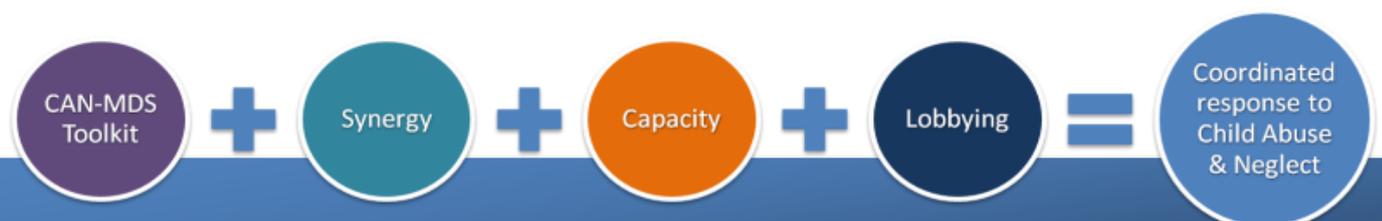


D4.2 Coordinated Evaluation Response to Methodology & CAN via MDS Tools for Training

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

Addressing Partnership



Project's Information

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Deliverable's Information

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Activity	2. Designing of methodology & tools for effectiveness evaluation of training
Deliverable No.	Deliverable D4.2
Deliverable title	Evaluation Methodology & Tools for Training
Target group	Partnership
Drafted	A. Ntinapogias, Project Coordinator

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

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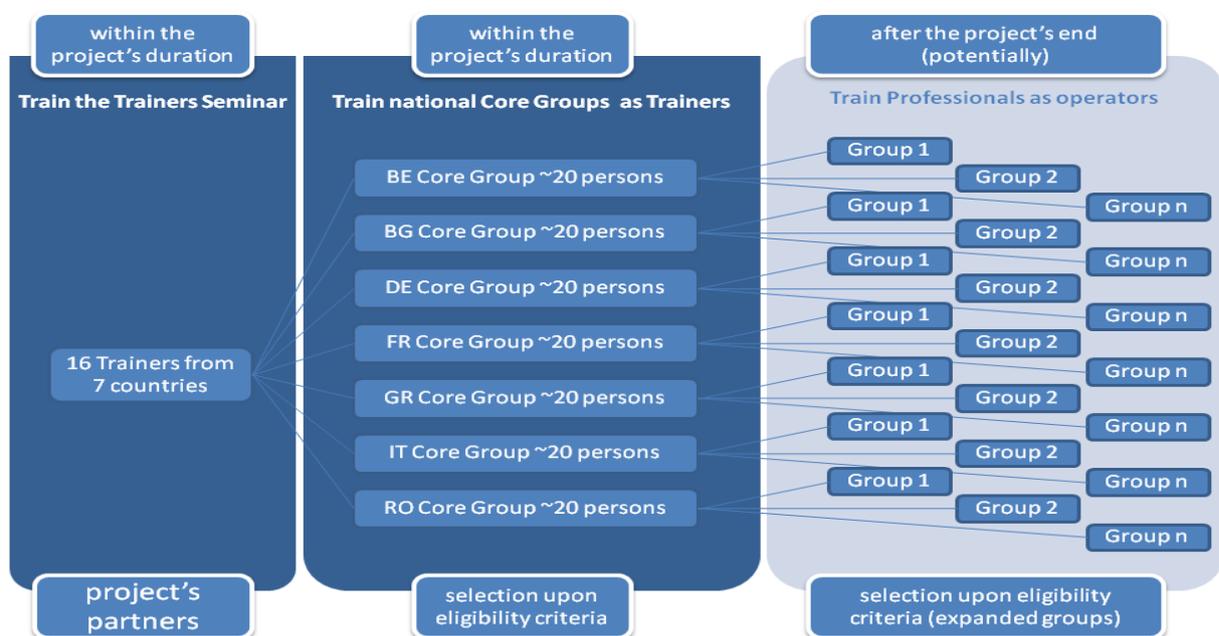
Evaluation Methodology & Tools for Training

Building the Capacity of National Focal Points, Core and Expanded Groups of CAN-MDS potential Operators

The objectives of Work Stream 4 of the project “Coordinated Response to CAN via MDS” are:

- To develop a module for a short-training for professionals-potential operators of the CAN-MDS
- To train the trainers, namely the project’s partners who will act as “national focal points” on the CAN-MDS
- To conduct National Core Groups of CAN-MDS Operators’ Workshops in the 7 participating countries and
- To evaluate both trainings, for trainers and national core groups

In order to achieve the objectives related to WS4, a “cascade-like” methodology is provisioned to be followed, as depicted in the figure below.



Content of Train-of-Trainers Seminar	Content of National Workshops	Content of National Trainings
<ul style="list-style-type: none"> ▶ Introduction to the Project ▶ The role of Trainers as national “focal points” ▶ Exploring the CAN-MDS: a variable by variable review ▶ Ensuring understanding of CAN-MDS (working with mock cases) ▶ Key Ethical Issues related to CAN Surveillance ▶ Building the National Core Groups of Operators ▶ Planning the training workshops of core groups CAN-MDS operators ▶ Questions & Answers on building national core groups & planning national workshops 	<ul style="list-style-type: none"> ▶ Introduction to the Project ▶ The role of trainees as members of Core-Groups ▶ Exploring the CAN-MDS: a variable by variable review ▶ Ensuring understanding of CAN-MDS (working with mock cases) ▶ Key Ethical Issues related to CAN Surveillance ▶ Building the National Expanded Groups of Operators ▶ Planning the training workshops of expanded groups CAN-MDS operators ▶ Questions & Answers on building national expanded groups & planning national workshops 	<ul style="list-style-type: none"> ▶ Introduction to the Project ▶ The role of trainees as members of Expanded-Groups ▶ Exploring the CAN-MDS: a variable by variable review ▶ Ensuring understanding of CAN-MDS (working with mock cases) ▶ Key Ethical Issues related to CAN Surveillance

First, a small group of professionals working on the project (namely local coordinators and researchers) will participate in the train-of-trainers seminar in order to act as national focal points for the project at a later phase in the project (see *Content of Train-of-Trainers Seminar*). The trained professionals will proceed to form national core-groups of operators in their countries (~20 professionals per country) and will conduct training workshops (see *Content of National Workshops*). The members of the core groups, in their turn, will also be trained in order to proceed to form expanded groups of CAN-MDS operators (potentially –if and when a national CAN-MDS surveillance system is implemented) and implement trainings for the professionals of the expanded groups (see *Content of National Trainings*).

Training expectations, objectives and goals

Train-of-Trainers Seminar

Local Coordinators and Researchers who are going to act as trainers of national core groups of operators

- to understand
 - what the CAN-MDS surveillance system is and what the purpose and necessity are of using such a system
 - which are the agencies and the operators who are eligible to be involved in the CAN-MDS surveillance system
 - which are the cases that are eligible to be recorded in the CAN-MDS surveillance system
 - the ethical issues that govern CAN data collection (the importance of data confidentiality, legislative provisions, professionals' codes of ethics)
- get acquainted with the technical characteristics of CAN-MDS and to understand how to use it (via mock-completions of the tool/form on the basis of case studies)

Having the above information, trained partners are expected to be able:

- to inform the members of National Core Groups of the CAN-MDS
 - on the project and its aims
 - on what is expected of them in the future [they will act as multipliers by training other eligible professionals (in cases where a National CAN-MDS will be built) and therefore they should be familiarized with the specific training process]

and moreover

- to ensure a common understanding (among professionals of core groups in different countries) of the aim and content of the training & that a common methodology will be used in national trainings
- to "pilot" the training module and improve it (for the national context) via the evaluation by identifying potential omissions and suggesting modifications (eliminations/ additions)

Identity of Training of Trainers Seminar

Work stream 4: Capacity Building: Train of Trainers and of National Core Groups of CAN-MDS Operators

Activity 4.3: Conduction of a train-of-trainers seminar

Output 4.1: 1day Train of Trainers Seminar (Activity 3)

Output 4.2: Evaluation of the Seminar (Activity 4)

Timeline: M18

Duration: 1-day (8 hours)

Trainers: Project's Coordinating Team, External Evaluator & Expert on Ethics

Trainees: Project's Local Coordinators and Researchers

The aim of the seminar was to train partners as national "focal points" who will undertake to train national Core Groups of CAN-MDS Operators and evaluate it. The aim of the evaluation is to assess the effectiveness of trainers' training and to proceed to improvements of the prototype module (EN) (if needed)

National Workshops of Core Groups of CAN-MDS Operators

Professionals/Trainees, members of core group of CAN-MDS Operators

- to understand
 - what is CAN-MDS surveillance system and what is the purpose and the necessity of using such a system
 - which are the agencies and the operators who are eligible to be involved in the CAN-MDS surveillance system
 - which are the cases that are eligible to be recorded in the CAN-MDS surveillance system
 - the ethical issues that are governing CAN data collection (the importance of data confidentiality, legislative provisions, professionals' codes of ethics)
- get acquainted with the technical characteristics of CAN-MDS and understand how to use it (via mock-completions of the tool/form on the basis of case studies)

Having the above information, trained professionals of the core groups of CAN-MDS operators are expected to be able:

- to inform the members of Extended Groups of CAN-MDS potential operators
 - on the project and its aims
 - on what it is expected by them in the future [they will act as multipliers by training other eligible professionals, i.e. *expanded groups of operators* (in case that a National CAN-MDS will be built) and therefore they should be familiarized with the specific training process]
 - to ensure a common understanding (among professionals of extended groups in their countries) of the aim and the content of the training & that a common methodology will be used in national trainings

Identity of National Workshops

Work stream 4: Capacity Building: Train of Trainers and of National Core Groups of CAN-MDS Operators

Activity 4.5: Conduction of training of national core groups of CAN-MDS operators at a country level

Output 4.3: Seven 1day CAN-MDS trainings at a national level (7 countries x 20 professionals/trainees, Act. 5)

Output 4.2: Evaluation of Professionals trainings at a national level (in the 7 participating countries (Activity 6)

Timeline: M20

Duration: 1-day (8 hours) per workshop

Trainers: Participants in the Train of Trainers Seminar

Trainees: 20 professionals per country that will be selected in each country according to the results of the respective process (see WS.3_D1_Eligibility criteria for CAN-MDS Operators' Core Groups and Expanded Groups).

Note: The same professionals could be also invited to participate in the focus groups (that will be implemented before the trainings, during the adaptation of the material).

The aim of the national workshops is to build the capacity of national core groups of CAN-MDS future operators in order for the CAN-MDS to be ready for piloting in the 7 countries (BG, BE, DE, GR, FR, IT, RO) (Activity 5). The aim of the evaluation of professionals workshops is to assess the effectiveness of professionals-potential CAN-MDS operators' training and to proceed to improvements of the modules (if needed).

National Trainings of Expanded Groups of CAN-MDS Operators (potentially, after the project's end)

Professionals/Trainees, members of expanded groups of CAN-MDS Operators

- to understand
 - what is CAN-MDS surveillance system and what is the purpose and the necessity of using such a system
 - which are the cases that are eligible to be recorded in the CAN-MDS surveillance system
 - the ethical issues that are governing CAN data collection (the importance of data confidentiality, legislative provisions, professionals' codes of ethics)

- get acquainted with the technical characteristics of CAN-MDS and understand how to use it (via mock-completions of the tool/form on the basis of case studies)

Having the above information, trained professionals of the expanded groups of CAN-MDS operators are expected to be informed:

- on the CAN-MDS SS and its aims
- on what it is expected by them (in case that a National CAN-MDS will be built) as systems' operators
- to have a common understanding (regardless their professional background and field they are working) of the methodology of using the CAN-MDS

Identity of National Trainings

Timeline:	(potentially) after the project's end
Duration:	1-day (8 hours) per training
Trainers:	Members of national Core Groups of CAN-MDS operators
Trainees:	eligible professionals that will be selected in each country according to the results of the respective process (see WS.3_D1_Eligibility criteria for CAN-MDS Operators' Core Groups and Expanded Groups).

The aim of the national trainings would be to build the capacity of national expanded groups of CAN-MDS operators (in case that a National CAN-MDS will be built). The aim of the evaluation of national trainings is to assess the effectiveness of professionals-potential CAN-MDS operators' training and to proceed to improvements of the modules (when needed).

Aim of Evaluation

-to assess the effectiveness of trainers' training and to proceed to improvements of the module (if needed)

and

-to assess the effectiveness of national core groups of CAN-MDS operators' workshops and to proceed to improvements of national training modules (if needed)

Evaluation Methodology

What is going to be measured?

For evaluating the effectiveness of trainings, namely the extent to which the goals and objectives of the training are fulfilled, the following aspects of the training are going to be measured (via formal and informal evaluations):

- **Expectations of trainees**
- **Self-assessment of trainees concerning**
 - their knowledge
 - their awareness
 - their self-confidence concerning their expected role
- **Appropriateness of the training module**
 - Adequacy of information (content of training)
 - Appropriateness of means and material used during the training
 - Effectiveness of tools (through practicing the CAN-MDS via mock cases)
 - Duration, facilities, etc.

Formal evaluation

The formal evaluation will be done via questionnaires, on the basis of which the trainees will be asked to assess various aspects of the trainings (seminars and workshops) by providing ratings on a number of items related to a. their expectations from the training; b. self-assessment of their knowledge on CAN surveillance issues, of their awareness on issues related to the project and the CAN-MDS and c. their self-confidence regarding issues related to the role they are expected to undertake in the context of the project (national focal points and national trainers, members of core groups of CAN-MDS operators and trainers of the expanded groups and members of the expanded groups of CAN-MDS operators and final users of the system).

Two measures are provisioned to be used, one before the training and the second after the end of the training (with the completion of pre- and post- questionnaires respectively). A more detailed presentation of the issues included in the evaluation questionnaire is depicted below:

Train-of-Trainers Seminar	National Workshops of Core Groups	National Trainings of Expanded Groups
<ul style="list-style-type: none"> ▶ Learning expectations of trainees from the seminar on issues such as <ul style="list-style-type: none"> - the project CAN-MDS and its objectives - ethical issues related to CAN surveillance - their role as national trainer - how to build their national Core Group of Operators for a potential CAN-MDS - how to plan their national training of Core Group of Operators for a potential CAN-MDS ss - how to implement their national training of Core Group of Operators for a potential CAN-MDS ss - how to evaluate their national training of Core Group of Operators for a potential CAN-MDS ss ▶ Self-assessment of trainees concerning ▶ their knowledge on issues such as <ul style="list-style-type: none"> - why child abuse and neglect (CAN) surveillance is necessary - what the main problems related to CAN surveillance are - what the main ethical issues related to 	<ul style="list-style-type: none"> ▶ Learning expectations of trainees from the workshop on issues such as <ul style="list-style-type: none"> - the project CAN-MDS and its objectives - ethical issues related to CAN surveillance - their role as members of core group - how to build national Expanded Group of Operators for a potential CAN-MDS - how to plan their national trainings of Expanded Group of Operators for a potential CAN-MDS ss - how to implement their national training of Expanded Group of Operators for a potential CAN-MDS ss - how to evaluate their national training of Expanded Group of Operators for a potential CAN-MDS ss ▶ Self-assessment of trainees concerning ▶ their knowledge on issues such as <ul style="list-style-type: none"> - why child abuse and neglect (CAN) surveillance is necessary - what the main problems related to CAN surveillance are - what the main ethical issues related to 	<ul style="list-style-type: none"> ▶ Learning expectations of trainees from the training on issues such as <ul style="list-style-type: none"> - the CAN-MDS SS and its objectives - ethical issues related to CAN surveillance - their role as members of the expanded group of operators of a CAN-MDS SS ▶ Self-assessment of trainees concerning ▶ their knowledge on issues such as <ul style="list-style-type: none"> - why child abuse and neglect (CAN) surveillance is necessary - what the main problems related to CAN surveillance are - what the main ethical issues related to CAN surveillance are ▶ their awareness on issues

<p><i>CAN surveillance are</i></p> <ul style="list-style-type: none"> ▶ their awareness on issues related to <ul style="list-style-type: none"> - the project "Coordinated response to CAN via MDS" and its objectives - the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss) - what their role as national Trainers will be - how to build their National Core group of Operators for a potential CAN-MDS - how to plan the training for the National Core Group of Operators for a potential CAN-MDS ss - how to evaluate the training of National Core Group of Operators for a potential CAN-MDS ss ▶ Self-confidence concerning their role as "national focal points", namely <ul style="list-style-type: none"> - to act as national trainers - to build their National Core group of Operators for a potential CAN-MDS ss - to plan the training of their National Core Group of Operators for a potential CAN-MDS ss - to train their National Core Group of Operators for a potential CAN-MDS ss ▶ Appropriateness of the training module <ul style="list-style-type: none"> - Duration, facilities, most/least valuable elements of the training - Adequacy of information (content of the training) - Appropriateness of means & material used during the training such as - Training Programme - PowerPoint presentations - Working papers (forms & mock cases) 	<p><i>CAN surveillance are</i></p> <ul style="list-style-type: none"> ▶ their awareness on issues related to <ul style="list-style-type: none"> - the project "Coordinated response to CAN via MDS" and its objectives - the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss) - what their role as members of the national Core Group will be - how to build their expanded group of Operators for a potential CAN-MDS - how to plan the training for the expanded Group of Operators for a potential CAN-MDS ss - how to evaluate the training of the Expanded Group of Operators for a potential CAN-MDS ss ▶ Self-confidence concerning their role as members of the core group, namely <ul style="list-style-type: none"> - to act as trainers for expanded groups - to build their expanded group of Operators for a potential CAN-MDS ss - to plan the training of their Expanded Group of Operators for a potential CAN-MDS ss - to train their Expanded Group of Operators for a potential CAN-MDS ss ▶ Appropriateness of the training module <ul style="list-style-type: none"> - Duration, facilities, most/least valuable elements of the training - Adequacy of information (content of training) - Appropriateness of means & material used during the training such as - Training Programme - PowerPoint presentations - Working papers (forms & mock cases) 	<p>related to</p> <ul style="list-style-type: none"> - the objectives of the CAN-MDS Surveillance System - what their role as members of the Expanded Group of CAN-MDS operators will be ▶ Self-confidence concerning their role as members of the core group, namely <ul style="list-style-type: none"> - to act as CAN-MDS operators ▶ Appropriateness of the training module <ul style="list-style-type: none"> - Duration, facilities, most/least valuable elements of the training - Adequacy of information (content of training) - Appropriateness of means & material used during the training such as - Training Programme - PowerPoint presentations - Working papers (forms & mock cases)
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Pre- and Post- questionnaires

Evaluation questionnaires are brief in order for their completion to not be time consuming. The assessment in the pre questionnaire and the first part of the post questionnaire is made via rating on a 11-degree scale ranging from 0 to 10. The remaining part of the post questionnaire concerns the organization of the training and provides trainees with space to write their comments and suggestions in all cases where they may consider that further improvement is necessary.

The first part of the post-questionnaire, which is identical with the pre questionnaire, aims to measure the trainees' expectations as well as their self-assessment in regards to their knowledge, awareness and self-confidence pertaining to issues related to CAN surveillance in general and to the CAN-MDS project in particular. The second part of the post questionnaire was added for further evaluation of the training (concerning duration, content completeness, suggestions for improvements, least and most valuable aspects of the Seminar and the accommodation).

On the following pages, suggested pre- and post- questionnaires are available for the evaluation of

- Train-of-Trainers seminar
- National Workshops of Core Groups of CAN-MDS Operators
- National Trainings of Expanded Groups of CAN-MDS Operators

The last two questionnaires should be adapted by project partners according to country specifics and translated.

Train-of-Trainers Seminar
Pre-questionnaire

Training of Trainers Seminar

Location: _____

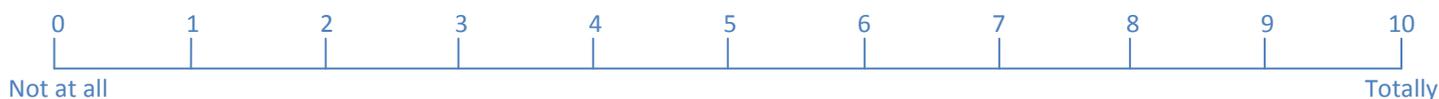
Date: _____

Dear Participant,

Please rate each of the following statements on the basis of an 11-degree scale where 0=not at all (minimum evaluation) and 10=totally (maximum evaluation).

Your feedback is sincerely appreciated. Thank you in advance!

Name/Country/ Specialty:



I think I know		Rate
1	why child abuse and neglect (CAN) surveillance is necessary	
2	what the main problems related to CAN surveillance are	
3	what the main ethical issues related to CAN surveillance are	

I am aware		Rate
1	of the project "Coordinated response to CAN via MDS" and its objectives	
2	of the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss)	
3	what will be my role as national Trainer in general	
4	on how to build our National Core group of Operators for a potential CAN-MDS ss	
5	on how to plan the training of our National Core Group of Operators for a potential CAN-MDS ss	
6	on how to evaluate the training of our National Core Group of Operators for a potential CAN-MDS ss	

I feel confident		Rate
1	to act as a national trainer in general	
2	to build our National Core group of Operators for a potential CAN-MDS ss	
3	to plan the training of our National Core Group of Operators for a potential CAN-MDS ss	
4	to train our National Core Group of Operators for a potential CAN-MDS ss	

I expect this training to provide me with adequate information		Rate
1	on the project CAN-MDS and its objectives	
2	on ethical issues related to CAN surveillance	
3	on my role as national trainer in general	
3	on how to build our national Core Group of Operators for a potential CAN-MDS ss	
4	on how to plan our national training of Core Group of Operators for a potential CAN-MDS ss	
5	on how to implement our national training of Core Group of Operators for a potential CAN-MDS ss	
6	on how to evaluate our national training of Core Group of Operators for a potential CAN-MDS ss	

Train-of-Trainers Seminar
Post-questionnaire

Training of Trainers Seminar

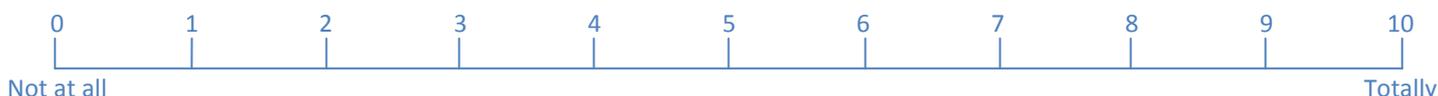
Location: _____
Date: _____

Dear Participant,

After the attendance of the 8-hour seminar please, rate each of the following statements on the basis of an 11-degree scale where 0=not at all (minimum evaluation) and 10=totally (maximum evaluation).

Thank you again!

Name/Country/ Specialty:



I think I know		Rate
1	why child abuse and neglect (CAN) surveillance is necessary	
2	what the main problems related to CAN surveillance are	
3	what the main ethical issues related to CAN surveillance are	

I am aware		Rate
1	of the project "Coordinated response to CAN via MDS" and its objectives	
2	of the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss)	
3	what will be my role as national Trainer in general	
4	on how to build our National Core group of Operators for a potential CAN-MDS ss	
5	on how to plan the training of our National Core Group of Operators for a potential CAN-MDS ss	
6	on how to evaluate the training of our National Core Group of Operators for a potential CAN-MDS ss	

I feel confident		Rate
1	to act as a national trainer in general	
2	to build our National Core group of Operators for a potential CAN-MDS ss	
3	to plan the training of our National Core Group of Operators for a potential CAN-MDS ss	
4	to train our National Core Group of Operators for a potential CAN-MDS ss	

This training provide me with adequate information		Rate
1	on the project CAN-MDS and its objectives	
2	on ethical issues related to CAN surveillance	
3	on my role as national trainer in general	
3	on how to build our national Core Group of Operators for a potential CAN-MDS ss	
4	on how to plan our national training of Core Group of Operators for a potential CAN-MDS ss	
5	on how to implement our national training of Core Group of Operators for a potential CAN-MDS ss	
6	on how to evaluate our national training of Core Group of Operators for a potential CAN-MDS ss	

Organization of the Seminar	
1 The duration of Seminar was:	0. As much as needed 1. More than needed, I would suggest to last _____ hours 2. Less than needed, I would suggest to last _____ hours
2 The information provided during the Seminar was:	0. As much as needed 1. More than needed 2. Less than needed If 1 or 2: I would suggest to eliminate/add: _____ _____ _____ _____
3 The means used for the training (presentations, mock cases, process):	0. Was appropriate 1. Needs improvement; I would suggest to: _____ _____ _____
3 The difficulty of the seminar was:	0. The expected 1. More difficult than expected 2. Less difficult than expected If 1 or 2: I would suggest to: _____ _____ _____
4 Are there other improvements would you recommend in this Seminar?	0. No 1. Yes: _____ _____ _____
5 What is least valuable about this seminar?	_____ _____ _____
6 What is most valuable about this seminar?	_____ _____ _____
7 Are there any personal expectations of yours that were not achieved?	0. No 1. Yes (<i>what and why</i>) _____ _____ _____
8 How would you rate the accommodation (e.g. seating comfort, facilities)	_____ (please provide a rate from 0=min to 10=max)

National Workshop for
Core Group of CAN-MDS Operators
Pre-questionnaire

Workshop for Core Group of CAN-MDS Operators

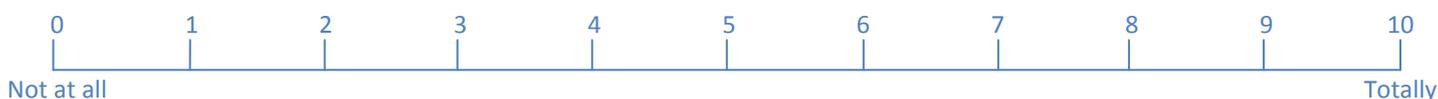
Location: _____
Date: _____

Dear Participant,

Please rate each of the following statements on the basis of an 11-degree scale where 0=not at all (minimum evaluation) and 10=totally (maximum evaluation).

Your feedback is sincerely appreciated. Thank you in advance!

Name/Agency/ Specialty:



I think I know		Rate
1	why child abuse and neglect (CAN) surveillance is necessary	
2	what the main problems related to CAN surveillance are	
3	what the main ethical issues related to CAN surveillance are	

I am aware		Rate
1	of the project "Coordinated response to CAN via MDS" and its objectives	
2	of the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss)	
3	what will be my role as member of the national core group of CAN-MDS operators	
4	on how to build expanded groups of Operators for a potential CAN-MDS ss	
5	on how to plan the training of expanded groups of Operators for a potential CAN-MDS ss	
6	on how to evaluate the training of expanded groups of Operators for a potential CAN-MDS ss	

I feel confident		Rate
1	to act as a member of the core group of CAN-MDS and national trainer in general	
2	to build expanded groups of Operators for a potential CAN-MDS ss	
3	to plan the training of expanded groups of Operators for a potential CAN-MDS ss	
4	to train expanded groups of Operators for a potential CAN-MDS ss	

I expect this training to provide me with adequate information		Rate
1	on the project CAN-MDS and its objectives	
2	on ethical issues related to CAN surveillance	
3	on my role as member of the core group of CAN-MDS and national trainer in general	
3	on how to build expanded groups of Operators for a potential CAN-MDS ss	
4	on how to plan the training of expanded groups of Operators for a potential CAN-MDS ss	
5	on how to implement the training of expanded groups of Operators for a potential CAN-MDS ss	
6	on how to evaluate the training of expanded groups of Operators for a potential CAN-MDS ss	

National Workshop for
Core Group of CAN-MDS Operators
Post-questionnaire

Workshop for Core Group of CAN-MDS Operators

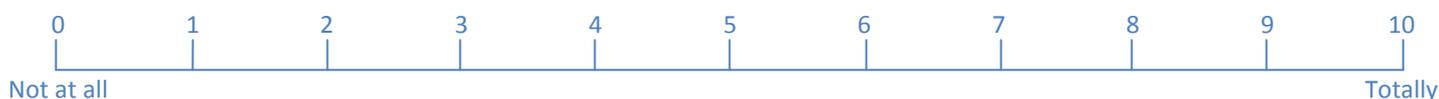
Location: _____
Date: _____

Dear Participant,

After the attendance of the 8-hour seminar please, rate each of the following statements on the basis of an 11-degree scale where 0=not at all (minimum evaluation) and 10=totally (maximum evaluation).

Thank you again!

Name/Agency/ Specialty:



I think I know		Rate
1	why child abuse and neglect (CAN) surveillance is necessary	
2	what the main problems related to CAN surveillance are	
3	what the main ethical issues related to CAN surveillance are	

I am aware		Rate
1	of the project "Coordinated response to CAN via MDS" and its objectives	
2	of the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss)	
3	what will be my role as member of the national core group of CAN-MDS operators	
4	on how to build expanded groups of Operators for a potential CAN-MDS ss	
5	on how to plan the training of expanded groups of Operators for a potential CAN-MDS ss	
6	on how to evaluate the training of expanded groups of Operators for a potential CAN-MDS ss	

I feel confident		Rate
1	to act as a member of the core group of CAN-MDS and national trainer in general	
2	to build expanded groups of Operators for a potential CAN-MDS ss	
3	to plan the training of expanded groups of Operators for a potential CAN-MDS ss	
4	to train expanded groups of Operators for a potential CAN-MDS ss	

This training provide me with adequate information		Rate
1	on the project CAN-MDS and its objectives	
2	on ethical issues related to CAN surveillance	
3	on my role as member of the core group of CAN-MDS and national trainer in general	
3	on how to build expanded groups of Operators for a potential CAN-MDS ss	
4	on how to plan the training of expanded groups of Operators for a potential CAN-MDS ss	
5	on how to implement the training of expanded groups of Operators for a potential CAN-MDS ss	
6	on how to evaluate the training of expanded groups of Operators for a potential CAN-MDS ss	

Organization of the Seminar	
1 The duration of the Workshop was:	0. As much as needed 1. More than needed, I would suggest to last _____ hours 2. Less than needed, I would suggest to last _____ hours
2 The information provided during the Workshop was:	0. As much as needed 1. More than needed 2. Less than needed If 1 or 2: <i>I would suggest to eliminate/add:</i> _____ _____ _____ _____
3 The means used for the workshop (presentations, mock cases, process):	0. Was appropriate 1. Needs improvement; <i>I would suggest to:</i> _____ _____ _____
3 The difficulty of the workshop was:	0. The expected 1. More difficult than expected 2. Less difficult than expected If 1 or 2: <i>I would suggest to:</i> _____ _____ _____
4 Are there other improvements would you recommend in this workshop?	0. No 1. Yes: _____ _____ _____
5 What is least valuable about this workshop?	_____ _____ _____
6 What is most valuable about this workshop?	_____ _____ _____
7 Are there any personal expectations of yours that were not achieved?	0. No 1. Yes (<i>what and why</i>) _____ _____ _____
8 How would you rate the accommodation (e.g. comfort, facilities)	_____ (please provide a rate from 0=min to 10=max)

National Trainings for
Expanded Group of CAN-MDS Operators
Pre-questionnaire

Training for CAN-MDS Operators

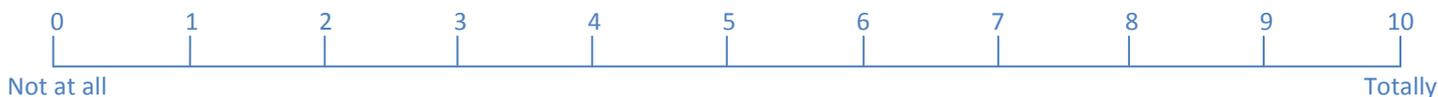
Location: _____
Date: _____

Dear Participant,

Please rate each of the following statements on the basis of an 11-degree scale where 0=not at all (minimum evaluation) and 10=totally (maximum evaluation).

Your feedback is sincerely appreciated. Thank you in advance!

Name/Agency/ Specialty:



I think I know		Rate
1	why child abuse and neglect (CAN) surveillance is necessary	
2	what the main problems related to CAN surveillance are	
3	what the main ethical issues related to CAN surveillance are	

I am aware		Rate
1	of the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss)	
2	what will be my role as a CAN-MDS Surveillance System Operator	

I feel confident		Rate
1	to act as a CAN-MDS Operator	
2	to use the CAN-MDS effectively	

I expect this training to provide me with adequate information		Rate
1	on ethical issues related to CAN surveillance	
2	on what exactly is the CAN-MDS Surveillance System	
3	on my role as a CAN-MDS Operator	
4	on how to use the CAN-MDS	

I also expect (please use the empty lines below to add further expectations):		Rate
1	_____	
2	_____	
3	_____	
4	_____	

National Workshop for
Expanded Group of CAN-MDS Operators
Post-questionnaire

Training for CAN-MDS Operators

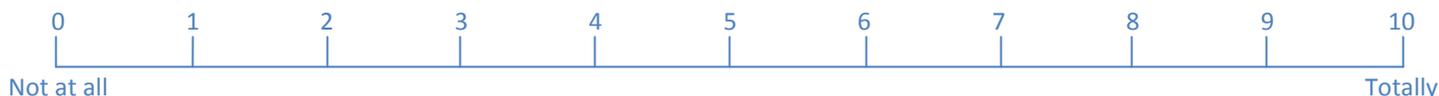
Location: _____
Date: _____

Dear Participant,

After the attendance of the 8-hour seminar please, rate each of the following statements on the basis of an 11-degree scale where 0=not at all (minimum evaluation) and 10=totally (maximum evaluation).

Thank you again!

Name/Agency/ Specialty:



I think I know		Rate
1	why child abuse and neglect (CAN) surveillance is necessary	
2	what the main problems related to CAN surveillance are	
3	what the main ethical issues related to CAN surveillance are	

I am aware		Rate
1	of the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss)	
2	what will be my role as a CAN-MDS Surveillance System Operator	

I feel confident		Rate
1	to act as a CAN-MDS Operator	
2	to use the CAN-MDS effectively	

I expect this training to provide me with adequate information		Rate
1	on ethical issues related to CAN surveillance	
2	on what exactly is the CAN-MDS Surveillance System	
3	on my role as a CAN-MDS Operator	
4	on how to use the CAN-MDS	

I also expect (please use the empty lines below to add further expectations):		Rate
1	_____	

2	_____	

3	_____	

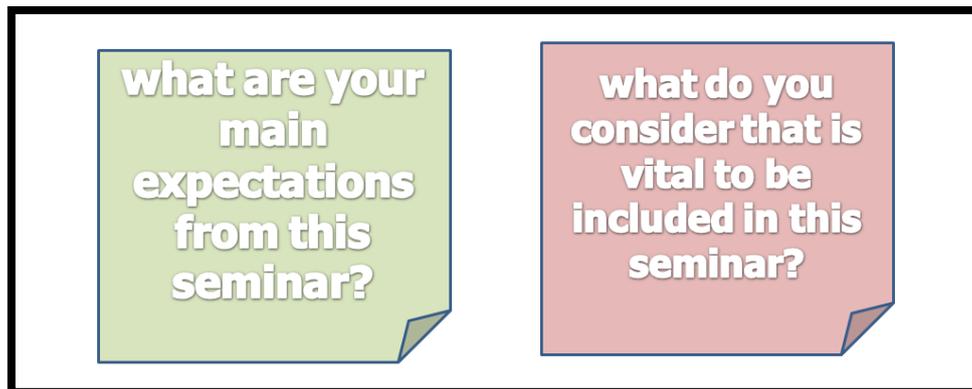
4	_____	

Organization of the Seminar	
1 The duration of the training was:	0. As much as needed 1. More than needed, I would suggest to last _____ hours 2. Less than needed, I would suggest to last _____ hours
2 The information provided during the training was:	0. As much as needed 1. More than needed 2. Less than needed If 1 or 2: I would suggest to eliminate/add: _____ _____ _____ _____
3 The means used for the training (presentations, mock cases, process):	0. Was appropriate 1. Needs improvement; I would suggest to: _____ _____ _____
3 The difficulty of the training was:	0. The expected 1. More difficult than expected 2. Less difficult than expected If 1 or 2: I would suggest to: _____ _____ _____
4 Are there other improvements would you recommend in this training?	0. No 1. Yes: _____ _____ _____
5 What is least valuable about this training?	_____ _____ _____
6 What is most valuable about this training?	_____ _____ _____
7 Are there any personal expectations of yours that were not achieved?	0. No 1. Yes (<i>what and why</i>) _____ _____ _____
8 How would you rate the accommodation (e.g. comfort, facilities)	_____ (please provide a rate from 0=min to 10=max)

Informal Evaluation

An informal evaluation procedure has also been provisioned and consists of two processes.

- A. The first process, which would also operate as an ice-breaking activity is to provide trainees –even before the completion of the pre-questionnaire- with the opportunity to freely express their expectations as well as what they consider as vital to be included in the training by writing their responses on colored post-its (the instruction could be given in a slide as presented in the figure below). The trainees’ responses could afterwards be placed on flipcharts and used by the trainer at the end of the training for guiding the discussion that reflects on the training (whether their expectations were similar with the pre-defined expectations of the training and to what extent they were eventually fulfilled and whether the points considered as *vital* by the trainees were included in the training).



- B. The second process of the informal evaluation is related to the practice during the training (using forms and mock cases). Specifically, the practicing consists of three phases:

Phase A: Recording of CAN cases without using tools (“blank sheet”)

Aim: To provide a basis for comparisons of recording

- uniformity among trainees on the basis of practices they already use
- completeness between phases for the same researchers

Through the discussion of these records it is expected to become clear to trainees why more structured methodology and tools are needed for CAN surveillance

Time: This phase will take place after the introductory part (on the importance of CAN surveillance) but before any discussion on CAN-MDS.

Procedure: Trainees are asked to record eligible CAN cases by using a blank response sheet, according to what they already know and use in their everyday practice.

Phase B: Recording of CAN cases by using a broadly structured response sheet

Aim: To provide data for comparisons with A and C phases

- uniformity of recorded information among trainees
- completeness of the records compared with Phase A

Through the discussion of these records it is expected to become clear to trainees how a broadly structured tool supports the data collection for CAN surveillance (advantages in comparison with the condition with “no tools”) and what the problems are of keeping records for CAN cases with semi-structured tools (disadvantages in comparison with the detailed CAN-MDS that follows in Phase 3)

Time: This phase will take place after the first part of the session ("Exploring the CAN-MDS") but before the detailed "variable by variable" review.

Procedure: Trainees are asked to record eligible CAN cases by using a semi-structured response sheet.

Phase C: Recording of CAN cases by using the CAN-MDS

Aim: To provide data for comparisons with A and B phases

- uniformity of recorded information among trainees
- completeness of the records compared with Phases A and B

Through the discussion of these records it is expected to become clear to trainees how the usage of CAN-MDS supports the data collection for CAN surveillance. Moreover, trainees will have the opportunity to test whether they had the opportunity to learn the necessary information during the training. Barriers and difficulties can be discussed and requests for clarifications can be asked.

Time: This phase will take place after the second part of the session ("Exploring the CAN-MDS variable by variable"). The overall discussion can take place after the end of the Seminar.

Procedure: Trainees are asked to record eligible CAN cases by using the CAN-MDS.

As described above, data will be readily available for discussion during and between phases.

Expected results during (within) phases

Phase A: Qualitative and quantitative characteristics of recorded information are expected to broadly differ among trainees (depending on their professional backgrounds and their everyday practice)

Phase B: Recorded information is expected to be more or less similar from all trainees, regardless of their professional backgrounds and the practices they use but the details in data collected are expected to be different among trainees

Phase C: Given that trainees have understood the CAN-MDS, the information recorded is expected to be similar among trainees as well as the detailed data collection.

Expected results between phases

Phase A is expected to result in less information than the other phases and mainly in non homogeneous records among trainees. Phase B is expected to result in more homogeneous records among trainees than Phase A, the details however could also be differentiated according to trainees' characteristics. Phase C is expected to result in more homogeneous records than the previous two phases and to have more similarities concerning the details of case recorded.

Below, the 4 mock cases are presented (material which can be modified according to country specifics to be used by "actors"-sources of information) along with the 3 different tools for case recording (to be used by trainees-future operators of a CAN-MDS surveillance system).

Material for "actors" – sources of information

Case 1: Tina (identity of referral: Pediatrician)

Case 2: Anton (identity of referral: Mother)

Case 3: Jack (identity of referral: Jack, the alleged victim)

Case 4: Tiffany (identity of referral: Mother, victim of IPV)

CASE 1

YOUR ROLE: Pediatrician

Settings: You are a Pediatrician working in a Children's Hospital and you have serious suspicions for a case of child maltreatment. You decided to go to the Police Department in your area and submit a referral.

Instruction: Please provide to Police Officer **ONLY** the information in **GREEN FONT**.

Introduce the request: "Good afternoon. I am here to refer the case of a child that in my opinion suffers serious maltreatment"

Introduce the content of referral: "Almost five months ago, a young girl, Tina, was admitted to the hospital where I am working with multiple injuries; after physical examination, a black eye and bruises on her buttocks, back and the back of her thighs were discovered. She was severely beaten with an object, probably a stick. The parents –clearly overwhelmed- claimed she was attacked by an intruder. Today Tina was admitted in the hospital again with serious injuries. Her parents said that they found Tina beaten lying on a mattress"

Instruction: Please provide the following information in **BLUE FONT ONLY** if you are asked by the Officer

RECORD

Agency's ID → not known to you
Operator's ID → not known to you
Date → April 9 2014
Source of referral → "I am a medical doctor, pediatrician, and I am working in the Central Children's Hospital in Sofia"

INCIDENT

ID → not known to you
Date → "based on the status of her injuries I can say that the incident happened at least two days before she came to the hospital"
Location → "in her home"
Form(s) of maltreatment → "she was probably beaten with a belt; moreover, she has a burn in the oral cavity, probably due to swallowing tabasco sauce or something similar; she was terrified; she was trembling and crying upon her arrival; I asked her what happened but she didn't say a word –I am not sure if this happened due to her fear or because of the burn"

CHILD

ID → not known to you
Gender → "she is a girl"
Age → "almost 3,5 years old".
 If you asked again for the birth date → "I have Tina's date birth in her file –I can inform you via telephone by tomorrow".
School attendance → "I don't know, I don't think so, she is too young"
History of CAN → "as I already told you, five months ago Tina's parents brought her to the hospital; at that time she had a black eye and bruises on her buttocks, and was beaten"

FAMILY

Composition → "As far as I remember there are no other children in the family –but I have to check it also"
Primary Caregiver(s) relationship to child → "Her parents"
Primary Caregiver(s) gender → "male" & "female"
Primary Caregiver(s) age → "more or less 30 years old".
 -If you asked specifically for birth year → "I don't know".

→ "mother is ~25-30 and father ~30-35"

-If you asked for more precise estimation of parents' age

Other type(s) of violence

→ "None, as far I as I know; Social Services assessed the case before, so it is possible to have some more information"

SERVICES

Institutional response

→ "Yes, physical exams by the pediatrician and stomatologist. To my knowledge following Tina's first admission an investigation was made by the social services of our hospital with no findings. After her discharge note, she was returned home. And physical exams, of course"

Referral(s) to Services

→ "I have no knowledge of this"

Instruction:

When the Officer informs you that s/he finished with the recording, then provide him/her with the "pending" information below:

Next day you call the police officer and inform him/her about

- **Child's Date of birth (27 November 2010)**
- **No other children in the family**

(case adapted by: Children's Alliance of Kansas

http://www.childally.org/courses/CAN101/CAN_S3physabuseindic.html)

CASE 2

YOUR ROLE: Anton's Mother

Settings: You are the mother of Anton X. A social worker from Central Child Protection Services came to your house following an order from the District Attorney because of (as she informed you) some concerns raised about the care provided to Anton.

History: Your son Anton X is 6 years old and lives with you (you are a 24 year old single mother). One day Anton's teacher, Ms Mary X informed the District Attorney that Anton walked to school in below-freezing weather wearing only a long-sleeved shirt, long pants and tennis shoes. His feet were wet from the snow, and he was obviously cold. Ms Mary X called the District Attorney because of repeated similar events; the same teacher had previously called Local social services to report possible neglect but it seems that the situation is the same". The District Attorney called the Central Child Protection Services and asked them to proceed an assessment of Anton's living conditions.

What really happens is that you are a single mother and do the best you can for Anton. It is obvious, however, that this is not enough given that usually Anton does not follow the rules you set and you do not know how to persuade him. Moreover, you have a lot of problems to solve on an everyday basis (related to household administration, money and your job) that it is difficult for you to devote more time to Anton's care.

Today you received a visit from a Social Worker following the order of the District Attorney.

Instruction: Please provide information in **BLUE FONT ONLY** if you are asked from the Social Worker

RECORD

Agency's ID → not known to you
 Operator's ID → not known to you
 Date → April 9 2014
 Source of referral → "I am Anton's mother"

INCIDENT

ID → not known to you
 Date → "I don't understand which day you are referring to"
 Location → -
 Form(s) of maltreatment → "Anton is a hyper-active child, argumentative and loud, and often I am not able to convince him to wear his clothes or to eat his food or even to bathe. Other times he does not return home immediately after school and I don't know where he is."
 If you are asked again for more details → "Anton does makes whatever he wants and totally ignores me. This makes me angry. Sometimes I try yelling at him and call him names (that afterwards I regret). Other times I try to be friendly by letting him decide what he wants to eat and when he totally opposes me, I tell him that I'm going to get sick and he would be responsible for it".

CHILD

ID → not known to you
 Gender →
 Age → "6 years old".
 If you asked again for the birth date → "Anton was born on February 15, 2008".
 School attendance → "Yes, in first grade of elementary school".
 If you are asked for further details → "He is very sensitive, often sick and therefore he is often absent from school-almost half of the time; this is why his teacher raised some concerns some months ago"
 History of CAN → "None"

FAMILY

Composition → "Anton lives with me; I am a single mother; no other person lives in our home"
 Primary Caregiver(s) relationship to child → "Myself"

- Primary Caregiver(s)** →
gender
Primary Caregiver(s) → "24 years old; I delivered Anton when I was 18"
age → "1990".
-If you asked specifically for birth year
Other type(s) of violence → "Nowadays no; previously there was a very difficult situation between me and my ex-boyfriend. He lived with us for almost two years. Anton was almost always present during our arguments. He left the house 1,5 years ago and since then everything has been okay"

SERVICES

- Institutional response** → "Over the past few months, I have met with a social worker from local social services 4-5 times, when the teacher –as I told you- informed social services regarding some concerns about Anton. That was all"
Referral(s) to Services → "Following the suggestion of the other social worker, I participated in a parent support program for 3 months; she considered that it would be of help for me because I am a single mother and I have some difficulties in raising Anton".

(case adapted by: Children's Alliance of Kansas

http://www.childally.org/courses/CAN101/CAN_S3physabuseindic.html)

CASE 3

YOUR ROLE: 11 YEAR OLD BOY

Settings: You are an 11 year old boy, Jack X. You are in the office of a child psychiatrist where your parents decided to ask for help because of your unexpected change from a quiet boy to an argumentative, loud, and always opposing child against your parents. At some time, you tolds to your mother that you feel sad sometimes and angry at other times. Your mother suggested to you to visit an expert (the psychiatrist) and reassured you that you can discuss with her/him whatever might be happening to make you feel this way.

History: Jack (11 year old) used to spend a lot of time with a neighbor who goes to the same church. Jack's parents are happy that he has a friend to provide guidance because Jack has always been somewhat of a loner. The man seems to relate very well to young boys, and Jack is very attached to him, even calling him "Uncle Dave." Uncle Dave becomes a bigger part of Jack's life over time, taking him on trips, fishing, and camping. Unexpectedly, Jack changes from a quiet boy to being argumentative, loud, and always opposing his parents. He gets into fights at school and acts like he doesn't want to spend time with Uncle Dave anymore. Jack's behavior grows increasingly worse. Finally, in a calm moment, Jack's mother is able to talk to Jack about his feelings. He tells her that he feels sad sometimes and angry at other times. She suggested to Jack to visit an expert (a child psychiatrist) and reassured him that he can discuss with him/her whatever might be happening to make him feel this way.

Previous session: In your previous session, you (Jack) had already discussed with the professional the reason leading you in his/her office:
"My parents suggested to have a discussion with you because they are concerned about how I feel – I feel sad sometimes and angry at other times and I often get into fights at school. My parents considered that it would be better to discuss it with you"

Current session: During the discussion between you and the professional aiming to identify the reason of the sudden changes in your feelings, s/he asked if any specific person makes you feel bad. Then you (Jack) decided to disclose the reason, namely the abuse suffered by the neighbor:

Jack (YOU) start first:

Instruction: Please provide to the psychiatrist **ONLY** the information in **GREEN FONT**.

"Last year I used to spend a lot of time with a neighbor who goes to the same church with me, Mr Dave. I was happy that I had a friend because I had always been somewhat of a loner. I felt very attached to Mr Dave, and this is why I called him "Uncle Dave." He takes me on trips, fishing, and camping. Anyway, Mr Dave did something that makes me feel very ashamed and I don't want to spend time with him anymore."

Instruction: Please provide information in **BLUE FONT ONLY** if you are asked from the Professional

RECORD

Agency's ID → not known to you
Operator's ID → not known to you
Date → April 9 2014
Source of referral → "Jack"

INCIDENT

ID → not known to you
Date → "It has happened many times during the previous year; the last time was the last day of summer holidays, when we went fishing at lake X."
Location → "Usually in his home; some times during the trips"
Form(s) of maltreatment → "Dave touched my private parts. I felt very ashamed"
If you asked again for more details → "For many months Dave asked me to "play" some

games with him by touching each-other's private parts. I didn't like at all but I was afraid to tell because Dave used to tell me that this is a secret I had to keep and moreover that I wouldn't be believed and, if I told he would say that it is my fantasy."

CHILD

- ID** → not known to you
- Gender** →
- Age** →
- If you asked again for the birth date → "I was born on May 5, 2003".
- School attendance** → "Yes, in fifth grade".
If you are asked for further details → "I have almost no absences and I am a good pupil"
- History of CAN** → "None"

FAMILY

- Composition** → "I live with my mother and father"
- Primary Caregiver(s) relationship to child** →
- Primary Caregiver(s) gender** →
- Primary Caregiver(s) age** → "I know; My mother is 35 years old and my father 39, his birthday was last week".
-If you asked specifically for birth year → "I think my mom was born in 1979 and my dad in 1975".
- Other type(s) of violence** → "Everything at home is fine; mom and dad love each other and both take care of me"

SERVICES

- Institutional response** → None
- Referral(s) to Services** → None

(case adapted by: Children's Alliance of Kansas
http://www.childally.org/courses/CAN101/CAN_S3sexabusecases.html)

CASE 4

YOUR ROLE: Kathy (Victim of IPV), Tiffany’s Mother

Settings: Your name is Kathy and you are talking with a psychologist working in a shelter for abused women, where you arrived last night.

History: Your name is Kathy and you are 44 years old. Your boyfriend, Ray, is a very violent person and sleeps with a .357 under his pillow. Last night he came home, announced he lost his job at the motorcycle factory and began drinking heavily. He forced you to have sex with him. He continued to drink and then he smacked you around and then tied you up for about 2 hours. Your teenage daughter, Tiffany who was in her bedroom in the back of the house entered the room because she was worried about your safety and asked Ray to stop. He said he would kill her if she didn’t get out of the house and he aimed at her with his gun. Afterwards, when he fell asleep you were able to leave the house along with your daughter. You called an SOS line and you went to the shelter for abused women, where you are now.

Instruction: Please provide the psychologist ONLY with the information in **GREEN FONT**.

“I do not want my boyfriend, Ray, to know I am talking about this. Ray is a very violent person and sleeps with a .357 under his pillow. Last night he came home, announced he lost his job at the motorcycle factory and began drinking heavily. He forced me to have sex with him. He continued to drink and then he smacked me around and then tied me up for about 2 hours. My teenage daughter, Tiffany who was in her bedroom entered the room because she was worried about my safety (the argument was worst than usual) and asked Ray to stop. He said he would kill her if she didn’t get out of the house and he aimed his gun at her. Afterwards, when he fell asleep I was able to wiggle out of the restraints he had me in and leave the home along with my daughter because this time the situation was worse than any previous time. I called the SOS line and this is how I came to be here now”.

Instruction: Please provide information in **BLUE FONT ONLY** if you are asked from the Professional

RECORD

Agency's ID → not known to you
 Operator's ID → not known to you
 Date → April 9 2014
 Source of referral → “Kathy (mother)”

INCIDENT

ID → not known to you
 Date → “Last night”
 Location → “at home”
 Form(s) of maltreatment → “Ray threatened Tiffany that he was going to kill her”
 If you are asked again for more details → “He aimed his gun at her!”

CHILD

ID → not known to you
 Gender →
 Age → “She is 16 years old”
 If you are asked again for the birth date → “She was born on October 23, 1998”.
 School attendance → “Yes, in high school”.
 If you are asked for further details → “She is a good student and she wants to become a lawyer”
 History of CAN → “A few times Ray pushed her away or he threw her against the wall, when she tried to stop him while beating me; very often he yells at her and calls her names”

FAMILY

Composition → “Tiffany, Ray and myself”
 Primary Caregiver(s) → (mother, mother’s partner)

relationship to child
Primary Caregiver(s) →
gender
Primary Caregiver(s) → "I'm 44 years old; Ray is 48 years old"
age → "I was born in 1970; Ray was born in 1964".
-If you asked specifically for birth year
Other type(s) of violence → "Ray has been living in our house for 6 years. During the last four years the situation between me and Ray has not been good at all... I know this has an impact also on Tiffany but I can't do much about it..."

SERVICES

Institutional response → "One year ago, after a big fight, I called the police; they came into the home and took Ray away. Afterwards I submitted a complaint and restrictive measures were imposed on Ray prohibiting him from coming into the house".
If you are asked for further details → "After six months, before the trial, Ray asked to meet me; he apologized and he was ready to do whatever was necessary to get back together"
Referral(s) to Services → "I took back the complaint and Ray, following a court order, attended a program for anger management in the context of domestic violence counseling". Eventually, he started being violent again.

(case adapted by: TRAINING SCENARIOS "DOMESTIC VIOLENCE"
<http://www.scr911.org/training/downloads/Scenarios/Domestic%20Violence.doc>)

Phase A: Recording of CAN cases without using tools ("blank sheet")

Material for trainees – future CAN-MDS Operators

- Case 1: Tina (identity of trainee: Police Officer dedicated CAN-MDS Operator in your Department)
- Case 2: Anton (identity of trainee: Social Worker dedicated CAN-MDS Operator in Central Child Protection Services)
- Case 3: Jack (identity of trainee: Child Psychiatrist dedicated CAN-MDS Operator in Health Care Service)
- Case 4: Tiffany (identity of trainee: Psychologist dedicated CAN-MDS Operator in the Shelter for Abused Women (accredited NGO))

CASE 1 – OPERATOR

A' Phase

Trainees' ROLE: Professional: Police Officer, dedicated CAN-MDS Operator in your Department

SETTINGS: **Place/Time:** Police Department, during regular working hours

Conditions: A person asks to make a referral for a suspected case of child maltreatment

When: During the intake phase

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Ask your source of referral whatever you think is important.
Keep your notes in the form "*Incident record_CASE 1_Phase A*"
You have 15 min available.

CASE 2 – OPERATOR

A' Phase

History: The District Attorney, following a referral from a primary school teacher about a child she suspected is being maltreated, asked you (the Social Worker) to proceed with an assessment of the child's living conditions.

The content of the phone call you received from the District Attorney was the following:

"Good morning. I am [Name] and I am calling you concerning a referral we received from a school teacher about a 6-year boy that potentially suffers neglect from his family". I would like to ask your services to proceed to an assessment of the living conditions of the child.

"The child's name is Anton X. and lives at (address). His teacher, Ms Mary X informed me earlier today that the boy walked to school in below-freezing weather wearing only a long-sleeved shirt, long pants and tennis shoes. His feet were wet from the snow, and he was obviously cold. Ms Mary X called us because of repeated similar events; she had previously called Local social services to report possible neglect but it seems that the situation is the same". Please send your report after you conduct the assessment.

Trainees' ROLE: Professional: Social Worker, dedicated CAN-MDS Operator in Central Child Protection Services

SETTINGS: Place: Family's Home

Conditions: Following a referral submitted by a teacher to the District Attorney, he asked you to conduct an assessment of the living conditions of the child. **You are interviewing the child's mother.**

When: During a site visit you conducted to assess the child's living conditions.

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Ask your source of referral whatever you think is important.
Keep your notes in the form "*Incident record_CASE 2_Phase A*"
You have 15 min available.

CASE 3 – OPERATOR

A' Phase

Trainees' ROLE: Professional, Child Psychiatrist, dedicated CAN-MDS Operator in Health Care Service where you work

History: Ms and Mr X are the parents of an 11 year old boy, Jack. They addressed you because of Jack's unexpected behavioral changes: from a quiet boy he became argumentative, loud, and always opposing them. Moreover, he gets into fights at school and his behavior is generally becoming increasingly worse. They are concerned about him and believe that he needs professional help.

SETTINGS: **Place:** Your office in the Health Care Service where you work
Conditions: Jack came to your office following a request from his parents to assess his behavioural changes
When: During the **second session** with Jack

Previous session:

In your previous session, Jack had already discussed with you the reason why where he was in your office: *"My parents suggested to have a discussion with you because they are concerned about how I feel – I feel sad sometimes and angry at other times and I often get into fights at school. My parents considered that it would be better to discuss it with you"*

Current Session:

In your effort to explore the reason for the sudden changes in Jack's feelings & behavior, you asked him **if any specific person makes him feel bad.**
⇒ **Jack starts first the discussion**

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Ask your source of referral whatever you think is important.
Keep your notes in the form *"Incident record_CASE 3_Phase A"*
You have 15 min available.

Note:

Already available information from the 1st session
→ Jack's date of birth (May 5, 2003)
→ School attendance (Regular attendance, fifth grade in elementary school)
→ Family composition (Jack, mother, father)
→ Primary care givers (biological mother and father, born in 1979 & 1975 respectively)

CASE 4 – OPERATOR

A' Phase

Trainees' ROLE: Professional, Psychologist, dedicated CAN-MDS Operator in the Shelter for Abused Women (accredited NGO) where you are working

History: Ms Kathy X. comes along with her teenage daughter Tiffany to the Shelter where you are working after a violent episode with Kathy's boyfriend, Ray.

SETTINGS: Place: Your office in the Shelter

Conditions: Kathy came to the shelter after a violent episode in her house with her boyfriend.

When: During the intake

Kathy starts to describe what happened

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Ask your source of referral whatever you think is important.
Keep your notes in the form "*Incident record_CASE 4_Phase A*"
You have 15 min available.

Phase B: Recording of CAN cases by using a broadly structured response sheet

Material for trainees – future CAN-MDS Operators

- Case 1: Tina (identity of trainee: Police Officer dedicated CAN-MDS Operator in your Department)
- Case 2: Anton (identity of trainee: Social Worker dedicated CAN-MDS Operator in Central Child Protection Services)
- Case 3: Jack (identity of trainee: Child Psychiatrist dedicated CAN-MDS Operator in Health Care Service)
- Case 4: Tiffany (identity of trainee: Psychologist dedicated CAN-MDS Operator in the Shelter for Abused Women (accredited NGO))

CASE 1 – OPERATOR

B' Phase

Trainees' ROLE: Professional: Police Officer, dedicated CAN-MDS Operator in your Department

SETTINGS: **Place/Time:** Police Department, during regular working hours

Conditions: A person asks to make a referral for a suspected case of child maltreatment

When: During the intake phase

Exercise: Please record the incident.
The record should be made in the context of a national surveillance system for child abuse and neglect.

Instruction: Try to collect the information for the data elements included in the "Incident Record_Case 1_Phase B" by asking questions you think is better in the series you think is more convenient.
You have 15 min available.

⇒ Before starting the recording, explain to the person making the referral that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case

CASE 2 – OPERATOR

B' Phase

History: The District Attorney, following a referral from a primary school teacher about a child she suspected is being maltreated, asked you (the Social Worker) to proceed with an assessment of the child's living conditions.

The content of the phone call you received from the District Attorney was the following:

"Good morning. I am [Name] and I am calling you concerning a referral we received from a school teacher about a 6-year boy that potentially suffers neglect from his family". I would like to ask your services to proceed to an assessment of the living conditions of the child.

"The child's name is Anton X. and lives at (address). His teacher, Ms Mary X informed me earlier today that the boy walked to school in below-freezing weather wearing only a long-sleeved shirt, long pants and tennis shoes. His feet were wet from the snow, and he was obviously cold. Ms Mary X called us because of repeated similar events; she had previously called Local social services to report possible neglect but it seems that the situation is the same". Please send your report after you conduct the assessment.

Trainees' ROLE: Professional: Social Worker, dedicated CAN-MDS Operator in Central Child Protection Services

SETTINGS: Place: Family's Home

Conditions: Following a referral submitted by a teacher to the District Attorney, he asked you to conduct an assessment of the living conditions of the child. **You are interviewing the child's mother.**

When: During a site visit you conducted to assess the child's living conditions.

Exercise: Please record the incident.
The record is made in the context of a national surveillance system for child abuse and neglect

Instruction: Try to collect the information for the data elements included in the "*Incident Record_Case 2_Phase B*" by asking questions you think is better in the series you think is more convenient. You have 15 min available.

⇒ Before starting the recording, explain to the person who you are interviewing that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case

CASE 3 – OPERATOR

B' Phase

Trainees' ROLE: Professional, Child Psychiatrist, dedicated CAN-MDS Operator in Health Care Service where you work

History: Ms and Mr X are the parents of an 11 year old boy, Jack. They addressed you because of Jack's unexpected behavioral changes: from a quiet boy he became argumentative, loud, and always opposing them. Moreover, he gets into fights at school and his behavior is generally becoming increasingly worse. They are concerned about him and believe that he needs professional help.

SETTINGS: **Place:** Your office in the Health Care Service where you work
Conditions: Jack came to your office following a request from his parents to assess his behavioural changes
When: During the **second session** with Jack

Previous session:

In your previous session, Jack had already discussed with you the reason why where he was in your office: *"My parents suggested to have a discussion with you because they are concerned about how I feel – I feel sad sometimes and angry at other times and I often get into fights at school. My parents considered that it would be better to discuss it with you"*

Current Session:

In your effort to explore the reason for the sudden changes in Jack's feelings & behavior, you asked him **if any specific person makes him feel bad.**

⇒ *Jack starts first the discussion*

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Try to collect the information for the data elements included in the *"Incident Record_Case 3_Phase B"* by asking questions you think is better in the series you think is more convenient. You have 15 min available.

Note:

Already available information from the 1st session

- Jack's date of birth (May 5, 2003)
- School attendance (Regular attendance, fifth grade in elementary school)
- Family composition (Jack, mother, father)
- Primary care givers (biological mother and father, born in 1979 & 1975 respectively)

⇒ **Before starting the recording, explain to the person who you are interviewing that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case**

CASE 4 – OPERATOR

B' Phase

Trainees' ROLE: Professional, Psychologist, dedicated CAN-MDS Operator in the Shelter for Abused Women (accredited NGO) where you are working

History: Ms Kathy X. comes along with her teenage daughter Tiffany to the Shelter where you are working after a violent episode with Kathy's boyfriend, Ray.

SETTINGS: **Place:** Your office in the Shelter
Conditions: Kathy came to the shelter after a violent episode in her house with her boyfriend.
When: During the intake

Kathy starts to describe what happened

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Try to collect the information for the data elements included in the "Incident Record_Case 4_Phase B" by asking questions you think is better in the series you think is more convenient. You have 15 min available.

⇒ Before starting the recording, explain to the person who you are interviewing that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case

"Incident Record_Case X_Phase B"

RECORD	
Agency's ID	[auto-completed]
Operator's ID	[auto-completed]
Date	
Source of referral	

INCIDENT	
ID	XXXXXXXXX1- [auto-completed CHILD ID + date of record]
Date	
Location	
Form(s) of maltreatment	

CHILD	
ID	XXXXXXXXX1 [Code provided by the Surveillance System Administrator]
Gender	
Age	
School attendance	
History of CAN	

Family	
Composition	
Primary Caregiver(s) relationship to child	
Primary Caregiver(s) gender	
Primary Caregiver(s) age	
Other type(s) of violence	

Services	
Institutional response	
Referral(s) to Services	

Phase C: Recording of CAN cases by using the CAN-MDS

Material for trainees – future CAN-MDS Operators

- Case 1: Tina (identity of trainee: Police Officer dedicated CAN-MDS Operator in your Department)
- Case 2: Anton (identity of trainee: Social Worker dedicated CAN-MDS Operator in Central Child Protection Services)
- Case 3: Jack (identity of trainee: Child Psychiatrist dedicated CAN-MDS Operator in Health Care Service)
- Case 4: Tiffany (identity of trainee: Psychologist dedicated CAN-MDS Operator in the Shelter for Abused Women (accredited NGO))

CASE 1 – OPERATOR

Phase C

Trainees' ROLE: Professional: Police Officer, dedicated CAN-MDS Operator in your Department

SETTINGS: Place/Time: Police Department, during regular working hours

Conditions: A person asks to make a referral for a suspected case of child maltreatment

When: During the intake phase

Exercise: Please record the incident.
The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Try to collect the information for the data elements included in the "Incident Record_Case 1_Phase C" by following the template below.
You have 15 min available.

⇒ Before starting the recording, explain to person making the referral that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case

→ Note for the response form

○ → unique selection

☐ → multiple selection

RED FONT → Go to the next

BLUE FONT → Select from the list below

GREEN FONT → Informational note

CASE 2 – OPERATOR

C' Phase

History: The District Attorney, following a referral from a primary school teacher about a child she suspected is being maltreated, asked you (the Social Worker) to proceed with an assessment of the child's living conditions.

The content of the phone call you received from the District Attorney was the following:

"Good morning. I am [Name] and I am calling you concerning a referral we received from a school teacher about a 6-year boy that potentially suffers neglect from his family". I would like to ask your services to proceed to an assessment of the living conditions of the child.

"The child's name is Anton X. and lives at (address). His teacher, Ms Mary X informed me earlier today that the boy walked to school in below-freezing weather wearing only a long-sleeved shirt, long pants and tennis shoes. His feet were wet from the snow, and he was obviously cold. Ms Mary X called us because of repeated similar events; she had previously called Local social services to report possible neglect but it seems that the situation is the same". Please send your report after you conduct the assessment.

Trainees' ROLE: Professional: Social Worker, dedicated CAN-MDS Operator in Central Child Protection Services

SETTINGS: Place: Family's Home

Conditions: Following a referral submitted by a teacher to the District Attorney, he asked you to conduct an assessment of the living conditions of the child. **You are interviewing the child's mother.**

When: During a site visit you conducted to assess the child's living conditions.

Exercise: Please record the incident.
The record is made in the context of a national surveillance system for child abuse and neglect

Instruction: Try to collect the information for the data elements included in the "*Incident Record_Case 2_Phase C*" by following the template below.
You have 15 min available.

⇒ Before starting the recording, explain to the person who you are interviewing that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case

➔ **Note for the response form**

○ → unique selection

☐ → multiple selection

RED FONT → Go to the next

BLUE FONT → Select from the list below

GREEN FONT → Informational note

CASE 3 – OPERATOR

C' Phase

Trainees' ROLE: Professional, Child Psychiatrist, dedicated CAN-MDS Operator in Health Care Service where you work

History: Ms and Mr X are the parents of an 11 year old boy, Jack. They addressed you because of Jack's unexpected behavioral changes: from a quiet boy he became argumentative, loud, and always opposing them. Moreover, he gets into fights at school and his behavior is generally becoming increasingly worse. They are concerned about him and believe that he needs professional help.

SETTINGS: **Place:** Your office in the Health Care Service where you work
Conditions: Jack came to your office following a request from his parents to assess his behavioural changes
When: During the **second session** with Jack

Previous session:

In your previous session, Jack had already discussed with you the reason why where he was in your office: *"My parents suggested to have a discussion with you because they are concerned about how I feel – I feel sad sometimes and angry at other times and I often get into fights at school. My parents considered that it would be better to discuss it with you"*

Current Session:

In your effort to explore the reason for the sudden changes in Jack's feelings & behavior, you asked him **if any specific person makes him feel bad.**

⇒ *Jack starts first the discussion*

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Try to collect the information for the data elements included in the "Incident Record_Case 3_Phase C" by following the template below.
You have 15 min available.

⇒ **Before starting the recording, explain to the person who you are interviewing that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case**

Note:

Already available information from the 1st session

- ⇒ Jack's date of birth (May 5, 2003)
- ⇒ School attendance (Regular attendance, fifth grade in elementary school)
- ⇒ Family composition (Jack, mother, father)
- ⇒ Primary care givers (biological mother and father, born in 1979 & 1975 respectively)

→ Note for the response form

○ → unique selection

☐ → multiple selection

RED FONT → Go to the next

BLUE FONT → Select from the list below

GREEN FONT → Informational note

CASE 4 – OPERATOR

C' Phase

Trainees' ROLE: Professional, Psychologist, dedicated CAN-MDS Operator in the Shelter for Abused Women (accredited NGO) where you are working

History: Ms Kathy X. comes along with her teenage daughter Tiffany to the Shelter where you are working after a violent episode with Kathy's boyfriend, Ray.

SETTINGS: **Place:** Your office in the Shelter
Conditions: Kathy came to the shelter after a violent episode in her house with her boyfriend.
When: During the intake

Kathy starts to describe what happened

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Try to collect the information for the data elements included in the "Incident Record_Case 4_Phase C" by following the template below.
You have 15 min available.

⇒ Before starting the recording, explain to the person who you are interviewing that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case

→ Note for the response form

○ → unique selection

☐ → multiple selection

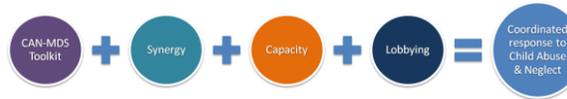
RED FONT → Go to the next

BLUE FONT → Select from the list below

GREEN FONT → Informational note

“Incident Record_Case X_Phase C”

<p>INCIDENT Form(s) of Maltreatment V.8</p>	<p>A. In case of referral from an external source → Check all valid values from the pre-coded list on the basis of the information provided by the source of referral. Then ask for further details ⇨ Use prompts such as: “Are there any actions of maltreatment committed against the child?”, “Any omissions in care of the child leading to interference of its wellbeing?”</p> <p>B. In case of disclosure by the child → Check all valid values from the pre-coded list on the basis of the information provided by the child. [You may complete more information after investigation of the case]</p> <p>C. In case you suspect maltreatment → Check all valid values from the pre-coded list on the basis of the signs you observe. [You may complete more information after further investigation of the case]</p>		
<p>Maltreatment acts committed <i>[100-: physical violence acts committed with or without injury]</i></p> <ul style="list-style-type: none"> <input type="checkbox"/>101. Pushing <input type="checkbox"/>102. Kicking <input type="checkbox"/>103. Throwing <input type="checkbox"/>104. Grabbing <input type="checkbox"/>105. Shaking <input type="checkbox"/>106. Slapping <input type="checkbox"/>107. Beating <input type="checkbox"/>108. Hitting on head <input type="checkbox"/>109. Spanking <input type="checkbox"/>110. Hitting with an object <input type="checkbox"/>111. Choking <input type="checkbox"/>112. Forcing to spicy food <input type="checkbox"/>113. Squeezing neck <input type="checkbox"/>114. Burning <input type="checkbox"/>115. Scalding <input type="checkbox"/>116. Locking up <input type="checkbox"/>117. Tying up or tying to something <input type="checkbox"/>118. Threatening with a knife or a gun <input type="checkbox"/>119. Stabbing <input type="checkbox"/>120. Shooting <input type="checkbox"/>121. Violent traditional practices <input type="checkbox"/>122. Administering unprescribed substances <input type="checkbox"/>12x. ... (continue) <p><i>[200-: sexual violence acts committed with or without injury]</i></p> <ul style="list-style-type: none"> <input type="checkbox"/>201. Intrusion sex without force <input type="checkbox"/>202. Intrusion sex involving use of force <input type="checkbox"/>203. Abusive sexual contact (anus) <input type="checkbox"/>204. Abusive sexual contact (vulva) <input type="checkbox"/>205. Abusive sexual contact (mouth) <input type="checkbox"/>206. Completed sexual activity (unspecified) 	<ul style="list-style-type: none"> <input type="checkbox"/>208. Threatened sexual abuse with physical contact <input type="checkbox"/>209. Threatened sexual abuse without physical contact <input type="checkbox"/>210. Molestation with genital contact <input type="checkbox"/>211. Touching/fondling genitals <input type="checkbox"/>212. Showing genitals to child <input type="checkbox"/>213. Looking at child’s genitals <input type="checkbox"/>214. Sexual harassment <input type="checkbox"/>215. Voyeurism /Exposure <input type="checkbox"/>216. Providing sexually explicit materials <input type="checkbox"/>217. Sexual exploitation (prostitution) <input type="checkbox"/>218. Sexual exploitation (trafficking) <input type="checkbox"/>219. Involvement in pornography with intrusion <input type="checkbox"/>220. Involvement in pornography without intrusion <input type="checkbox"/>221. Sexual exploitation (unspecified) <input type="checkbox"/>222. Online sexual stalking <input type="checkbox"/>22x. ... (continue) <p><i>[300-: psychological violence acts with or without obvious consequences]</i></p> <ul style="list-style-type: none"> <input type="checkbox"/>301. Rejection through verbal abuse <input type="checkbox"/>308. Verbal assaults <input type="checkbox"/>302. Isolation of child (social) <input type="checkbox"/>303. Corruption <input type="checkbox"/>304. Exploitation <input type="checkbox"/>305. Terrorization <input type="checkbox"/>306. Close confinement (tying/binding) <input type="checkbox"/>309. Threats of sexual abuse (without contact) <input type="checkbox"/>310. Threats of other maltreatment <input type="checkbox"/>312. Labour/economic exploitation <input type="checkbox"/>313. Forcing to begging <input type="checkbox"/>314. Forcing to criminal behaviour <input type="checkbox"/>315. Witnessing intimate partner violence 	<p>Omissions in child’s care <i>[401- : Emotional neglect related omissions]</i></p> <ul style="list-style-type: none"> <input type="checkbox"/>401. Ignoring <input type="checkbox"/>402. Inadequate nurturance/affection <input type="checkbox"/>403. Inappropriately advanced expectations <input type="checkbox"/>404. Other inattention to development/emotional needs <input type="checkbox"/>405. Exposure to maladaptive behaviours and environments <input type="checkbox"/>40x. ... (continue) <p><i>[410- : Physical neglect related omissions]</i></p> <ul style="list-style-type: none"> <input type="checkbox"/>410. Inadequate nutrition <input type="checkbox"/>411. Inadequate personal hygiene <input type="checkbox"/>412. Inadequate clothing <input type="checkbox"/>413. Inadequate shelter <input type="checkbox"/>414. Other disregard of child’s physical needs <input type="checkbox"/>41x. ... (continue) <p><i>[420- : Medical neglect related omissions]</i></p> <ul style="list-style-type: none"> <input type="checkbox"/>420. Lack of preventive health care (vaccinations, vision, dental care) <input type="checkbox"/>421. Refusal to allow or provide needed care for diagnosed impairment <input type="checkbox"/>422. Unwarranted delay or failure to seek needed care <ul style="list-style-type: none"> <input type="checkbox"/>423. Refusal to allow or provide needed care for diagnosed emotional problem <input type="checkbox"/>423. Refusal to allow or provide needed care for diagnosed behavioural problem <input type="checkbox"/>424. Failure to seek needed care for emotional problem <input type="checkbox"/>424. Failure to seek needed care for 	<p><i>[430- : Educational neglect related omissions]</i></p> <ul style="list-style-type: none"> <input type="checkbox"/>430. Permitted chronic truancy <input type="checkbox"/>431. Other truancy <input type="checkbox"/>432. Failure to register or enrol <input type="checkbox"/>433. Refusal to allow or provide needed attention to diagnosed educational need <input type="checkbox"/>43x. ... (continue) <p><i>[440- : Supervisional neglect/ Inadequate supervision]</i></p> <ul style="list-style-type: none"> <input type="checkbox"/>440. Failure to protect from physical harm <input type="checkbox"/>441. Failure to protect from sexual abuse <input type="checkbox"/>442. Failure to supervise child’s voluntary sexual activity <input type="checkbox"/>443. Failure to provide treatment for mental health problems <input type="checkbox"/>444. Knowingly permitting maladaptive/criminal behaviour <input type="checkbox"/>445. Knowingly permitting drug/alcohol abuse <input type="checkbox"/>446. Involuntarily lost and injured <input type="checkbox"/>447. Primary caregiver(s) runaway <input type="checkbox"/>448. Non-family abduction <input type="checkbox"/>449. Family abduction <input type="checkbox"/>450. Missing <input type="checkbox"/>451. Missing benign explanation <input type="checkbox"/>45x. ... (continue) <p><i>[460- : Refusal of custody/abandonment]</i></p> <ul style="list-style-type: none"> <input type="checkbox"/>460. Unstable custody arrangements <input type="checkbox"/>461. Illegal transfers of custody



<input type="checkbox"/> 207. Attempted sexual abuse with physical contact	<input type="checkbox"/> 311. Exposure to family violent environment <input type="checkbox"/> 316. Exposition to the homicide of the mot her <input type="checkbox"/> 31x. ... (continue)	behavioural problem <input type="checkbox"/> 42x. ... (continue)	<input type="checkbox"/> 462. Refusal of custody <input type="checkbox"/> 463. Abandonment <input type="checkbox"/> 46x. ... (continue)
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INCIDENT Date V.6	<p>→ If already mentioned, please define → If not already mentioned, ask: <i>"Did a specific incident take place?"</i> ⇒ If YES, ask: <i>"Do you know precisely when the incident took place?"</i></p> <p>⇒ Regardless YES or NO, ask: <i>"Do you know whether it is an ongoing situation?"</i> If YES, ask: <i>"Since when?"</i></p>	<p>○ 99.0 Unknown → Go to the next question</p> <p><input type="checkbox"/> 01.0 Specific event → Check in sub-list below</p> <p>○ 01.1 Date known: (DD/MM/YYYY): define here: __ __ ____ </p> <p>○ 01.2 Date not precise (MM/YYYY): define here: __ ____ </p> <p>○ 01.9 Unknown</p> <p><input type="checkbox"/> 02.0 Non specific event -Continuous maltreatment, started → Check in sub-list below</p> <p>○ 02.1 During the last 12 months</p> <p>○ 02.2 Before the last 12 months</p> <p>○ 02.3 Lifelong</p> <p>○ 02.9 Unknown</p>
INCIDENT Location V.7	<p>→ If a specific incident took place, ask: <i>"Where did the incident take place"</i></p> <p>→ If there is ongoing maltreatment WITHOUT specific event ask: <i>"Where does the maltreatment usually happen?"</i></p>	<p>○ 99. Unknown → Go to the next question</p> <p><input type="checkbox"/> 01. Home/ Family</p> <p><input type="checkbox"/> 02. Home/ Foster family</p> <p><input type="checkbox"/> 03. Home/ Relatives, Friends</p> <p><input type="checkbox"/> 04. Child care institution (residential care)</p> <p><input type="checkbox"/> 05. Child care institution (day care)</p> <p><input type="checkbox"/> 06. Leisure /Playground/ Recreational area</p> <p><input type="checkbox"/> 07. Sports-athletics</p> <p><input type="checkbox"/> 08. School</p> <p><input type="checkbox"/> 09. Medical Services</p> <p><input type="checkbox"/> 10. Public transportation</p> <p><input type="checkbox"/> 11. Public place/ street, commercial & surrounding area</p> <p><input type="checkbox"/> 88. Other place</p>
CHILD Gender V.10	<p>→ If not mentioned yet OR it is not clear to you, ask: <i>"What is the gender of the child"</i></p>	<p>○ 99. Unknown → Go to the next question</p> <p>○ 01. Male</p> <p>○ 02. Female</p>
CHILD Age V.11	<p>→ Ask: <i>"When is the child's date of birth?"</i> → If precise birth date is not known, ask: <i>"Do you know the approximate date of birth?"</i> or <i>"the child's year of birth"</i></p>	<p>○ 99. Unknown → Go to the next question</p> <p> __ __ ____ </p> <p>DD MM YYYY</p> <p><i>[birth date will be completed at a later time during the case investigation]</i></p>
CHILD School attendance V.12	<p>→ If the child is very young (according to your country specifics) please check "non applicable" → If the child is of school age, ask: <i>"Does the child attend school"</i></p>	<p>○ 99. Unknown → Go to the next question</p> <p>○ 00. Non applicable (for children younger than the provisioned school age-adapted per country)</p> <p>○ 01. Has not attended school at all</p> <p>○ 02. Dropped out</p>



	<p>→ If NO "Has s/he dropped out or not attended school at all?" → If YES "Does the child attend school regularly?"</p>	<p><input type="radio"/> 03. Attends school <input type="checkbox"/> 03.1 Regularly <input type="checkbox"/> 03.2 Irregularly</p>																																																																																																												
<p>FAMILY Primary Caregiver(s) relationship to child V.15 Caregiver(s) gender V.16 Caregiver(s) age V.17</p>	<p>Relationship to child → If a specific incident took place: "Who are the two persons who were mainly responsible for the child when the incident took place?" → If ongoing maltreatment is referred-WITHOUT specific event: "Who are the two persons who are mainly responsible for the child –namely his/her primary caregivers?" Gender → Check "gender" according to the previous answer if is obvious → If the gender of primary caregivers is not defined, ask. Age → Please, ask: "When (year) was the [1st] born?" → If year is not known, ask: "Do you know how old s/he is today?" → Ask the same questions for the 2nd caregiver</p>	<p><input type="radio"/> 99. Unknown → Go to the next question <input type="radio"/> 00. Caregiver (institution/residential care) → SKIP "Family composition" <input type="radio"/> 01. Known relationship</p> <table border="0"> <tr> <td></td> <td colspan="4">1st primary caregiver</td> <td colspan="4">2nd primary caregiver</td> </tr> <tr> <td></td> <td>M</td><td>F</td><td>U</td><td>U</td> <td>M</td><td>F</td><td>U</td><td>U</td> </tr> <tr> <td></td> <td></td><td></td><td></td><td>Age</td> <td></td><td></td><td></td><td>Age</td> </tr> <tr> <td><input type="checkbox"/> 01. Biological Parent</td> <td></td><td></td><td></td><td><input type="radio"/> <input type="radio"/> <input type="radio"/> ____ </td> <td></td><td></td><td></td><td><input type="radio"/> <input type="radio"/> <input type="radio"/> ____ </td> </tr> <tr> <td><input type="checkbox"/> 02. Step parent</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/></td> <td></td><td></td><td><input type="radio"/> ____ </td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/></td> <td></td><td></td><td><input type="radio"/> ____ </td> </tr> <tr> <td><input type="checkbox"/> 03. 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<p>FAMILY Composition V.14</p>	<p>→ If "primary care givers ≠ 00", ask: "Does the child live with his/her family?" → If YES, ask: "Who else lives in the house with the child?" → For answers "brothers", "sisters", "grandparents", "relatives", ask also number ⇨ If it is known that there are >1 e.g. sisters but the number is unknown, please check "U"</p>	<p><input type="radio"/> 99. Unknown → Go to the next question <input type="radio"/> 00. Non Applicable (child lives in residential/institutional care) <input type="radio"/> 01. Child lives with his/her family – Define:</p> <table border="0"> <tr> <td><input type="checkbox"/> 01.1-Mother</td> <td></td> <td>U</td> </tr> <tr> <td><input type="checkbox"/> 01.2-Father</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 01.3-Parent's partner</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 01.4-Brother(s)</td> <td>number ____ </td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> 01.5-Sister(s)</td> <td>number ____ </td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> 01.6-Grandparent(s)</td> <td>number ____ </td> <td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> 01.7-Other relative(s)</td> <td>number ____ </td> <td><input type="radio"/></td> </tr> </table>	<input type="checkbox"/> 01.1-Mother		U	<input type="checkbox"/> 01.2-Father			<input type="checkbox"/> 01.3-Parent's partner			<input type="checkbox"/> 01.4-Brother(s)	number ____	<input type="radio"/>	<input type="checkbox"/> 01.5-Sister(s)	number ____	<input type="radio"/>	<input type="checkbox"/> 01.6-Grandparent(s)	number ____	<input type="radio"/>	<input type="checkbox"/> 01.7-Other relative(s)	number ____	<input type="radio"/>																																																																																							
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<p>CHILD History of CAN V.13</p>	<p>→ Ask: "Were there any incidents of maltreatment in the past?" → If YES: "What type(s) of abuse did the child suffer?" Chronicity ⇨ For each type mentioned, ask:</p>	<p><input type="radio"/> 99. Unknown → Go to the next question <input type="radio"/> 00. No → Go to the next question <input type="radio"/> 01. Yes → Check below</p> <table border="0"> <tr> <td><input type="checkbox"/> 01.1 Physical abuse</td> <td>→</td> <td>N</td><td>O</td><td>U</td> <td></td> <td>Y</td><td>N</td><td>U</td> </tr> <tr> <td><input type="checkbox"/> 01.2 Sexual abuse</td> <td>→</td> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> <td>→</td> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td><input type="checkbox"/> 01.3 Psychological abuse</td> <td>→</td> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> <td>→</td> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> </table>	<input type="checkbox"/> 01.1 Physical abuse	→	N	O	U		Y	N	U	<input type="checkbox"/> 01.2 Sexual abuse	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> 01.3 Psychological abuse	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	→	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																	
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	<p><i>"Did the maltreatment happen during the last year?"</i></p> <p>Measures taken ⇒ Additionally, ask: <i>"Do you know if any measures were taken?"</i></p>	<p><input type="checkbox"/> 01.4 Neglect →</p> <p><input type="radio"/> 99. Unspecified</p>	<p><input type="radio"/> <input type="radio"/> <input type="radio"/> →</p> <p>Chronicity N=New (last 12 months) O=Old (before 12 month) U=Unknown</p>	<p><input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>Measures taken Y=Yes N=No U=Unknown</p>
<p>FAMILY Other type(s) of violence V.18</p>	<p>→ Ask: <i>"Are there" or "Are you aware of" [depending on the source of referral] other types of violence in the family now or in the past?"</i></p> <p>→ Please check the types mentioned;</p> <p>⇒ If the answer is YES (without details), ask: <i>"Which types?"</i></p>	<p><input type="radio"/> 99. Unknown → Go to the next question</p> <p><input type="radio"/> 00. None → Go to the next question</p> <p><input type="radio"/> 01. Yes → please define:</p> <p><input type="checkbox"/> 01.1 Intimate partner violence</p> <p><input type="checkbox"/> 01.2 Elderly abuse</p> <p><input type="checkbox"/> 01.3 Other cohabitant abuse</p> <p><input type="checkbox"/> 01.4 Siblings abuse</p> <p><input type="checkbox"/> 01.5 Siblings neglect</p> <p><input type="checkbox"/> 01.8 Other family violence</p> <p><input type="checkbox"/> 01.9 Unspecified</p>		
<p>SERVICES Institutional response V.19</p>	<p>→ Please check from the list any response provided by the agency where you (the operator who makes the record) work</p> <p>→ Additionally, ask: <i>"Were any actions taken for the child's care such as immediate interventions, actions with or without court or police or other services' involvement or was the child placed out of the home in response to the event/episode of CAN we are discussing?"</i></p>	<p><input type="radio"/> 99. Unknown → Go to the next question</p> <p><input type="radio"/> 00. No response at all → Go to next question</p> <p><input type="radio"/> 01. Yes → please define:</p> <p><input type="checkbox"/> 01.100 : Immediate interventions → please define:</p> <p><input type="checkbox"/> 01.101. Physical medical exam</p> <p><input type="checkbox"/> 01.102. Mental health exam</p> <p><input type="checkbox"/> 01.103. Forensic evaluation initiated</p> <p><input type="checkbox"/> 01.104. Referral to child advocacy/ authority</p> <p><input type="checkbox"/> 01.105. ...</p> <p><input type="radio"/> 01.199. Unspecified → go to next</p> <p><input type="checkbox"/> 01.200: Action taken - NO COURT INVOLVEMENT → please define:</p> <p><input type="checkbox"/> 01.201: Child remains in family with planned intervention</p> <p><input type="checkbox"/> 01.202. Supportive intervention for current caregiver(s)</p> <p><input type="checkbox"/> 01.203. Police intervention</p> <p><input type="checkbox"/> 01.204. Mother/child shelter with parent and child together</p> <p><input type="checkbox"/> 01.205. ...</p> <p><input type="radio"/> 01.299. Unspecified → go to next</p> <p><input type="checkbox"/> 01.300: Action taken - COURT INVOLVEMENT → please define:</p> <p><input type="checkbox"/> 01.301. Police emergency protection procedures</p> <p><input type="checkbox"/> 01.302. (Family) Court measures initiated</p> <p><input type="checkbox"/> 01.303. Action to protect victim by court order(s)</p> <p><input type="checkbox"/> 01.304. Action to remove parent(s) rights</p> <p><input type="checkbox"/> 01.305. Abuser leaved the home by Court order</p> <p><input type="checkbox"/> 01.306. Action to prosecute perpetrator(s)</p> <p><input type="checkbox"/> 01.307....</p> <p><input type="radio"/> 01.399. Unspecified → go to next</p> <p><input type="checkbox"/> 01.400: Out of home placement → please define:</p> <p><input type="checkbox"/> 01.401. Kinship Care (relatives/extended family)</p> <p><input type="checkbox"/> 01.402. Foster Care</p> <p><input type="checkbox"/> 01.403. Children's Home Institution</p> <p><input type="checkbox"/> 01.404. Adoption with parents' agreement</p> <p><input type="checkbox"/> 01.405. Adoption by court order</p> <p><input type="checkbox"/> 01.406....</p> <p><input type="radio"/> 01.499. Unspecified → go to next question</p>		
<p>SERVICES Referral(s) to Services V.20</p>	<p>→ Please check from the list any referrals made by the agency where you (the operator who makes the record) work</p> <p>→ Additionally, ask: <i>"Were any referrals made in response to the event/episode of CAN we are discussing either for the child's care or for</i></p>	<p><input type="radio"/> 99. Unknown → Go to next question</p> <p><input type="radio"/> 00. None → Go to next question</p> <p><input type="radio"/> 01. Yes → please, define</p> <p><input type="checkbox"/> 01.1 Medical services (exams, treatment)</p> <p><input type="checkbox"/> 01.2 Psychological services</p> <p><input type="checkbox"/> 01.3 Psychiatric services</p> <p>Response (Yes, No, Unknown) Y N U <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>		

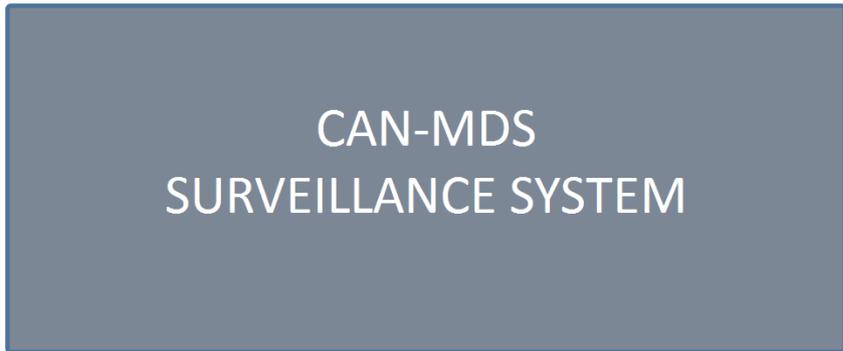
Alternatively

“Incident Record_Case X_Phase C”

Go to: <http://85.10.197.38/can-mds/index.php>

OR to: www.can-via-mds.eu

For the English version use username and password “demo”



The interface shows a login section with two input fields: "ENTER Username" and "ENTER Password", followed by a green "Log in" button. Below this is a "Record Progress" section with a list of 18 items, each with a label and a corresponding button:

Label	Field Name
V1	Operator's ID
V2	Agency's ID
V9	Child's ID
V3	Date of Record
V6	Date of Incident
V5	Incident's ID
V4	Source of Information
V8	Forms of Maltreatment
V7	Place of Incident
V10	Child's Sex
V11	Child's DoB
V12	Child's Citizenship Status
V13	Family Composition
V14	CGs Relationship to Child
V15	Caregiver(s)' Sex
V16	Caregiver(s)' DoB
V17	Institutional Response
V18	Referral(s) to Services

