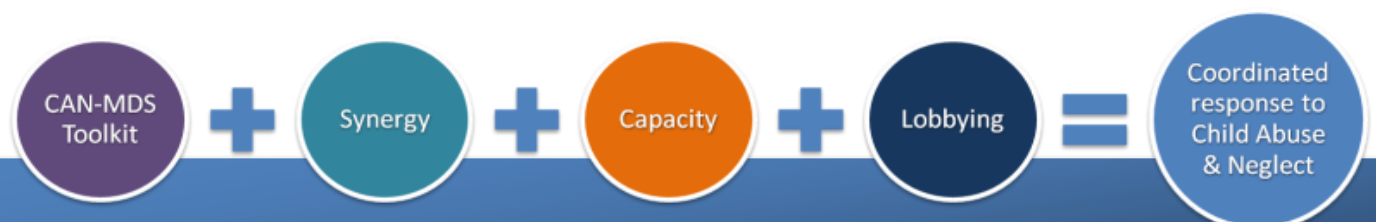# D3.1
Methodology & Tool for Defining Eligibility criteria for CAN-MDS Operators

Coordinated Response to CAN via MDS

The current document was prepared on the basis of Annex I "Project Description and Implementation of the Project JUST/2012/DAP/AG/3250 (2011-2012)" submitted and approved under the Priority "Rights of Victims (RoV)" of the DAPHNE III Programme of the European Union

Identifying common ground among countries: methods, tools & results

Project's Information

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Deliverable's Information

Workstream	Workstream 3 Creating Synergies – Building of national CAN-MDS Core Groups of Operators
Activity	Developing of eligibility criteria for the creation of national CAN-MDS Operators' Core Groups (in the context of the project) and of national Expanded Groups (to be included into national policy manuals - see workstream 5)
Deliverable No.	Deliverable D3.1
Drafted	A. Ntinapogias, Project Coordinator with the contribution of Project's Partners
Deliverable title	Eligibility criteria for CAN-MDS Operators' Core Groups and Expanded Groups
Target group	Partners and any stakeholder interested in developing a CAN-MDS

Coordinated Response to Child Abuse & Neglect (CAN) via Minimum Data Set (MDS)

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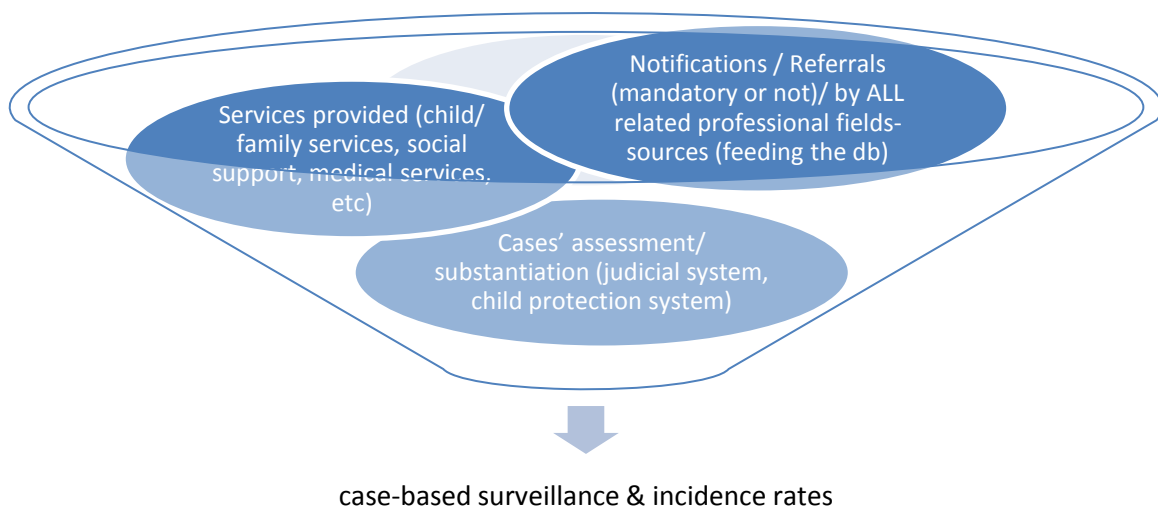# Table of Contents

Definition of CAN-MDS Operators' eligibility criteria

Up to today, efforts for collecting incidence data related to Child Abuse and Neglect (CAN) have focused on resources including mainly substantiated cases after judicial processes or cases where law enforcement authorities were involved. However, evidence suggests that the vast majority of CAN cases do not fall into this particular category and very often go unreported. This project targets at providing a common ground for collecting data not only for CAN cases involving legal or public order authorities but also cases identified, reported or handled by services in the health, welfare and educational sectors. In other words, if a potential CAN-via-MDS surveillance mechanism aims to provide the most complete picture of the problem's magnitude, it should include not only cases from the judicial or legal protection systems, but also cases identified on the basis of the received services -namely cases that come to the attention of any services, other than judicial. Therefore, potential operators of the CAN-MDS –namely, professionals in charge of collecting and registering data- could be social/ health/ other professionals working in the field of child protection or with child victims. Consequently, suspected CAN cases and/or cases under investigation will also be eligible to be recorded in a CAN via MDS system. Expanding the eligible sources of information is expected to lead to data collection for a larger number of CAN cases and, therefore, increase the chances for the collected information to be closer to the true magnitude of the problem. Even though a CAN-via-MDS surveillance mechanism, by collecting data to measure incidence rates of CAN based on services' response, will not reach the general population of children (such as in an epidemiological study), it is expected that more cases will come to the attention of services and more information will be available for prioritizing preventive efforts.

case-based surveillance & incidence rates

Figure 1. Achieving a more complete picture of agencies' responses to CAN, by widening the criteria of eligible cases, data sources and context.

On the other hand, involving different sectors in data collection by using a common tool creates specific difficulties that should be managed before such a system is developed. The use of a commonly understandable language and technical specifications that will make it feasible for a wide range of professionals to contribute by "feeding" the system are required. Even before decision making on such issues, a concrete decision should be made on the eligibility of sectors to be involved as data sources and, consequently, on the eligibility of specific professional categories to be involved. Once eligible sectors and professionals' groups are chosen to participate, the level of access for each individual case should also be decided on the basis of criteria related to the type of involvement in handling CAN cases (such as investigation and support services).

Deliverable 3.1 aims at identifying the methodology and necessary tool for specifying the eligibility criteria for professionals to be invited to contribute as operators in a potential CAN-via-MDS surveillance mechanism. Once the methodology is decided upon, the eligible professionals –and, therefore, the eligible sectors where these professionals work- will be decided on for all countries participating in the project. On the basis of these criteria, national "core groups of operators" will be formed and trained in the context of the project (see Figure 2); at a later stage (even after the completion of the project) the same criteria could be used for forming the national "expanded groups of operators" (for a potential operation of a CAN-via-MDS surveillance mechanism). Moreover, the suggested methodology and tool (along with the decision made in the context of the project) will be included in the Policy and Procedures Manual to be used by other countries who are interested in following the same methodology for designing their own CAN-via-MDS surveillance mechanism.

Core Groups:	National groups of ~20-25 members who are going to be trained on issues related to CAN-MDS
How:	The Project's Local Coordinators will select the professionals to be invited to participate in the national "core groups" of ~20-25 members (and the respective training). The "mission" of the members of these groups -representing the most relevant services/professions in CAN cases administration- is to be trained for piloting a future national CAN-MDS mechanisms, to act potentially as "multipliers" by contributing to the formulation and the capacity building of the "Expanded" national groups of CAN-MDS operators and to lobby for the adoption of CAN-MDS.
When:	To be created in the context of the project (upon finalization of the definition of the eligibility criteria)
Who:	All Local Coordinators
Expanded Groups:	All potential professionals-operators in a national CAN-MDS system (with different levels of access)
When:	In the future [(in case that a CAN-MDS mechanism will be piloted and/or implemented (not in the context of the project)]
Who:	All partners and members of the national "Core Groups" will contribute

Figure 2.   Characteristics of CAN-MDS Groups of Operators during and after the project's life.
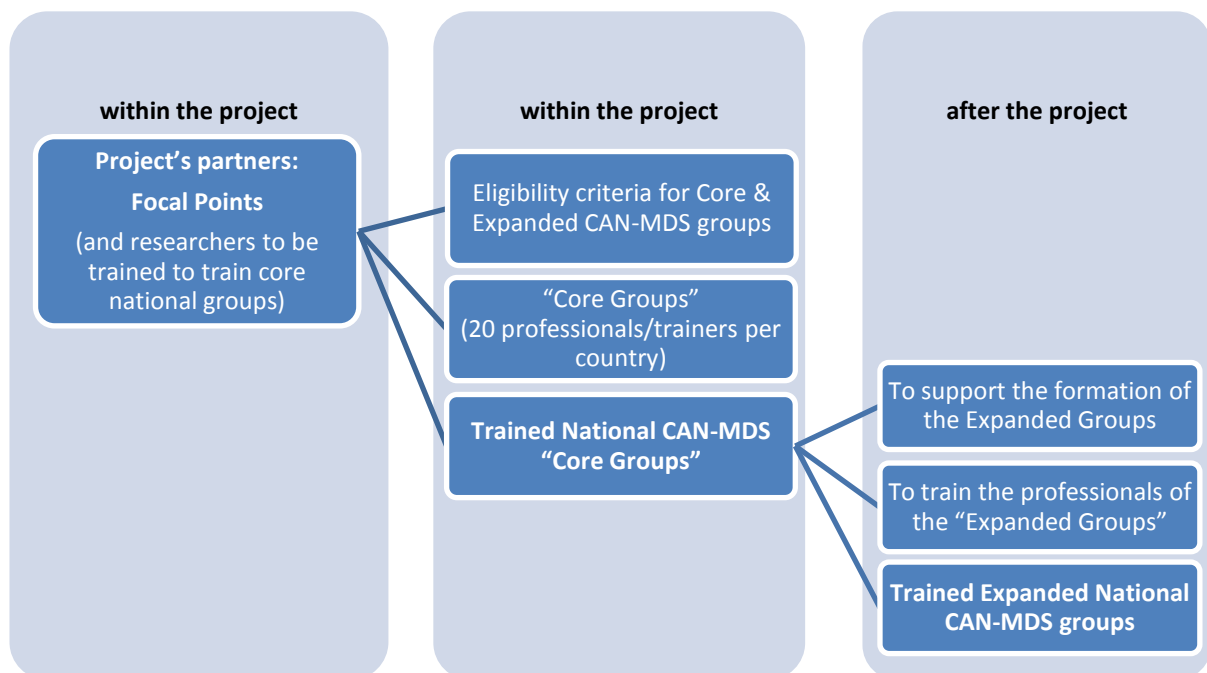
Suggested methodology

Process

For the definition of the eligibility criteria for CAN-MDS Core & Expanded Groups of Operators, a **five-step methodology** was developed by the project's coordinating team and was improved on the basis of the comments and suggestions made by the expert on ethics and the external evaluator of the project. The revised methodology and tool were sent to the project's partners and the final versions of the methodology and tool were concluded on the basis of their comments and suggestions. Consequently, all participating countries, by following the agreed upon methodology, filled-in the respective tool and the eligibility criteria for professional groups and sectors were decided.

Five-Step methodology

The rationale behind the suggested methodology is to define a very structured way for making a uniform decision about who is going to be eligible to contribute in a future CAN-MDS as "operator" and, consequently, which are the eligible sectors where professionals work. The tool was prepared to be used by representatives of all countries that are currently participating in the project, regardless of country specifics, in order to find a common ground on who is going to be (potentially) involved by each country. Moreover, it aims to be used by other countries that would like to adopt (hypothetically) a CAN-MDS system.

Within the project's duration, the project's partners serve as national "focal points" responsible for the creation and training of national "Core Groups" of operators and the trained National "Core Groups" can, in turn, support the formation of "Expanded Groups" of operators (Figure 3).

Figure 3.   Structure of CAN-MDS Groups of Operators during and after the project's life.

In summary, the 5 steps followed for defining the eligibility criteria for potential operators of Core and Expanded CAN-MDS are the following:

METHODOLOGY FOR DEFINING ELIGIBILITY CRITERIA FOR CAN-MDS CORE & EXPANDED GROUPS OF OPERATORS

Step A   Identification of relevant fields to be involved in a future CAN-MDS system

Step B   Identification of eligible professionals to be invited as potential operators of a CAN-MDS system per working field

Step C   Identification of responsibilities of each eligible professionals' group and suggested involvement (core group, expanded group, both groups)

Step D   Decision of level of access of eligible professionals' expanded groups of operators working in relevant fields in a future CAN-MDS according to their responsibilities in regards to the administration of CAN cases

Step E   Suggestions for potential Agencies/Organizations to undertake the role of the "Administrator" of a future national CAN-MDS system

For that purpose, the project's coordinator developed a template (for each step) that was completed by the partners in order to conclude with the eligibility criteria for both groups of operators. On the following pages a detailed description of each individual step is provided, along with the instructions for the completion of the tool.

Step A. Identification of relevant fields

As mentioned in the introduction, the aim of a CAN-via-MDS surveillance mechanism is to expand sources for data collection on CAN cases over and beyond specific sectors (e.g. judicial services or only social or child protection services). Based on the information included in the Country Profile reports, all potential fields relevant to CAN case administration were identified and are listed in a table, by each partner, indicating which of the following fields could be invited to participate in a future CAN-MDS system. The aim was to find common sectors involved in any way in the administration of CAN cases among countries. As the tool is also addressed to countries not currently participating in the project, empty spaces have been provided in order for other country representatives to add additional sectors.

In order to define the eligibility criteria for national Core & Expanded CAN-MDS groups, all the potential fields relevant to CAN case administration (10 fields) were identified (generic, rather than country specific) and are listed below (white font in blue cells).

Instruction for the responder: Please indicate which of the following fields you consider could be invited to participate in a future CAN-MDS system in your country ("Yes", "NA")

CAN administration potential relevant fields

1	Child Protection/ Social Welfare Services
2	Mental Health Services
3	Physical/General Health Care Services (primary, secondary & tertiary)
4	Judicial Services
5	Law Enforcement related Services
6	Educational Services (preschool, primary & secondary, public & private)
7	Already existing registries/monitoring mechanisms including CAN cases
8	Research Organizations/ Institutions
9	Independent Authorities (such as Child Ombudsman)
10	Accredited NGOs/ Community Organizations
11	Other field? Please define here
12	Other field? Please define here
13	Other field? Please define here

All partners were provided with the above list of **CAN administration potential relevant fields** (see blue highlighted areas on the previous table and Picture 1) and were provided with the following instructions:
Instructions for completion

1. First, please fill-in the name of your country (cell B1)
2. In column C, next to each potentially relevant field please enter "YES" (="the specific field is relevant to the administration of CAN cases in my country") or "NA" ("non applicable for my country") respectively (examples in the screenshot below: line 1 "YES"; line 2: "NA")

   NOTE: It is important to use "NA" (instead of "NO" or other words) because this information is transferred in the next worksheets automatically.
3. If you would like to provide any comments and/or clarifications per field, please use the respective cell (column D).

   NOTE: Only fields where data should be inserted are editable (the remaining are locked because of auto-complete functions among the worksheets; if you would like to unlock the worksheet, the password is "1")
4. If you would like to add further fields, please use lines 11, 12, 13 (the specific cells are editable, see also red circle in the screenshot below)

Picture 1. Screenshot of Step A.

Step B. Identification of eligible professionals

The next step involved identifying specific professional groups working in each individual field. All potential stakeholders -namely professionals' groups- identified either in the Country Profile reports (WS.1) or in the presentations made by partners during the 1st MM were listed under each individual field. During this step, all partners were asked to indicate which of the professionals under each field should be eligible to be invited to participate in a future CAN-MDS system in his/her country. According to the responses in the first step, only fields for professionals working in eligible sectors were available (in case that a sector was not eligible for a country, the specific sectors were not applicable for further responses in the remaining steps).

All potential stakeholders -namely professionals' groups- were listed under each individual field, according to information that partners had provided for their countries (e.g. country profile reports). The potential professionals' groups listed were the following:

Instruction for the responder: Please indicate which of the following professionals under each field you considered eligible could be invited to participate in a future CAN-MDS system in your country ("Yes", "NA")

Step B - Professionals working in potential CAN relevant fields
According to your responses in Step A, the eligible fields would appear automatically (blue cells in column C); please indicate the eligible professionals ONLY under the eligible fields ("Yes")

1	**Child Protection/ Social Welfare Services**
	1. Social workers working in Social Services
	2. Psychologists working in Social Services
	3. Other licensed Counselors working in Social Services
	4. Nurses working in Social Services
	5. Health Visitors working in Social Services
	6. Residential workers/Care providers working in child residential institutions
	7. Professionals working with victims of intimate partner violence, both adults and children
2	**Mental Health Services**
	1. Child Psychiatrists working in child mental health services
	2. Psychologists working in child mental health services
	3. Family Counsellors working in mental health services
	4. Youth Counsellors working in mental health services
	5. Mental health professionals/Counsellors in helplines for children
	6. Social workers working in child mental health services
3	**Health Care Services (primary, secondary & tertiary)**
	1. Child Psychiatrists working in child hospitals/ pediatric units
	2. Child Psychiatrists working in primary health care
	3. Pediatricians (specialized or not) working in child hospitals/ pediatric units
	4. Pediatricians (specialized or not) working in primary health care
	5. Medical Doctors in general working in Emergency Departments

	6. Medical Doctors in general working in hospitals
	7. Medical Doctors in general working in primary health care
	8. Psychologists working in child hospitals/pediatric units
	9. Psychologists working in primary health care
	10. Nurses working in child hospitals/ pediatric units
	11. Nurses working in Emergency Departments
	12. Nurses working in hospitals (in general)
	13. Nurses working in primary health care
	14. Social workers working in hospitals' social services departments
	15. Gynecologists working in hospitals
	16. Dentists working in hospitals
	17. Midwives working in hospitals
	18. Other specialized MD (e.g. orthopedists, radiologists) working in hospitals
	Judicial Services
	1. Judges of Family Courts
	2. Judges of Juvenille Courts
	3. Judges (in general)
	4. [Deputy] Public Prosecutors in charge of minors
4	5. [Deputy] Public Prosecutors (in general)
	6. Forensic Surgeons' professionals
	7. Lawyers working in judicial system
	8. Mental health professionals working in judicial services
	9. Social workers working in judicial services
	10. Probation officers
	Law Enforcement related Services
	1. Police officers with specific training in forensic interviewing
	2. Specialized police officers for crimes against minors
5	3. Mental health professionals working in Police Services
	4. Specialized police investigators
	5. Police officers (in general)
	Educational Services (primary & secondary, public & private)
	1. Early childhood educators (pre-school/kindergarden)
	2. Teachers (primary education)
6	3. Teachers (secondary education)
	4. Teachers for children with special needs
	5. School Principals
	6. School Counselors

	7. School Nurses
	8. School Psychologists
	9. School Social Workers
	10. Other School Personnel
7	**Available related Registries**
	1. Professionals working in authorities for CAN-data collection (nationwide registries)
	2. Professionals working in authorities for CAN-data collection (other registries)
8	**Independent Authorities**
	1. Professionals working in authorities for personal data administration (e.g. national statistic agencies specialized in social welfare data)
	2. Professionals working in Child Ombudsman (e.g. in Greece)
9	**Research Organizations/ Institutions**
	1. Professionals working in Research Institutes
	2. Professionals working in Academic Insitutes
10	**Accredited NGOs/ Community Organizations**
	1. Social workers working in accredited NGOs
	2. Mental health Professionals working in accredited NGOs
	3. Medical doctors working in accredited NGOs
	4. Nurses working in accredited NGOs
	5. Teachers/educators working in accredited NGOs
	6. Lawyers working in accredited NGOs
	7. Other personnel working in accredited NGOs (e.g. priests)
	8. Other personnel working in accredited NGOs
	9. Other personnel working in accredited NGOs
11	**Other field? Please define here**
	1.
	2.
	3.
12	**Other field? Please define here**
	1.
	2.
	3.
13	**Other field? Please define here**
	1.
	2.
	3.

Instructions for completion

NOTE: Depending on your responses in Step A, the blue cell next to each field is auto-updated; for fields you considered as relevant, the indication "YES" will appear (as, for example, in 1. Child Protection/Social Welfare services in the screenshot below). For fields you considered as "non applicable for your country" (by entering "NA"), the indication "NA" will appear for the whole field, including the potential professionals' group (as, for example, in 2. Mental Health Services in the screenshot below)

1. Please, indicate whether each of the professionals' groups under each field you consider that could be invited to participate in a future CAN-MDS system in your country (by entering "Yes", "NA" respectively in column C) but ONLY for fields you already considered as relevant (as, for example, in 1. Child Protection/Social Welfare Services).

   NOTE: Again, it is important to use "NA" (instead of "NO" or other words) because this information is transferred in the next worksheets automatically.

2. If you would like to provide any comments and/or clarifications per field, please use the respective cell (column D).

   NOTE: Only fields where data should be inserted are editable (the remaining are locked because of auto-complete functions among the worksheets; if you like to unlock the worksheet, the password is "1")

3. If you would like to add further professionals' groups under each field, please use the 3 last lines under each working field (the specific cells are editable)

Picture 2. Screenshot of Step B.

Step C. Identification of responsibilities of each eligible professionals' group

Step C concerned the identification of the responsibilities related to (suspected) CAN case management per professionals' group and per field indicated in Steps A and B.

This information would be used to decide:

i. the level of access each specific eligible group of professionals would have as operators of the national CAN-MDS system and

ii. whether each specific eligible group of professionals would be represented in the Core, Expanded or both groups (given the limited number for core groups)

The partnership agreed that the eligible professionals working in CAN related fields should be:
- LICENCED (where provisioned)
- ACTIVE & representing an agency
More specifically, professionals working in the related fields should

— have a valid professional license (social worker/ medical doctor/ nurses/ health visitor/ pediatrician/ psychologist/ teacher/ justice officer) or should be certified professionals (e.g. police officer)

— be subject to a professional code of ethics or a similar condition, depending on the profession

— be active

— be working in an organization/agency and participating as representatives on behalf of their agencies

Instructions for completion

After Steps A and B, the eligible fields and professional groups are identified and worksheet "Step C" will be updated automatically (column B is totally auto-completed). In any case where you entered "NA" in the previous steps, in all columns of Step C will appear "NA"; see for example 1. Child Protection/Social Welfare Services in the next screenshot).

Next, the identification of the responsibilities related to (suspected) CAN case management per professionals' group per field is targeted. Please have in mind that you should provide information only for the cases that are NOT pre-filled with "NA".

1. Initially, in column C, please indicate whether each eligible professionals' group is subjected to a specific "code of ethics" (see green column in the next screenshot)

2. Similarly, please indicate whether the specific groups of professionals have (or not) each one of the following responsibilities[1] -mentioned in columns D to Q (light blue in the next screenshot):

   [D]   making referrals to other organizations/services for ALL CAN cases (no administration)

   [E]   notifying (optionally) the authorities of (suspected) CAN cases

   [F]   applying screening in the general child population for CAN

   [G]   reporting mandatorily (suspected) CAN cases

   [H]   providing emergency protective measures for CAN victims

   [I]   receiving reports of (suspected) CAN cases

   [J]   keeping & maintaining CAN case records

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[1] Adapted from: Goldman, J., Salus, M.K., Wolcott, D. & Kennedy, K.Y. (2003). *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Office on Child Abuse and Neglect, Children's Bureau.

[K]   keeping follow-up of CAN cases

[L]   gathering evidence/ documentation for CAN cases

[M] conducting initial assessments for suspected CAN cases

[N]   providing services to CAN victims (diagnostic/ treatment/ consultation/ care)

[O]   providing services to CAN victims' families (support)

[P]   providing legal advice/ consultation/ advocacy services for CAN cases

[Q]   making decision on whether sufficient evidence exists to prosecute alleged offenders

Note: Please, insert comments where further clarification/information is needed (right click →insert comment)

3. Lastly, please indicate where you consider each professionals' group should be represented (columns R and S)

[R]   to national Core CAN-MDS group of (potential) operators

[S]   to national Expanded CAN-MDS group of (potential) operators

[R+S] to both (Core & Expanded) CAN-MDS groups of (potential) operators

Picture 3. Screenshot of Step C.

Step D. Level of access of eligible professionals' expanded groups of operators

Based on the partners' responses in Steps A, B and C, a decision will be made on common eligibility criteria for both, professionals to participate in national Core groups and professionals that could potentially be CAN-MDS operators in expanded groups.

Step D concerned the assignment of the level of access of Users/Operators to CAN-MDS according to professionals' specialties and the responsibilities of their organizations/ agencies/ services in the management of (suspected) CAN cases.

The level of access for potential CAN-MDS operators, will be differentiated according to their responsibilities in regards to the administration of CAN cases. Specifically, the following levels of access have been suggested:

No access at all	Non eligible professionals' group
Limited access (level R)	Rights: access to aggregated data for research reasons ONLY (view)
Limited access (level 3)	Rights: enter data AND access ONLY to data entered by the specific user (view/edit/delete)
Limited access (level 2)	Rights: enter data AND access to data entered by the same user (view/ edit/delete) AND to data entered by other users for the same case (view)
Full View access (level 1)	Rights: enter data AND access to ALL data, aggregated AND disaggregated (at case-level) (view/ edit/ delete) and to users accounts (view)
Full Access (Administrator)	Rights: enter data AND access to ALL data, aggregated AND disaggregated (at case-level) (view/ edit/ delete) and to users accounts (create/edit/delete)

In the Table below, the suggested level of access according to potential CAN-MDS users-operators' and their Organizations' responsibilities is presented.
The process for assigning the level of access per case of eligible professionals' group will be made when the responses of all partners are available.

Instructions for completion
In the next screenshot an assignment of level of access is indicated (with red symbols) according to professionals' specialties and the responsibilities of their organizations/agencies/ services in the management of (suspected) CAN cases.
The description for each level of access is available in the above textbox.

1. Please check whether the suggested levels of access are in accordance with your national legislation AND make changes (by indicating another level), where needed.
   NOTE: Each individual "responsibility" (under column A) that is applicable in your country should correspond in one only level of access (e.g. for "conducting initial assessments for

suspected CAN cases" cannot valid at the same time "Limited Access Level 2" and "Limited Access Level 3")

NOTE: If you have any comment/ correction/ modification for the level of access please let us know

Based on the completed table in Step D and the partners' responses in Steps A, B and C, a decision will be made on common eligibility criteria for both, professionals to participate in national Core groups and professionals that could potentially be CAN-MDS operators in expanded groups.

Suggested access level to CAN-MDS for Users/Operators according to responsibilities of their Organizations/Agencies/Services AND their specialties in the management of (suspected) CAN cases	No Access	Limited Access Level 3	Limited Access Level 2	Full View Access Level 1	Full Access CAN-MDS Admin-istrator	*Limited Access Level R**
is NOT subjected to a professional ethics code and/or other related legislation	O					
making referrals to other organizations/services for ALL CAN cases (no administration)	O					
notifying (optionally) the authorities for (suspected) CAN cases		O				
applying screening in general child population for CAN		O				O
reporting mandatorily (suspected) CAN cases		O				
providing emergency protective measures to CAN victims		O				
providing services to CAN victims' families (supporting)		O				O
gathering evidence/ documentation for CAN cases		O				O
providing legal advice/ consultation/ advocacy services for CAN cases		O				O
receiving reports of (suspected) CAN cases			O			O
keeping & maintaining CAN case records			O			O
keeping follow-up of CAN cases			O			O
conducting initial assessments for suspected CAN cases			O			O
providing services to CAN victims (diagnostic/ treatment/ consultation/ care)			O			O
making decision on whether sufficient evidence exists to prosecute alleged offenders				O		O
National CAN-MDS administrator					O	O

under prerequisites (e.g. annual or 6-month reports per geographic area ONLY if >10 cases)

H1						

	A	B	C	D	E	F	G
1	Suggested access level to CAN-MDS for Users/Operators according to responsibilities of their Organizations/Agencies/Services AND their specialties in the management of (suspected) CAN cases	No Access	Limited Access Level 3	Limited Access Level 2	Full View Access Level 1	Full Access CAN-MDS Administrator	*Limited Access Level R**
2	is NOT subjected to a professional ethics code and/or other related legislation	O					
3	making referrals to other organizations/services for ALL CAN cases (no administration)	O					
4	notifying (optionally) the authorities for (suspected) CAN cases		O				
5	applying screening in general child population for CAN		O				O
6	reporting mandatorily (suspected) CAN cases		O				
7	providing emergency protective measures to CAN victims		O				
8	receiving reports of (suspected) CAN cases			O			O
9	keeping & maintaining CAN case records			O			O
10	keeping follow-up of CAN cases			O			O
11	gathering evidence/ documentation for CAN cases			O			O
12	conducting initial assessments for suspected CAN cases			O			O
13	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)			O			O
14	providing services to CAN victims' families (supporting)			O			O
15	providing legal advice/ consultation/ advocacy services for CAN cases			O			O
16	making decision on whether sufficient evidence exists to prosecute alleged offenders				O		O
17	National CAN-MDS administrator					O	O
18	*under prerequisites (e.g. annual or 6-month reports per geographic area ONLY if >10 cases)						

Step D

Based on the partners' responses in Steps A, B and C, a decision will be made on common eligibility criteria for both, professionals to participate in national Core groups and professionals that could potentially be CAN-MDS operators in expanded groups.

Concerning the level of access for potential CAN-MDS operators, this will be differentiated according to their responsibilities in regards to the administration of CAN cases. Specifically, the following level of access are suggested:

No access at all	Non eligible professionals' group
Limited access (level R)	Rights: access to aggregated data for research reasons ONLY (view)
Limited access (level 3)	Rights: enter data AND access ONLY to data entered by the specific user (view/edit/delete)]
Limited access (level 2)	Rights: enter data AND access to data entered by the same user (view/ edit/delete) AND to data entered by other users for the same case (view)
Full View access (level 1)	Rights: enter data AND access to ALL data, aggregated AND disaggregated (at case-level) (view/ edit/ delete) and to users accounts (view)
Full Access (Administrator)	Rights: enter data AND access to ALL data, aggregated AND disaggregated (at case-level) (view/ edit/ delete) and to users accounts (create/edit/delete)

In **Table I** above the suggested level of access according to potential CAN-MDS users-operators' and their Organizations' responsibilities is presented.
The process for assigning the level of access per case of eligible professionals' group will be made when the responses of all partners are available.

Picture 4. Screenshot of Step D.

Step E. Suggestion of "Administrator" of a future national CAN-MDS system

Although the information concerning potential Administrators of national CAN-MDS systems is not related to operators' eligibility criteria directly, as a final step of this process each partner was requested to propose the national Agency/Organization s/he considered as the most appropriate to undertake the role of the administrator of a potential CAN-MDS national system (see the table below).

Suggested Agency-Administrator of national CAN-MDS Please, provide your suggestion concerning the national agency/organization you consider as the most appropriate to undertake the role of the Administrator of a potential CAN-MDS national system; moreover, please provide some more information concerning the identity of the suggested Organization		
Agency/Organization to be in charge for national CAN-MDS ("Administrator")		[please define]
Field where the agency belongs		[please define]
Legal status		[please define]
Adequacy to undertake this role	***Legal authorization (available or feasible to achieved)***	[please define]
	Adequacy of expertise (professionals working with CAN cases AND experienced in maintaining registries)	[please define]
	Sufficiency in terms of human resources	[please define]
	Sufficiency in terms of technical means	[please define]
Other information/Comments		[please define]
At a later phase, a more comprehensive description of the identity and the operation of the suggested Organization-potential CAN-MDS Administrator will be provided		

Specifically, each partner was requested to provide:

- Title (name) of the agency
- Field where the agency belongs
- Legal status of the agency
- Adequacy to undertake this role
  - Legal authorization (already available or feasible to be achieved e.g. from national authorities for administration of sensitive personal data)
  - Adequacy of expertise (namely whether there are currently available in the agency experienced professionals working with administration of child abuse and neglect cases AND at the same time are experienced in maintaining records/ registries/ archives for the cases)
  - Sufficiency in terms of both, human resources and technical means
- Any other comment/ information

ANNEX: Tool