

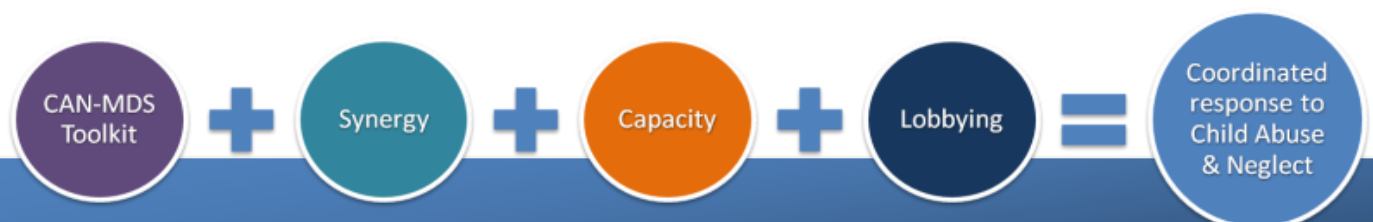
D3.2

Eligibility criteria for CAN-MDS Operators' Core Groups and Expanded Groups

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

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Definition of Eligibility Criteria for CAN-MDS Operators

Methodology & Tools

The methodology followed for the definition of eligibility criteria for CAN-MDS Operators as well as the tool used to this purpose are described in D3.1. 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

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.

Respondents

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Results

STEP A. Identification of relevant fields

As mentioned in the introduction, the aim of a CAN--MDS Surveillance system 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, ten (generic, rather than country specific) potential fields relevant to CAN cases administration were identified and are listed in a table (see below).

Table A1: Potential fields relevant to CAN cases to be used as data sources for a CAN-MDS Surveillance system

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

Partners were requested to indicate which of the listed fields could be invited to participate in a future CAN-MDS system in their countries. 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.

Based on the information derived from a total of nine countries (Belgium, Bulgaria, Germany, France, Greece, Italy, Romania, Spain and Switzerland), the following sources of data are considered as eligible for a future CAN-MDS Surveillance System.

Table A2: Eligible fields relevant to CAN cases to be used as data sources for a CAN-MDS Surveillance system

Fields related to CAN-cases administration	Eligible field	Non-eligible field
CPS/ Social Welfare Services	BE-BG-CH-DE-ES-FR-GR-IT-RO	
Physical Health Care Services (primary, secondary & tertiary)	BE-BG-CH-DE-ES-FR-GR-IT-RO	
Judicial Services	BE-BG-CH-DE-ES-FR-GR-IT-RO	
Accredited NGOs/ Community Organizations	BE-BG-CH-DE-FR-GR-IT-RO	ES
Mental Health Services	BE-BG-DE-FR-GR-IT-RO	CH- ES
Law Enforcement related Services	BE-BG-CH-ES-FR-GR-IT	DE-RO
Educational Services (preschool, primary & secondary)	BE-BG-DE-ES-FR-GR-RO	CH- IT
Already existing registries/monitoring mechanisms	BE-BG-DE-ES-FR-RO	CH-GR-IT
Research Organizations/ Institutions	BE-BG-DE-FR	CH-ES-GR-IT-RO
Independent Authorities (such as Child Ombudsman)	BE-FR-GR	BG-CH-DE-ES-IT-RO
Other	BE-ES-RO	BG-CH-DE-FR-GR-IT

According to the responses, the Child Protection/Social Welfare Services, Health Care and Judicial Services constitute common ground among nine countries and therefore could be suggested as the core data sources for a CAN-MDS Surveillance system. Moreover, accredited NGOs/Community Organizations were also suggested as eligible data sources in 8 out of 9 countries and, therefore, these fields could also be considered as core information sources with an adaptation for countries that did not consider them as relevant.

Education-related services were considered as an eligible field to be included as a data source in a CAN-MDS Surveillance system in 7 out of the 9 countries. However, it should be noted that in Italy *"the teachers must report to Law enforcement or Judicial authority or, in the less severe cases, to the social services"*, while the reason why Switzerland did not consider these specific services as an eligible field was because they *"have not been included in the Optimus Study to improve commitment for data sharing which is the basis for Swiss participation in the CAN-MDS project"*. The same was also valid for Mental Health Services which, along with Law Enforcement related Services, were also suggested by 7 out of the 9 countries. All of these fields would also be potentially included in the core data sources of a CAN-MDS surveillance mechanism, providing that one of the main objectives of the system is to be based on broader data sources.

Concerning already existing registries/monitoring mechanisms including CAN cases, 6 out of the 9 countries provided a positive response; in 2 out of the 3 cases (Greece and Switzerland) the reason was that currently no such system exists in the specific countries. Considering as "eligible responses" to pertain only to the countries where monitoring mechanisms are already in place, then the interconnection of a CAN-MDS with available mechanisms should also be considered.

In most of the countries (5 out of 9) research organizations and institutions were not suggested as eligible data sources, probably because such types of organizations are not in direct contact with CAN cases; independent authorities, also, were not suggested as eligible data sources by 6 out of the 9 countries, most likely because such types of authorities are in place in these countries, while organizations such as the Child Ombudsman has a different legal status per country.

Lastly, 3 out of the 9 countries suggested some further fields [(such as Ministries of Welfare, Health and Family; Federal Service of Law and Ministry of Education (BE), local administration social services, pediatric emergency wards and hospitals and Roma mediators (RO) as well as telephone help lines such as 116111 (ES)]. In many cases the additional fields could be included under the more generic fields under exploration.

Summarizing, by taking into account the information provided by the respondents in Step A, the following classification results (see also Figure A1):

- sectors involved in CAN-cases administration (common for all 9 countries) and can formulate the core data sources for a CAN-MDS Surveillance System are
 - o CPS/ Social Welfare Services
 - o Physical Health Care Services (primary, secondary & tertiary)
 - o Judicial Services
- sectors that could also be among the main data sources (common in at least 7 out of the 9 countries)
 - o Mental Health Services
 - o Accredited NGOs/ Community Organizations
 - o Law Enforcement related Services
 - o Educational Services (preschool, primary & secondary)
 - o Already existing registries/monitoring mechanisms (*not available in all countries*)
- sectors that would probably be difficult to be included as data sources because their involvement seems to be more as a country specific attribute rather than a common practice among countries (common in 4 or less out of the 9 countries)
 - o Independent Authorities (such as Child Ombudsman)
 - o Research Organizations/ Institutions
 - o Other fields

Figure A1: Core (a), expanded (b) & under consideration (c) data sources for a potential CAN-MDS Surveillance System



When additionally taking into account the information provided by the respondents in the next steps regarding professionals' groups working in each sector and their responsibilities, the spectrum of the data sources for a potential CAN-MDS Surveillance system becomes clearer regarding:

- which sectors are eligible to be suggested as core data sources (common in at least 5 out of the 8 countries),
- which sectors could also be among the main data sources (optionally) for countries where they are available (common in at least 3-4 out of the 8 countries) and, finally,
- which sectors would probably be difficult to be included as data sources because their involvement seems to be more as a country specific attribute rather than a common practice among countries (common in 1 or 2 out of the 8 countries)

Table A3: Detailed responses along with comments related to identification of fields relevant to CAN cases to be used as data sources for a CAN-MDS Surveillance system

		Belgium	Bulgaria	Germany	France	Greece	Italy	Romania	Switzerland	Spain	Indication
1	Child Protection/ Social Welfare Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes ¹	9/9
2	Mental Health Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA ²	NA	7/9
3	Physical/General Health Care Services (primary, secondary & tertiary)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes ³	Yes	9/9
4	Judicial Services	Yes	Yes	Yes	Yes ⁴	Yes	Yes	Yes	Yes	Yes	9/9
5	Law Enforcement related Services	Yes	Yes	NA	Yes	Yes ⁵	Yes	NA	Yes ⁶	Yes ⁷	7/9
6	Educational Services (preschool, primary & secondary, public & private)	Yes	Yes	Yes	Yes ⁸	Yes	NA ⁹	Yes	NA ¹⁰	Yes	7/9
7	Already existing registries/monitoring mechanisms including CAN cases	Yes	Yes	Yes ¹¹	Yes ¹²	NA ¹³	NA	Yes	NA ¹⁴	Yes ¹⁵	6/9
8	Research Organizations/ Institutions	Yes	Yes	Yes	Yes ¹⁶	NA	NA ¹⁷	NA	NA	NA	5/9
9	Independent Authorities (such as Child Ombudsman)	Yes	NA	NA	Yes	Yes ¹⁸	NA ¹⁹	NA	NA	NA	3/9
10	Accredited NGOs/ Community Organizations	Yes	Yes	Yes	Yes	Yes	Yes ²⁰	Yes	Yes ²¹	NA	8/9
	Other	22	-	-	-	-	-	23	-	24	

¹ ES: ESTA COMPETENCIA CORRESPONDE A LAS ADMINISTRACIONES REGIONALES (AUTONOMICAS) / This competition is for Regional Administrations (Regional)

² CH: Have not been included in the Optimus Study to improve commitment for data sharing which is the basis for Swiss participation in the CAN-MDS project.

³ CH: Only the specialized interdisciplinary child protection teams at hospitals have been included in the Optimus Study.

⁴ FR: This in France would include the specialized judicial service for children, PJJ (protection judiciaire de la jeunesse)

⁵ GR: More specifically, Ministry of Public Order, Greek Police-Department of Minors

⁶ CH: This category also covers the victim aid organization, available free of charge for victims of crimes

⁷ ES: FUERZAS Y CUERPOS DE SEGURIDAD DEL ESTADO. POLICIA Y GUARDIA CIVIL/ Security forces of the state: police and civil police

⁸ FR: Early childhood education and care may be separated from schools, since there are a variety of professionals involved in non-collective childcare arrangements who may be involved (assistants maternal)

⁹ IT: The teachers must report to Law enforcement or Judicial authority or, in the less severe cases, to the social services

¹⁰ CH: Have not been included in the Optimus Study to improve commitment for data sharing which is the basis for Swiss participation in the CAN-MDS project.

¹¹ DE: Federal statistical Office and AKJSTAT "Statistik zur Gefährdungseinschätzung nach §8a SGB VII"

¹² FR: The specialized local observatories of child protection in France may serve to identify the relevant services and personnel to be involved in the core/extended groups

¹³ GR: None existing

¹⁴ CH: None existing

¹⁵ ES: EXISTE UN REGISTRO UNIFICADO DE CASOS DE SOSPECHA DE MALTRATO INFANTIL , CON DATOS NACIONALES RECIBIDOS DE COMUNIDADES AUTONOMAS, QUE RESIDE EN EL MINISTERIO DE SANIDAD, SERVICIOS SOCIALES E IGUALDAD. / There is a unified registry for suspected cases of child abuse, national data received with autonomous communities, living in the ministry of health, social services and equality.

¹⁶ FR: May be involved in the extended group, but not essential in the core group

¹⁷ IT: They must report to Law enforcement or Judicial authority or, in the less severe cases, to the social services , they could act as stakeholders for a better understanding on the changes of the phenomenon

¹⁸ Independent Authority of the Greek Ombudsman-Children's rights Department.

¹⁹ IT: They must report to Law enforcement or Judicial authority or, in the less severe cases, to the social services

²⁰ IT: Accredited NGOs/ Community Organizations they must report to Law enforcement or Judicial authority or, in the less severe cases, to the social services

²¹ CH: Private organizations specialized in supporting maltreated children.

²² BE: Flemish Ministry of Welfare, Health and Family; BE: Federal Service of Law; BE: Flemish Ministry of Education

²³ RO: Local administration social services; RO: Pediatric emergency wards and hospitals; RO: Roma mediators

²⁴ ES: 116111 TELEPHONE

STEP B. Identification of eligible professionals

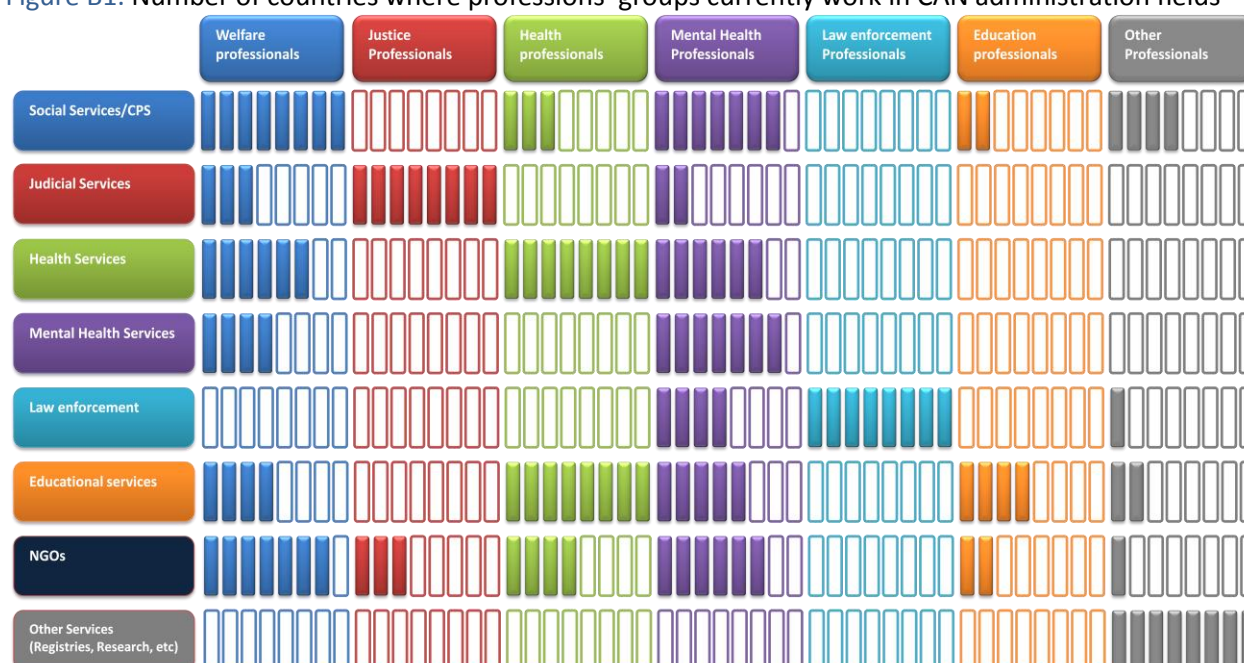
In Step B, respondents were asked to indicate which professionals groups working in eligible fields in their countries (according to their responses in STEP A) are considered as applicable in their countries in order to later evaluate their eligibility to become potential operators for a CAN-MDS Surveillance System. Apart from the professionals already listed under each field (according to the information contained in the Country Profile reports), respondents were provided with the option to add professionals groups available in their countries.

For facilitating the overview of eligible professionals' groups per sector or "working field", the following grouping of professions was used:

- Welfare related professionals:** Social Workers, Health Visitors, Care providers in institutions, other personnel (e.g. working in antitrafficking agencies, directorates for disability, Child Ombudsman etc.)
- Justice-related professionals:** Judges (family courts, juvenile courts), Probation Officers, Public Prosecutors, Forensic surgeons' professionals, Lawyers, other justice related professions)
- Health related professionals:** Medical Doctors (general doctors and specialized doctors such as gynecologists, pediatricians, orthopedists, and radiologists), Midwives, Nurses, and Dentists
- Mental health professionals:** Child-Psychiatrists, Psychiatrists, Psychologists, Licensed Counsellors (Youth Counsellors, Family Counsellors, etc.)
- Law enforcement related professionals:** Police Officers (in general and specialized police investigators e.g. in forensic interviews, for crimes against minors etc.)
- Education-related professionals:** Teachers/Educators (pre-school, kindergarden, primary and secondary education, for children with special needs), School Principals
- Other professionals:** Researchers, Data administrators, other school personnel (e.g. school guardians), other Public officials (e.g. ministries' employees), other NGOs personnel (e.g. volunteers, priests, sisters)

In the Table B below eligible groups of professions are presented per sector relevant to administration of child maltreatment cases.

Figure B1. Number of countries where professions' groups currently work in CAN administration fields



The detailed responses along with comments from all countries per working field are presented in Tables B1-B10 below.

Table B1. Child Protection/ Social Welfare Services – Summary (field relevant in 9 out of the 9 countries)

Professionals working in Child Protection/ Social Welfare Services	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Social workers working in Social Services	YES	YES	YES	YES	YES	YES	YES	YES ²⁵	YES
2. Psychologists working in Social Services	YES	YES	YES	YES	YES	.. ²⁶	YES	YES	YES
3. Other licensed Counselors working in Social Services	YES	-	YES	YES	-	.. ²⁷	YES	YES	YES
4. Nurses working in Social Services	YES	-	-	YES ²⁸	YES	.. ²⁹	YES	-	-
5. Health Visitors working in Social Services	YES	-	-	YES	YES	.. ³⁰	YES ³¹	-	-
6. Residential workers/Care providers working in child residential institutions	YES	-	YES	YES	YES	YES	YES	-	YES
7. Professionals working with victims of IPV, both adults and children	YES	YES	YES	YES ³²	YES	YES	YES	YES	YES
8. Certified foster families/carers³³	?	?	?	YES ³⁴	?	?	?	?	?
9. Educators³⁵	?	?	?	?	?	?	YES	?	?
10. Professional working with children in educational day care centers³⁶	?	?	?	?	?	YES	?	?	?
11. Responsibles for the protection of minors at a regional level³⁷	?	?	?	?	?	?	?	?	YES
12. Confidential Child Abuse Centers³⁸	YES	?	?	?	?	?	?	?	?

²⁵ CH: Social work is the predominant profession in social services, the other two categories are much less frequent.

²⁶ IT: In general, in Italy they are under the Health service

²⁷ IT: In general, in Italy they are under the Health service

²⁸ FR: Not necessarily clear if medico-social services are included in 1 or 2

²⁹ IT: In general, in Italy they are under the Health service

³⁰ IT: In general, in Italy they are under the Health service

³¹ RO: and health personnel, like nurses and physicians working in social services

³² FR: In France, these people frequently work in specialized services (not in social welfare per se) or NGOs

³³ FR: French addition

³⁴ FR: French addition (Certified foster families/carers -assistants familiaux)

³⁵ RO: Romanian addition

³⁶ IT: Italian addition

³⁷ ES: Spanish addition “Responsables de protección de menores en el ámbito regional”

³⁸ BE: Belgian additon



Table B2. Mental Health Services – Summary

Professionals working in Mental Health Services	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Child Psychiatrists working in child mental health services	YES	YES	YES	YES	YES	YES	YES	-	-
2. Psychologists working in child mental health services	YES	YES	YES	YES	YES	YES	YES	-	-
3. Family Counsellors working in mental health services	YES	-	YES	YES ³⁹	YES	-	YES	-	-
4. Youth Counsellors working in mental health services	YES	-	-	YES ⁴⁰	-	YES	- ⁴¹	-	-
5. Mental health professionals/Counsellors in helplines⁴² for children	YES	YES	YES	YES	YES	YES	YES	-	YES ⁴³
6. Social workers working in child mental health services	YES	-	YES	YES	YES	YES	YES	-	-
7. Psychiatrists working with adults⁴⁴	?	?	?	?	?	YES ⁴⁵	?	?	?

³⁹ FR: if applicable (not typically present in these services)

⁴⁰ FR: if applicable (not typically present in these services)

⁴¹ RO: Do not know such professionals in our services

⁴² FR: French note: Child help lines do not qualify as mental health services, and the professionals operating them come from various backgrounds (law, education...)

⁴³ ES: Added also as new field: Professionals working at helpline 116.111 and professionals working at helpline 116.000

⁴⁴ IT: Italian addition

⁴⁵ IT: They can be informed of situations concerning the children of their patient



Table B3. Health Care Services (primary, secondary & tertiary) – Summary

Professionals working in Health Care Services (primary, secondary & tertiary)	BE	BG	DE	FR	GR	IT	RO	CH ⁴⁶	ES
1. Child Psychiatrists working in child hospitals/ pediatric units	YES	-	YES	YES	YES	YES	YES	YES	-
2. Child Psychiatrists working in primary health care	YES	-	YES	YES	YES	-	YES	-	-
3. Pediatricians (specialized or not) working in child hospitals/ pediatric units	YES	YES	YES	YES	YES	YES	YES	YES	YES
4. Pediatricians (specialized or not) working in primary health care	YES	YES	YES	YES	YES	YES	YES	-	YES
5. Medical Doctors in general working in Emergency Departments	YES	YES	YES	YES	YES	YES	YES	YES	YES
6. Medical Doctors in general working in hospitals	YES	-	-	YES	YES	-	YES	YES	YES
7. Medical Doctors in general working in primary health care	YES	YES	-	YES	YES	YES	YES	-	YES
8. Psychologists working in child hospitals/pediatric units	YES	YES	YES	YES	YES	YES	YES	YES	-
9. Psychologists working in primary health care	YES	-	YES	YES	YES	-	YES	-	-
10. Nurses working in child hospitals/ pediatric units	YES	YES	YES	YES	YES	YES	YES	YES	-
11. Nurses working in Emergency Departments	YES	-	-	YES	-	YES	YES	YES	-
12. Nurses working in hospitals (in general)	YES	-	-	YES	-	-	YES	YES	-
13. Nurses working in primary health care	YES	YES	-	YES	YES	-	YES	-	-
14. Social workers working in hospitals' social services departments	YES	-	YES	YES	YES	YES	YES	YES	YES
15. Gynecologists working in hospitals	YES	-	-	YES	YES	YES	YES	YES	-
16. Dentists working in hospitals	YES	-	-	YES ⁴⁷	YES	-	-	-	-
17. Midwives working in hospitals	YES	-	YES	YES	-	-	-	-	-
18. Other specialized MD (e.g. orthopedists, radiologists) working in hospitals	YES	-	-	YES ⁴⁸	-	-	YES ⁴⁹	YES	-
19. Orderlies (aides-soignants)⁵⁰	?	?	?	YES	?	?	?	?	?
20. Radiologists in emergency departments⁵¹	?	?	?	?	?	YES	?	?	?

⁴⁶ CH: For this field, "only categories included that are relevant for interdisciplinary child protection teams at hospitals"

⁴⁷ FR: Although these professionals don't necessarily realize it in France, they can be very instrumental in detecting specific types of abuse

⁴⁸ FR: Any specialist in hospitals or elsewhere may be concerned

⁴⁹ RO: Only in Pediatric hospitals

⁵⁰ FR: French addition

⁵¹ IT: Italian addition



Table B4. Judicial Services – Summary

Professionals working in Judicial Services	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Judges of Family Courts	YES	-	YES	YES	-	. ⁵²	YES	. ⁵³	YES
2. Judges of Juvenile Courts	YES	-	YES	YES	YES	YES	-	. ⁵⁴	-
3. Judges (in general)	YES	-	-	YES	-	YES	YES	. ⁵⁵	-
4. [Deputy] Public Prosecutors in charge of minors	YES	-	-	YES	YES	YES	-	YES	YES
5. [Deputy] Public Prosecutors (in general)	YES	-	-	YES	YES ⁵⁶	YES	YES	YES	-
6. Forensic Surgeons' professionals	YES	-	YES	YES	YES	-	YES	. ⁵⁷	-
7. Lawyers working in judicial system	YES	-	-	YES	-	-	-	-	-
8. Mental health professionals working in judicial services	YES	-	-	YES	-	YES	-	-	-
9. Social workers working in judicial services	YES	-	-	YES	YES ⁵⁸	YES	-	-	YES
10. Probation officers	YES	YES	-	YES ⁵⁹	YES	-	YES	-	-
11. Specialised medico-judicial units for children (UAMJ)⁶⁰	?	?	?	YES	?	?	?	?	?
12. Psychologists in Family Courts⁶¹	?	?	?	?	?	?	?	?	YES

⁵² IT: In Italy there is the Civil Court but with few competence sin this field except situation of witnessing violence that emerge during a separation or divorce

⁵³ CH: Not included in the Optimus Study

⁵⁴ CH: Not included in the Optimus Study

⁵⁵ CH: Not included in the Optimus Study

⁵⁶ GR: Because there are not Public prosecutors in charge of minors in any Greek periphery

⁵⁷ CH: Not included in the Optimus Study

⁵⁸ GR: Taken into account that Social Workers are working in some (not all) judicial services (e.g. Prosecutors' offices)

⁵⁹ FR: All judicial professions can be involved, but probation officers are not of primary importance for us in France

⁶⁰ FR: French addition

⁶¹ ES: Spanish addition



Table B5. Law Enforcement-related Services – Summary

Professionals working in Law Enforcement-related Services	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Police officers with specific training in forensic interviewing	YES	-	-	YES ⁶²	- ⁶³	-	YES	YES	-
2. Specialized police officers for crimes against minors	YES	YES	-	YES ⁶⁴	YES	YES	YES	YES	-
3. Mental health professionals working in Police Services	YES	-	-	YES	YES	YES	YES	-	-
4. Specialized police investigators	YES	-	-	YES	- ⁶⁵	-	YES	YES	-
5. Police officers (in general)	YES	YES	-	YES	YES	YES	YES	YES	-
6. Guardian in schools⁶⁶	?	?	?	?	?	?	YES ⁶⁷	?	?
7. National Police Corps (GRUME)⁶⁸	?	?	?	?	?	?	?	?	YES
8. Civil Guard (EMUME)⁶⁹	?	?	?	?	?	?	?	?	YES

⁶² FR: Law enforcement services in France include the Gendarmerie, which is important here

⁶³ GR: Are not available in Greece

⁶⁴ FR: Don't forget the gendarmerie's specialized units (brigade de protection des mineurs)

⁶⁵ GR: Are not available in Greece

⁶⁶ RO: Romanian addition

⁶⁷ RO: In Romanian schools often there are paid guardians

⁶⁸ ES: Spanish addition "FUERZAS Y CUERPOS DE SEGURIDAD DEL ESTADO. POLICIA Y GUARDIA CIVIL: Cuerpo Nacional de Policia (GRUME)

⁶⁹ ES: Spanish addition "FUERZAS Y CUERPOS DE SEGURIDAD DEL ESTADO. POLICIA Y GUARDIA CIVIL: Guardia Civil (EMUME)



Table B6. Educational Services (primary & secondary, public & private) – Summary

Professionals working in Educational Services (primary & secondary, public & private)	BE	BG	DE	FR	GR	IT ⁷⁰	RO	CH	ES
1. Early childhood educators (pre-school/kindergarten)	YES	-	YES	YES ⁷¹	-	-	YES	-	YES
2. Teachers (primary education)	YES	-	YES	YES	-	-	YES	-	YES
3. Teachers (secondary education)	YES	-	YES	YES	-	-	YES	-	YES
4. Teachers for children with special needs	YES	-	YES	YES	-	-	YES	-	YES
5. School Principals	YES	-	YES	YES	YES ⁷²	-	YES	-	YES ⁷³
6. School Counselors	YES	-	YES	YES	-	-	YES	-	YES
7. School Nurses	YES	-	-	YES	-	-	YES	-	-
8. School Psychologists	YES	YES	YES	YES	YES ⁷⁴	-	YES	-	-
9. School Social Workers	YES	-	YES	YES	YES ⁷⁵	-	YES	-	-
10. Other School Personnel	YES	-	-	YES ⁷⁶	-	-	-	-	-
11. Childcare professionals working in their homes or the parents' home (assistants maternels)⁷⁷	?	?	?	YES	?	?	?	?	?
12. School doctors⁷⁸	?	?	?	YES	?	?	?	?	?

⁷⁰ IT: The teachers must report to Law enforcement or Judicial authority or, in the less severe cases, to the social services

⁷¹ FR: Early childhood education and care may be separated from schools, since there are a variety of professionals involved in non-collective childcare arrangements who may be involved (assistants maternels)

⁷² GR: Including Principals of Kindergartens

⁷³ ES: Directors of primary and secondary education

⁷⁴ GR: Mainly in private educational sector and occasionally in public schools

⁷⁵ GR: Mainly in private educational sector and occasionally in public schools

⁷⁶ FR: Other personnel working in schools (AVS, ATSEM)

⁷⁷ FR: French addition

⁷⁸ FR: French addition: There are school doctors in primary schools in France (not only nurses)



Table B7. Available Related Registries – Summary

Professionals working in Available related Registries	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Professionals working in authorities for CAN-data collection (nationwide registries)	YES	YES	YES ⁷⁹	YES ⁸⁰	-	. ⁸¹	YES	-	YES
2. Professionals working in authorities for CAN-data collection (other registries)	YES	-	-	YES ⁸²	-	. ⁸³	YES	-	YES
3. Case workers⁸⁴	?	?	?	?	-	?	YES	?	?

Table B8. Independent Authorities – Summary

Professionals working in Independent Authorities	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Professionals working in authorities for personal data administration (e.g. national statistic agencies specialized in social welfare data)	YES	-	-	YES	-	-	YES	-	-
2. Professionals working in Child Ombudsman	YES	-	-	YES	YES	-	. ⁸⁵	-	-
3. Anti-Trafficking Agency⁸⁶	?	?	?	?	?	?	YES	?	?
4. Directorate for Disability (Children)⁸⁷	?	?	?	?	?	?	YES	?	?

⁷⁹ DE: no real registry but data collection on child endangerment

⁸⁰ FR: ONED

⁸¹ IT: It does not exist

⁸² FR: Département registries (ODPE), as well as specialized services keeping registries (helpline 119)

⁸³ IT: It does not exist

⁸⁴ RO: Romanian addition

⁸⁵ RO: There is no Child Ombudsman in Romania

⁸⁶ RO: Romanian addition

⁸⁷ RO: Romanian addition



Table B9. Research Organizations/ Institutions – Summary

Professionals working in Research Organizations/ Institutions	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Professionals working in Research Institutes	YES	-	-	YES ⁸⁸	.89	-	.90	-	-
2. Professionals working in Academic Institutes	YES	YES	-	YES ⁹¹	.92	-	.93	-	-

Table B10. Accredited NGOs/ Community Organizations– Summary

Professionals working in Accredited NGOs/ Community Organizations	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Social workers working in accredited NGOs	YES	YES	YES	YES	YES	YES	YES	YES ⁹⁴	-
2. Mental health Professionals working in accredited NGOs	YES	-	YES	YES	YES	YES	YES	YES	-
3. Medical doctors working in accredited NGOs	YES	-	-	YES	YES	YES	YES	-	-
4. Nurses working in accredited NGOs	YES	-	-	YES	-	-	YES	-	-
5. Teachers/educators working in accredited NGOs	YES	-	-	YES	-	-	YES	-	-
6. Lawyers working in accredited NGOs	YES	YES	-	YES	-	-	YES	-	-
7. Other personnel working in accredited NGOs (e.g. priests)	YES	-	-	-	-	-	YES	-	-
8. Other personnel working in accredited NGOs ("sisters")⁹⁵	?	?	?	?	-	?	YES	?	?
9. Other personnel working in accredited NGOs	?	?	?	?	YES ⁹⁶	?	?	?	?

⁸⁸ FR: For the extended group, possibly

⁸⁹ GR: Partially are not involved in case administration

⁹⁰ RO: They are not involved in practice

⁹¹ FR: For the extended group, possibly

⁹² GR: Practically are not involved in case administration

⁹³ RO: They are not involved in practice

⁹⁴ CH: NGO workers in the field of child maltreatment are predominantly social workers or mental health professionals

⁹⁵ RO: Romanian addition

⁹⁶ GR: Professionals such as statistician or IT who is working with the statistics of the NGO (e.g. for Greece as in Smile of the Child)

Table B11. OTHER Organizations– Summary

Professionals working in other Organizations	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Units treating all information giving rise to concern⁹⁷	?	?	?	YES	?	?	?	?	
1. Local administration social services:⁹⁸									
1. Social workers who have responsibilities to report CAN	?	?	?	?	?	?	YES	?	
2. Other personnel who have responsibilities to report CAN									
2. Pediatric emergency wards and hospitals:⁹⁹									
1. All medical personnel	?	?	?	?	?	?	YES	?	
2. Professional nurses									
3. ROMA Medicators¹⁰⁰	?	?	?	?	?	?	YES	?	
4. Flemish Ministry of Welfare, Health and Family¹⁰¹									
1. Staff members of Dept of Welfare, Health & Family (Dept WVG)									
2. Staff members of Child & Family Agency (Kind en Gezin)									
3. Staff members of the Agency for Health Care (Agentschap Gezondheidszorg)	YES	?	?	?	?	?	?	?	?
4. Flemish Agency for People with Disabilities (VAPH)									
5. Agency Special Youth Care (Jongerenwelzijn)									
8. Federal Service of Law¹⁰²									
1. Staff members of the Federal Governmental Agency of Law	YES	?	?	?	?	?	?	?	?
9. Flemish Ministry of Education¹⁰³									
1. Staff members of Department of Education	YES	?	?	?	?	?	?	?	?
2. Flemish Organisations for the "Centra Leerlingenbegeleiding" (Koepels)									

⁹⁷ French addition: Cellules de recueil des informations préoccupantes (CRIP)

⁹⁸ RO: Romanian addition

⁹⁹ RO: Romanian addition

¹⁰⁰ RO: Romanian addition

¹⁰¹ BE: Belgian addition

¹⁰² BE: Belgian addition

¹⁰³ BE: Belgian addition

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

In Step C, for each eligible professionals' group under each working field, respondents were first asked to indicate whether the specific group of professionals is subjected to a professional ethics code and/or related legislation. In table C1 below the responses are presented by specific professions under working field per country. Professionals who are not subjected to a professional's code or other related legislation would not be eligible to be operators of a national CAN-MDS Surveillance system.

Table C1. Eligible Professionals' group **Child Protection/ Social Welfare Services** per country subjected to a professional ethics code and/or related legislation

Color coding:

YES=Eligible AND subjective to code of ethics or similar legislation

YES=Eligible, depending whether subjected or not to a code of ethics or similar legislation

YES=Eligible-No subjected to code of ethics or similar legislation

YES=Eligible-No information concerning code of ethics/ similar legislation

= Non applicable/ Non eligible

Professionals working in Child Protection/ Social Welfare Services	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Social workers	YES	YES	YES	YES	YES	YES	YES	YES	YES
2. Psychologists	YES	YES	YES	YES	YES		YES	YES	YES
3. Other licensed Counselors	YES		YES	YES			YES	YES	YES
4. Nurses	YES			YES	YES		YES		
5. Health Visitors	YES			YES	YES		YES		
6. Residential /Care providers working in child institutions	YES		YES	YES	YES	YES	YES		YES
7. Professionals working with victims of IPV, both adults and children	YES	YES	YES	YES	YES	YES	YES	YES	YES
8. Certified foster families/carers				YES					
9. Educators							YES		
10. Professional working in educational day care centers						YES			
11. Responsibles for the protection of minors at a regional level									YES
12. Confidential Child Abuse Centers	YES								
Professionals working in Mental Health Services	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Child Psychiatrists	YES	YES	YES	YES	YES	YES	YES		
2. Psychologists	YES	YES	YES	YES	YES	YES	YES		
3. Family Counsellors	YES		YES	YES	YES		YES		
4. Youth Counsellors	YES			YES		YES			
5. Mental health professionals/Counsellors in helplines for children	YES	YES	YES	YES	YES	YES	YES		YES
6. Social workers working in child mental health services	YES		YES	YES	YES	YES	YES		
7. Psychiatrists working with adults						YES			
Professionals working in Health Care Services (primary, secondary & tertiary)	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Child Psychiatrists working in child hospitals/ pediatric units	YES		YES	YES	YES	YES	YES	YES	
2. Child Psychiatrists working in primary health care	YES		YES	YES	YES		YES		
3. Pediatricians (specialized or not) working in child hospitals/ pediatric units	YES	YES	YES	YES	YES	YES	YES	YES	YES
4. Pediatricians (specialized or not) working in primary health care	YES	YES	YES	YES	YES	YES	YES		YES
5. Medical Doctors in general working in Emergency Departments	YES	YES	YES	YES	YES	YES	YES	YES	YES
6. Medical Doctors in general working in hospitals	YES			YES	YES		YES	YES	YES

7. Medical Doctors in general working in primary health care	YES	YES		YES	YES	YES	YES		YES
8. Psychologists working in child hospitals/pediatric units	YES	YES	YES	YES	YES	YES	YES	YES	
9. Psychologists working in primary health care	YES		YES	YES	YES		YES		
10. Nurses working in child hospitals/ pediatric units	YES	YES	YES	YES	YES	YES	YES	YES	
11. Nurses working in Emergency Departments	YES			YES		YES	YES	YES	
12. Nurses working in hospitals (in general)	YES			YES			YES	YES	
13. Nurses working in primary health care	YES	YES		YES	YES		YES		
14. Social workers working in hospitals' social services departments	YES		YES	YES	YES	YES	YES	YES	YES
15. Gynecologists working in hospitals	YES			YES	YES	YES	YES	YES	
16. Dentists working in hospitals	YES			YES	YES				
17. Midwives working in hospitals	YES		YES	YES					
18. Other specialized MD (e.g. orthopedists, radiologists) working in hospitals	YES			YES			YES	YES	
19. Orderlies (aides-soignants)				YES					
20. Radiologists in emergency departments						YES			
Professionals working in Judicial Services	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Judges of Family Courts	YES		YES	YES			YES		YES
2. Judges of Juvenile Courts	YES		YES	YES	YES	YES			
3. Judges (in general)	YES			YES		YES	YES		
4. [Deputy] Public Prosecutors in charge of minors	YES			YES	YES	YES		YES	YES
5. [Deputy] Public Prosecutors (in general)	YES			YES	YES	YES	YES	YES	
6. Forensic Surgeons' professionals	YES		YES	YES	YES		YES		
7. Lawyers working in judicial system	YES			YES					
8. Mental health professionals working in judicial services	YES			YES		YES			
9. Social workers working in judicial services	YES			YES	YES	YES			YES
10. Probation officers	YES	YES		YES	YES		YES		
11. Specialised medico-judicial units for children (UAMJ)				YES					
12. Psychologists in Family Courts									YES
Professionals working in Law Enforcement-related Services	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Police officers with specific training in forensic interviewing	YES			YES			YES	YES	
2. Specialized police officers for crimes against minors	YES	YES		YES	YES	YES	YES	YES	
3. Mental health professionals working in Police Services	YES			YES	YES	YES	YES		
4. Specialized police investigators	YES			YES			YES	YES	
5. Police officers (in general)	YES	YES		YES	YES	YES	YES	YES	
6. Guardian in schools							YES		
7. National Police Corps (GRUME)									YES
8. Civil Guard (EMUME)									YES
Professionals working in Educational Services (primary & secondary, public & private)	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Early childhood educators (pre-school/kindergarden)	YES		YES	YES			YES		YES
2. Teachers (primary education)	YES		YES	YES			YES		YES
3. Teachers (secondary education)	YES		YES	YES			YES		YES
4. Teachers for children with special needs	YES		YES	YES			YES		YES
5. School Principals	YES		YES	YES	YES		YES		YES
6. School Counselors	YES		YES	YES			YES		YES
7. School Nurses	YES			YES			YES		
8. School Psychologists	YES	YES	YES	YES	YES		YES		
9. School Social Workers	YES		YES	YES	YES		YES		
10. Other School Personnel	YES			YES					
11. Childcare professionals working in their homes or the parents' home (assistantes maternelles)				YES					
12. School doctors				YES					
Professionals working in Available related Registries	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Professionals working in authorities for CAN-data collection (nationwide registries)	YES	YES	YES	YES			YES		YES

2. Professionals working in authorities for CAN-data collection (other registries)	YES			YES			YES		YES
3. Case workers							YES		
Professionals working in Independent Authorities	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Professionals working in statistic agencies-personal data administration	YES			YES			YES		
2. Professionals working in Child Ombudsman	YES			YES	YES				
3. Anti-Trafficking Agency							YES		
5. Directorate for Disability (Children)							YES		
Professionals working in Research Organizations/ Institutions	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Professionals working in Research Institutes	YES			YES					
2. Professionals working in Academic Institutes	YES	YES		YES					
Professionals working in Accredited NGOs/ Community Organizations	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Social workers	YES	YES	YES	YES	YES	YES	YES	YES	
2. Mental health Professionals	YES		YES	YES	YES	YES	YES	YES	
3. Medical doctors	YES			YES	YES	YES	YES		
4. Nurses	YES			YES			YES		
5. Teachers/educators	YES			YES			YES		
6. Lawyers	YES	YES		YES			YES		
7. Other personnel (e.g. priests)	YES						YES		
8. Other personnel ("sisters")							YES		
9. Other personnel (Statisticians, IT persons)					YES				
Professionals working in other Organizations	BE	BG	DE	FR	GR	IT	RO	CH	ES
1. Units treating all information giving rise to concern				YES					
3. Local administration social services:									
a. Social workers who have responsibility to report CAN							YES		
b. Other personnel with responsibility to report CAN									
4. Pediatric emergency wards and hospitals:									
a. All medical personnel							YES		
b. Professional nurses									
5. ROMA Mediators							YES		
6. Flemish Ministry of Welfare, Health and Family									
a. Staff members of Dept of Welfare, Health & Family (Dept WVG)	YES								
b. Staff members of Child & Family Agency (Kind en Gezin)	YES								
c. Staff members of the Agency for Health Care (Agentschap Gezondheidszorg)	YES								
d. Flemish Agency for People with Disabilities (VAPH)	YES								
e. Agency Special Youth Care (Jongerenwelzijn)	YES								
8. Federal Service of Law	YES								
a. Staff members of the Federal Governmental Agency of Law									
9. Flemish Ministry of Education									
a. Staff members of Department of Education	YES								
b. Flemish Organisations for the "Centra Leerlingenbegeleiding" (Koepels)	YES								

Identification of the responsibilities related to (suspected) CAN case management of professionals' group (depending on the field where they are working)

Moreover, in STEP C respondents were asked to provide information on whether each applicable group of professional is involved in a number of activities related to the administration of CAN cases (in their countries). The aim of this process was to conclude with an outline of the role of specific professionals in the administration of cases of child maltreatment and the type of their responsibilities, namely how they are involved, at which time, providing which services and what the aim of their involvement is. This information will be used as a basis in order to provide a proposal for assigning to each professionals'

groups the appropriate level of access in case they become operators of the national CAN-MDS system. Moreover, given the limited number of core groups, respondents were asked to suggest whether each specific group of professionals is considered as necessary to be represented in Core national groups (who will participate in the training and will be able to become trainers) or in a future Expanded group of operators.

The activities taken into account are the following:

Table C2: Responsibilities of professionals working in sectors relevant to CAN-cases administration

NON ACTUAL INVOLVEMENT IN ADMINISTRATION OF REPORTED/DETECTED CASES

Making referrals to other organizations/services for ALL CAN cases (no administration)	<i>non involvement at all</i>
Notifying (optionally) the authorities for (suspected) CAN cases	
Reporting mandatorily (suspected) CAN cases	<i>reporting only</i>
Applying screening in general child population for CAN	

INVOLVEMENT IN ADMINISTRATION OF REPORTED/DETECTED CASES

Receiving reports of (suspected) CAN cases	<i>in administration of cases</i>
Keeping & maintaining CAN case records	
Gathering evidence/ documentation for CAN cases	
Conducting initial assessments for suspected CAN cases	<i>in investigation of cases</i>
Providing emergency protective measures to CAN victims	
Making decision on whether sufficient evidence exists to prosecute alleged offenders	
Providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	<i>in supporting of victims and families</i>
Providing services to CAN victims' families (supporting)	
Providing legal advice/ consultation/ advocacy services for CAN cases	
Keeping follow-up of CAN cases	

Based on the responses about the responsibilities of professionals, a 4-level access to a CAN-MDS system is suggested, corresponding to different roles and providing operators with different "rights" and "responsibilities", as follows:

Table C3: Assignment of Responsibilities to different level of access of a potential CAN-MDS System

Responsibilities	Level of access	Attributes & "rights" of the level of access
System Administrator	Full Access	enter data AND access to ALL data, aggregated AND disaggregated (at case-level) (view/ edit/ delete) and to users accounts (create/edit/delete)
- Making decision on whether sufficient evidence exists to prosecute alleged offenders	Full View access (level 1)	enter data AND access to ALL data, aggregated AND disaggregated (at case-level) (view/ edit/ delete) and to users accounts (view)
- Conducting initial assessments for suspected CAN cases	Limited access (level 2)	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)
- Providing services to CAN victims (diagnostic/ treatment/ consultation/ care)		
- Providing services to CAN victims' families (supporting)		
- Keeping follow-up of CAN cases		
- Notifying (optionally) authorities for (suspected) CAN cases	Limited access (level 3)	enter data AND access ONLY to data entered by the specific user (view/edit/delete)]
- Reporting mandatorily (suspected) CAN cases		
- Applying screening in general child population for CAN		
- Providing emergency protective measures to CAN victims		
- Providing legal advice/ consultation/ advocacy services for CAN cases		
Involved Services (at local and national level)	Limited access (level R)	access to aggregated data for research reasons ONLY (view)
- Making referrals to other organizations/services for ALL CAN cases (no administration)	No access	no "rights"
- Professionals not subjected to a code of ethics or related national legislation		

Table C4 presents the responsibilities that different professionals have, working in different sectors, for each country. If a specific responsibility is assigned to a professionals' group in less than 3 countries (out of the 8), it will be considered as "country specific" and excluded from the next step for assigning the level of access to professionals' groups under each relevant sector. Respectively, responsibilities that are assigned to a professionals' group in 5 or more countries will be considered when assigning eligible professionals different levels of access, while responsibilities that are assigned to a professionals' in to 3-4 (out of the 8 countries) will also be considered when assigning eligible professionals different levels of access (see also Step 1).

Table C4. Responsibilities and assigned level of access for each professionals' group related to administration of CAN-cases per working field per country

Social Workers

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Accredited NGOs/ Community Organizations	conducting initial assessments for suspected CAN cases		1	1	1	1				4	Level 2
	gathering evidence/ documentation for CAN cases		1		1	1				3	Level 2
	keeping & maintaining CAN case records			1	1	1	1			4	Level 2
	keeping follow-up of CAN cases			1		1		1		3	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1		1	1	1		1		5	Level 3
	providing emergency protective measures to CAN victims	1		1	1	1	1			5	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases		1	1	1		1	1		5	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)		1	1		1	1	1		5	Level 2
	providing services to CAN victims' families (supporting)			1	1	1	1	1		5	Level 3
	receiving reports of (suspected) CAN cases			1		1				2	Level 2
	reporting mandatorily (suspected) CAN cases					1	1	1		3	Level 3
Child Protection/ Social Welfare Services	applying screening in general child population for CAN								1	1	Level 3
	conducting initial assessments for suspected CAN cases	1	1	1	1	1	1	1	1	8	Level 2
	gathering evidence/ documentation for CAN cases	1	1		1	1	1	1	1	7	Level 2
	keeping & maintaining CAN case records	1	1	1	1	1	1	1	1	8	Level 2
	keeping follow-up of CAN cases	1		1	1	1	1	1	1	7	Level 2
	making decision on whether sufficient evidence exists to prosecute alleged offenders	1			1	1		1	1	5	Level 1
	notifying (optionally) the authorities for (suspected) CAN cases	1		1	1	1	1	1	1	7	Level 3
	providing emergency protective measures to CAN victims	1	1	1	1	1	1	1	1	8	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases	1			1		1	1	1	5	Level 3



	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	1	1	1	1	1	1	1	1	8	Level 2
	providing services to CAN victims' families (supporting)	1	1	1	1	1	1	1	1	8	Level 3
	receiving reports of (suspected) CAN cases	1	1	1	1	1	1	1	1	8	Level 2
	reporting mandatorily (suspected) CAN cases		1	1		1	1	1	1	6	Level 3
Educational Services	conducting initial assessments for suspected CAN cases	1				1				2	Level 2
	gathering evidence/ documentation for CAN cases	1				1				2	Level 2
	keeping & maintaining CAN case records					1				1	Level 2
	keeping follow-up of CAN cases					1				1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1			1	1		1		4	Level 3
	providing emergency protective measures to CAN victims					1				1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)					1		1		2	Level 2
	providing services to CAN victims' families (supporting)				1	1		1		3	Level 3
	receiving reports of (suspected) CAN cases	1				1				2	Level 2
	reporting mandatorily (suspected) CAN cases					1		1		2	Level 3
Health Care Services	conducting initial assessments for suspected CAN cases	1		1				1		3	Level 2
	gathering evidence/ documentation for CAN cases	1						1		2	Level 2
	keeping & maintaining CAN case records			1				1		2	Level 2
	keeping follow-up of CAN cases			1				1		2	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1		1	1	1		1		5	Level 3
	providing emergency protective measures to CAN victims	1		1						2	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases							1		1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)			1			1	1		3	Level 2
	providing services to CAN victims' families (supporting)			1			1	1		3	Level 3
	receiving reports of (suspected) CAN cases			1			1			2	Level 2
Judicial Services	reporting mandatorily (suspected) CAN cases			1		1	1	1		4	Level 3
	conducting initial assessments for suspected CAN cases	1				1				2	Level 2
	gathering evidence/ documentation for CAN cases	1				1				2	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1								1	Level 2



	providing legal advice/ consultation/ advocacy services for CAN cases					1				1	Level 3
	receiving reports of (suspected) CAN cases	1								1	Level 2
	reporting mandatorily (suspected) CAN cases						1			1	Level 3
Mental Health Services	conducting initial assessments for suspected CAN cases	1								1	Level 2
	gathering evidence/ documentation for CAN cases	1								1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1			1	1		1		4	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases				1					1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	1								1	Level 2
	providing services to CAN victims' families (supporting)	1			1					2	Level 3
	receiving reports of (suspected) CAN cases					1				1	Level 2
	reporting mandatorily (suspected) CAN cases					1		1		2	Level 3

Health Visitors

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Child Protection/ Social Welfare Services	conducting initial assessments for suspected CAN cases	1								1	Level 2
	gathering evidence/ documentation for CAN cases	1						1		2	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1						1		2	Level 3
	providing emergency protective measures to CAN victims	1				1				2	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)							1		1	Level 2
	receiving reports of (suspected) CAN cases					1				1	Level 2
	reporting mandatorily (suspected) CAN cases					1		1		2	Level 3

Care Providers in Institutions

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Child Protection System/ Social Welfare Services	conducting initial assessments for suspected CAN cases	1								1	Level 2
	gathering evidence/ documentation for CAN cases	1						1		2	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1						1		2	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)						1	1		2	Level 2
	reporting mandatorily (suspected) CAN cases					1	1	1		3	Level 3



Child Psychiatrists

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
CPS/ Social Welfare Services	providing emergency protective measures to CAN victims	1								1	Level 3
Health Care Services	applying screening in general child population for CAN						1			1	Level 3
	conducting initial assessments for suspected CAN cases	1		1			1			3	Level 2
	gathering evidence/ documentation for CAN cases	1			1		1			3	Level 2
	keeping & maintaining CAN case records			1						1	Level 2
	keeping follow-up of CAN cases			1			1			2	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1		1	1	1		1		5	Level 3
	providing emergency protective measures to CAN victims	1		1			1			3	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)			1	1	1	1	1		5	Level 2
	providing services to CAN victims' families (supporting)			1				1		2	Level 3
	receiving reports of (suspected) CAN cases			1		1	1			3	Level 2
	reporting mandatorily (suspected) CAN cases			1		1	1	1		4	Level 3
Mental Health Services	conducting initial assessments for suspected CAN cases	1	1				1			3	Level 2
	gathering evidence/ documentation for CAN cases	1			1		1			3	Level 2
	keeping & maintaining CAN case records				1	1	1			3	Level 2
	keeping follow-up of CAN cases						1	1		2	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1			1	1		1		4	Level 3
	providing emergency protective measures to CAN victims	1			1					2	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	1	1		1		1	1		5	Level 2
	providing services to CAN victims' families (supporting)	1	1				1	1		4	Level 3
	receiving reports of (suspected) CAN cases					1		1		2	Level 2
	reporting mandatorily (suspected) CAN cases					1	1	1		3	Level 3



Psychiatrists

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Mental Health Services	conducting initial assessments for suspected CAN cases						1			1	L2
	gathering evidence/ documentation for CAN cases						1			1	Level 2
	keeping & maintaining CAN case records						1			1	Level 2
	keeping follow-up of CAN cases						1			1	Level 2
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)						1			1	Level 2
	providing services to CAN victims' families (supporting)						1			1	Level 3
	receiving reports of (suspected) CAN cases						1			1	Level 2
	reporting mandatorily (suspected) CAN cases						1			1	Level 3

Psychologists

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Child Protection/ Social Welfare Services	conducting initial assessments for suspected CAN cases	1	1	1	1			1		5	Level 2
	gathering evidence/ documentation for CAN cases	1			1			1		3	Level 2
	keeping & maintaining CAN case records		1	1	1	1		1		5	Level 2
	keeping follow-up of CAN cases			1	1	1		1		4	Level 2
	making decision on whether sufficient evidence exists to prosecute alleged offenders				1	1		1		3	Level 1
	notifying (optionally) the authorities for (suspected) CAN cases	1		1	1	1		1		5	Level 3
	providing emergency protective measures to CAN victims	1		1	1	1		1		5	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases				1					1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	1	1	1	1	1		1		6	Level 2
	providing services to CAN victims' families (supporting)	1	1	1	1	1		1		6	Level 3
	receiving reports of (suspected) CAN cases		1	1	1	1		1		5	Level 2
	reporting mandatorily (suspected) CAN cases			1		1	1	1		4	Level 3
Educational Services	conducting initial assessments for suspected CAN cases	1	1			1				3	Level 2
	gathering evidence/ documentation for CAN cases	1	1			1				3	Level 2
	keeping & maintaining CAN case records					1				1	Level 2



	keeping follow-up of CAN cases					1				1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1			1	1		1		4	Level 3
	providing emergency protective measures to CAN victims					1				1	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases		1							1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)					1		1		2	Level 2
	providing services to CAN victims' families (supporting)		1		1	1		1		4	Level 3
	receiving reports of (suspected) CAN cases	1				1				2	Level 2
	reporting mandatorily (suspected) CAN cases					1		1		2	Level 3
Health Care Services	conducting initial assessments for suspected CAN cases	1	1	1	1		1			5	Level 2
	gathering evidence/ documentation for CAN cases	1					1			2	Level 2
	keeping & maintaining CAN case records			1						1	Level 2
	keeping follow-up of CAN cases			1						1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1		1	1	1		1		5	Level 3
	providing emergency protective measures to CAN victims	1		1			1			3	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	1	1	1	1		1	1		6	Level 2
	providing services to CAN victims' families (supporting)	1		1	1		1	1		5	Level 3
	receiving reports of (suspected) CAN cases			1		1	1			3	Level 2
	reporting mandatorily (suspected) CAN cases			1		1	1	1		4	Level 3
Mental Health Services	conducting initial assessments for suspected CAN cases	1	1				1	1		4	Level 2
	gathering evidence/ documentation for CAN cases	1			1		1	1		4	Level 2
	keeping & maintaining CAN case records				1		1	1		3	Level 2
	keeping follow-up of CAN cases						1	1		2	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1			1	1		1		4	Level 3
	providing emergency protective measures to CAN victims	1			1					2	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases							1		1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	1	1		1		1	1		5	Level 2
	providing services to CAN victims' families (supporting)	1					1	1		3	Level 3
	receiving reports of (suspected) CAN cases					1		1		2	Level 2
	reporting mandatorily (suspected) CAN cases					1	1	1		3	Level 3



Mental Health Professionals

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Accredited NGOs/ Community Organizations	conducting initial assessments for suspected CAN cases			1	1	1				3	Level 2
	gathering evidence/ documentation for CAN cases				1	1				2	Level 2
	keeping & maintaining CAN case records			1	1	1	1			4	Level 2
	keeping follow-up of CAN cases			1		1		1		3	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1		1	1			1		4	Level 3
	providing emergency protective measures to CAN victims	1		1	1		1			4	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases			1	1		1			3	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)			1		1	1	1		4	Level 2
	providing services to CAN victims' families (supporting)			1	1	1	1	1		5	Level 3
	receiving reports of (suspected) CAN cases			1						1	Level 2
	reporting mandatorily (suspected) CAN cases						1	1		2	Level 3
Judicial Services	conducting initial assessments for suspected CAN cases	1								1	Level 2
	gathering evidence/ documentation for CAN cases	1								1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1								1	Level 3
	receiving reports of (suspected) CAN cases	1								1	Level 2
	reporting mandatorily (suspected) CAN cases						1			1	Level 3
Law Enforcement-related Services	conducting initial assessments for suspected CAN cases	1					1			2	Level 2
	gathering evidence/ documentation for CAN cases	1					1	1		3	Level 2
	keeping & maintaining CAN case records							1		1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1								1	Level 3
	providing emergency protective measures to CAN victims	1								1	Level 3
	receiving reports of (suspected) CAN cases	1						1		2	Level 2
	reporting mandatorily (suspected) CAN cases					1	1	1	1	4	Level 3
Mental Health Services	conducting initial assessments for suspected CAN cases	1								1	Level 2
	gathering evidence/ documentation for CAN cases	1								1	Level 2



	notifying (optionally) the authorities for (suspected) CAN cases	1						1		2	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases		1							1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	1								1	Level 2
	providing services to CAN victims' families (supporting)	1								1	Level 3
	reporting mandatorily (suspected) CAN cases									0	Level 3

Licensed Counselors

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
CPS/ Social Welfare Services	conducting initial assessments for suspected CAN cases	1		1	1			1		4	Level 2
	gathering evidence/ documentation for CAN cases	1			1			1		3	Level 2
	keeping & maintaining CAN case records			1	1			1		3	Level 2
	keeping follow-up of CAN cases			1	1			1		3	Level 2
	making decision on whether sufficient evidence exists to prosecute alleged offenders				1					1	Level 1
	notifying (optionally) the authorities for (suspected) CAN cases	1		1	1			1		4	Level 3
	providing emergency protective measures to CAN victims	1		1	1			1		4	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases				1					1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)			1	1			1		3	Level 2
	providing services to CAN victims' families (supporting)			1	1			1		3	Level 3
	receiving reports of (suspected) CAN cases			1	1			1		3	Level 2
	reporting mandatorily (suspected) CAN cases			1				1		2	Level 3
Educational Services	notifying (optionally) the authorities for (suspected) CAN cases	1			1			1		3	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)							1		1	Level 2
	providing services to CAN victims' families (supporting)							1		1	Level 3
	reporting mandatorily (suspected) CAN cases							1		1	Level 3
Mental Health Services	conducting initial assessments for suspected CAN cases	1						1		2	Level 2
	gathering evidence/ documentation for CAN cases	1						1		2	Level 2
	keeping & maintaining CAN case records				1			1		2	Level 2
	keeping follow-up of CAN cases							1		1	Level 2



	notifying (optionally) the authorities for (suspected) CAN cases	1			1			1		3	Level 3
	providing emergency protective measures to CAN victims	1								1	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases				1			1		2	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	1			1			1		3	Level 2
	providing services to CAN victims' families (supporting)	1			1			1		3	Level 3
	receiving reports of (suspected) CAN cases							1		1	Level 2
	reporting mandatorily (suspected) CAN cases						1	1		2	Level 3

Judges

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Judicial Services	conducting initial assessments for suspected CAN cases						1			1	Level 2
	gathering evidence/ documentation for CAN cases				1		1	1		3	Level 2
	keeping & maintaining CAN case records				1		1	1		3	Level 2
	keeping follow-up of CAN cases						1	1		2	Level 2
	making decision on whether sufficient evidence exists to prosecute alleged offenders						1			1	Level 1
	notifying (optionally) the authorities for (suspected) CAN cases	1								1	Level 3
	providing emergency protective measures to CAN victims	1			1		1			3	Level 3
	receiving reports of (suspected) CAN cases	1			1		1			3	Level 2
	reporting mandatorily (suspected) CAN cases						1			1	Level 3

Public Prosecutors

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Judicial Services	applying screening in general child population for CAN								1	1	Level 3
	conducting initial assessments for suspected CAN cases						1		1	2	Level 2
	gathering evidence/ documentation for CAN cases	1		1			1		1	4	Level 2
	keeping & maintaining CAN case records			1			1		1	3	Level 2
	keeping follow-up of CAN cases								1	1	Level 2
	making decision on whether sufficient evidence exists to prosecute alleged offenders	1		1		1	1		1	5	Level 1



	notifying (optionally) the authorities for (suspected) CAN cases	1		1				1	1	4	Level 3
	providing emergency protective measures to CAN victims						1		1	2	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases					1	1		1	3	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)								1	1	Level 2
	providing services to CAN victims' families (supporting)								1	1	Level 3
	receiving reports of (suspected) CAN cases	1		1			1	1	1	5	Level 2
	reporting mandatorily (suspected) CAN cases			1			1	1	1	4	Level 3

Probation officers

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Judicial Services	keeping & maintaining CAN case records					1				1	Level 2
	keeping follow-up of CAN cases					1				1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1				1		1		3	Level 3
	providing emergency protective measures to CAN victims					1				1	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases		1							1	Level 3
	receiving reports of (suspected) CAN cases	1				1				2	Level 2
	reporting mandatorily (suspected) CAN cases							1		1	Level 3

Lawyers

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Accredited NGOs/ Community Organizations	gathering evidence/ documentation for CAN cases		1							1	Level 2
	keeping follow-up of CAN cases							1		1	
	making decision on whether sufficient evidence exists to prosecute alleged offenders		1							1	Level 1
	notifying (optionally) the authorities for (suspected) CAN cases	1						1		2	Level 3
	providing emergency protective measures to CAN victims	1								1	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases		1					1		2	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)							1		1	Level 2
	providing services to CAN victims' families (supporting)							1		1	Level 3
	reporting mandatorily (suspected) CAN cases							1		1	Level 3



Judicial Services	gathering evidence/ documentation for CAN cases	1									1	Level 2
	making decision on whether sufficient evidence exists to prosecute alleged offenders	1									1	Level 1
	notifying (optionally) the authorities for (suspected) CAN cases	1									1	Level 3
	providing emergency protective measures to CAN victims	1									1	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases	1									1	Level 3
	receiving reports of (suspected) CAN cases	1									1	Level 2

Other justice related professions

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Judicial Services	conducting initial assessments for suspected CAN cases	1								1	Level 2
	gathering evidence/ documentation for CAN cases	1			1					2	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1				1		1		3	Level 3
	receiving reports of (suspected) CAN cases							1		1	Level 2
	reporting mandatorily (suspected) CAN cases							1		1	Level 3

Pediatricians

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Health Care Services	applying screening in general child population for CAN						1		1	2	Level 3
	conducting initial assessments for suspected CAN cases	1	1	1		1	1		1	6	Level 2
	gathering evidence/ documentation for CAN cases	1			1				1	3	Level 2
	keeping & maintaining CAN case records			1					1	2	Level 2
	keeping follow-up of CAN cases			1			1		1	3	Level 2
	making decision on whether sufficient evidence exists to prosecute alleged offenders								1	1	Level 1
	notifying (optionally) the authorities for (suspected) CAN cases	1		1	1	1		1	1	6	Level 3
	providing emergency protective measures to CAN victims	1		1		1	1		1	5	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases								1	1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)		1	1	1		1	1	1	6	Level 2
	providing services to CAN victims' families (supporting)			1			1	1	1	4	Level 3



	receiving reports of (suspected) CAN cases			1		1	1		1	4	Level 2
	reporting mandatorily (suspected) CAN cases			1		1	1	1	1	5	Level 3

Medical Doctors (different specialties, e.g. orthopedists, radiologists)

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Accredited NGOs/ Community Organizations	conducting initial assessments for suspected CAN cases					1				1	Level 2
	keeping & maintaining CAN case records						1			1	Level 2
	keeping follow-up of CAN cases							1		1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1						1		2	Level 3
	providing emergency protective measures to CAN victims	1					1			2	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases						1			1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)						1	1		2	Level 2
	providing services to CAN victims' families (supporting)						1	1		2	Level 3
	reporting mandatorily (suspected) CAN cases						1	1		2	Level 3
Health Care Services	applying screening in general child population for CAN						1		1	2	Level 3
	conducting initial assessments for suspected CAN cases	1	1	1			1		1	5	Level 2
	gathering evidence/ documentation for CAN cases	1	1						1	3	Level 2
	keeping & maintaining CAN case records			1					1	2	Level 2
	keeping follow-up of CAN cases			1			1		1	3	Level 2
	making decision on whether sufficient evidence exists to prosecute alleged offenders								1	1	Level 1
	notifying (optionally) the authorities for (suspected) CAN cases	1		1	1			1	1	5	Level 3
	providing emergency protective measures to CAN victims	1		1					1	3	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases								1	1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)		1	1				1	1	4	Level 2
	providing services to CAN victims' families (supporting)			1			1	1	1	4	Level 3
	receiving reports of (suspected) CAN cases			1			1		1	3	Level 2
	reporting mandatorily (suspected) CAN cases			1		1	1	1	1	5	Level 3



Gynecologists

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Health Care Services	conducting initial assessments for suspected CAN cases			1			1			2	Level 2
	gathering evidence/ documentation for CAN cases						1			1	Level 2
	keeping & maintaining CAN case records			1						1	Level 2
	keeping follow-up of CAN cases			1						1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1		1				1		3	Level 3
	providing emergency protective measures to CAN victims			1			1			2	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)			1			1	1		3	Level 2
	providing services to CAN victims' families (supporting)			1				1		2	Level 3
	receiving reports of (suspected) CAN cases			1			1			2	Level 2
	reporting mandatorily (suspected) CAN cases			1		1	1	1		4	Level 3

Nurses

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Accredited NGOs/ Community Organizations	keeping follow-up of CAN cases							1		1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1				1		1		3	Level 3
	providing emergency protective measures to CAN victims	1								1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)							1		1	Level 2
	providing services to CAN victims' families (supporting)							1		1	Level 3
	receiving reports of (suspected) CAN cases					1				1	Level 2
	reporting mandatorily (suspected) CAN cases					1		1		2	Level 3
Child Protection/ Social Welfare Services	conducting initial assessments for suspected CAN cases	1								1	Level 2
	gathering evidence/ documentation for CAN cases	1				1		1		3	Level 2
	keeping & maintaining CAN case records							1		1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1						1		2	Level 3
	providing emergency protective measures to CAN victims	1						1		2	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)							1		1	Level 2



	receiving reports of (suspected) CAN cases					1				1	Level 2
	reporting mandatorily (suspected) CAN cases					1		1		2	Level 3
Educational Services	conducting initial assessments for suspected CAN cases	1								1	Level 2
	gathering evidence/ documentation for CAN cases	1								1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1						1		2	Level 3
	receiving reports of (suspected) CAN cases	1								1	Level 2
	reporting mandatorily (suspected) CAN cases							1		1	Level 3

Midwives

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Health Care Services	conducting initial assessments for suspected CAN cases	1								1	Level 2
	gathering evidence/ documentation for CAN cases	1								1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1			1			1		3	Level 3
	providing emergency protective measures to CAN victims	1								1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)							1		1	Level 2
	providing services to CAN victims' families (supporting)							1		1	Level 3
	reporting mandatorily (suspected) CAN cases							1		1	Level 3
	conducting initial assessments for suspected CAN cases	1	1	1						3	Level 2
	gathering evidence/ documentation for CAN cases	1								1	Level 2
	keeping & maintaining CAN case records			1						1	Level 2
	keeping follow-up of CAN cases			1						1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1		1	1			1		4	Level 3
	providing emergency protective measures to CAN victims	1		1						2	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)		1	1				1		3	Level 2
	providing services to CAN victims' families (supporting)			1				1		2	Level 3
	receiving reports of (suspected) CAN cases			1						1	Level 2
	reporting mandatorily (suspected) CAN cases			1		1	1	1		4	Level 3



Dentists

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
	notifying (optionally) the authorities for (suspected) CAN cases	1						1		2	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)							1		1	Level 2
	providing services to CAN victims' families (supporting)							1		1	Level 3
	reporting mandatorily (suspected) CAN cases							1		1	Level 3

Police officers (in general or specialized)

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Law Enforcement-related Services	applying screening in general child population for CAN								1	1	Level 3
	conducting initial assessments for suspected CAN cases	1					1		1	3	Level 2
	gathering evidence/ documentation for CAN cases	1	1	1			1	1	1	6	Level 2
	keeping & maintaining CAN case records			1			1	1	1	4	Level 2
	keeping follow-up of CAN cases	1					1		1	3	Level 2
	making decision on whether sufficient evidence exists to prosecute alleged offenders		1							1	Level 1
	notifying (optionally) the authorities for (suspected) CAN cases	1		1				1	1	4	Level 3
	providing emergency protective measures to CAN victims	1					1		1	3	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases	1	1							2	Level 3
	receiving reports of (suspected) CAN cases	1		1			1	1	1	5	Level 2
	reporting mandatorily (suspected) CAN cases			1		1	1	1	1	5	Level 3

Teachers/educators (pre-school, kindergarden, primary and secondary education, for children with special needs, school principals)

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Accredited NGOs/ Community Organizations	keeping follow-up of CAN cases							1		1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1						1		2	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)							1		1	Level 2
	providing services to CAN victims' families (supporting)							1		1	Level 3



	reporting mandatorily (suspected) CAN cases							1		1	Level 3
	notifying (optionally) the authorities for (suspected) CAN cases							1		1	Level 3
	reporting mandatorily (suspected) CAN cases							1		1	Level 3
	notifying (optionally) the authorities for (suspected) CAN cases	1			1			1	1	4	Level 3
	providing emergency protective measures to CAN victims					1			1	2	Level 3
	applying screening in general child population for CAN								1	1	Level 3
	conducting initial assessments for suspected CAN cases								1	1	Level 2
	gathering evidence/ documentation for CAN cases								1	1	Level 2
	keeping & maintaining CAN case records								1	1	Level 2
	keeping follow-up of CAN cases								1	1	Level 2
	providing legal advice/ consultation/ advocacy services for CAN cases								1	1	Level 3
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)								1	1	Level 2
	providing services to CAN victims' families (supporting)								1	1	Level 3
	receiving reports of (suspected) CAN cases								1	1	Level 2
	reporting mandatorily (suspected) CAN cases					1		1	1	3	Level 3

Other school personnel (e.g. guardians)

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
	gathering evidence/ documentation for CAN cases							1		1	Level 2
	keeping & maintaining CAN case records							1		1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases							1		1	Level 3
	receiving reports of (suspected) CAN cases							1		1	Level 2
	reporting mandatorily (suspected) CAN cases							1		1	Level 3

Data Administrators

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Available related Registries	applying screening in general child population for CAN	1								1	Level 3
	gathering evidence/ documentation for CAN cases		1							1	Level 2



	keeping & maintaining CAN case records	1	1		1				1	4	Level 2
	keeping follow-up of CAN cases		1						1	2	Level 2
	making decision on whether sufficient evidence exists to prosecute alleged offenders		1							1	Level 1
	notifying (optionally) the authorities for (suspected) CAN cases	1								1	Level 3
	receiving reports of (suspected) CAN cases				1					1	Level 2
	reporting mandatorily (suspected) CAN cases								1	1	Level 3
Independent Authorities	applying screening in general child population for CAN	1								1	Level 3
	notifying (optionally) the authorities for (suspected) CAN cases	1								1	Level 3

Research Organizations/ Institutions

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Research Organizations/ Institutions	applying screening in general child population for CAN	1								1	Level 3
	notifying (optionally) the authorities for (suspected) CAN cases	1								1	Level 3
	providing legal advice/ consultation/ advocacy services for CAN cases		1							1	Level 3

Other personnel working in antitrafficking, directorate for disability, Child Ombudsman, etc.)

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Independent Authorities	applying screening in general child population for CAN	1								1	Level 3
	keeping & maintaining CAN case records	1								1	Level 2
	notifying (optionally) the authorities for (suspected) CAN cases	1				1		1		3	Level 3
	notifying (optionally) the authorities for (suspected) CAN cases							1		1	Level 3
	reporting mandatorily (suspected) CAN cases					1		1		2	Level 3

Other NGOs personnel (priest, sisters, volunteers)

working in	have the following responsibilities:	BE	BG	CH	DE	GR	IT	RO	ES	All countries	Access Level
Accredited NGOs/ Community Organizations	notifying (optionally) the authorities for (suspected) CAN cases	1				1				2	Level 3
	providing emergency protective measures to CAN victims	1								1	Level 3
	reporting mandatorily (suspected) CAN cases					1				1	Level 3

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

During this Step, the assignment of access level to potential CAN-MDS Operators according to their specialties and their responsibilities in the management of (suspected) CAN cases is presented in Table D2 below, on the basis of the classification in table D1.

It is noted that the data included in Table D2 derives from Step C, however cases where less than 3 countries responded positively for specific responsibilities, have been excluded. Therefore, the criterion for the assignment of level of access is based on

- the number of countries where each responsibility applies for each professionals' group (for ≥ 5 countries as "core data sources" and 3-4 countries as "expanded data sources")
- the level of access assigned to each individual responsibility

Table D1. Access level assignment to eligible operators of a potential CAN-MDS according to responsibilities of their Organizations AND their specialties

	No Access	Limited Access Level 3	Limited Access Level 2	Full View Access Level 1
is NOT subjected to a professional ethics code and/or other related legislation	<input type="radio"/>			
making referrals to other organizations/services for ALL CAN cases (no administration)	<input type="radio"/>			
notifying (optionally) the authorities for (suspected) CAN cases		<input type="radio"/>		
applying screening in general child population for CAN		<input type="radio"/>		
reporting mandatorily (suspected) CAN cases		<input type="radio"/>		
providing emergency protective measures to CAN victims		<input type="radio"/>		
providing services to CAN victims' families (supporting)		<input type="radio"/>		
gathering evidence/ documentation for CAN cases		<input type="radio"/>		
providing legal advice/ consultation/ advocacy services for CAN cases		<input type="radio"/>		
receiving reports of (suspected) CAN cases			<input type="radio"/>	
keeping & maintaining CAN case records			<input type="radio"/>	
keeping follow-up of CAN cases			<input type="radio"/>	
conducting initial assessments for suspected CAN cases			<input type="radio"/>	
providing services to CAN victims (diagnostic/ treatment/ consultation/ care)			<input type="radio"/>	
making decision on whether sufficient evidence exists to prosecute alleged offenders				<input type="radio"/>

In cases where some professionals working in specific sectors have more than one responsibility corresponding to a different level of access, the higher level will be suggested.

Table D2: Level of access of eligible professionals' groups of operators working in relevant sectors according to their responsibilities and eligibility of sectors (as core or expanded data sources) on the basis of the positive responses (number of countries)

Social Workers				
working in	have the following responsibilities:	No of Countries	Access Level	Suggested Type of Data source and Level of access
Accredited NGOs/ Community Organizations	conducting initial assessments for suspected CAN cases	4	Level 2	Core data sources Level of access: Limited 2
	gathering evidence/ documentation for CAN cases	3	Level 2	
	keeping & maintaining CAN case records	4	Level 2	
	keeping follow-up of CAN cases	3	Level 2	
	notifying (optionally) the authorities for (suspected) CAN cases	5	Level 3	
	providing emergency protective measures to CAN victims	5	Level 3	
	providing legal advice/ consultation/ advocacy services for CAN cases	5	Level 3	
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	5	Level 2	
	providing services to CAN victims' families (supporting)	5	Level 3	
	reporting mandatorily (suspected) CAN cases	3	Level 3	
Child Protection/ Social Welfare Services	conducting initial assessments for suspected CAN cases	8	Level 2	Core data sources Level of access: Full Access 1
	gathering evidence/ documentation for CAN cases	7	Level 2	
	keeping & maintaining CAN case records	8	Level 2	
	keeping follow-up of CAN cases	7	Level 2	
	making decision on whether sufficient evidence exists to prosecute alleged offenders	5	Level 1	
	notifying (optionally) the authorities for (suspected) CAN cases	7	Level 3	
	providing emergency protective measures to CAN victims	8	Level 3	
	providing legal advice/ consultation/ advocacy services for CAN cases	5	Level 3	
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	8	Level 2	
	providing services to CAN victims' families (supporting)	8	Level 3	
	receiving reports of (suspected) CAN cases	8	Level 2	
	reporting mandatorily (suspected) CAN cases	6	Level 3	



Educational Services	notifying (optionally) the authorities for (suspected) CAN cases	4	Level 3	Expanded data sources Level of access: Limited Access 3
	providing services to CAN victims' families (supporting)	3	Level 3	
Health Care Services	conducting initial assessments for suspected CAN cases	3	Level 2	Core data sources Level of access: Limited 3
	notifying (optionally) the authorities for (suspected) CAN cases	5	Level 3	
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	3	Level 2	
	providing services to CAN victims' families (supporting)	3	Level 3	
	reporting mandatorily (suspected) CAN cases	4	Level 3	
Mental health services	notifying (optionally) the authorities for (suspected) CAN cases	4	Level 3	Expanded data sources Level of access: Limited Access 3

Care Providers in Institutions				
working in	have the following responsibilities:	All countries	Access Level	
Child Protection System/ Social Welfare Services	reporting mandatorily (suspected) CAN cases	3	Level 3	Expanded data sources Level of access: Limited Access 3

Child Psychiatrists				
working in	have the following responsibilities:	All countries	Access Level	
Health Care Services	conducting initial assessments for suspected CAN cases	3	Level 2	Core data sources Level of access: Limited 2
	gathering evidence/ documentation for CAN cases	3	Level 2	
	notifying (optionally) the authorities for (suspected) CAN cases	5	Level 3	
	providing emergency protective measures to CAN victims	3	Level 3	
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	5	Level 2	
	receiving reports of (suspected) CAN cases	3	Level 2	
	reporting mandatorily (suspected) CAN cases	4	Level 3	



Mental Health Services	conducting initial assessments for suspected CAN cases	3	Level 2	Core data sources Level of access: Limited 2
	gathering evidence/ documentation for CAN cases	3	Level 2	
	keeping & maintaining CAN case records	3	Level 2	
	notifying (optionally) the authorities for (suspected) CAN cases	4	Level 3	
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	5	Level 2	
	providing services to CAN victims' families (supporting)	4	Level 3	
	reporting mandatorily (suspected) CAN cases	3	Level 3	

Psychologists				
working in	have the following responsibilities:	No of Countries	Access Level	
Child Protection/ Social Welfare Services	conducting initial assessments for suspected CAN cases	5	Level 2	Core data sources Level of access: Limited 2
	gathering evidence/ documentation for CAN cases	3	Level 2	
	keeping & maintaining CAN case records	5	Level 2	
	keeping follow-up of CAN cases	4	Level 2	
	making decision on whether sufficient evidence exists to prosecute alleged offenders	3	Level 1	
	notifying (optionally) the authorities for (suspected) CAN cases	5	Level 3	
	providing emergency protective measures to CAN victims	5	Level 3	
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	6	Level 2	
	providing services to CAN victims' families (supporting)	6	Level 3	
	receiving reports of (suspected) CAN cases	5	Level 2	
	reporting mandatorily (suspected) CAN cases	4	Level 3	
Educational Services	conducting initial assessments for suspected CAN cases	3	Level 2	Expanded data sources Level of access: Limited Access 2
	gathering evidence/ documentation for CAN cases	3	Level 2	
	notifying (optionally) the authorities for (suspected) CAN cases	4	Level 3	
	providing services to CAN victims' families (supporting)	4	Level 3	



Health Care Services	conducting initial assessments for suspected CAN cases	5	Level 2	Core data sources Level of access: Limited 2
	notifying (optionally) the authorities for (suspected) CAN cases	5	Level 3	
	providing emergency protective measures to CAN victims	3	Level 3	
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	6	Level 2	
	providing services to CAN victims' families (supporting)	5	Level 3	
	receiving reports of (suspected) CAN cases	3	Level 2	
	reporting mandatorily (suspected) CAN cases	4	Level 3	
Mental Health Services	conducting initial assessments for suspected CAN cases	4	Level 2	Core data sources Level of access: Limited 2
	gathering evidence/ documentation for CAN cases	4	Level 2	
	keeping & maintaining CAN case records	3	Level 2	
	notifying (optionally) the authorities for (suspected) CAN cases	4	Level 3	
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	5	Level 2	
	providing services to CAN victims' families (supporting)	3	Level 3	
	reporting mandatorily (suspected) CAN cases	3	Level 3	

Mental Health Professionals				
working in	have the following responsibilities:	No of Countries	Access Level	
Accredited NGOs/ Community Organizations	conducting initial assessments for suspected CAN cases	3	Level 2	Core data sources Level of access: Limited 3
	keeping & maintaining CAN case records	4	Level 2	
	keeping follow-up of CAN cases	3	Level 2	
	notifying (optionally) the authorities for (suspected) CAN cases	4	Level 3	
	providing emergency protective measures to CAN victims	4	Level 3	
	providing legal advice/ consultation/ advocacy services for CAN cases	3	Level 3	
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	4	Level 2	
Law Enforcement-related Services	providing services to CAN victims' families (supporting)	5	Level 3	Expanded data sources Level of access: Limited 2
	gathering evidence/ documentation for CAN cases	3	Level 2	
	reporting mandatorily (suspected) CAN cases	4	Level 3	



Licensed Counselors				
working in	have the following responsibilities:	All countries	Access Level	
CPS/ Social Welfare Services	conducting initial assessments for suspected CAN cases	4	Level 2	Expanded data sources Level of access: Limited 2
	gathering evidence/ documentation for CAN cases	3	Level 2	
	keeping & maintaining CAN case records	3	Level 2	
	keeping follow-up of CAN cases	3	Level 2	
	notifying (optionally) the authorities for (suspected) CAN cases	4	Level 3	
	providing emergency protective measures to CAN victims	4	Level 3	
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	3	Level 2	
	providing services to CAN victims' families (supporting)	3	Level 3	
	receiving reports of (suspected) CAN cases	3	Level 2	
Educational Services	notifying (optionally) the authorities for (suspected) CAN cases	3	Level 3	Expanded data sources Level of access: Limited 3
Mental Health Services	notifying (optionally) the authorities for (suspected) CAN cases	3	Level 3	Expanded data sources Level of access: Limited 2
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	3	Level 2	
	providing services to CAN victims' families (supporting)	3	Level 3	

Judges				
working in	have the following responsibilities:	No of Countries	Access Level	
Judicial Services	gathering evidence/ documentation for CAN cases	3	Level 2	Expanded data sources Level of access: Limited 2
	keeping & maintaining CAN case records	3	Level 2	
	providing emergency protective measures to CAN victims	3	Level 3	
	receiving reports of (suspected) CAN cases	3	Level 2	



Public Prosecutors				
working in	have the following responsibilities:	No of Countries	Access Level	
	gathering evidence/ documentation for CAN cases	4	Level 2	Core data sources Level of access: Full View Access 1
	keeping & maintaining CAN case records	3	Level 2	
	making decision on whether sufficient evidence exists to prosecute alleged offenders	5	Level 1	
	notifying (optionally) the authorities for (suspected) CAN cases	4	Level 3	
	providing legal advice/ consultation/ advocacy services for CAN cases	3	Level 3	
	receiving reports of (suspected) CAN cases	5	Level 2	
	reporting mandatorily (suspected) CAN cases	4	Level 3	

Probation officers				
working in	have the following responsibilities:	No of Countries	Access Level	
Judicial Services	notifying (optionally) the authorities for (suspected) CAN cases	3	Level 3	Expanded data sources Level of access: Limited 3

Other justice related professions				
working in	have the following responsibilities:	No of Countries	Access Level	
Judicial Services	notifying (optionally) the authorities for (suspected) CAN cases	3	Level 3	Expanded data sources Level of access: Limited 3



Pediatricians				
working in	have the following responsibilities:	No of Countries	Access Level	
Health Care Services	conducting initial assessments for suspected CAN cases	6	Level 2	Core data sources Level of access: Limited 2
	gathering evidence/ documentation for CAN cases	3	Level 2	
	keeping follow-up of CAN cases	3	Level 2	
	notifying (optionally) the authorities for (suspected) CAN cases	6	Level 3	
	providing emergency protective measures to CAN victims	5	Level 3	
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	6	Level 2	
	providing services to CAN victims' families (supporting)	4	Level 3	
	receiving reports of (suspected) CAN cases	4	Level 2	
	reporting mandatorily (suspected) CAN cases	5	Level 3	

Medical Doctors (different specialties, e.g. orthopedists, radiologists)				
working in	have the following responsibilities:	No of Countries	Access Level	
Health Care Services	conducting initial assessments for suspected CAN cases	5	Level 2	Core data sources Level of access: Limited 2
	gathering evidence/ documentation for CAN cases	3	Level 2	
	keeping follow-up of CAN cases	3	Level 2	
	notifying (optionally) the authorities for (suspected) CAN cases	5	Level 3	
	providing emergency protective measures to CAN victims	3	Level 3	
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	4	Level 2	
	providing services to CAN victims' families (supporting)	4	Level 3	
	receiving reports of (suspected) CAN cases	3	Level 2	
	reporting mandatorily (suspected) CAN cases	5	Level 3	



Gynecologists				
working in	have the following responsibilities:	No of Countries	Access Level	
Health Care Services	notifying (optionally) the authorities for (suspected) CAN cases	3	Level 3	Expanded data sources Level of access: Limited 2
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	3	Level 2	
	reporting mandatorily (suspected) CAN cases	4	Level 3	

Nurses				
working in	have the following responsibilities:	No of Countries	Access Level	
Accredited NGOs/ Community Organizations	notifying (optionally) the authorities for (suspected) CAN cases	3	Level 3	Expanded data sources Level of access: Limited 3
Child Protection/ Social Welfare Services	gathering evidence/ documentation for CAN cases	3	Level 2	Expanded data sources Level of access: Limited 2

Midwives				
working in	have the following responsibilities:	No of Countries	Access Level	
Health Care Services	notifying (optionally) the authorities for (suspected) CAN cases	3	Level 3	Expanded data sources Level of access: Limited 2
	conducting initial assessments for suspected CAN cases	3	Level 2	
	notifying (optionally) the authorities for (suspected) CAN cases	4	Level 3	
	providing services to CAN victims (diagnostic/ treatment/ consultation/ care)	3	Level 2	
	reporting mandatorily (suspected) CAN cases	4	Level 3	



Police officers (in general or specialized)				
working in	have the following responsibilities:	No of Countries	Access Level	
Law Enforcement-related Services	conducting initial assessments for suspected CAN cases	3	Level 2	Core data sources Level of access: Limited 2
	gathering evidence/ documentation for CAN cases	6	Level 2	
	keeping & maintaining CAN case records	4	Level 2	
	keeping follow-up of CAN cases	3	Level 2	
	notifying (optionally) the authorities for (suspected) CAN cases	4	Level 3	
	providing emergency protective measures to CAN victims	3	Level 3	
	receiving reports of (suspected) CAN cases	5	Level 2	
	reporting mandatorily (suspected) CAN cases	5	Level 3	

Teachers/educators (pre-school, kindergarden, primary and secondary education, for children with special needs, school principals)				
working in	have the following responsibilities:	No of Countries	Access Level	
Educational services	notifying (optionally) the authorities for (suspected) CAN cases	4	Level 3	Expanded data sources Level of access: Limited 3
	reporting mandatorily (suspected) CAN cases	3	Level 3	

Data Administrators				
working in	have the following responsibilities:	No of Countries	Access Level	
Available related Registries	keeping & maintaining CAN case records	4	Level 2	Expanded data sources Level of access: Limited 2

Other personnel working in antitrafficking, directorate for disability, Child Ombudsman, etc.)				
working in	have the following responsibilities:	No of Countries	Access Level	
Independent Authorities	notifying (optionally) the authorities for (suspected) CAN cases	3	Level 3	Expanded data sources Level of access: Limited 3



Table D3: Summary of potential level of access of eligible professionals' groups of operators working in relevant sectors according to their responsibilities and eligibility of sectors (as core or expanded data sources) on the basis of the positive responses (number of countries)

	Full View Access (Level 1) (with the responsibility "making decision on whether sufficient evidence exists to prosecute alleged offenders")	Limited Access (Level 2) (with at least one responsibility corresponding in level 2)	Limited Access (Level 3) (with at least one responsibility corresponding in level 3)
Core data sources (agreement among 5 or more out of the 8 countries)	- Public Prosecutors working in Judicial Services	<ul style="list-style-type: none"> - Social Workers working in Child Protection System/Social Welfare Services - Social Workers working in Accredited NGOs/ Community Organizations - Child Psychiatrists working in Health Care Services - Child Psychiatrists working in Mental Health Services - Psychologists working in Child Protection/Social Welfare Services - Psychologists working in Health Care Services - Psychologists working in Mental Health Services - Pediatricians working in Health Care Services - Medical Doctors (different specialties, e.g. orthopedists, radiologists) working in Health Care Services - Police Officers working in Law Enforcement-related Services 	<ul style="list-style-type: none"> - Social Workers working in Health Care Services - Mental Health Professionals (<i>psychologists, psychiatrists, licensed counselors</i>) working in Accredited NGOs/Community Organizations
Expanded data sources (agreement among 3-4 out of the 8 countries)	- Social Workers working in Child Protection System/Social Welfare Services	<ul style="list-style-type: none"> - Mental Health Professionals (<i>psychologists, psychiatrists</i>) working in Law Enforcement related services - Licensed Counselors working in CPS/Social Welfare Services - Licensed Counselors working in Mental Health Services - Judges working in Judicial Services - Gynecologists working in Health Care Services - Nurses working in CPS/Social Welfare Services - Midwives working in CPS/Social Welfare Services - Data administrators working in available related registries 	<ul style="list-style-type: none"> - Social Workers working in Education Services - Social Workers working in Mental Health Services - Care Providers in Institutions working in Child Protection System/ Social Welfare Services - Psychologists working in Educational Services - Licensed Counselors working in Educational Services - Probation Officers working in Judicial Services - Other Justice-related professions working in Judicial Services - Nurses working in Accredited NGOs/Community Organizations - Teachers/educators (pre-school, kindergarden, primary and secondary education, for children with special needs, school principals) working in Educational services - Other personnel working in antitrafficking, directorate for disability, Child Ombudsman, etc.) working in Independent Authorities

STEP E: Respondents' suggestions for potential Agencies/Organizations to undertake the role of the "Administrator" of a future national CAN-MDS system

Although the suggestion of potential Administrators of national CAN-MDS systems is not related to operators' eligibility criteria directly, this was included as a final step of this process. While all respondents have been asked 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, only a few have provided their suggestions, as follows:

Tables E1-. Suggested National Administrating Organizations of a future national CAN-MDS system

Bulgaria

General Directorate "Social Assistance"	
[Sector: Social Welfare/Child Protection, Legal status: part of Agency for Social Assistance/ National authority]	
Adequacy	
<i>Legal authorization:</i>	Feasible to achieve
<i>Adequacy of expertise:</i>	Yes
<i>Sufficiency in terms of human resources:</i>	Yes
<i>Sufficiency in terms of technical means:</i>	Yes

Germany

Department of Child and Adolescents Psychiatry and Psychotherapy, University Ulm	
[Mental Health Sector, Institution under Public Law]	
Adequacy to undertake this role	
<i>Legal authorization:</i>	Possibility to collect aggregated data for scientific or quality assurance reasons. Possibility of a national registry. Legal requirements have yet to be fulfilled
<i>Adequacy of expertise:</i>	Contacts to all relevant fields involved in CAN - Expertise in collecting and managing data
<i>Sufficiency in terms of human resources:</i>	Not yet
<i>Sufficiency in terms of technical means:</i>	Not yet

Greece

Institute of Child Health (Centre for the study and prevention of child abuse and neglect)-Department of Mental Health and Social Welfare could be a competent candidate for this role due to its long-standing experience, expertise on research, educational projects and clinical practice	
[Sector: Health & Social Welfare, Legal status: Under the supervision of the Ministry of Health]	
Adequacy	
<i>Legal authorization:</i>	Based on its legal status and body of supervision, legal authorization should be available or feasible to achieve
<i>Adequacy of expertise:</i>	The proposed organization has a sufficient number of professionals working with CAN cases and has the scientific knowledge to plan and implement the appropriate registries
<i>Sufficiency in terms of human resources:</i>	Yes, the proposed organization has a sufficient number of specialized scientific professionals, as well as the ability to work with external colleagues and to supervise students of competent disciplines doing their required field work
<i>Sufficiency in terms of technical means:</i>	The proposed organization already has an independent department in regards to extensive technical support, can specialize means and tools to meet the needs of the national CAN-MDS

Italy

Italy does not actually have an Agency that could fulfil the role, apart from the National Institute of Statistics. At national level, a special agency for the protection of children under the Ministry of Labour and social policies should be established; this agency should also have regional focal points. At national level, it could be necessary to have a general data warehouse for gathering all data concerning CAN cases from the Health, Social and Judicial sectors

Romania

Ministry of Labor and Social Protection, General Directorate for Child Protection [Sector: Social Protection, Child and Family Protection, Emoloyment, Social inclusion of vulnerable groups, Legal status: Central governmental agency]
Adequacy
<i>Legal authorization:</i> Has the legal responsibility for child rights' monitoring
<i>Adequacy of expertise:</i> Yes
<i>Sufficiency in terms of human resources:</i> Yes
<i>Sufficiency in terms of technical means:</i> Partially

Spain

DIRECCIÓN GENERAL DE SERVICIOS PARA LA FAMILIA Y LA INFANCIA. MINISTERIO DE SANIDAD, SERVICIOS SOCIALES E IGUALDAD. [Sector: SERVICIOS SOCIALES, Legal status: ADMINISTRACIÓN CENTRAL DEL ESTADO. GOBIERNO DE ESPAÑA]
Adequacy
<i>Legal authorization:</i> REAL DECRETO 1823/2011 DE 21 DE DICIEMBRE, 1887/2011 DE 30 DE DICIEMBRE Y 200/2012 DE 23 DE ENERO.
<i>Adequacy of expertise:</i> YES
<i>Sufficiency in terms of human resources:</i> YES
<i>Sufficiency in terms of technical means:</i> YES

DISCUSSION

Through the process described in this report, an effort was made to identify in a *systematic way* the professionals who are eligible to be invited as *operators* of a potential CAN-MDS Surveillance System and, as a prerequisite, to identify the relevant fields/ sectors involved in the administration of CAN cases in the participating countries.

The criterion for the assignment of specific level of access for each individual eligible group of professionals was based on the responsibilities of the professionals during their daily work routine. Moreover, the classification of professionals' groups was based on the positive answers provided by respondents concerning the applicability of the specific activity for the specific professionals (number of countries).

Taking into account that one of the project's aims is to formulate extended bases of data-sources and at the same time to provide potential operators with a useful tool for following up on child maltreatment at a case level via different level of access, the above criterion for assigning level of access was not strict enough.

As a result, sixteen different professions have been included as eligible, working in nine different sectors. Two professionals' groups (social workers and public prosecutors) were assigned with Full View Access (Level 1) in the core group-of data sources (available in ≥ 5 countries). Six professionals' groups under the core data sources were assigned with Limited Access (Level 2) to provide data for cases and to see already available data for the specific cases. Respectively, six professionals' groups under the expanded data sources (available in 3 or 4 out of the 8 countries) were assigned with the same level of access. Lastly, fourteen groups of professionals were assigned with Limited Access (Level 3) only to provide data, 5 of them under the core data sources and 9 under expanded data sources.

The information already collected along with information from other countries (apart from the project's partner Countries, the Associate partner and the voluntary contribution by Spain) could be re-analysed in the future by using different criteria (such as to use weighting for the "responsibilities" under consideration or to modify the *thresholds* in the number of countries where a service is in place).

Moreover, given that the assignement of different levels of access even to specific professionals subjected to a profession's codes of ethics and/or relevant legislation is closely related to legislative issues concerning administration of sensitive personal data, feasibility of the eligibility criteria should be checked as a next step.

In conclusion, the eligible group of professionals presented in this report as well as the eligible sectors are a basis for future development rather than a final classification.

