

European Perspectives

Project CAN via MDS



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Programme of the European Union*



outline

- the wider picture: an overview of the project's participating countries
- the example of Greece: assessing the needs
- summarizing CAN data collection, analysis & interpretation-related limitations
- the project CAN-MDS
 - concept, aim & objectives, innovative aspects, provisioned operation, available 'master' tools and tools for developing National CAN-MDS



[European report on preventing child maltreatment, 2013]

“child abuse and neglect are a product of social, cultural, economic and biological factors and occur in all societies”

CAN Surveillance: *the wider picture at a glance*

- in EU28 MSs (and in other countries)
 - various systems in place, various infrastructures and policies
 - multi- and inter-agency CAN-surveillance is mainly applied (if applied)
- CAN-related information is collected in the course of other routine tasks depending on the type of sector where the data are collected
- Data collection follows different definitions, methodologies, tools depending on
 - sectors involved in administration of CAN cases per country (health, social welfare, justice, public order)
 - agencies involved in administration of CAN cases within the same or different sectors per country
 - professionals working within the same or different agencies

Public health level: insufficient data on the magnitude and/or *trends* of the problem
➔ lack of a robust basis for evaluation of currently applied policies and interventions

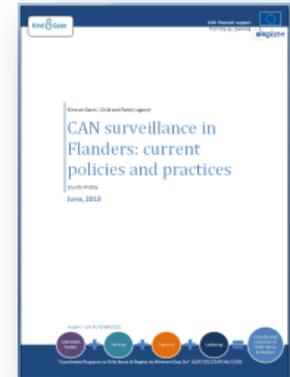
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the wider picture: Belgium

[CAN surveillance in Flanders: current policies and practices - Country Profile report]

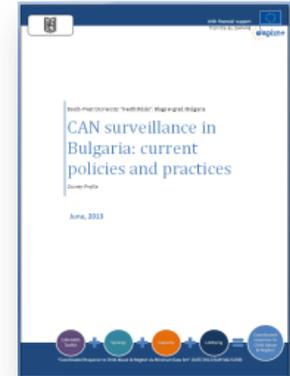


“In Flanders there exists no central registry. Records with personal data on child maltreatment victims are maintained by the various child protection and social services agencies to support the investigation and treatment program. It provides information to maintain statistical reports for funding purposes and it provides agencies with background information on staffing. The various responsible governmental agencies that provide funding for these services have no access to their databases. Annual statistical reports from all child protection and social services, however, are mandatory.

Hence, dealing with data collection in relation to child maltreatment and coordinating with all stakeholders is extremely challenging”

the wider picture: Bulgaria

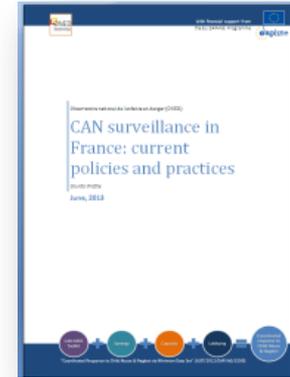
[CAN surveillance in Bulgaria: current policies and practices - Country Profile report]



“Based on results of the studies and overview of the existing data, the conclusion should be made that **there is a gap between child maltreatment occurring in the community and that reported by official statistics**. The system for identifying and reporting CAN cases in Bulgaria is still in the process of development. The **coordination between policy makers, agencies and services providers is still insufficient**. The other weak features of the system are **fragmentation of existing data about the magnitude of CAN**, turnover of leading experts/ managers in Child Protection at National level and regional level and limited feedback of the collected information about CAN”

the wider picture: France

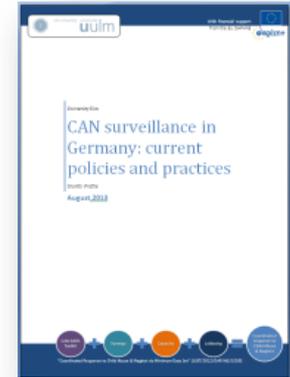
[CAN surveillance in France: current policies and practices - Country Profile report]



“Though aggregated nation-wide data do exist and can be accessed, **the databases of the different services involved use different counting methods and different definitions**, which render comparisons and inter-connections impossible, even at bulk level. ... **data are produced at very different intervals**, even among département databases. ... Another problem is that **the unit being observed and counted is rarely the child, which leads to double counts**. ... Even within its limited framework, **no single existing data collection system can claim to be all-inclusive**: the data are not always transmitted, and not always at regular intervals. ... Finally, **it would be of prime importance to have data from medical services**. The **need for more homogeneity and more information regarding children in danger** has been recognized by the various actors involved...”

the wider picture: Germany

[CAN surveillance in Germany: current policies and practices - Country Profile report]



“In general, **the empirical basis to describe the phenomenon of CAN in Germany including changes over time is very limited so far...** Thus, it has to be concluded that in spite of the huge dimension of the societal, legal, and health problems associated with CAN **there is insufficient monitoring and surveillance on a national level in Germany... a systematic collection of CAN-related data on national, state and community levels would be necessary.** The current systematic collection of data on child endangerment should include **more reliable information about child maltreatment,** and it should be extended from child welfare system to the healthcare system ... A **systematic follow-up of cases** after their first identification would help to inform agencies and policy makers about the persistence of CAN on case level and about effectiveness of secondary prevention strategies...”

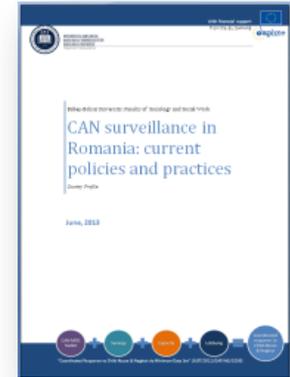
the wider picture: Italy

[CAN surveillance in Italy: current policies and practices - Country Profile report]



“Data reported ... offers an overview of major CAN trends as they are being monitored through current possibilities of data collection... **we cannot be sure that the reported cases represent the whole phenomenon...** The available statistical information essentially comes from two sources: the administrative side of the social, healthcare and judicial sectors and special surveys and studies on groups or samples of either the adult or underage population... **most of the available official statistics come from cases reported to the criminal judicial authorities or to the prosecutors of Juvenile Courts as there are no national statistics on minors reported to and assisted by the local healthcare and social services...** Maltreatment ... is currently documented through juridical statistics, making it difficult to assess whether the victim is an adult or a child since the information relates to the actual crime...”

the wider picture: Romania

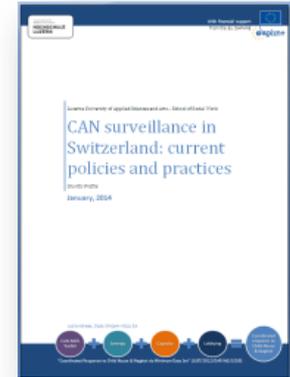


[CAN surveillance in Romania: current policies and practices - Country Profile report]

“... weaknesses of the Romanian system of collecting and monitoring data about CAN – Resource availability: - **there aren't any protocols between different sectors concerning data integration and collection mainly because of the differences between the various definitions of abuse; lack of national standard consistent working tools to facilitate screening and assessing cases of abuse; at the national level there aren't any consistent guidebooks in implementing definitions and methodologies; the data base for the monitoring and specialized department are not integrated** except the case of one county (Bihor); **there was not a continuous instructional improvement to take into consideration staff turnover;** there are not legal measures/penalties in case of non-reporting; there aren't any other special funds for consistent developing, evaluating and updating the monitoring system”

the wider picture: Switzerland

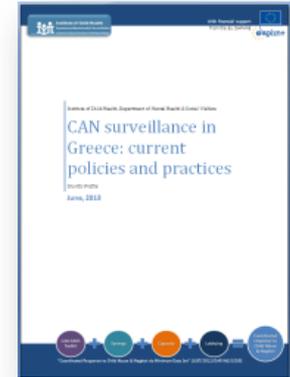
[CAN surveillance in Switzerland: current policies and practices - Country Profile report]



“... overall, apart from child sexual abuse, **there are no nationally representative data on the frequency of agency response to child maltreatment.** Even findings for child sexual abuse are limited due to low participation especially in the French- and Italian-speaking parts of Switzerland. **The lack of highly representative data on the system of child protection in Switzerland might blur the detection of biases.** International literature states the importance of equal chances to receive services in all parts of a nation and the goal of a culturally and religiously sensible child protection system. Kindler (2011) observed that these goals are hardly referred to in the German literature on child protection. In Germany as well as **in Switzerland a data-based system perspective is lacking**”

the wider picture: Greece

[CAN surveillance in Greece: current policies and practices - Country Profile report]



“... **lack of epidemiological data** for the assessment of the magnitude of the problem at a National level. ... **lack of systematically recording of CAN data** that makes difficult –even impossible- the measuring of the extent of the phenomenon during the time as well as the identification of its specific characteristics and, subsequently, of any risk factors. Given that **there is no CAN Surveillance mechanism in place as well as no mandatory reporting and registering procedure, agencies and professionals working in the field use different CAN definitions and therefore classification criteria as well as different assessment methodologies for recording CAN.** In front of lack of these data the policy and services planning is difficult as **there is no scientific basis for policy makers to build upon by setting priorities for prevention and targeted intervention**”

**FRAMEWORK &
STAKEHOLDERS OF
CAN ADMINISTRATION**

The example of Greece

police

social service

justice

school

NGO

a variety of professionals with different backgrounds
- involved in CAN cases administration
- having different legally defined responsibilities
- working in different sectors

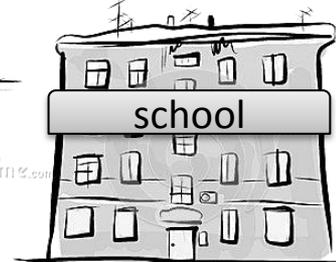
hospital II

hospital

- *Welfare*
- *Health*
- *Mental health*
- *Justice*
- *Law enforcement*
- *Education*
- *other*

THE SCENE OF CAN
ADMINISTRATION

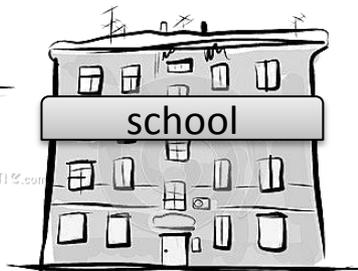
sample cases



case 1:
sexual abuse



THE SCENE OF CAN ADMINISTRATION
sample cases

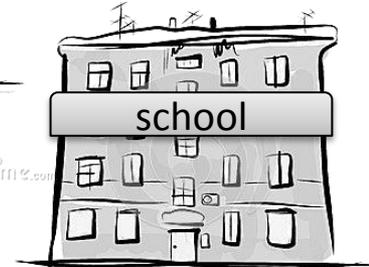


**case 2:
physical abuse**



THE SCENE OF CAN ADMINISTRATION

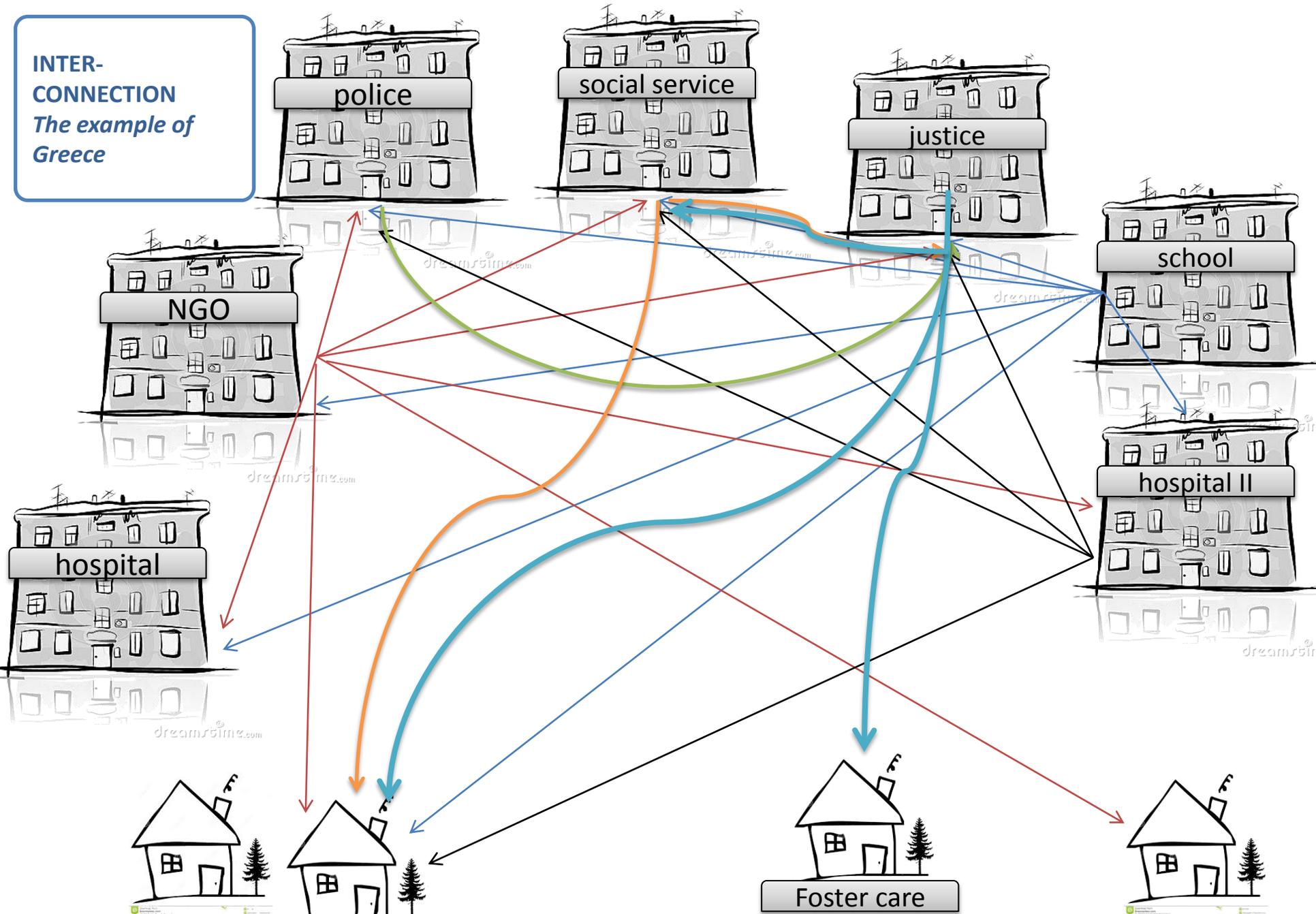
sample cases



case 3:
physical neglect



INTER-CONNECTION
The example of Greece



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

NO STANDARD
COMMUNICATION
PROCEDURES

*The example of
Greece*

FOLLOW UP AT A CASE-LEVEL

police

social service

justice

school

NGO

hospital II

hospital



- follow up at a case level is hindered because of
 - no systematic communication among professionals working in agencies belonging
 - in same or different sectors
 - in same or different geographic areas
 - within country and between countries

MONITORING OF CAN IN TERMS OF PUBLIC HEALTH SURVEILLANCE

NO STANDARD RECORDING PROCEDURES
The example of Greece

police

social service

justice

school

NGO

-Not ALL agencies keep CM records

X

-other cases are recorded more than one time
-using different methodologies and tools

-other cases are recorded in a single archive

hospital II

-other cases go unrecorded

X

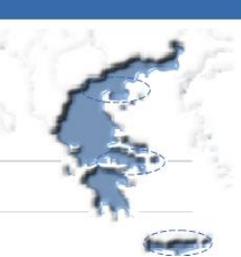
-Other cases are never reported and/or recorded

hospital

A



-Recording –when applied:
-fragmented information (often never communicated among stakeholders)
-available data: heterogeneous and non comparable
-unknown magnitude of the problem (based on service’s responses)

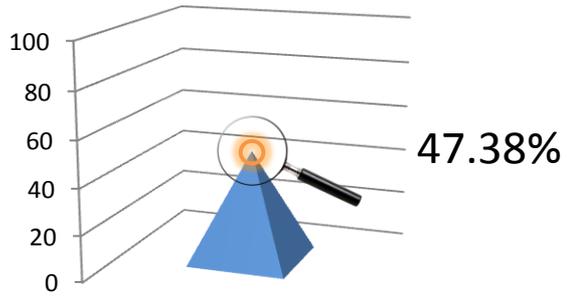


Self-report
(ICAST-CH based survey N=10451)

Services' archives
(Case-based surveillance N=728)

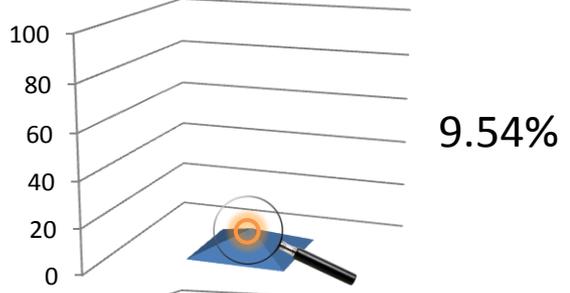
Rate known to services/ self-reported

Physical violence



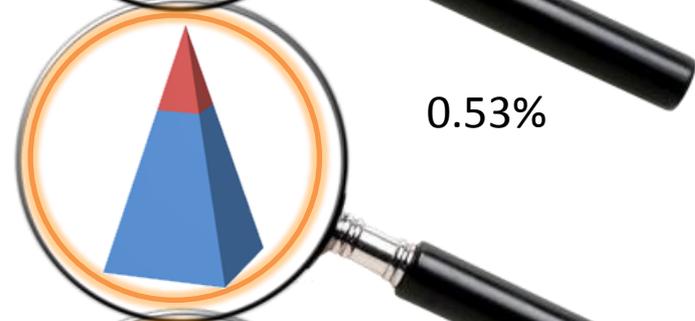
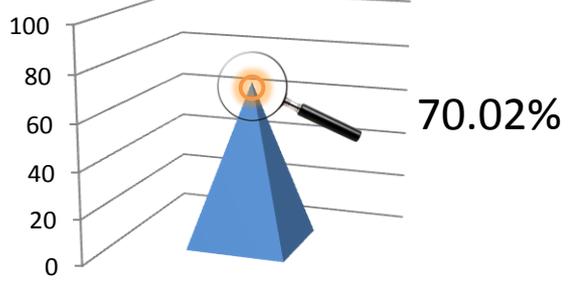
0.38%

Sexual violence



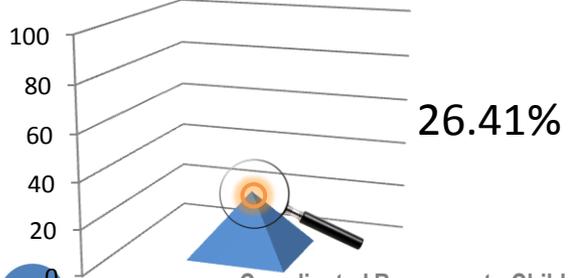
0.73%

Psychological violence

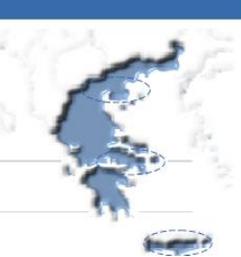


0.76%

Feeling of neglect/ Neglect



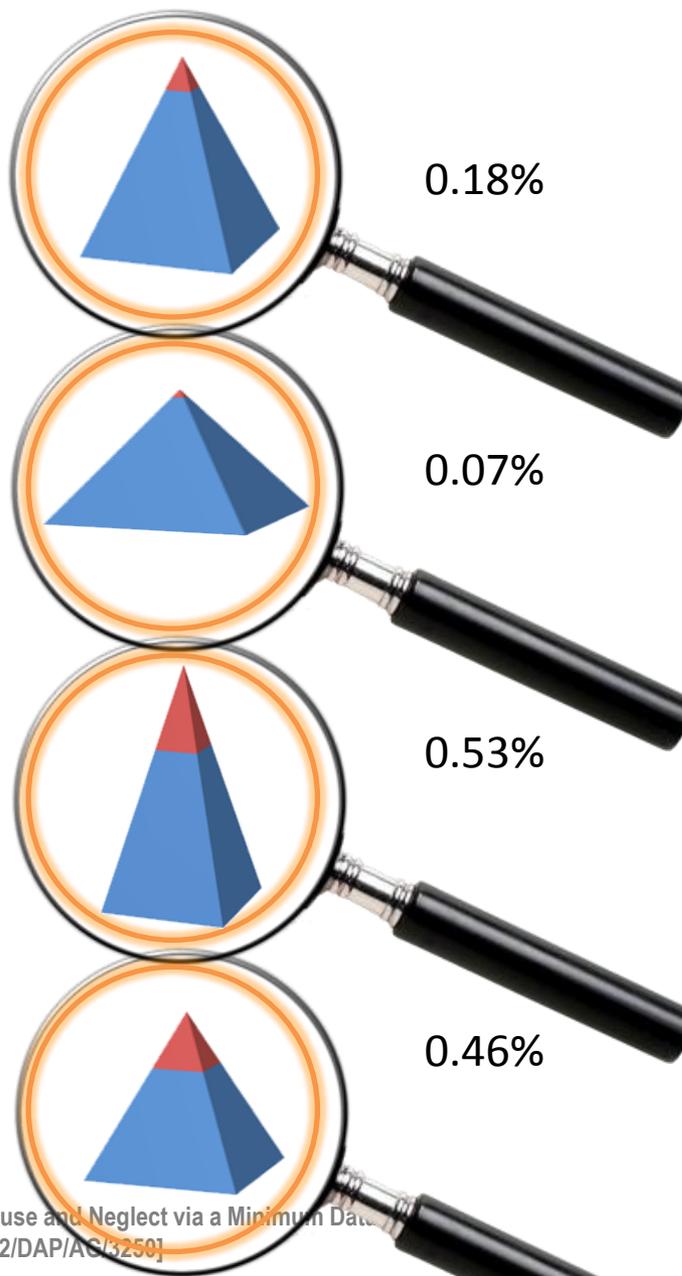
1.74%



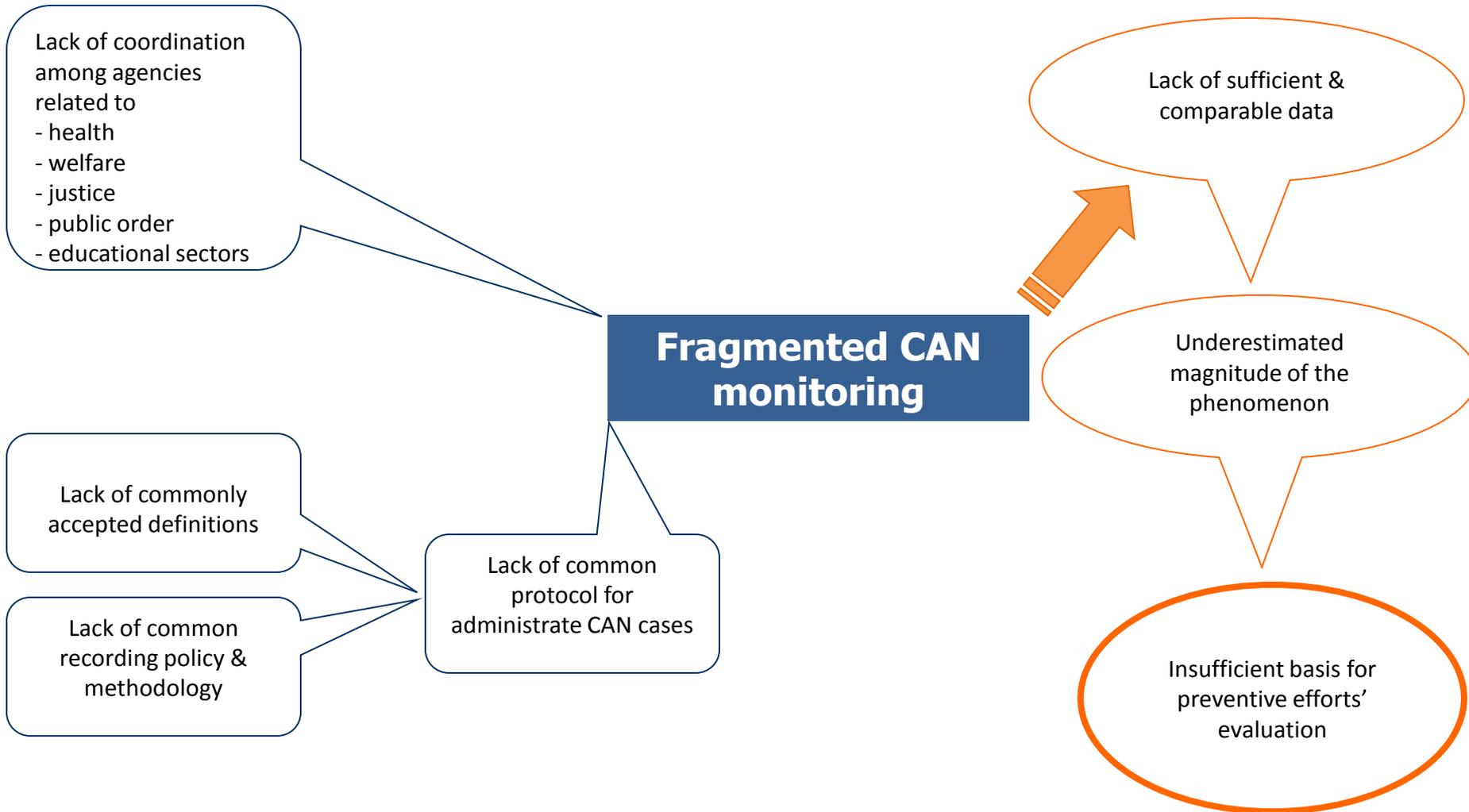
Self-report
(ICAST-CH based survey N=10451)

Services' archives
(Case-based surveillance N=728)

Rate known to
services/
self-
reported



current situation → needs assessment → consequences



CAN data collection, analysis & interpretation-related limitations

data collection-related limitations

- **under-recording** and/or **lack of timeliness in recording** due to under-reporting because of
 - lack of legislation for mandatory reporting
 - the reporting procedure
 - the recording procedure (time consuming because of unmanageable form or procedure)
 - lack of incentive for recording
- **distrust of the system and its necessity**
 - lack of feedback lead to the perception that there is no action on the record
- **often professionals-responsible to collect CAN data are not aware**
 - of the responsibility to record (e.g. assume that someone else would record)
 - of which cases must be recorded and of how to make the record
or have a negative attitude toward the recording process, e.g. concern that recording may result in a breach of confidentiality or that recording compromises the professional-(alleged) victim relationship

data analysis-related limitations

- data collection is based on services' responses to (self)-reported cases
- lack of representativeness (mostly cases deriving from specific sources, e.g. CPS or the legal system)
- disagreement with the need to record specific cases after determining that the case is not that serious or recording mainly severe cases leading to an inflated estimate of severity

data interpretation-related limitations

- **“Case definitions”** related difficulties: different definitions; inconsistency of case definitions
- usage of different data collection tools, procedures & methodologies (not harmonized data)

- **using a standard set of variables** (endorsed by all stakeholders)
 - evaluated in terms of ethics, quality (relevance, usefulness, understandability, accessibility) and feasibility (data availability, reliability, validity, timeliness, confidentiality and associated cost)
 - operationalized using or following international standards (where feasible) & matched to avail. coding systems

- **defined on the basis of the UN CRC/C/GC/13 (2011)**
 - operationalized in a way ensuring a common understanding among (non homogeneous) involved parties
- **targeting to collect all cases identified by services**
 - regardless of substantiation

- **at a population level:** public health surveillance
 - allowing comparisons within and between countries
 - providing continuously updated information as a basis for evaluation of existing practices & policies
- **at a case-level:** follow-up of individual cases
 - facilitating case-investigation & further administration
 - providing feedback to authorized professionals/services at a case-level for already known cases

- **promoting uniform data collection from all sectors involved in administration of CAN cases**
 - using a common user-friendly registry tool
- **creating a communication channel among involved sectors**
 - involving all eligible (following pre-defined criteria) professionals working in the related sectors
 - building their capacity through short training & necessary material

steps in developing the CAN-MDS



Results: Initial CAN-MDS

Results: Revised CAN-MDS (41 DE) (synthesis of 1st round information)

Results: Final Draft CAN-MDS (21 DE)

Belgium-VanPoyenbroeck, B.
Bulgaria-Stancheva, V., Chinceva, S.
France- Bolter, F., Séraphin, G., Renuy, A.
Germany-Goldbeck, L., Witt, A.
Greece-Ntinapogias, A., Nikolaidis, G.
Italy-Bianchi, D., Mammini, S., Fabris, A.
Romania-Roth, M., Antal, I.
Switzerland-Jud, A.

External Evaluator-Gray, J.
Ethical aspects-Durning, P.

Results: Final CAN-MDS v.01 (18 DE)

Special thanks to:

Australia: Raithel, K.
Belgium: Vanderfaellie, J.
Canada: Tonmyr, L.
European Commission: Tuite, M.
Greece: Mahaira, R.
Ireland: Clarke, M.
Israel: Lael-Szabo, R.
Italy: Bertotti, T., Bollini, A.
Saudi Arabia: AlBuhairan, F.
Turkey: Sofuoglu, Z.
UK: Vostanis, P.
USA: Finkelhor, D., Fluke, J., Jones, L.,
Leeb., R., Sedlak, A.

CAN-MDS *data elements*

MEMO: Meaning of Symbols & Colors

- Auto-Completed variable
- Variable already recorded by the Operator
- Single selection (mutually exclusive codes)
- Multiple selection (select as many as applicable)
- Open list of sub-codes (drop-down menu)
- Close list of sub-codes (drop-down menu)

Instruction to Operator

use of existing standards – where feasible

Automated process (filters etc.)

ALREADY EXISTING ID (can appear in CHILD'S ID AND in INCIDENT ID)

Skip

Data Elements related to "INCIDENT"

- DE_I1: Incident ID
- DE_I2: Date of Incident
- DE_I3: Form(s) of maltreatment
- DE_I4: Location of Incident

Data Elements related to "CHILD"

- DE_C1: Child's ID
- DE_C2: Child's Sex
- DE_C3: Child's Date of Birth
- DE_C4: Child's Citizenship Status

Data Elements related to "FAMILY"

- DE_F1: Family Composition
- DE_F2: Primary Caregiver(s) relationship to child
- DE_F3: Primary Caregiver(s) Sex
- DE_F4: Primary Caregiver(s) Date of Birth

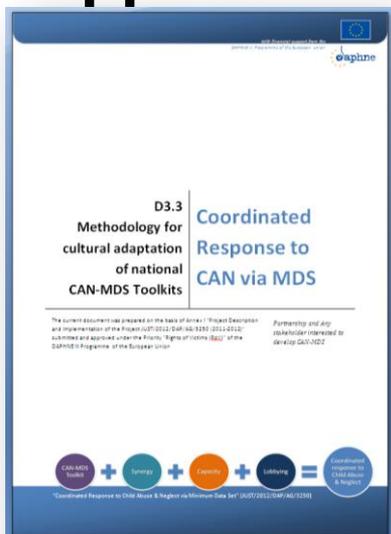
Data Elements related to "SERVICES"

- DE_S1: Institutional response
- DE_S2: Referral(s) to Services

Data Elements related to "RECORD"

- DE_R1: Agency's ID
- DE_R2: Operator's ID
- DE_R3: Date of Record
- DE_R4: Source of Information

supportive tools for developing National CAN-MDS Toolkit



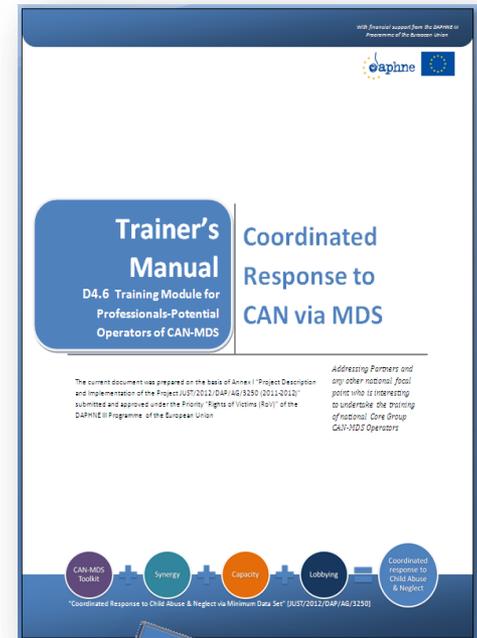
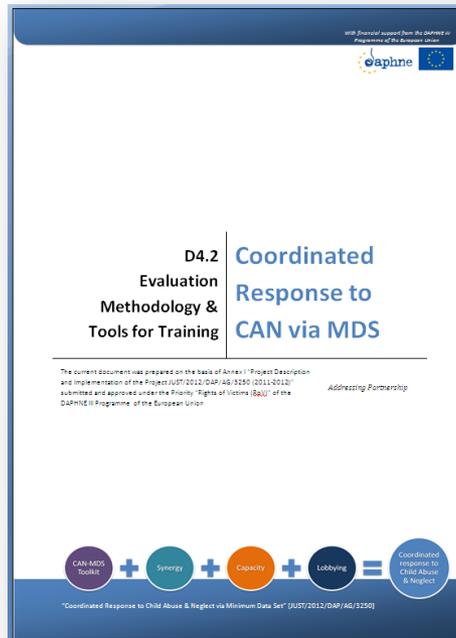
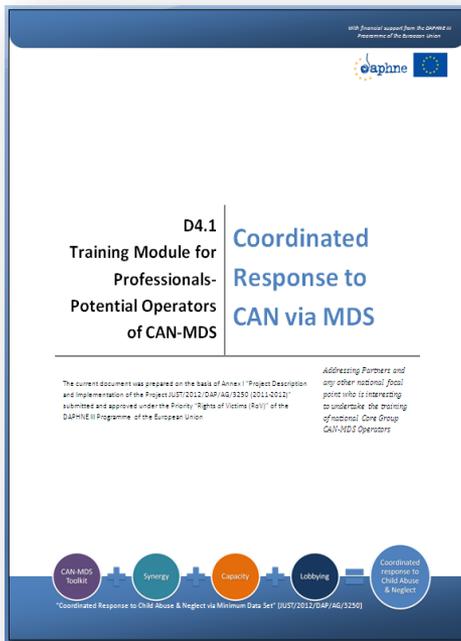
- Van Puyenbroeck, B. Child and Family Agency, **BELGIUM**
- Stancheva-Popkostandinova, V. South-West University “Neofit Rilski” (SWU), **BULGARIA**
- Seraphin, G. and Bolter, F. National Observatory of Children in Danger (ONED), **FRANCE**
- Goldbeck, L. and Witt, A. University Ulm, Dept of Child & Adolescent Psychiatry/Psychotherapy, **GERMANY**
- Stavrianaki, M., ICH, Dept of Mental Health & Social Welfare, **GREECE**
- Mammini, S. and Bianchi, D. Istituto degli Innocenti, **ITALY**
- Roth, M., Antal, I. and Tonk, G. Babes-Bolyai University, Dept. of Social Work (BBU), **ROMANIA**
- Jud, A. Lucerne University of Applied Sciences & Arts, School of Social Work, **SWITZERLAND**
- Castellanos Delgado, J. L. and Solis de Ovando, R. Ministerio de Sanidad, Servicios Sociales e Igualdad, **SPAIN**



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



Capacity Building: Core & Expanded Groups of CAN-MDS Workshops



- Programme for “CAN-MDS Core Group Workshop”**
- Presentations** (6 parts, adapted for core group workshops)
- e-CAN-MDS tool** (available online)
- Mock cases** (4, adapted for ‘actors’ & ‘operators’)
- Evaluation questionnaires** (pre- and post-questionnaires)
- Attendance form**
- Certificate of attendance**
- Templates** (preparation of expanded group workshops’ material)
- Supportive material** (country profile reports, other reports)



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

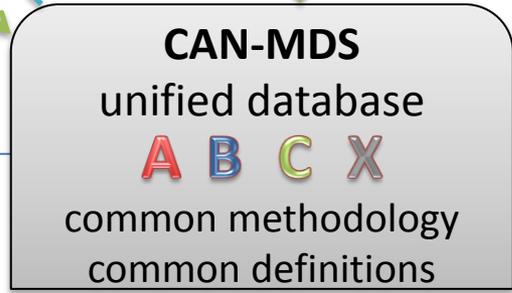


IMPLEMENTATION OF CAN-MDS



recording (input):
-CAN-MDS
-common definitions
-trained professionals

feedback (output):
-according to access level



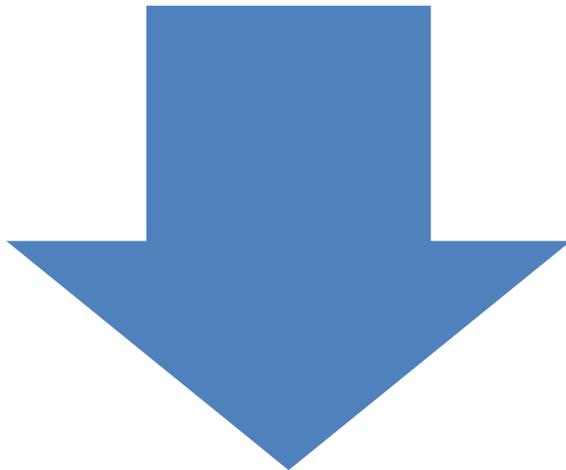
follow up at a case level

CAN surveillance at a public health level

aggregate data

- to periodically measure the incidence of CAN and its specific forms based on data deriving from services' responses to CAN cases
- in general, per sector/ service/ specific forms of CAN/ child's, caregiver's, family's characteristics

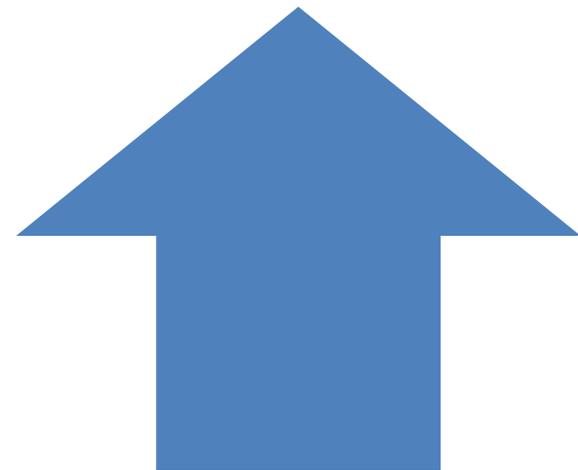




Timeliness limitation; Time consuming procedure; Lack of incentive; Interpretation limitations; Not aware professionals; Uncertainty for eligible cases; confidentiality issues; perception that there is no action on the record



Easy access; Quick procedure; Trained professionals; Common definitions; Feedback at different levels (operators; agencies; region); Pseudonymization; Different access levels; surveillance data (national, regional, per type etc.)



Aim of a future CAN-MDS Surveillance System

To provide comprehensive, reliable & comparable case-based information for (alleged) child victims of CAN who have used social, health, educational, judicial & public order services at national and international level.

➔ *Information for action linked to public health initiatives*

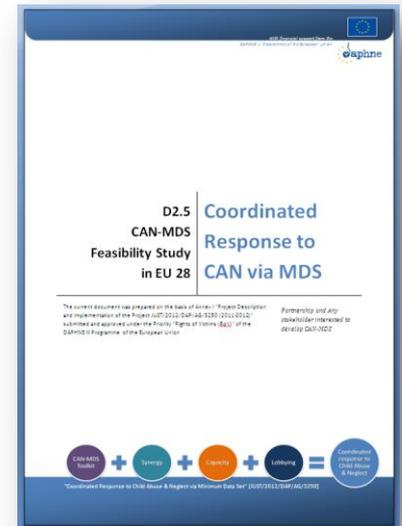
To serve as a ready-to-use tool in investigation and follow-up of child victims of CAN or those at risk of being (re-) victimized, by respecting the national legislation and applying all the rules necessary for ensuring ethical data collection and administration.

➔ *Case-level information linked to follow-up of individual cases*

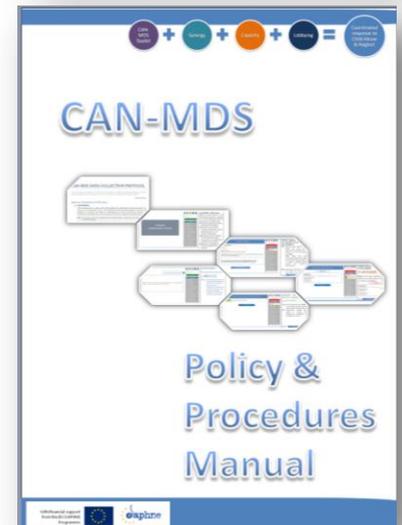
secure
simple
practical
continuous
real time
uniform
inclusive
informative
revisable
low cost

next steps

- **CAN-MDS Feasibility Study in EU28**
 - *exploring opportunities for piloting the system in real settings*



- **CAN-MDS Policy & Procedures Manual**



Project's Consortium



Coordinating Organization

- Institute of Child Health, Dept. of Mental Health & Social Welfare (ICH-MHSW)-EL
 - Prof P Durning (Ethical Issues)
 - Ms J Gray (External Evaluator)

Partners Organizations

- Child and Family Agency-BE
- South-West University "Neofit Rilski" (SWU)-BG
- University Ulm, Dept. of Child and Adolescent Psychiatry/ Psychotherapy-DE
- National Observatory of Children in Danger (ONED)-FR
- Istituto degli Innocenti (IDI)-IT
- Babes-Bolyai University, Dept. of Social Work (BBU)-RO

Associate partner

- Lucerne University of Applied Sciences & Arts, School of Social Work-CH