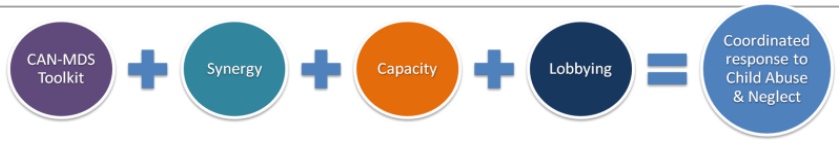
CAN-MDS

DATA COLLECTION PROTOCOL

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

"Coordinated Response to Child Abuse & Neglect via Minimum Data Set" [JUST/2012/DAP/AG/3250]



This Manual was prepared in the context of DAPHNE III Programme
"Coordinated Response to Child Abuse & Neglect (CAN) via Minimum Data Set (MDS)"

Coordinating Organization:
Institute of Child Health, Department of Mental Health and Social Welfare - GREECE
George Nikolaidis, Project Leader
Athanasios Ntinapogias, Project Coordinator/Principal Investigator
Antonia Tsirigoti, Researcher
Fotis Sioutis, Konstantinos Mavrofrydis, Software Developers

Partners' Organizations:
Coördinatiecel Internationaal Kind en Gezin - Kind en Gezin Academie – BELGIUM
Aneliese Hendrix, Local Coordinator
Hubert Van Puyenbroeck, Researcher

South West University "Neofit Rilski", Faculty of Public Health and Sport – BULGARIA
Vaska Stancheva-Popkostadinova, Local Coordinator
Stefka Chincheva and Elina Popova, Researchers

University Ulm, Department of Child and Adolescent Psychiatry/Psychotherapy - GERMANY
Lutz Goldbeck, Local Coordinator
Andreas Witt, Researcher

Observatoire national de l'enfance en danger (ONED) – FRANCE
Gilles Séraphin, Local Coordinator
Flora Bolter, Researcher

Istituto degli Innocenti – ITALY
Donata Bianchi, Local Coordinator
Silvia Mammini, Silvia Notaro, Ayana Fabris, Cristina Mattiuzzo and Lucia Fagnini, Researchers

Babes-Bolyai University, Department of Sociology and Social Work – ROMANIA
Maria Roth, Local Coordinator
Imola Antal & Gabriela Tonk, Researchers

Associate Partner Organization
Lucerne University of Applied Sciences & Arts, School of Social Work – SWITZERLAND
Andreas Jud, Local Coordinator

Ethical Issues and External Evaluation
Paul Durning, Expert on Ethical Issues
Jenny Gray, Project's External Evaluator

with the kind contribution of International Experts

in evaluating the minimum data set for child abuse and neglect
Finkelhor, David (USA); Fluke, John (USA); Jones, Lisa (USA); Leeb, Rebecca (USA); Sedlak, Andrea (USA); Tonmyr, Lil (Canada); AlBuhairan, Fadia (Saudi Arabia); Lael-Szabo, Rachel (Israel); Sofuoglu, Zeynep (Turkey); Raithel, Kristy (Australia); Bertotti, Teresa (Italy); Bollini, Andrea (Italy); Clarke, Michele (Ireland); Mahaira, Rania (Greece); Vanderfaeillie, Johan (Belgium); Vostanis, Panos (UK); and Tuite, Margaret (EC DG Justice)

in developing eligibility criteria for CAN-MDS Operators
Ministerio de Sanidad, Servicios Sociales e Igualdad – SPAIN
Castellanos Delgado, J. L. and Solis de Ovando, R.

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CAN-MDS DATA COLLECTION PROTOCOL

This Protocol was developed in the context of the Daphne III Project "Coordinated Response to Child Abuse and Neglect via a Minimum Data Set" for the needs of a CAN-MDS Surveillance System.

Agencies' Response to CAN Cases

1 RATIONALE

Child maltreatment is a major public health problem the magnitude and the characteristics of which are not sufficiently known. The CAN-MDS Surveillance System targets to monitor the problem at a national level based on contributions by various sources and, moreover, to facilitate the coordination of actions among involved sectors, agencies and professionals.

NOTE *This protocol is one of the components of the CAN-MDS Toolkit; its usage should not conflict to routine practices of the Agency.*

2 PURPOSE

This protocol is for use from national expanded groups of CAN-MDS Operators. It offers step-by-step guidance to CAN-MDS operators involved in child maltreatment cases reporting, investigation and/or administration for recording and administrating cases via CAN-MDS System. In case that the dedicated Operator from an Agency is not able to proceed with case recording, substitute eligible (and trained) staff can use this protocol to proceed with case recording into the system.

NOTE *The Protocol does not preclude Agencies from adopting additional strategies other than the ones described below that may be indicated as effective for complete data recording by specific conditions.*

3 APPLICABILITY

This Protocol applies to all cases where a child maltreatment incident (according to *Case Definitions)* is identified or reported.

Case definitions are based on the United Nations' Committee on the Rights of the Child's General comment No. 13 (2011), "The right of the child to freedom from all forms of violence" [CRC/C/GC/13 (2011) §19-33][1], UNCRC Article 19[2] and the World Report on VAC (2006).[3]

NOTE *In order to ensure to the greatest possible extent a common understanding by any potential Operator and, subsequently, the recording and collection of reliable and comparable information, apart from the definition of child maltreatment according to CRC/C/GC/13 (2011), a bottom-up process is adopted for operationalizing the above mentioned definitions. CAN-MDS provide the Operators with two alternatives: to define the case either starting on the basis of basic-broad forms of CAN (and proceeding into detailed information) or starting on the basis of detailed acts of maltreatment and/or omissions (and the broader categories are auto-selected). Specifically:*

- *if Operators are very familiarized with forms of child abuse and neglect according to the above definition (CRC/C/GC/13, 2011), then they can proceed with a top-down process for indicate the form(s) of maltreatment which set type/compose an incident eligible to be recorded;*
- *if Operators are not familiarized with forms of child abuse and neglect according to the above definition, then they can proceed via a bottom-up process: instead of using the broader classification of the main types and subtypes of CAN, pre-coded exhaustive [check]lists of clearly defined specific acts of maltreatment and omissions are available (which can be identified by the Operator via observation, interview, available information or other means). By choosing one at least act or omission, the system automatically indicates (based on an algorithm) specific subtypes and main types of CAN;*
- *lastly, a "search" field is available for facilitating operator to identify a specific act of maltreatment or a specific omission.*

All above alternatives allow the recording of multiple forms of maltreatment.

4 SOURCES

a. of CAN Case Reports

Trained Professionals working in Agencies where child maltreatment cases addressed. Agencies could be activated in the following fields: education, health and mental health, social welfare, law enforcement and justice. Professionals could be respectively: School principals, Pediatricians and other Medical Doctors of various specialties, Nurses, Child-Psychiatrists, Child-Psychologists, Psychiatrists, Psychologists and other licensed eligible Counselors, Social Workers, Health Visitors, Police Officers (Minors' Departments or in general), and District Attorneys.

b. of Information

b1. A case could be identified or suspected by the Operator (for example via routine screening or during his/her contact with the child in other settings); in such cases no external source of information exists.

b2. Otherwise, sources of information could be the child-victim itself (self-reporting), Professionals who are mandated for reporting of child maltreatment (see national legislation) or any other citizen.

b2.1. Means of Communication of information for a case of CAN

Initial information can be reported by source of information face-to-face with the Professional-Operator, via telephone or in written (by email or other means).

5 ELIGIBILITY CRITERIA for recording a CAN incident into CAN-MDS

NOTE See also Applicability and Case Definitions

a. Minimum required information for recording in CAN-MDS

i. Available child's name

ii. At least one reported act of maltreatment or omission in child's

b. Exclusion criteria

i. Not available child's name

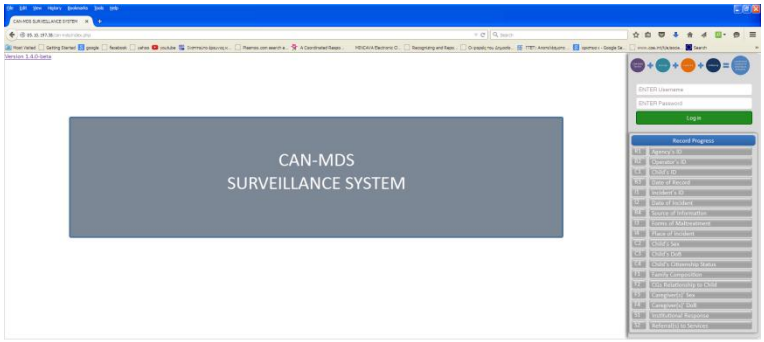
ii. No eligible case (no act of maltreatment and no omission is reported)

6 SETTINGS

a. a CAN case is identified or suspected by the Operator

(implementation of routine screening policy: depending on settings' specifics)

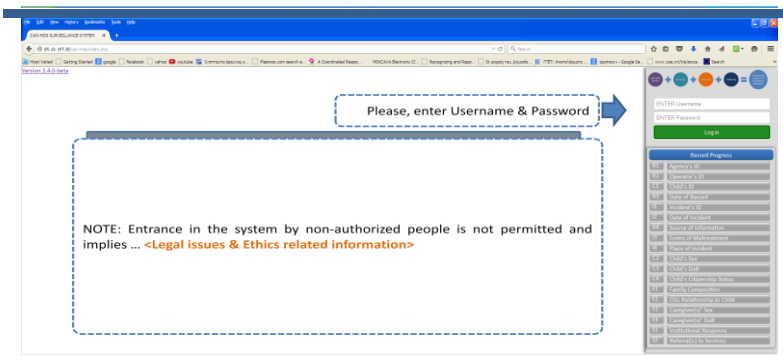
1. The Operator proceeds with keeping information about the case (according to his/her usual practice).
2. The Operator takes care in order to keep all information required to be recorded in the CAN-MDS (if they are not included in the ordinary information the Operator keeps and if this is feasible).
   TIP. A printed form of the CAN-MDS variables could be of help for checking about the completeness of required information (as check list).
3. The Operator communicates with CAN-MDS Administrator to ask for a pseudonym
4. After receiving the pseudonym, the Operator enters the system using his/her username and password and proceeds with the recording of the case following the instructions included in the Manual and in the online CAN-MDS System, as follows:



e-CAN-MDS - initial screen

TIP: *the vertical column in the right side of the screen is actually a list of the MDS data elements that serves in multiple ways:*

- *indicates the sequence of data elements to be recorded*
- *indicates who records the necessary information, namely you (green boxes) or the system (orange boxes)*
- *provides you with an overview of the information already recorded and with notifications for potential duplications*
- *operates as a navigation menu among the different data elements*



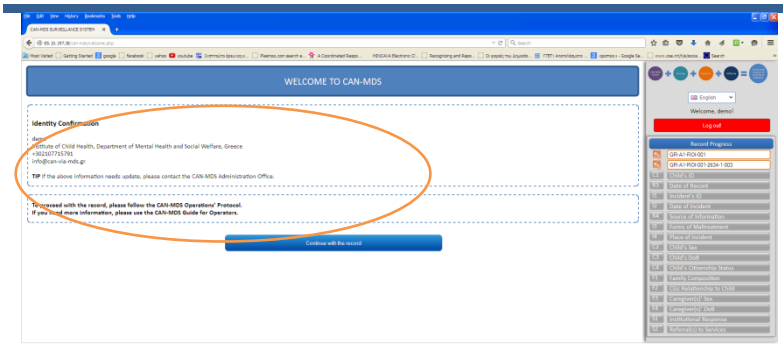
YOU (the *Operator*)

Enter username and password

e.g. demo

Note: *Usernames and Passwords for CAN-MDS Operators are provided by the national Administrator to Professionals who fulfill the eligibility criteria & have previously complete successfully the CAN-MDS short training.*

TIP: *If you like to explore the demo version of the registry use **demo** as user name and password*



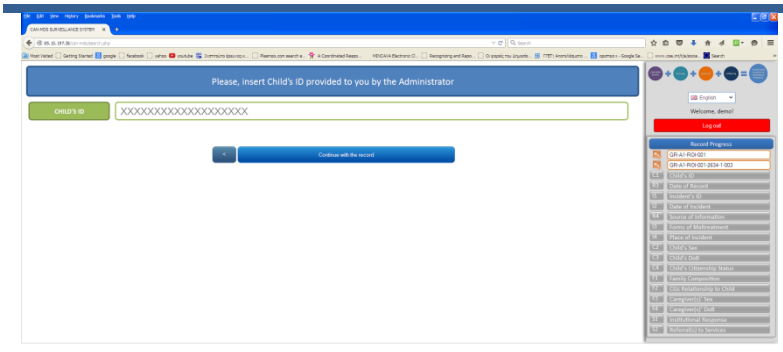
SYSTEM: *Agency's ID* [DE_R1] and *Operator's ID* [DE_R2] are auto-completed*

TIP: *When you enter the CAN-MDS system (by using your username and password) your personal ID will be auto-completed.*

Note: *Please check the correctness of data and in case the data are not accurate or an update is needed, please contact your National Administrator*

Note: *The system automatically log-out when no activity is observed for a 10-min period.*

Press Continue with the record



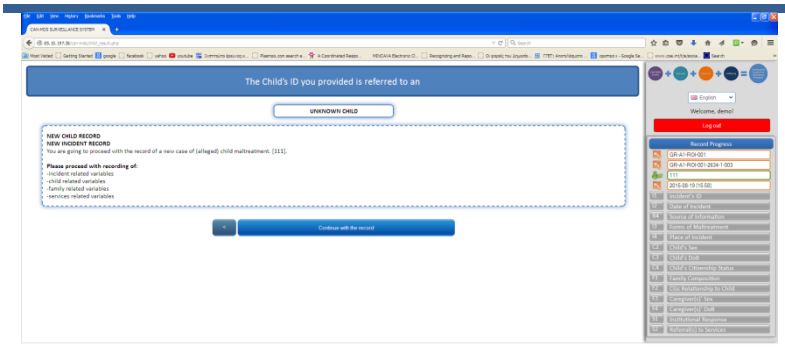
OPERATOR: Enter *Child's ID* [DE_C1] (i.e. pseudonym)

e.g. CHILD'S ID GR1476405679

Note: *This data element is completed by you, after you obtain the ID by the national Administrator.*

TIP: *Step-by-step process for obtain a Child's ID (pseudonym) is presented in the Operator's Guide.*

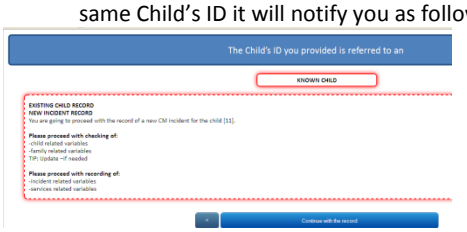
Press Continue with the record

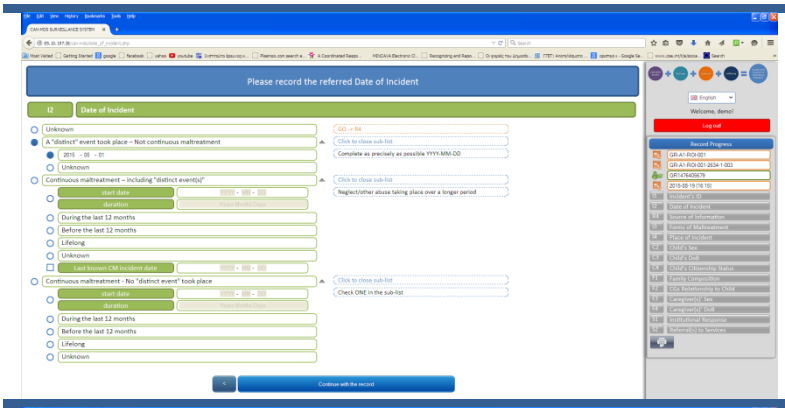


SYSTEM: *Date of record* [DE_R3] is auto-completed

e.g. 2015-08-19 [16:15]

Note: If the system identifies a record for the same Child's ID it will notify you as follows:



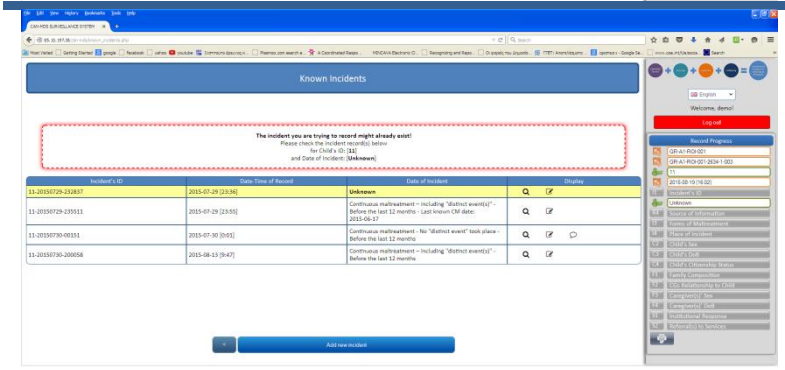


OPERATOR: Enter *Date of Incident* [DE_I2]

e.g.

- A "distinct" event took place – Not continuous maltreatment
- 2015 - 05 - 01

Press Continue with the record



SYSTEM: *Incident ID* [DE_I1] is auto-generated

e.g. GR1476405679-20150819-161504

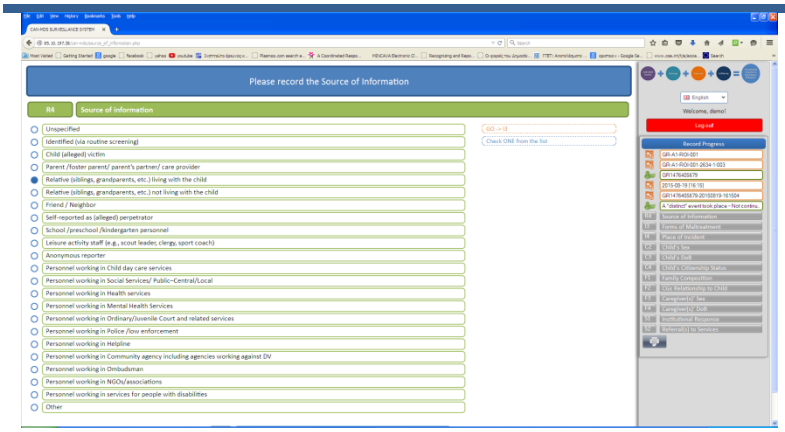
Attention! *When the CAN-MDS identifies a record for the same child close to current record (in terms of time) it will notify you with a message that other Incidents were recorded previously from you or other Operator (e.g. see picture in the left) & it will provide you with information for the most recent Incident recorded; the highlighted records are the most similar in terms of Incident ID to your current record.*

Note: *If the Incident ID is unknown, the CAN-MDS will continue with the next data element DE_R4 ("Source of Information").*

TIP: *If your level of access is 1 or 2, by clicking in the you can see all the remaining information for previous incidentsand by clicking the you can edit (namely add information) in previous records. If you are sure that current Incident is a new Incident, then you should click at the button "Add new Incident". In the case that the case reach your agency following a referral made by another agency, please click on in order to inform the system on whether the provisioned services were provided.*

TIP*: If your level of access is 3, "display" options are not activated and you should decide on the basis of the date-time of record and the date of incident whether you will proceed with the recording (it is recommended to proceed adding new incident).*

By clicking on the next menu will appear; you can provide feedback on the progress of the referall you received by selecting one of the alternative statuses.

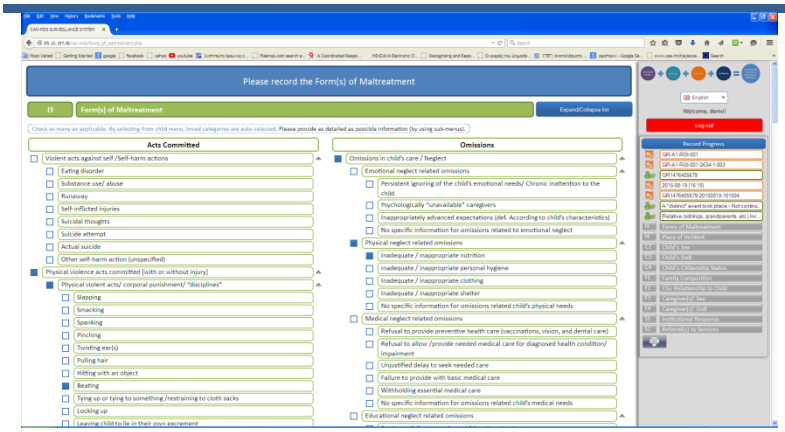


OPERATOR: Indicate the *Source of Information* [DE_R4]

e.g. ● Relative (siblings, grandparents, etc.) living with the child

TIP: *A CM incident can be detected by you (the professional-Operator), reported by the (alleged) victim (the child) or reported by another source (see also Flowchart, phase "Reporting Procedure")*

Press Continue with the record



TIP: *It is recommended to use the "expanded list" & the "search" option ctrl+F*

OPERATOR: Indicate the *Form(s) of Maltreatment* [DE_I3]

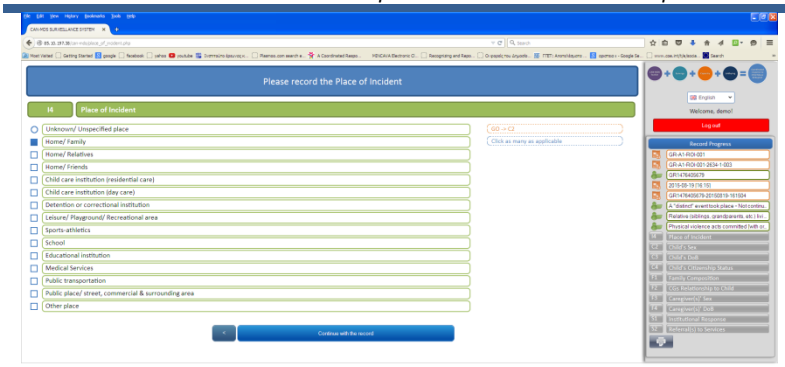
e.g ■ Beating

■ Inadequate / inappropriate nutrition

IMPORTANT: DE_I3 is the core of the CAN-MDS and the prerequisite for a new record in the CAN-MDS: **no data for DE_I3 means no incident for recording**

Note: *Select **AS MANY AS APPLY** among the alternative values presented in the pre-coded lists*

Press Continue with the record

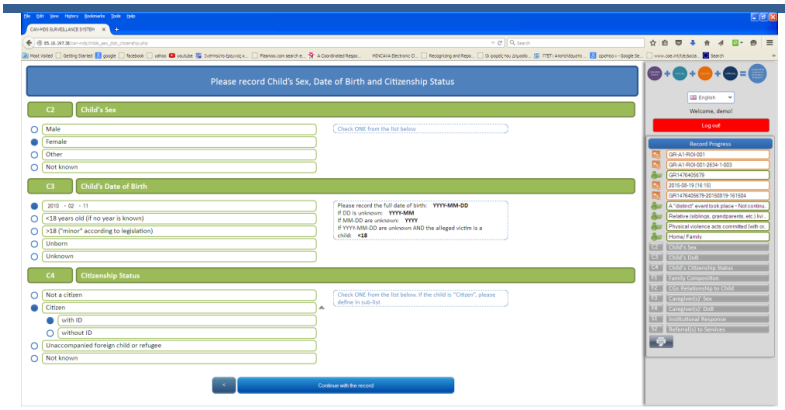


OPERATOR: Indicate the *Place of Incident* [DE_I4]

e.g. ■ Home/ Family

Note: *Even though the incident can concern a continuous case of maltreatment taking place in various locations, please record the last known location mentioned by the source of information.*

Press Continue with the record



OPERATOR: Record *Child's Sex* [DE_C2], *DoB* [DE_C3] *and Citizenship Status* [DE_C4]

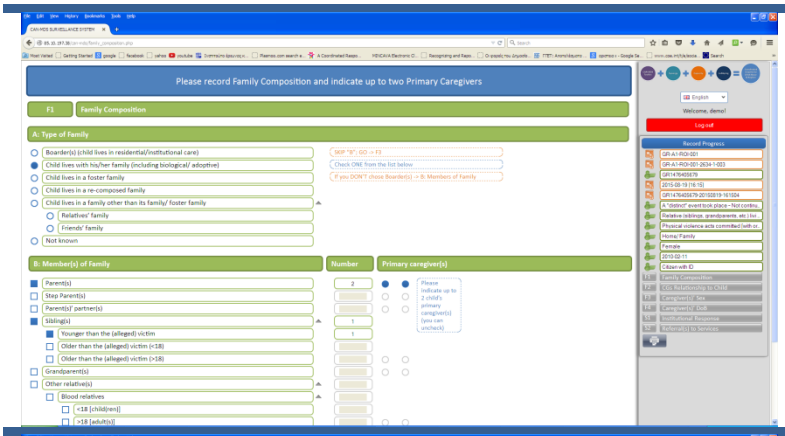
e.g. ● Female ● Citizen

● 2010 - 02 - 11 ● with ID

Note: It is important to record the full date of birth of the child

Note: *Citizen* e.g. parents are citizens (*jus sanguinis*); born within a country (*jus soli*); naturalization

Press Continue with the record

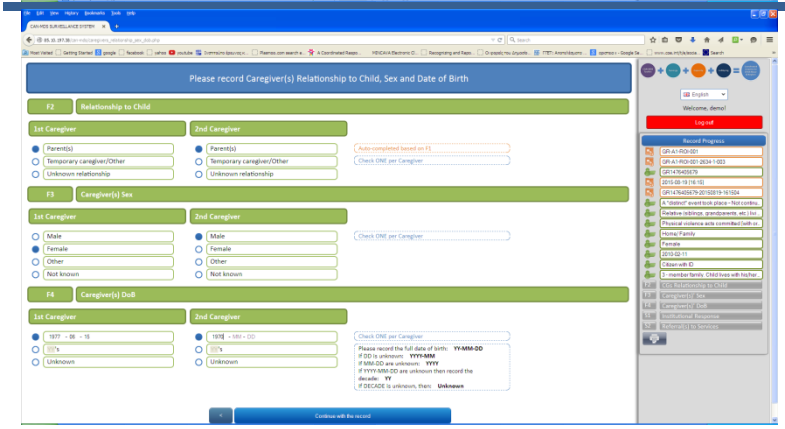


OPERATOR: Indicate the *Family Composition* [DE_F1 A, B, B.1] and *Primary Caregiver(s)' Relationship to Child* [F1 C➔DE_F2]

e.g. *see picture in the left*

Note: If you check *"Boarder(s) (child lives in residential/ institutional care)"* or *"Not known"*, the CAN-MDS will automatically skip the sub-elements B, B1 and C, and will redirect you in the next data element (related to child's primary caregivers).

Press Continue with the record



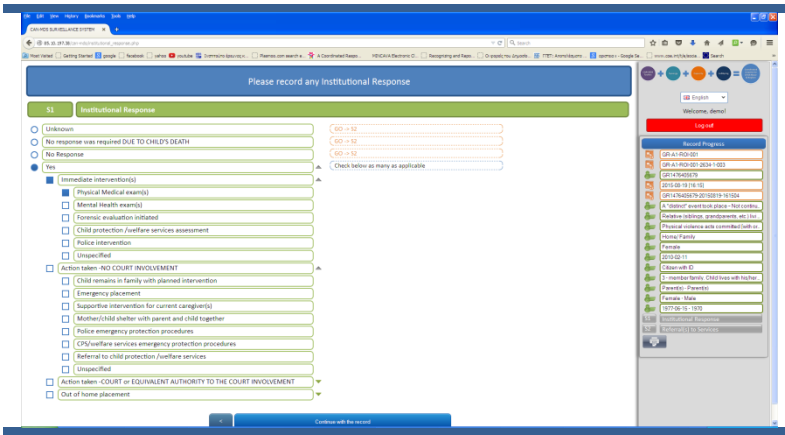
OPERATOR: for *Primary Caregiver(s)* record relationship (DE_F2) (if not auto-recorded), ***Sex*** **[DE_F3] and *DoB* [DE_F4]**

e.g. *see picture in the left*

Note: *The CAN-MDS will update the respective fields in the DE_F2 according to your selections in F1C.*

TIP: *A primary caregiver cannot be an underage person (i.e. another child).*

Press Continue with the record

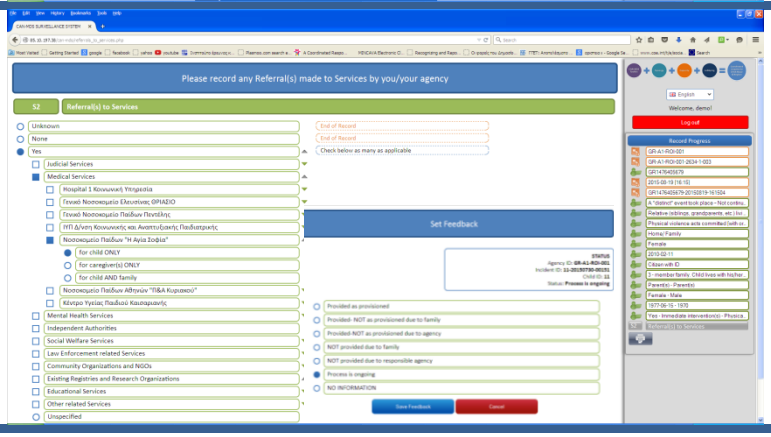


OPERATOR: Indicate the *Institutional Response* [DE_S1]

e.g. *see picture in the left*

Note: *If "Yes" is applicable, then proceed by checking from the list below as many as applicable.*

Press Continue with the record



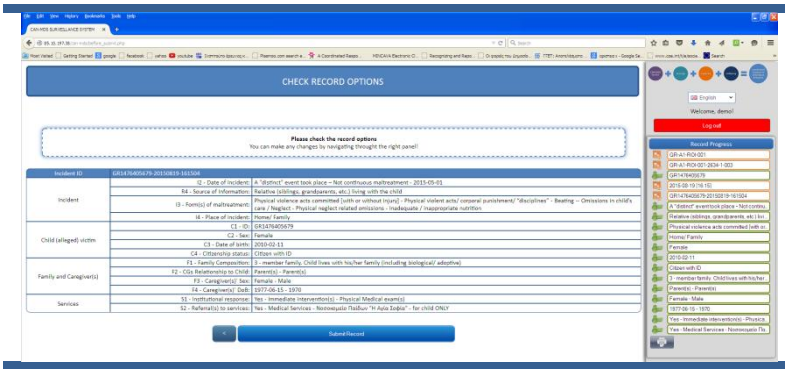
OPERATOR: Indicate the *Referral(s)* made *to Services* [DE_S2, S2.1 and S2A];

e.g. *see picture in the left*

TIP: *Notifications would automatically be sent to services selected by you in DE_S2*

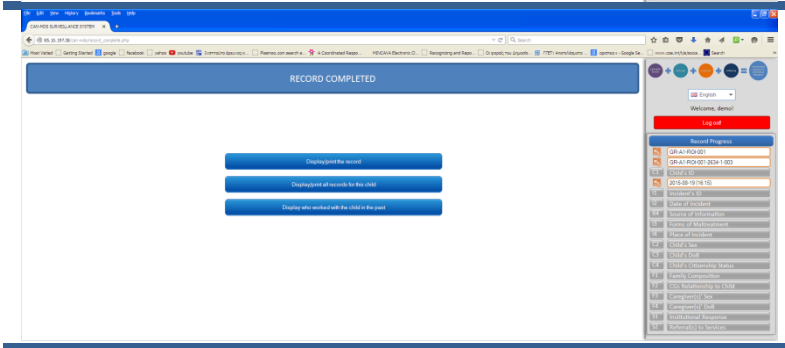
Note: *Sub-element (S2.A) is completed by CAN-MDS Operator(s) working in Agency(-ies) received the referral(s) made (by you, as indicated in DE_S2)*

Press Continue with the record



You completed the record!

Now you have the opportunity to check and afterwards to submit your record

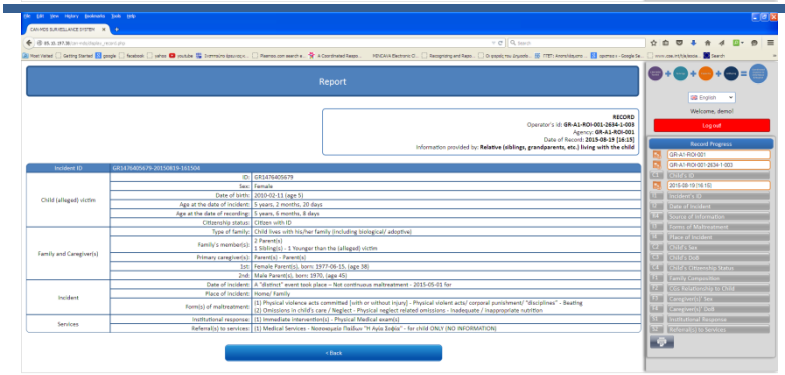


CAN-MDS Feedback

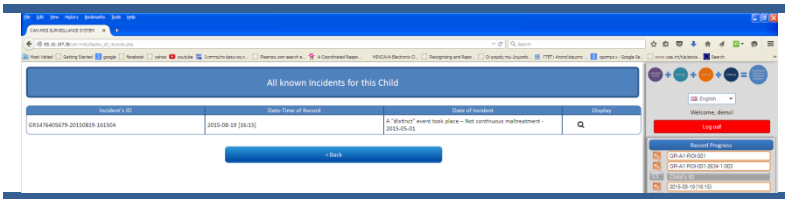
[for Operators with access level 1 or 2]

From this menu you have the option to

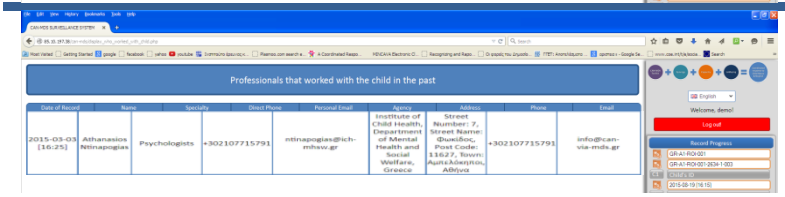
- view and print the auto-produced report
- view or print all records for the specific child
- view who worked with the child in the past (if the record concern an already known child)



Sample of the auto-produced report



Sample of the report including all records concerning a specific child (on the basis of Child's ID)



Sample of the report providing authorized users with information related to professionals worked with the specific child in the past

NOTES

* *The Operator check the correctness of the information; in case that update is needed, the Operator should communicate with the National Administrator*

** *If the child is known, the pseudocode will be identified by the system and the Operator will be informed respectively; in such a case the Operator could see the available information for previous incidents according to his/her level of access*

*** *If the incident ID identified by the system as already known, then the operator is informed that the incident is already recorded by another operator in his/her agency or in another agency*

b. a CAN case is reported to an Agency by a source of information

For screenshot examples, please see paragraph 6.a

1. The Operator proceeds with keeping information about the case (according to his/her usual practice).
   NOTE The case could be either documented or suspected; given that no investigation has take place yet, ALL cases are considered as suspected
2. The Operator takes care in order to keep all information required to be recorded in the CAN-MDS (if they are not included in the ordinary information the Operator keeps and if this is feasible).
   TIP. A printed form of the CAN-MDS variables could be of help for checking about the completeness of required information.
   NOTE If the report is made during a face-to-face meeting with the source of information or via a telephone call, for each variable suggested questions are provided below (4e-4k). If the report is written, the Operator extract as many as feasible information for the CAN-MDS
3. The Operator communicates with CAN-MDS Administrator to ask for a pseudocode
4. After receiving the pseudocode, the Operator enters the system using his/her username and password and proceeds with the recording of the case following the instructions included in the Manual and in the online CAN-MDS System, as follows:
   a. OPERATOR: Enter username and password
   b. SYSTEM: *Agency's ID* [R1] and *Operator's ID* [R2] are auto-completed*
   c. OPERATOR: Enter *Child's ID* (i.e. pseudonym)** [C1]
   d. SYSTEM: *Date of record* [R3] is auto-completed
   e. OPERATOR: Enter *Date of Incident* [I2]
   f. SYSTEM: *Incident ID* [I1] is auto-generated***
   g. OPERATOR: Indicate the *Source of Information* [R4]
   h. OPERATOR: Indicate the *Form(s) of Maltreatment* [I3]
   i. OPERATOR: Indicate the *Place of Incident* [I4]
   j. OPERATOR: Record *Child's Sex* [C2], *DoB* [C3] *and Citizenship Status* [C4]
   k. OPERATOR: Indicate the *Family Composition* [F1] and *Primary Caregiver(s)' Relationship to Child* [F2]; for *Primary Caregiver(s)* record *Sex* [F3] and *DoB* [F4]
   l. OPERATOR: Indicate the *Institutional Response* [S1]
   m. OPERATOR: Indicate the *Referral(s)* made *to Services* [S2]; SYSTEM: notifications would automatically be sent to respective services
   n. View, Save and Submit the Record [print report for your files, if needed]

NOTES
** The Operator check the correctness of the information; in case that update is needed, the Operator should communicate with the National Administrator*
*** If the child is known, the pseudocode will be identified by the system and the Operator will be informed respectively; in such a case the Operator could see the available information for previous incidents according to his/her level of access*
**** If the incident ID identified by the system as already known, then the operator is informed that the incident is already recorded by another operator in his/her agency or in another agency*

Suggested questions and prompts for collecting required information for CAN-MDS

NOTE The sequence and the phrasing of questions may change depending on case and what the source of information has already mentioned.

OPERATOR: Apart from your professional identity introduce also yourself as Operator of CAN-MDS. Explain the reason why you are going to ask some further questions and encourage the source of information to provide as much details as possible "For the more effective coordination of our efforts to protect the child, some of the information you provide us with is going to be recorded in the CAN-MDS; in this way we will have the opportunity to see whether the child

had similar problems in the past and at the same time other professionals-agencies will be aware on the case. Last but not least via records like this we are able to keep a track for the problem of child maltreatment on a regular basis and gain knowledge for implementing more effective preventive strategies" .

Concerning confidentiality issues, I would like to let you know that the CAN-MDS is in accordance with the current legislation and moreover the information to be recorded about the incident we discuss is coded and provisions are taken in order the none of the involved persons (you, the child or the caregivers) can be identified by non-authorized parties.

If a source of information does not understand the need to provide specific information, the reasons can be explained again (namely for more effective intervention in the case); if hesitates to give child's name or other information, it should be stressed that without such information it is not possible any further action to be taken and, moreover, the identity of the involved persons will not be disclosed in non-authorized Agencies.

Explain that even suspicion, the reported incident is of interest in order at a later phase evaluation of the case to be done.

First ask from the source of information the exact name of the child as well as nicknames (if exists).

For DE_R4 (Source of Information)

If the source of information do not mention his/her identity, please ask "Do you like to tell me what is your relationship to the child or how you are informed about the incident?"

For DE_I3 (Form(s) of Maltreatment

It is expected that the source of information will refer at least one piece of information concerning the form(s) of maltreatment; in any case, the Operator should provide some prompts for collecting further information, such as "Could you please tell me more information on specific acts the child suffers? Are you aware of any specific omissions in the child's care".

For DE_I2 (Date of Incident)

If the source of information do not mention when the incident took place or he/she is not precise, please ask "Could you please tell me when exactly the specific incident took place?" (try to collect the exact date as this information will be further be used for the formulation of V9 "Incident ID")

For DE_I4 (Place of Incident)

If the source of information do not mention where the incident took place or he/she is not precise, please ask "Could you please tell me where exactly the specific incident took place?"

For DE_C2 (Child's Sex)

Regardless whether the child's sex is clearly mentioned by source of information or not, please ask "what is the sex of the child you are referring to?"

For DE_C3 (Child's Date of Birth)

Please ask the source of information for the exact date of birth of child; if the full date is not known, ask for month and year; otherwise for year

For DE_C4 (Citizenship Status)

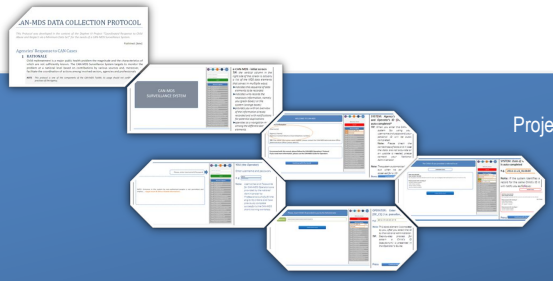
Please ask the source of information about the child's Citizenship Status "Do you know whether the child is a citizen (and if yes, with or without ID"

For DE_F1-F4 (Family composition and primary caregivers)

Please ask the source of information about family and for up to 2 primary caregivers: "Could you please provide me with some more information about the status of the child's family? Who else is living with the child? Who are the people who were responsible for the child during the incident, namely what is their relationship to the child? Could you please tell me their sex and date of birth?" If the date of birth is not known, then ask for month and year; otherwise for year; if even year is not known, then ask for decade.

Mean time required for incident recording

It is expected that recording of each case will take 15+15 minutes to complete. (15 min to collect the information (also part of the routine procedure/not exclusively for the CAN-MDS, 5 min communication with administrator, 10 min to complete the form).



Project “Coordinated Response to Child Abuse & Neglect via Minimum Data Set” [JUST/2012/DAP/AG/3250]
[WS.2, Activity 4: D 4.3: CAN-MDS Master Toolkit]

CAN-MDS Data Collection Protocol

Ntinapogias, A., Gray, J., Durning, P., Nikolaidis, G. & CAN-MDS Project’s Partners

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