλων Ατόμων με Αυτισμό Μεσσηνίας (αρμοδιότητες: Θεραπευτική παρέμβαση σε παιδιά και εφήβους με αυτισμό, Ενημέρωση/ Συμβουλευτική γονέων σχετικά με κοινωνικές παροχές)
			Κοινωνική Λειτουργός, ΙΥΠ-ΔΨΥΚΠ
			Κοινωνική Λειτουργός, Τμήμα Κοινωνικής Προστασίας, Δήμος Αιγάλεω
			Κοινωνιολόγος, ΕΠΙΨΥ
			Κοινωνική Λειτουργός, Συντονίστρια Τομέα Κοινωνικής Μέριμνας και Ισότητας Φύλων, Διεύθυνση Κοινωνικής Μέριμνας και Αλληλεγγύης Δήμου Νέας Σμύρνης
			Κοινωνική Λειτουργός, Αυτοτελές Τμήμα Κοινωνικής Προστασίας Δήμου Θηβαίων
			Κοινωνική Λειτουργός, Δήμος Αγίου Δημητρίου, Κοινωνική Υπηρεσία
			Κοινωνική Λειτουργός-ΤΜΗΜΑ ΚΟΙΝΩΝΙΚΗΣ ΠΟΛΙΤΙΚΗΣ ΚΑΙ ΙΣΟΤΗΤΑΣ ΔΗΜΟΥ ΚΑΙΣΑΡΙΑΝΗΣ
			Κοινωνικός Λειτουργός, Εθνικό Κέντρο Κοινωνικής Αλληλεγγύης
			Ψυχολόγος, Ειδική Επιστήμονας του Κύκλου Δικαιωμάτων του Παιδιού, Συνήγορος του Πολίτη, Κύκλος για τα Δικαιώματα του Παιδιού
			Κοινωνικός Λειτουργός, Διεύθυνση Κοινωνικής Πολιτικής Δήμου Περιστερίου
			Ψυχολόγος, Ευρωπαϊκό Δίκτυο κατά της Βίας
			Κοινωνική Λειτουργός, Δήμος Παλαιού Φαλήρου
			Κοινωνική Λειτουργός, Τμήμα Άσκησης Κοινωνικής Πολιτικής & Πολιτικών Ισότητας της Διεύθυνσης Κοινωνικών Υπηρεσιών του Δήμου Ελληνικού-Αργυρούπολης
			Κοινωνική Λειτουργός, Κέντρο Κοινότητας Δήμου Βύρωνα
			Κοινωνική Λειτουργός, Πρόγραμμα Βοήθεια στο Σπίτι, Κέντρα Κοινωνικής Πρόνοιας-Φροντίδας & Προσχολικής Αγωγής Δήμου Θέρμης
			Ψυχολόγος, Ινστιτούτο Υγείας του Παιδιού, Διεύθυνση Ψυχικής Υγείας και Κοινωνικής Πρόνοιας

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