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Inter-agency Child Protection Case Management Manual

Abu Dhabi, UAE
2022



هيئة الرعاية الأسرية
FAMILY CARE AUTHORITY

هيئة أبوظبي للطفولة المبكرة
Abu Dhabi Early Childhood Authority

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Preface

This manual is another step to show our commitment to realize our vision to protect all children in Abu Dhabi from unacceptable treatment. There are many esteemed efforts today in Abu Dhabi and in the UAE in general to drive the agenda of child protection, and we would like to take this opportunity to thank all the agencies that have been investing in advancing and innovating in child protection. We would also like to thank all the heroes on the ground who have been creating a difference for our children.

As the world around us is changing at a fast pace, and the dangers surrounding children are also becoming prominent in the digital space, it is now more important than ever to continue investing in addressing child protection issues.

We would therefore like to call upon policymakers and implementing agencies to adopt this manual and to continue enriching it with their experiences and wealth of knowledge.

Together, we will build a society that has zero tolerance for child maltreatment and where all our children are safe and protected.

H.H. Sheikha Maryam H.H. Sheikha Shamsa

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Acknowledgement

The Department of Community Development (DCD) and Abu Dhabi Early Childhood Authority (ECA) are government entities that support holistic early childhood development and child protection. We want to ensure that children, parents, and caregivers have access to appropriate services to support optimal child development. We promote collaboration to help all of Abu Dhabi's young children flourish and we do this across four pillars: health and nutrition, child protection, family support, early education, and care; from the early stages of pregnancy to the age of eight years old. We are broadening the capabilities of our partners to support holistic child development, developing coordinated and aligned policies and laws, informing decision-making through research, data, and evidence, and working to transform how people think about and address the needs of young children.

Child protection is one of the key pillars of the DCD and ECA. Together with our partners we have developed a unified child protection system for Abu Dhabi that offers coherent strategies for preventing child maltreatment, reporting cases efficiently and effectively, and providing treatment and rehabilitation as needed.

Our child protection system would not have been possible without the diverse perspectives and collective resources of our partners, and I would like to thank all of them for their commitment and contribution:

- Ministry of Community Development
- Ministry of Interior Child Protection Center
- Ministry of Education
- Abu Dhabi Department of Community Development
- Abu Dhabi Judicial Department
- Abu Dhabi Police
- Abu Dhabi Family Care Authority
- Abu Dhabi Department of Education and Knowledge
- Abu Dhabi Department of Health including the Public Health Center
- Abu Dhabi Family Care Authority
- Family Development Foundation
- Abu Dhabi Center for Sheltering and Humanitarian Care (Ewa'a)
- Zayed Higher Organization

I look forward to our continued collaboration to build a community in Abu Dhabi where all our children are safe and protected.

Thank you,

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H.E. Sana Suhail H.E.
Dr. Mugheer Al Khaili

Foreword

The healthy and safe development of children is the cornerstone for the development of our nation. This is only possible if children grow up in a safe and protected environment from the home to the community. Despite significant global effort to protect children, child maltreatment continues to be a pervasive social evil. More upsetting is the fact that perpetrators of child maltreatment are often those persons who are entrusted to care for and protect the child, such as parents, family members, and trusted adults close to the child.

Unacceptable treatment of children is preventable; and when identified, the risks and the damage can be significantly mitigated through effective response. Comprehensive child protection measures are, therefore, imperative to ensure the safety and wellbeing of our children. It is the responsibility of every person in our society to ensure that all our children are protected, without discrimination.

The child protection system requires commitment from all stakeholders – family, society, and the government. The present document provides an overview of the child protection system in Abu Dhabi and outlines the role of the key government agencies involved in the system. It aims to equip all frontline workers in child protection with practice guidelines on procedures to follow and tools to use to manage child protection concerns.

The success of Abu Dhabi's child protection system depends on the commitment, collaboration, accountability, and effective coordination between all stakeholders to build a society where our children are protected. We count on the support of everyone to ensure the protection of all our children.

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Glossary and Definitions

Accountability is the ongoing assessment of practice, organizational, and financial outcomes to determine the effectiveness of systems of care in meeting the needs of children and families.

Adapted Comprehensive Child and Family Assessment is an adapted form of the Comprehensive Child and Family Assessment (defined below) which is conducted by the case manager assigned at Ewa'a's temporary shelter and which does not require home visits to the family.

Alternative Care is a formal arrangement whereby a child is looked after outside the parental home by an approved care provider.

Assent means that children are informed about services and actions to be taken and are supported in expressing their views and providing their consent to receive services (willingness expressed in oral, gesture-based, and/or written form). This is applicable for children 13 years and older who by law are allowed to provide consent. All children despite their age should be informed about actions to be taken and their views should also be heard but the family and/or CPS may make final decisions on types of services required.

Auxiliary Staff is contractors and volunteers working at the school (e.g., bus drivers, cleaners, canteen workers, janitors, etc.).

Beneficiary is the child and their family who receive support and/or services from the child protection system.

Care Plan is the plan developed by the Child Protection Specialist (CPS) at the Family Care Authority (FCA) as part of a more comprehensive case plan for the child and family to seek treatment and support.

Case Closure is the act of concluding the relationship between the case worker and the child/family (with/without mutual consent) when target goals have been achieved and risk of unacceptable treatment has been eliminated. Also occurs when a child moves from jurisdiction (e.g., out of the country) or is deceased.

Case Management is the process of helping individual children and families through direct social-work type support, and information management.

Case Management Meetings are internal meetings held at regular intervals involving managers, supervisors, and social workers to review case response, service provision and caseloads.

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Case Manager is a person who leads a dedicated case team to perform case management activities and oversee service provision to abused children and their families (the Case Manager is often a Specialist from Family Care Authority).

Case Supervisor is a person who leads several case managers and team of child protection experts to oversee child protection activities and service provision to abused children and their families.

Child is any resident of the UAE under 18 years of age.

Child Abuse Material (CAM) is any text, image, drawings, animations, video, or sound, including material that has been altered or manipulated to make a person appear to be a child, whether electronic, print, or other media, that depicts or describes a person in a way that reasonable persons would regard as being offensive.

Child and Family Response Plan is the individualized plan that outlines specific actions required to meet the needs and goals identified for the child and/or their family with a goal of increasing their resilience and ensuring adequacy in their care and protection.

Child and Family Response Plan Implementation is the execution of the child and family response plan, wherein safety and concerns around the wellbeing of the child and family are addressed through direct support from case worker or from specific service providing entities.

Child Protection: All measures, steps and actions that must be taken to prevent, protect, and support students from risks that may cause harm or injury.

Child Protection Information Management System is the online and offline system containing recorded information on all substantiated/founded reports of child maltreatment, actions performed, and services provided.

Child Protection Coordinator is an appointed staff member at the school/nursery who is professionally relevant, trained and equipped with skills to act upon child protection concerns that arise within their educational institution and is the key contact for staff and authorities where a concern is identified within the school. They should also be the point of contact for the educational institution to respond to emergencies, report to the CPU and other authorities involved, liaise with parents, and provide ongoing support to the child.

Child Protection Specialist (CPS) is a trained professional (social workers within the FCA or in other organizations) to assist abused and at-risk children and empowered to conduct assessments (per Wadeema Law). Also assumes the role of child advocate, along with social workers.

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Child Protection System is the set of coordinated mechanisms between various organizations to ensure the promotion, prevention of, and response to, child protection concerns.

Child Protection Unit (CPU) is an organization unit within government entities acting as protective mechanisms and aiming at developing and implementing child protection measures as set forth in Wadeema Law. Responsible for receiving and conducting initial assessments of child maltreatment reports.

Comprehensive Child and Family Assessment is an in-depth and holistic analysis of the child's situation along various parameters of wellbeing, associated risks and key strengths based on which case management services are provided.

Consent is written permission to provide/receive services and for release of information to other agencies, signed by the child [where ~13 years of age or older] and/or the parent/caregiver.

Corporal Punishment is the act of inflicting physical pain for the purpose of punishment (e.g., by caning, flogging) to discipline a child.

Counselling is relatively brief treatment that is focused primarily on behavior and support.

Cyber Grooming is the act of developing a close and trusting virtual relationship with a child online, with a perceived imbalance in power, with the intention of engaging in inappropriate behavior.

Cycle of Abuse is a generational pattern of abusive behavior that can occur when children who have either experienced unacceptable treatment or witnessed violence between their parents or caregivers learn violent behavior as well as considers it appropriate, often perpetrating it as adults.

Discrimination is the unjust or prejudicial treatment of children and/or their families, especially on the grounds of race, age, sex, nationality, religion, or disability.

Evidence-based is the application of valid research methods and studies to inform and guide the design and implementation of the child protection programs.

Family-based Setting is a form of care arranged for a child which involves living with a family other than his/her birth parents. The term encompasses fostering, and kinship care.

Family and Child Protection Committee is a multi-stakeholder committee comprised of specialized family and child representatives from relevant entities who

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review and support on serious cases of child maltreatment and monitors the progress of all active cases raised with the committee.

Foster Care is an arrangement whereby a child lives with an unrelated individual or family, without any implication that the birth parents lose their parental rights or responsibilities.

Grooming is the act of building a relationship with, and trust of, a child to manipulate, exploit, or maltreat them, for example by persuading them to take sexual pictures or videos of themselves or arrange a face-to-face meeting.

Home Visit is the method of delivering preventive and family support services directly to the children and/or the family in their home.

Human Trafficking is a crime involving the exploitation of someone for the purposes of compelled labor or a commercial sex act using force, fraud, or coercion.

Identify/Detect is the recognition of signs/risks of child maltreatment through suspicion, experiencing or witnessing, and/or disclosures from an abused child or any other child or adult.

Incarceration is the state of being confined in a detention facility (under UNCRC, children are not to be incarcerated in adult detention facilities).

Independent Living Arrangement is independent living units rented by Ewa'a's temporary shelter and dedicated to cases of accompanied children with non-abusive parents who are assessed as capable of providing the needed care to their child(ren). Cases placed in independent living arrangements continue to receive access to the same case management services as those provided to cases residing inside Ewa'a's temporary shelter.

Initial Safety and Risk Assessment is the analysis of information obtained from a disclosure or report to weigh the severity of a case and the impact of the report on child development and functioning, and hence decide on the need for further investigation by the police, or for referral to the FCA.

Intake is the initial point of contact between case management team and child/family where information is collected from various sources to assess risk and appropriate next steps are decided.

Investigation is the formal inquiry undertaken by the police and FCA to substantiate, or not substantiate, a report of an incident or incidents of child maltreatment, and to determine any ongoing case management (by FCA) – may include direct "investigatory" interviews with children and their families.

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Kinship Care is a family-based care within the child's extended family, whether formal or informal in nature (included in the Wadeema Law within foster care).

Mandated Reporter is a person who is required by law to report concerns of child maltreatment to a child protection custodian.

Necessity is a principle in which a child is placed in alternative care only due to the pressure of circumstance. The necessity principle stipulates that solutions should be sought that are in the child's best interests and, wherever possible, to avoid unwarranted placements and keep the child with their own family.

Non-discrimination is the principle that unfair distinctions should not be made between children, people, or communities on any grounds, including age, sex, gender, race, color, ethnicity, language, religion, disability, health status, etc.

Notify is the act of informing the designated person (at settings where such a role exists) or relevant entities (e.g., hotlines) by the person who witnesses or experiences any incident or has concerns of child maltreatment.

Online Child Sexual Exploitation and Abuse (OCSE) is the use of any information and communication technology as means to sexually abuse and/or sexually exploit a child by an older or more knowledgeable child or adult or in cases where there is a perceived power imbalance.

Online Sexual Coercion/Extortion is the act of obtaining sexual content or something of a sexual nature by an older or more knowledgeable child or adult through use of coercion using force or threats online with the purpose of financial gain, offline sexual abuse or procuring child abuse material.

Outreach is activities to bring services, resources, and/or information to people in their homes or usual environments.

Parent/Guardian/Caregiver is the father or mother of the child, or an adult who legally performs the duties of care provision to a child.

Participation is the principle and practice of engaging children to have an influence in all matters that affect them.

Permanency is establishing family connections and placement options for a child to provide a lifetime of commitment, continuity of care, a sense of belonging and a social status that goes beyond the child's temporary foster care placement.

Post-traumatic Stress Disorder is the condition of persistent mental and emotional stress occurring because of injury or severe psychological shock or trauma, typically involving disturbance of sleep and/or episodes of vivid recall of the

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experience, often accompanied with dulled responses to others and to the outside world.

Primary Caregiver is a person who takes on the permanent primary responsibility for the care, development, and upbringing of a child (usually one or both parents; can also be members of the extended family, such as, grandmother or domestic workers operating as unofficially as nannies at times). He/she provides the child with the most direct physical, social, and emotional support throughout the day, and is typically the ones who feed, play, bathe, care for, support the child's learning on a routine basis and who tend to know most of the child's development and behaviors. Parents are typically assumed to be the primary caregiver, but in some homes other persons may play this role.

Professional Boundaries are the distinction between the acceptable and unacceptable behavior or emotional attachment in relation to a child (or child's family) during or outside child protection work.

Prosecution is the legal proceedings against an alleged perpetrator in the court of law.

Protective Factors are the conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk in families and communities.

Psychosocial Support is the care and support provided by social workers, specialized service providing entities, teachers, community members etc. to influence both the individual and the social environment in which the child and family functions.

Referral is the directing of the abused and at-risk child and their family from the CPS at FCA to the services providers (whether for treatment or social services).

Reintegration is services and support provided to the abused or at-risk child, their family, and perpetrators to allow them to return to normalcy.

Relapse is a return of any condition (e.g., medical).

Report is the act of documenting a notification of child maltreatment based on unified parameters for the initial assessment, and officially communicating it to the relevant authorities.

Residential Care is small group living arrangements for children in which care is provided by paid adults who would not be regarded as traditional caregivers in wider society.

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Resilience is the ability of children and their families to deal with, and recover from adversity and crisis, influenced by individual characteristics and external factors like diversity of livelihoods, coping mechanisms, life skills such as problem-solving, the ability to seek support, motivation, optimism, faith, and resourcefulness.

Reunification is when a child is reunited with their natural family after living in alternative care.

Risk is the likelihood of a threat (including internal and external) and its impact on the wellbeing of the child, family, and community combined with existing vulnerabilities.

Shelter is interim care that is arranged for a child on a temporary basis to protect them from immediate danger.

Signs of child maltreatment is specific signs and symptoms depending on the type of unacceptable treatment, from the abused child's behavior and from the perpetrator's behavior.

Social Worker is a person who executes the case management processes and engages in day-to-day contact with the child and family.

Stability is ensuring minimal changes in the placement of the child in line with their best interest.

Stigma is a mark of disgrace associated with a particular circumstance, quality, or person.

Student is a person under 18 years of age who is enrolled in an educational institution.

Substantiation is the conclusion from investigation that suspected case of child maltreatment report has been confirmed, or is likely to be confirmed, justified (based on evidence collected and further assessments).

Suitability is a principle in which the most suitable placement is found for each child.

Support are the services provided to the abused child, their family, and perpetrators to ensure they develop and thrive in the community.

Systems Approach is the promotion of a holistic view of children and child protection that engages the full range of actors involved in protecting children's rights.

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Temporary Placement is a type of placement when the child is placed in alternative care or shelter for a short period (few days to 12 months).

Therapist is a licensed professional skilled in a particular type of treatment intervention, aimed at relieving emotional distress and mental health problems.

Trauma is a deeply distressing or disturbing experience.

Treatment is the medical care given to the abused child, their family, and perpetrators (it can be physical or mental).

Child Maltreatment is any act or omission of act that would cause harm to the child and prevent his/her upbringing and development in a sound, safe and healthy manner including forms of physical, emotional, and sexual abuse and neglect, exploitation, bullying and cyberbullying.

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Acronyms

ADEK – Abu Dhabi Department of Education and Knowledge

ADHA – Abu Dhabi Housing Authority

ADJD – Abu Dhabi Judicial Department

CCFA – Comprehensive Child and Family Assessment

CFRP – Child and Family Response Plan

CID – Abu Dhabi Police Criminal Investigation Department

CPIMS – Child Protection Information Management System

CPS – Child Protection Specialist

CPU – Child Protection Unit

CRC –Convention on the Rights of the Child (by the United Nations)

DCD – Abu Dhabi Department of Community Development

DoH – Abu Dhabi Department of Health

ECA – Abu Dhabi Early Childhood Authority

ESE – Emirates Schools Establishment

FCA – Family Care Authority

FDF – Family Development Foundation

MoCD – Ministry of Community Development

MoE – Ministry of Education

MoI – Ministry of Interior

MoI CPC – Ministry of Interior Child Protection Center

OCSE – Online Child Sexual Exploitation

SSA – Social Support Authority

UNCRC – United Nations Convention on the Rights of the Child

ZHIC – Zayed House for Islamic Culture

ZHO – Zayed Higher Organization

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1. Introduction

1.1. Purpose of the Inter-agency Manual

The inter-agency manual concerns the protection of all children (0-18 years) in Abu Dhabi (Abu Dhabi region, Al Ain region, and Al Dhafra region). The manual puts into practice the Abu Dhabi child and family protection system.

Case management in child protection is a shared responsibility between various agencies in the social, education, health, and law enforcement sectors.

Given that many agencies are involved, the manual provides an overview of the child protection system, its purpose and function, and how child protection cases should be managed. It provides harmonized approaches and common standards (e.g., operational definitions), clarified roles and responsibilities, procedures, and tools needed for effective inter-agency management of child maltreatment cases in Abu Dhabi, optimized resource utilization, and documentation of services available to children and families.

The manual was developed by an inter-agency working group composed of key stakeholders and government partners.

This document should be used with other existing national standard operating procedures (SOPs, e.g., MoE/ESE and ADEK procedural documents for the educational settings, Abu Dhabi Police procedural guidance for investigations, and other procedural documents that will be developed such as for the health sector) and case management manuals for child protection developed for other sectors, standards, policies (e.g., National Policy to empower People of Determination, Family Protection Policy) and legislations (e.g., Wadeema Law) and DCD's Family Protection Framework.

1.2. Background to the Development of the Manual

There are more than 620k children (aged 0-18 years) in Abu Dhabi from various socio-economic backgrounds, nationalities cultures, and religions. These children are exposed to various risk factors that make them predisposed to unacceptable treatment. The number of actual child maltreatment occurring in Abu Dhabi cannot be determined with high certainty; however, it is estimated that more than 60k children are maltreated annually (based on high level estimates considering global ratios for unacceptable treatment). Children are vulnerable and typically unable to protect themselves and need a framework to ensure their protection. Hence, while most children within Abu Dhabi enjoy a safe and protected childhood, many are

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subject to different types of unacceptable treatment that are typically underreported and untreated.

There are many ongoing and applaudable efforts in the Emirate to protect children. However, there is limited coordination and harmonization of the efforts. Therefore, the Early Childhood Authority in Abu Dhabi in coordination with key government stakeholders has taken the initiative to form a child protection working group to design a comprehensive and integrated child protection system.

The working group includes representatives from federal and local agencies across the social, education, health, and law enforcement sectors:

1. Abu Dhabi Early Childhood Authority
2. Ministry of Community Development
3. Abu Dhabi Department of Community Development
4. Ministry of Education
5. Abu Dhabi Department of Education and Knowledge
6. Department of Health
7. Ministry of Interior Child Protection Center
8. Abu Dhabi Department of Justice
9. Abu Dhabi Police Family Care Authority
10. Abu Dhabi Police Criminal Investigations Department
11. Abu Dhabi Center for Sheltering and Humanitarian Care (Ewa'a)
12. Zayed Higher Organization
13. Family Care Authority

The working group members met monthly to design the inter-agency child protection system, including the prevention programs and response mechanisms.

1.3. Guiding Principles

Several principles were defined to guide the development of the child protection system in Abu Dhabi. These same principles guide the manual and form the basis of good practice and should be adopted by all agencies working with children.

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1. **Child-centered**

   - Placing the best interest of the child and their unique circumstances in all actions that directly or indirectly affect children above everything else, and that the child's experience throughout should seek to protect the child from any harm or risk to their safety and wellbeing

   - Providing support to families, and ensuring that families are supportive of the child and considerations towards the safety of the child are prioritized

2. **Do No Harm**

   - Ensuring joint responsibility and accountability of all relevant stakeholders in child protection to protect children and their families from harm, including the protection of information

   - Minimizing possible negative effects and maximizing possible benefits

3. **Non-discrimination**

- Inclusive provision of opportunities to children and families without discrimination because of race, color, sex, language, religion, political or other opinion, national, ethnic, or social origin, poverty, disability, birth, or other status

4. **Child Participation**

- Participation of children in the decisions which affect their lives by providing them the opportunity to express their opinion concerning the measures taken in their regard within the limits of the laws in force

- Includes the right to be heard, the right to information and the right to freedom of association

5. **Investing in Prevention, Detection, and Immediate Response**

- Investing and focusing on evidence-based prevention of abuse and neglect of children and addressing deep-rooted social norms, including amending, or developing adequate legislations, awareness-raising among the public, children and caregivers, and all parties interacting with the child

- Detecting signs of unacceptable treatment early, and ensuring immediate response

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6. **Delivering Treatment and Rehabilitation Services**

- Delivering diverse evidence-based, quality, and child-centered treatment, rehabilitation and re-integration services for abused and neglected children and families

- Delivering evidence based social support and treatment for families with abused and neglected children to ensure their ability, capacity, and commitment to providing their children with safe and protected environments

7. **Creating a Safe Space for Reporters**

- Creating and enforcing a safe and secure space for abused and at-risk children as well as all reporters to come forward, and ensuring their protection, confidentiality and privacy as required while performing their mandated responsibilities

8. **Multi-sectoral Coordination, Accountability, and Transparency**

- Ensuring timely and effective coordination and cooperation mechanisms between stakeholders across the health, education, social, and justice sectors

- Strengthening, upscaling and expanding existing practice, resources, structures, and mechanisms to ensure safety for all children within the child protection system

- Developing adequate accountability mechanisms, evidence-based practice, and continued professional development to ensure that professionals are respecting, protecting, and fulfilling children's right to protection and care

- Developing and promoting information sharing and transparency guidelines across all sectors to enable a multi-sectoral approach

1.4. Inter-agency and Children's Rights Centered Approach to Child Protection

Ensuring the protection of children in Abu Dhabi is a responsibility of all persons and agencies. However, the government and families are required by law to deliver on and ensure each child is protected from all forms of harm, abuse, neglect and are not at threat of abuse or neglect. This is a challenge but affords all an exciting opportunity to take actions that will keep children safe and allow them to thrive. This is a joint responsibility shared by multiple local and federal agencies that work together to provide a solid safety net for children and families. A single agency does

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not have the mandate, capacity and/or resources alone to be able to provide the abused and neglected child and family with the needed support effectively. It is required that multiple agencies involved play their part in ensuring that children and families can access and receive the services they need (including early help and interventions) when they need them.

Therefore, it is needed to adopt a systems approach with effective inter-agency coordination that looks at the entire system holistically instead of the impact of individuals working within it. A systems approach requires a shift from the traditional stand-alone interventions focused on particular child protection issues, to the achievement of more sustainable, comprehensive, and long-term responses to child protection issues.

Such an approach to child protection puts into effect a set of harmonized formal and informal elements to prevent and respond to unacceptable treatment, putting the child at the center of all actions and decisions. This requires participation from the child and family and collaboration of players from the social, education, health, and law enforcement sectors.

The benefits of adopting a systems approach[1] to child protection include:

- A shift from the traditional stand-alone programming focus on particular groups of children in need of protection, to the achievement of more sustainable, comprehensive, and long-term responses to child protection issues
- Addresses child protection more holistically, brings greater focus on prevention, and strengthens the critical roles and assets of the key actors responsible for child protection
- Coordinated interventions and mechanisms, with clear accountability measures

In fact, the child protection system is at the intersection of allied systems such as social, education, health, and law enforcement.

[1] UNICEF defines the child protection system as *"a set of laws, policies, regulations and services, capacities, monitoring, and oversight needed across all social sectors – especially social welfare, education, health, security and justice – to prevent and respond to protection related risks"*.

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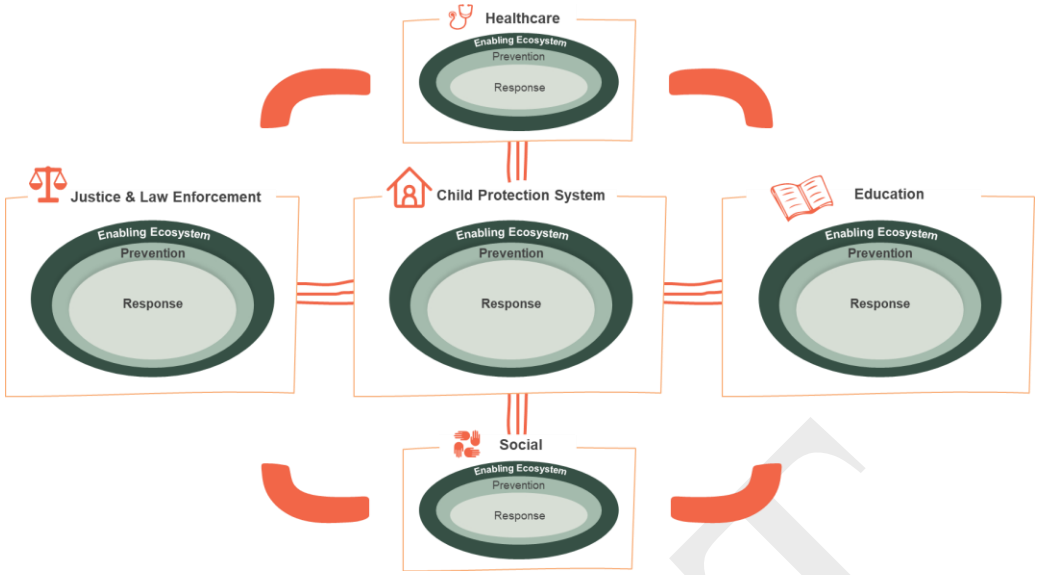


Figure 1. Child Protection Intersection with Other Systems

1.5. Vision, Priorities, and Objectives for Child Protection in Abu Dhabi

The vision, mission, priorities, and objectives for child protection in Abu Dhabi were defined as per the figure below.

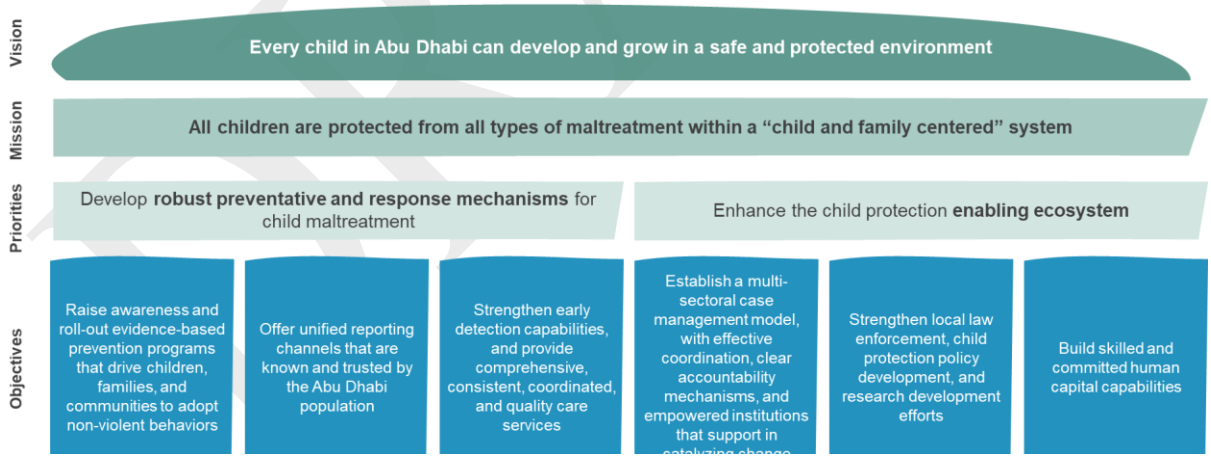


Figure 2. Vision, Mission, Priorities and Objectives for Child Protection in Abu Dhabi

The expected outcomes for Abu Dhabi include:

- Zero tolerance towards child maltreatment and corporal punishment
- Reduce the incidence and prevalence of child maltreatment cases

- Enhance reporting and early detection of child maltreatment
- Consider the interest of the child for handling cases from reporting to treatment and support
- Ensure availability of services to support and treat child victims and their families
- Develop capabilities within institutions to effectively handle cases of unacceptable treatment, ensure child and family safety and well-functioning, and ensure the safety and protection of the child

1.6. Intended Users of the Manual

The primary users of the manual are the mandated reporters, Child Protection Specialists, senior leaders, advisors, and frontline practitioners in government agencies that provide services to children or have functions related to children, in the social, education, health, and law enforcement sectors.

This includes but is not limited to Child Protection Specialists and practitioners in the following agencies:

- Family Care Authority
- Ministry of Education/Emirates Schools Establishment (ESE)
- Abu Dhabi Department of Education and Knowledge
- Department of Health including the Public Health Center
- Family Development Foundation
- Ewa'a
- Zayed Higher Organization
- Abu Dhabi Judicial Department
- Abu Dhabi Police
- Ministry of Interior Child Protection Center
- Abu Dhabi Sports Council

Given the central role of the FCA as the lead child and family case management service provider, its social workers, case managers, and supervisors should be well trained on this manual and work closely with other government stakeholders in ensuring implementation.

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This guide does not substitute any training programs delivered by agencies related to child protection, it should complement them.

It is important to note that this manual covers children who have been subject to unacceptable treatment, and children who are at-risk of not being treated appropriately.

1.7. Structure of the Manual

The manual is structured into 7 sections:

- Section 1: Introduction about the purpose of the document, the child protection strategy in Abu Dhabi, and the intended users of the document
- Section 2: Overview of the child protection framework in Abu Dhabi, the enabling ecosystem, prevention and early intervention programs, and a brief on the child protection response mechanism
- Section 3: Mechanisms for identifying unacceptable treatment, who are the mandated reporters, and the reporting procedures
- Section 4: Step-by-step guide on the case management activities, frameworks, and tools
- Section 5: Roles and responsibilities of agencies, and areas for inter-agency coordination during case management, and data handling/protection
- Section 6: Guidelines and considerations for communicating with the child and family
- Section 7: Competencies, training needs, and ethical considerations in case management
- Appendix: Needed tools and forms for case management

1.8. Review Mechanism of the Manual

The manual is a live document. It should be continuously refined and updated in light of the system review.

The Family and Child Protection Committee, introduced later in the document (in section 5.2), is an inter-agency committee partly mandated with overseeing the effectiveness of the system and making recommendations on changes required in

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the system. As such, this manual should be updated in light of the recommendations made and adopted by the committee.

Updates will be made by the Department of Community Development in collaboration with the Early Childhood Authority and shared with all the relevant agencies in Abu Dhabi to adopt.

This version of the manual will serve as a pilot for a period of 6 months. Following the pilot phase, feedback will be collected from all agencies that have used the document, discussed with the agencies, and relevant updates will be made. Following the first update after the pilot phase, the manual should be reviewed annually. This will include a review by the Family and Child Protection Committee.

Representatives from the agencies participating in the working group should take part in the review. During the review, the agency representatives, supported by relevant training, should consider whether any changes that occurred in the past year should be reflected on the manual.

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2. Framework of the Child Protection System

The framework adopted for the Abu Dhabi child protection system includes three layers (shown in figure 3 below):

- Enabling Ecosystem: Set of elements allowing effective establishment of the system
- Promotion and Prevention: Mechanisms to avoid cases of child maltreatment from occurring
- Response: Mechanisms to handle cases of child maltreatment after they have occurred

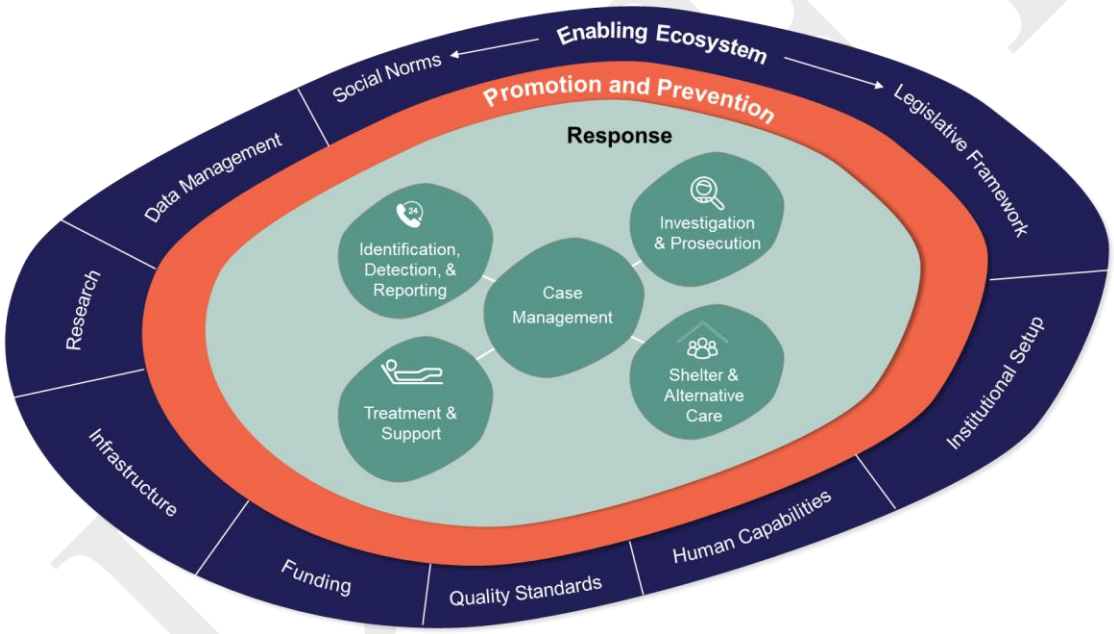


Figure 3. Child Protection Framework in Abu Dhabi

2.1. Enabling Ecosystem of Child Protection

Child protection is enabled by an ecosystem that encompasses a complex interplay of different factors. Some of the key components of this enabling ecosystem include legislative framework, social norms, human capabilities, institutional setup, infrastructure, funding, research, data management, quality standards.

An overview of the key enablers of the child protection system in Abu Dhabi are detailed below.

2.1.1. Legislative Framework in the UAE and the International Conventions Ratified by the UAE

National Legal Framework

The UAE Constitution

The UAE Constitution declares the importance of the family unit and the right of children to protection (Articles 15, 16, and 17).

In fact, Article 16 states the commitment to protecting vulnerable groups, including children, and guarantees the provision of assistance and rehabilitation programs for their benefit.

The UAE Constitution also extends the rights to all children and families, irrespective of their nationality, as outlined in the Article 40: *Foreigners shall enjoy, within the Union, the rights and freedom stipulated in international charters which are in force or in treaties and agreements to which the Union is party. They shall be subject to the corresponding obligations.*

Federal Law No.3 (2016) Concerning Children's Rights (Wadeema)

Federal Law No.3 (2016) Concerning Children's Rights (Wadeema) provides the framework for child protection in the UAE and reflects children's rights as articulated in the CRC.

The Wadeema Law provides a set of essential, family, health, social, cultural, educational and protection rights. It also defines examples of harm that compromise children's physical, psychological moral and mental integrity. It emphasizes the role of the family and the importance of providing relevant support to families experiencing difficulties in parenting.

Wadeema Law made it mandatory for categories of professionals working directly with children to report child maltreatment (see section 3.3).

It outlines a series of protective measures, including the establishment of Child Protection Units (CPU), as well as the creation of new functional roles, the Child Protection Specialists (CPS) to ensure the protection of children. CPS have statutory powers and duties to provide preventive and responsive interventions for children at risk of violence, which is the foundation of the case management process outlined herein.

It also outlines the penalties associated with violating various articles of the Law.

Cabinet Resolution No. (52) of 2018 Governing the Executive Regulations of Federal Law No. (3) of 2016 on Children's Rights Law (Wadeema)

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The Executive Regulations of Wadeema Law include clauses dealing with the conditions of child labor, places where children are banned, the procedures to be followed for children's rights violations, the competences of the CPUs, provisions relating to the CPS, the protective measures and the obligations that are to be fulfilled by the foster families.

Other National Legislations with Implications on Child Protection

- Federal Law No. 3 (1987) Concerning the Issuance of the Penal Code
- Federal Law No. 35 (1992) Concerning Criminal Procedural Law
- Federal Law No 28 (2005) Concerning Personal Status
- Federal Law No. 11 (2012) Concerning Compulsory Education
- Federal Law No. 9 (1976) Concerning Juvenile Delinquents and Vagrants
- Federal Law No. 51 (2006) Concerning Combating Human Trafficking
- Federal Law No. 1 (2012) Concerning the Custody of Children of Unknown Parentage
- Federal Decree Law No. 5 (2012) Concerning Combating Cybercrimes
- Federal Decree Law no. 10 (2019) Concerning Protection Against Domestic Violence
- Federal Law No (29) of 2006 Concerning the Rights of Persons with Special Needs

International Framework

The Convention on the Rights of the Child (CRC)

Responding to children's and families' needs and ensuring the safety of children is at the core of CPS's work in Abu Dhabi.

The Convention on the Rights of the Child (CRC) is an international legal framework by the United Nations which establishes the boundaries for child protection and fulfilment of their rights. It has helped transform children's lives and is the most widely ratified human treaty in history.

The UAE ratified the CRC in 1997 and acceded its Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography in 2016.

As a result, the CPS should ensure that they execute their responsibilities within the scope of the CRC, and other international conventions ratified by the UAE.

Other International Conventions Ratified by the UAE

Other International Conventions ratified by the UAE with implications for Child Protection include:

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- International Labor Organization Convention 138 of 1973 concerning Minimum Age for Admission to Employment
- International Labor Organization Convention 182 of 1999 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) of 1979
- Convention on the Elimination of All Forms of Racial Discrimination of 1974
- Convention against Transnational Organized Crime and its Protocols of 2000
- Convention on the Rights of Persons with Disabilities of 2006

2.1.2. Social Norms

UNICEF defines social norm as *a rule of behavior that an individual adheres to when they believe that the majority in their referential group exhibits the same type of behavior (empirical expectation). The same majority from this referential group expects similar behavior from this individual, in turn (normative expectation).*

Since social norms are shared perceptions about others that exist within social groups, they are often a way to transmit violence within groups. Some negative social norms that lead to different forms of child maltreatment and limit the willingness to disclose child maltreatment are listed in Figure 4 below.

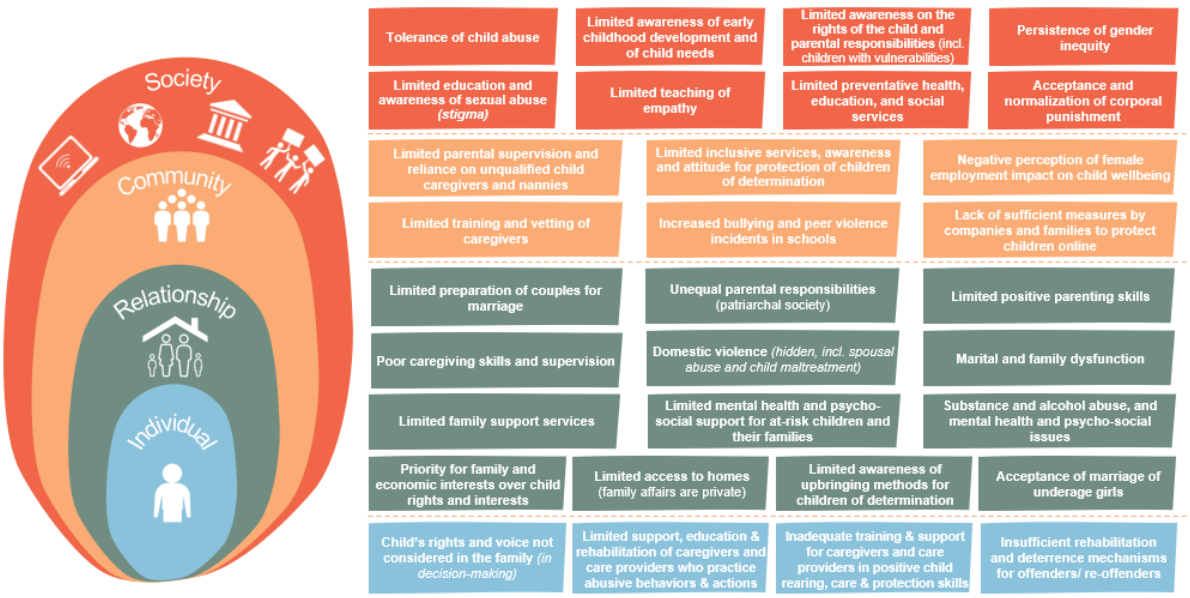


Figure 4 - Social norms that lead to child maltreatment

In Abu Dhabi, some common social norms that can be attributed to child maltreatment were identified through discussion with stakeholders and analysis of surveys conducted by various agencies. Some of these "negative" social norms are as follows:

- Acceptance of physical and psychological punishment methods by parents and using harsh measures for discipline without a clear differentiation of what is acceptable and what is not acceptable (especially since Sharia Law permits the right of parents to discipline their children in a manner that preserves their dignity, moral and physical welfare)
- High prevalence and acceptance of domestic abuse, coupled with the tendency to keep family matter private due to fear of scandal
- Large cultural diversity leading to various interpretations of "touching"
- Preference to avoid raising awareness on topics related to sexual education and protection of the child from sexual abuse and/or exploitation
- High reliance on domestic workers and other staff at home (e.g., drivers) to take care of the children
- Gender inequality (e.g., male dominating culture), such as the discrimination in rights to custody, marriage, nationality
- Unequal parental responsibilities, with women often viewed as primary caregivers; mothers are often the first to be blamed if something goes wrong with the child
- Prevalence of the absence of the father in the caregiver role
- Perception that child is a property item of the parent
- Limited respect of the views of the child – children are often considered an extension of the family and their voices are not heard
- Limited teaching of empathy in schools (moral education was recently introduced in schools)
- Lack of measures to fully integrate children of disabilities in recreational, sport and cultural activities
- Discrimination against *bidoon* children and children born out of wedlock

2.1.3. Other Enablers of the Child Protection System

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Human Capabilities

A broad range of capabilities are required in the child protection ecosystem. Availability of trained professionals across different sectors involved in child protection is key to delivering the required services.

In Abu Dhabi, there are several challenges in human capabilities in child protection, such as shortage of specialized staff (such as child psychologists and licensed social workers), lack of standardized quality and training requirements, as well as challenges in retention of the workforce. The prevalence of expatriates in the workforce as well as limited supply of local professionals further exacerbate these challenges. There is also limited awareness and readiness among frontline practitioners on identifying and responding to child maltreatment.

Comprehensive human capital attraction and retention strategy, coupled with systematic training and development of the child protection workforce is required to overcome the current challenges in human capabilities in Abu Dhabi.

Research

Research on child protection in UAE has gained traction in recent years, especially after the 9-year-old Wadeema was killed by her father, and the subsequent establishment of the Wadeema law. Despite this enhanced focus, there is limited availability of quality data and research on child protection topics in UAE. Development of a comprehensive research agenda and its execution through effective coordination between research entities is required to understand the ground reality and drive informed decision making on the overarching child protection strategy of Abu Dhabi.

Besides these, a successful child protection system is enabled by the availability of the required infrastructure (e.g., shelter and alternative care facilities, child-friendly interview rooms), dedicated funding, as well as quality standards to monitor and measure performance of the system.

2.2. The Need for Prevention and Early Help

Family constitutes the basic unit of our society; building resilience in families is vital to the protection and development of all its members, especially children. Adequate support should be provided to families to enable effective family wellbeing and development.

Prevention programs are interventions and strategies that aim to reduce the likelihood of child maltreatment through proactive measure. These could be in the

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form of **primary prevention programs** that directed at the general population, with the goal of preventing child abuse and neglect from occurring. Public awareness raising on different aspects of child maltreatment is an example of primary prevention program. Prevention programs could also be focused on individuals or families who are at high risk of maltreating their children - these are called **secondary prevention programs** or **early help and intervention programs** and include parent education and training and home visiting programs. Prevention programs have been shown to be successful at driving social changes, increasing community ownership, as well as greater use of available services to ensure the wellbeing of children and families.

In Abu Dhabi, several prevention programs such as, Awareness Raising and Community Mobilization, Positive Parenting, Dama AlAman in Schools & Nurseries, and Mental Health Support Programs are currently being developed.

Early Help and Intervention

Early help and intervention entail provision of support to children and their families as soon as a problem emerges or is identified. While early help can be provided to parents, children, or the entire family, the primary purpose of such support is to improve outcomes for the children involved.

When provided at the right time, early help has been shown to be effective in not only diminishing the risk factors, but also act as a preventive mechanism to deter further problems from developing.

Research suggests that child maltreatment tends to repeat itself from generation to generation, resulting in a **cycle of abuse**. Adults with histories of childhood unacceptable treatment are believed to be at increased risk of becoming perpetrators of child maltreatment, often abusing their own children. Early help and intervention can also be crucial in breaking this cycle of abuse.

Identifying Children and Families who would Benefit from Early Help and Intervention

Understanding risk factors and protective factors from child maltreatment help practitioners identify children and families that can benefit from early help intervention support.

Risk factors tend to be cumulative, that is, an increase in the number of risk factors in a child's life increases the likelihood of the child being maltreated. It is however important to keep in mind that while risk factors are linked with child maltreatment, it does not mean that the presence of risk factors will certainly result in child maltreatment.

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Protective factors allow to reduce the likelihood of children being maltreated. Understanding protective factors for the child is as important as researching risk factors.

Some commonly identified risk factors of child maltreatment are as follows:

Child-related Risk Factors – birth-related issues (e.g., low birth weight, premature birth), special needs (e.g., disabilities, chronic physical illness), childhood trauma, anti-social peer group, age

Parental/Family-related Risk Factors – substance use, mental health issues, criminal associations, history of child maltreatment, high familial conflict (e.g., domestic violence, separation/divorce), financial difficulties (e.g., parental unemployment)

Social-related Risk Factors – gender and social inequality, social and cultural norms that promote violence, low socioeconomic status, social isolation, community violence

Examples of protective factors on the other hand include the below:

Family Protective Factors – supportive family environment, nurturing parenting skills, stable family relationships, parental education and employment, adequate housing, access to health and social services

Community Protective Factors – communities supporting parents to care for their children, and preventing child maltreatment

Access to Early Help and Intervention Services

Effective and timely identification of risk factors can be used to develop targeted interventions to provide at-risk children and families with the required support. The sooner the risk factors of unacceptable treatment are identified, and support provided, the greater the benefits to the child as well as the society.

All agencies involved in child protection in Abu Dhabi should develop procedures to identify at-risk children and families. Specialized training should be provided to all staff working with children and families to identify and assess the risk-factors, including training on cultural diversity.

Children and families may require coordinated support services from a wide range of agencies. Therefore, multi-sectoral coordination is key to designing and delivering effective early help and intervention services.

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The early help services should be evidence-based, and agencies should work together to develop a clear plan to provide services based on the specific needs of the child and the family, and monitor progress made against the developed plan. It is also important for such services to be child-centered, aligned with the overarching child protection strategy, and in line with the local context. A top priority of such services should be to ensure that the family can function well and protect their child(ren). For the family this includes - parental understanding, empathy, social networking, support mechanisms, etc.; for the child, this requires development of a sense of wholeness and self-efficacy and re-establishing trust and a sense of security and reintegration.

Some examples of potential early help and intervention services are as follows:

Health: prenatal and postnatal parent outreach program to support healthy, nurturing family development within network; healthy lifestyles outreach program for at-risk families via protection clinics

Education: Teacher-caregiver vetting, training, and professional development on positive childcare and education, zero tolerance of violence, socio-emotional life skills, positive discipline, and parent and student involvement

Social: Financial, legal, social, health and education support for at risk families; marital and family support groups – premarital counseling, marital counseling, family counseling

Justice/Law Enforcement: Child friendly and sensitive law enforcement, prosecution, and courts

In Abu Dhabi, early help programs are offered by some agencies, such as FDF (e.g., effective parenting program for nationals), and DoH (e.g., mental health awareness program). Additional programs on parenting and mental health support are being developed and will support in building early intervention services.

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2.3. Response Framework for Child Maltreatment Concerns

Children who need help and protection should be provided with quality and effective response services in a timely manner. Child protection response includes the following components:

1. Identification, Detection, and Reporting: Understanding what child maltreatment is and knowing how to take appropriate action is the first critical

step to ensure the safety and wellbeing of children. Everyone in the society should be able to identify and detect signs of unacceptable treatment, and committed to reporting any suspected case through proper channel(s)

2. Investigation and Prosecution: Depending on the nature of the unacceptable treatment as well as the specific situation of the child, certain child maltreatment cases will require the involvement of the law enforcement and judicial sectors. For example, the police and the judicial sector would be involved in cases where the child is facing imminent danger and needs to be removed from home. These sectors would also be involved in other cases that have a criminal aspect and will therefore entail investigation. Law enforcement and judicial sector personnel involved in investigation and prosecution should be trained and skilled in responding to child protection cases

3. Shelter and Alternative Care: All children have the right to live in a supportive, caring, and protective environment that allows them to meet their full potential. Situations may therefore arise where abused and at-risk children will need to be removed from their places of residence and moved to shelter and alternative care facilities for their safety and wellbeing, as a last resort

4. Treatment and Support: Maltreatment can have detrimental consequence on the physical and mental health of the children as well as their family members. Appropriate and adequate treatment and support services is required to mitigate the damage caused and improve the outcomes for abused and at-risk children and families.

5. Case Management: Case management is required for any valid child maltreatment concern, where the frontline practitioners would be responsible for assessing the risks and protective factors surrounding a child's (and his/her family's) situation and provide the required interventions and referrals in a systematic and coordinated manner to ensure the child is protected.

The end-to-end journey of child protection (shown in figure below) starts with identification and detection of any concern of child maltreatment, followed by reporting of the concern via one of the available reporting channels to the Family Care Authority. The reported cases are then assessed to identify the risks to as well as the needs of the child, to provide the required interventions (such as, shelter and alternative care, treatment, and support). Cases that have a criminal aspect are taken up by the law enforcement and judicial sectors for investigation and prosecution. The child protection case management system is supported by key enablers (e.g., legislations, policies); a comprehensive Child Protection Information Management System (CPIMS) streamlines the information flow through the system. It should be noted that some of the cases reported will be deemed as low risk not

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requiring all intervention steps. Such cases might be closed upon completion of the assessment process.

Responding to child maltreatment is the core of this manual and is detailed in the subsequent sections.

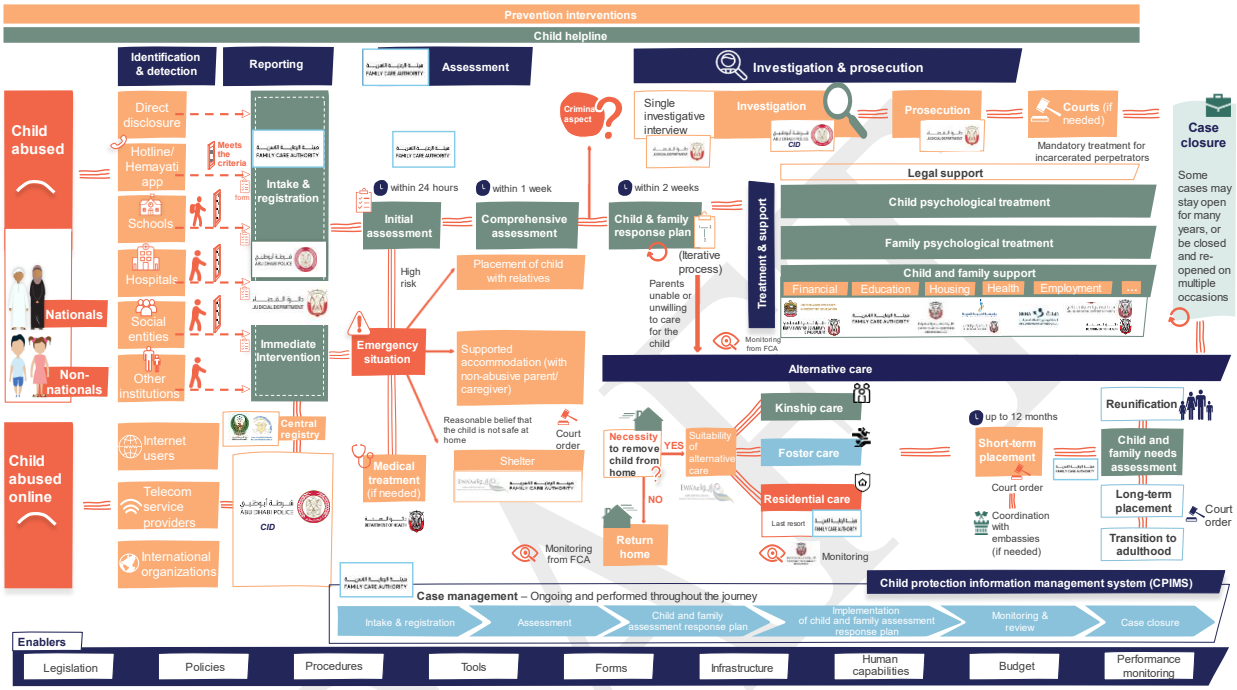


Figure 5 - End-to-end journey of the Child Protection System in Abu Dhabi

2.4. Child Protection Units and Child Protection Specialists

2.4.1. Child Protection Units

Child Protection Units, according to the Wadeema Law, are organizational units of local or federal authorities concerned with children's affairs, tasked with implementing child protection mechanisms and measures stipulated by this law and decision.

CPUs have the following capacities, according to the Wadeema Law; however, they should be enforced in line with the agency's mandate and roles defined in the child protection system, per section 5 of this manual.

1 Receive reports of any instances of children's rights abuse in accordance with the applicable legislations in the UAE

2 Evaluate reported cases using the approved form

3 Take all appropriate preventive measures to protect subject children, in accordance with the provisions of the Wadeema Law and bylaws

4 Develop suitable intervention plans, provide the families and children subject to abuse, violence or exploitation with consultation and support and raising their awareness on proper upbringing principles for children

5 Coordinate with competent authorities to provide psychological, social, and medical treatment for children subject to violations or abuse

6 Follow up with families and children under protection, provide them with necessities, evaluate their conditions to monitor their progress and submit necessary recommendation

7 Coordinate with local and federal entities to investigate and search for missing and runaway children and their whereabouts

8 Develop child visitation plans for parent or custodians if the child is placed in a social or medical care institution or with a foster family

9 Promote a child right-based culture to minimize potential violation in any means possible

10 Contribute to reconciling the child with his/her parents or custodian or any other party, without contradicting the provision of the Wadeema Law and bylaws

11 Follow up on investigations of crimes against children if need be

12 Provide custodians with counseling and advice on sound and proper social upbringing methods and advise them on imminent risks and possible methods to avoid them

13 Document child-related complaints and archive case information in confidential records that can only be accessed by Child Protection Specialists

Agencies dealing directly and extensively with children should have a CPU to implement child protection measures. The organization structure would not need to change in light of setting-up the unit. The placement of the unit as an additional functional role or as a new organizational unit would be left at the discretion of each agency.

Agencies should coordinate with the Ministry of Community Development to setup their CPUs.

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The relevant sectors for agencies to setup CPUs include:

- Social sector
- Education sector
- Health sector
- Law enforcement sector
- Judicial sector
- Sports sector
- Culture sector

The steps required by the MoCD to setup CPUs are the following:

1. Inform the MoCD with the intent to setup the CPU, include a clear view on the structure of the CPU (before announcing the decision of launching the CPU to ensure readiness to carry operations at launch), including:
    a) Type of unit (department, division, unit, etc.) and fit within the organization
    b) Human resources allocation
    c) Functional roles and responsibilities of the unit (in line with the Wadeema law and by-laws, and in line with the mandate of the agency)
    d) Readiness of the CPS reporting to the unit (status of CPS training reception)
    e) Reception of the CPS the Judicial Officer capability, and issuance of the JO card in coordination with MoJ
    f) Oathtaking per the Wadeema Law
    g) Electronic linkage with the MoCD for unacceptable treatment cases based on adopted form
    h) Development of coordination procedures with sheltering facilities for relevant cases
2. Issuance of Ministerial decision for completion of CPS training

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3. Provision of the decision of the CPU launch to MoCD after issuance of the decision

4. Alignment on coordination procedures to obtain technical support and suggestions from the MoCD on complex cases handled by the CPU

The MoCD and MoE/ESE have already setup their CPUs.

Other relevant agencies in Abu Dhabi that should setup CPUs include:

- ADEK
- DoH
- Ewa'a
- ZHO
- FCA
- FDF
- ADJD
- Abu Dhabi Police CID
- Abu Dhabi Police Juvenile Delinquency Department

2.4.2. Child Protection Specialists

The Child Protection Specialist (CPS) is the person licensed and appointed by the relevant agencies to preserve the rights of the child and protect him/her within the limits of his/her competencies as stated in the Wadeema law and by-laws.

The CPS should meet the criteria defined in the Wadeema Law and bylaws.

Wadeema Law (Article 1) outlines the role of CPS as "*the person licensed and appointed by the competent authority or the concerned entities - as the case may be - to preserve the rights of the child and protect him/her within the limits of his/her competencies".*

CPS should typically be reporting to the Child Protection Unit within their relevant agencies.

Similarly, to the Child Protection Unit, the Wadeema Law and bylaws specify the roles and responsibilities of the Specialists; however, in the context of Abu Dhabi,

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these should only be enforced within the boundaries of the roles and responsibilities of agencies defined in section 5.

Preventive Measures

1. Integrate children in programs and activities to build their character enabling them to tackle the problems and challenges he/she may face
2. Seek to provide children and families with the necessary skills to tackle problems using training courses and workshops
3. Coordinate with stakeholders to take necessary measures to secure the safety and rights of children
4. Guide and raise the awareness of children regarding the risks they may face when frequenting certain places or engaging in certain activities

Protective Measures

1. Removing the child from danger and placing him/her in a safe location securing his/her protection, as per the risk evaluation
2. Conducting a comprehensive social survey detailing the circumstances surrounding the child and filing a report to their respective administrative entity in addition to recommendations of necessary actions
3. Rehabilitating the child psychologically and physically by specialists
4. Enrolling the custodian in childcare training programs to ensure good treatment and normal growth for the child
5. Conducting field visits, if need be, to verify the child's condition and address problems he/she may face
6. Prohibiting the child from engaging in harmful activities and visiting places that may pose a threat to his/her physical integrity and moral and psychological wellbeing
7. Submitting recommendations to concerned entities to provide the child's family with support, if they believe that the custodian's failure is due to the social conditions of the family
8. Submitting a report to their respective employer requesting to contact the public prosecution, if warning must be addressed to the custodian after failing to comply with the agreed upon recommendations

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9. Filing a report to their protection unit detailing the circumstances surrounding the child, if contacting the public prosecution in needed to take the necessary child protection measures in accordance with the applicable laws within twenty-four (24) hours of receiving the report

10. Identifying a foster family to accommodate the child and ensure, within their capacity, that all his/her rights are provided

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3. Identifying Child Maltreatment

Unacceptable treatment of children can happen anywhere a child may be found - at home, in nursery, school, playground, shops, streets. Which is why everyone should be aware of the different types of child maltreatment, be alert to the importance of protecting children, and be ready to report any reasonable suspicion of unacceptable treatment.

3.1. Definitions for Child Maltreatment

Six types of unacceptable treatment were defined: physical abuse, sexual abuse, emotional/psychological abuse, neglect, exploitation, and bullying and cyberbullying.

The operational definition for each type is highlighted in this section.

Signs of unacceptable treatment can be identified from the behaviors of the abused child and from the behaviors of the perpetrator.

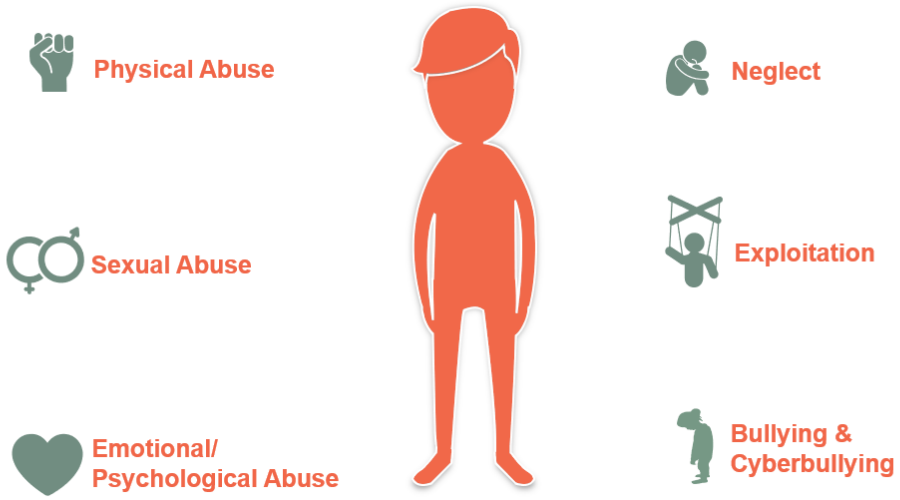


Figure 6 - Types of Child Maltreatment

Physical Abuse

An intentional physical act or failure or unwillingness to act that results in, has a high likelihood of resulting in, or poses a threat of resulting in immediate and/or long-term physical injury or harm for the child's health, survival, and development.

Examples include:

- Hitting the child with hand, fist, or other object such as wooden spoon, shoes, belt, etc.
- Kicking or biting the child in soft areas of the body such as the head, face, ears, stomach, and genitals
- Causing bruises, bleeding, or fractures of bones
- Pulling the arm or the hair of the child intentionally to cause harm
- Shaking or pushing the student violently, or throwing the child around causing injuries
- Tying, caging, or chaining the child
- Fabricating, intentionally exaggerating, or inducing illness that may result in harmful medical evaluation or treatment of the child
- Stabbing, choking, burning, drowning, electrocuting, poisoning, unexplained injuries, untreated injuries, or giving the child-controlled substances not prescribed for the student by a practitioner

Corporal punishment is considered physical abuse.

A physical act carried out by a person in power and authority against a child, that deliberately physically hurts and humiliates the student to cause pain or discomfort; however, light as a method of discipline.

Examples include:

- Smacking, slapping, spanking the child with hand or object such as a shoe, belt, "egal," wooden spoon or paddle
- Pinching, biting, or pulling the child's hair
- Kicking, throwing, pushing, or shaking the child
- Forcing the child to stand in an unpleasant position or under the sun or in positions that cause them physical harm and pain
- Forcing the child to digest hot spices, washing their mouth out with soap
- Inflicting burns or cuts to the child

Signs of unacceptable treatment in abused children as well as perpetrators relevant to physical abuse are detailed in Appendix 1A.

Sexual Abuse

It is the coercion, attraction, or involvement of a child in sexual activity that they may or may not fully comprehend, or that violates the laws or social taboos of society. Activity could also include practices that do not involve any physical contact, such as involving children in watching or producing pornographic material, or watching sexual practices, or encouraging children to behave in inappropriate sexual ways. Child sexual abuse is evidenced by the activity between an adult and a child, or between child, who by age or development is in a relationship of responsibility, trust, or power. The intent of the activity is to gratify or satisfy the needs of the other person.

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Examples include:

- Sexting or sharing with the child sexual images or materials that include sexually explicit language
- Grooming the child through verbal, written, or physical behavior for future sexual abuse
- Encouraging the child to behave in a sexually inappropriate manner; or to expose themselves indecently for the purpose of the perpetrator's sexual gratification; or for purposes of shaming, humiliating, or exerting control over the child
- Fondling and kissing the child inappropriately, or using body weight to force an act, for the purpose of sexual gratification of the perpetrator, or for purposes of shaming, humiliating, or exerting control over the student
- Intentional masturbation of the perpetrator or exposure of the perpetrator's genitals in the presence of the child
- Rubbing and touching the student inside or outside of clothing
- Penetration or contact between the genitals of the child and the genitals of the perpetrator
- Rape or incest

Signs of unacceptable treatment in abused children as well as perpetrators relevant to sexual abuse are detailed in Appendix 1B.

Emotional/Psychological Abuse

An act, whether consistent or inconsistent, offensive to the child's psyche by making a student feel unloved, worthless, and of no value and integrity, often causing severe permanent damage interfering with the child's positive mental and emotional development

Examples include:

- Insulting, aggressing, humiliating, shaming, or intimidating the child, or conveying to a child that they are worthless, unloved, or unwanted
- Frightening or threatening the child to cause physical harm to the point of anxiety
- Blaming the child and making them a scapegoat to the point of negatively impacting the student's self-esteem and self-worth
- Imposing on a child inappropriate expectation that are beyond their developmental capability, thus causing serious emotional discomfort
- Discriminating negatively between the student and others with the purpose of degrading them
- Not providing an opportunity for the student to express views or deliberately silencing them, or gagging the student's mouth
- Restricting the child's movement, or confining or imprisoning the student in a small space
- Forcing the child to witness domestic violence

Signs of unacceptable treatment in abused children as well as perpetrators relevant to emotional/psychological abuse are detailed in Appendix 1C.

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Neglect

Failure of a parent or caregiver to provide for/protect the basic needs and rights of a student to protect their life, physical safety, development, psychological, mental moral integrity, and wellbeing, that may lead to a failure to thrive in the context of the resources reasonably available to the family and/or caregiver and causes or has a high probability of causing significant harm to the child's health and/or physical, social, educational, mental, spiritual, or moral integrity.

Examples include:

- Failing to protect the child from abandonment and maintaining regular contact with the child
- Failing to provide the minimum required emotional support and love to the student to ensure their sound development and wellbeing
- Failing to meet the child 's basic needs including ensuring an adequate level of food, housing, hygiene, clothing, and basic medical services (incl. any specialist medical care the student may need, e.g., for asthma or diabetes) and vaccinations
- Failing to allow the child to enroll in school or chronic absenteeism
- Permitting the student to live under conditions injurious to their wellbeing such as substance use by parents/caregivers, exposure of the student to family violence or other violent events
- Leaving the child at home without proper supervision, or leaving them in the car depending on their age, level of development, cognitive abilities, and verbal abilities
- Leaving the child with an adult who is not a family member, and who is not related to the student in any way
- Allowing the child to use digital devices for an excessively long period of time daily
- Allowing the child to consume alcohol or drugs, or drink harmful liquids stored at home, or exposing the student to burning tools such as lighter or matches
- Allowing children to drive unlicensed

Signs of unacceptable treatment in abused children as well as perpetrators relevant to neglect are detailed in Appendix 1D.

Exploitation

Use of the child in work or other activities for the benefit of others. This includes, but is not limited to, child labor and exploitation of students in prostitution or involvement of the student in gangs, militia, or military. These activities are to the detriment of the student's physical or mental health, education, moral or social development.

Sexual exploitation

Form of sexual abuse where there is an abuse of power by a youth, adult or group who may coerce, manipulate, or deceive a child into sexual activity by physical contact and/or use of technology for monetary, social, or political profits.

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Examples include:

- Notifying the child that he/she is in debt in exchange of gifts or attention received
- Uploading or purchasing sexual abuse material of children online
- Introducing the child to a party-based lifestyle with sexual acts, drugs, alcohol, or deceiving and coercing, to sexually groom a child
- Threatening to share indecent images, films, or drawings, engaging the child in pornographic material, and blackmailing them
- Involving a child in prostitution, sexual slavery, and sex tourism, or coercing the child to participate in sexual acts with others, or using physical violence to defeat the child's will such as gang-rape

Economic exploitation

Use of a child who is below the minimum age of labor in the workplace or related activities for the benefit of others through the production, distribution, and consumption of goods or of a particular service delivered by the child.

Examples include:

- Selling and trafficking children
- Engaging children in armed conflict
- Engaging a child in begging, or selling and distributing narcotic drugs for use in other criminal acts
- Employing a child in domestic services such as cleaning other people's homes or working in their shops or farms

Signs of unacceptable treatment in abused children as well as perpetrators relevant to exploitation (sexual and economic) are detailed in Appendix 1E.

Bullying/Cyberbullying

Bullying

Repeated physical, psychological, social, or verbal aggression exercised by children who feel they are in a position of power against other children who are perceived weaker or powerless, to achieve specific gains or draw attention, in a way that hurts the student physically and/or emotionally; bullying can be committed by groups or individuals, in online (cyberbullying) or offline settings.

Examples include:

- Giving the child menacing stares or hand signs, chasing the child, physically threatening the child, or threating to harm his/her family, or exercising physical violence against the child (beating and kicking)

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- Damaging belongings, or taking the child's food, or intentionally destroying the child's medicine
- Ignoring the child, excluding him/her intentionally from a group, or forming coalitions against him/her
- Name-calling, mocking, teasing, constantly criticizing, or undermining the child

Cyberbullying

Bullying that takes place online using electronic devices such as computers, tablets, and smart phones typically by sharing/sending true or false comments or pictures/videos. Online bullying can follow the bullied child wherever they go and usually spreads beyond the initial perpetrator as it has a wider reach than bullying in the real world, via social networks and mobile phones.

Examples include:

- Impersonating the child on the internet and posting content on his/her behalf, to embarrass or cause trouble to him/her
- Sending the child threatening or abusive text messages or messages on social networks
- Creating and posting inappropriate and embarrassing photos and videos, and shaming the child online
- Setting up hate sites or groups about a child, and voting for or against a child in abusive polls

Signs of unacceptable treatment in abused children as well as perpetrators relevant to bullying/cyberbullying are detailed in Appendix 1F.

3.2. Implications/Ramifications of Various Forms of Maltreatment on the Child

All forms of unacceptable treatment can have long lasting, negative, consequences on a child. Some common examples of consequences of child maltreatment include:

- **Physical Health Concerns:** Permanent physical damage to the child including scars, physical disabilities, injuries to the brain and organs in addition to long term physical disorders like increased risk of heart disease, diabetes, cancer, sexually transmitted diseases, and other physical ailments
- **Developmental Concerns:** Delayed physical and mental development, attachment issues, impulse control issues
- **Behavioral Concerns:** Avoidant behavior, dependent behavior, aggressive behavior, hypersexual behavior

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- **Interpersonal Issues:** Identification with the aggressor, victimizing behaviors, intimacy issues
- **Intrapersonal Issues:** Fear, anxiety, depression, guilt, lack of expressions or feelings

Besides the emotional and physical costs to individual children (and their families), there are significant economic costs associated with child maltreatment, with social assistance, healthcare/medical, legal, special education, and productivity losses costing governments millions every year.

Accordingly, it is critical that all CPS and practitioners take all allegations of any form of child maltreatment seriously and follow all prescribed policy and procedural obligations to assess and respond to those allegations. In doing so, the best interests of the child is always the paramount principle to guide practice.

Individual Differences Between Children

It is important to understand that different children respond to unacceptable treatment differently – not all children who experience one type of unacceptable treatment always exhibit the same type or extent of negative consequence or extent of negative consequences. Some children will show immediate impact of unacceptable treatment while others may later exhibit symptoms of the unacceptable treatment. Moreover, some children who may have experienced significant unacceptable treatment may not exhibit any negative consequence at all.

It is important to note that children develop resilience and an ability to overcome trauma especially if there are many protective factors surrounding them. Early intervention and provision of support to children enhances their ability to be resilient; however, most children never forget the unacceptable treatment, and it can and will frequently impact their future functioning and wellbeing.

Accordingly, it is important that CPS do not assume that all children who have been maltreated will behave, think, or feel the same way. The CPS should treat children as individuals, acknowledge and respect individual differences and not generalize about all cases.

All CPS must treat all children, including children who have experienced unacceptable treatment, as unique individuals with individual strengths and/or challenges.

Direct and Indirect Maltreatment

Children may experience direct and/or indirect unacceptable treatment.

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Direct unacceptable treatment is when a child is the direct or personal 'victim' of sexual, physical, or emotional abuse, or neglect or exploitation.

Indirect unacceptable treatment is when a child is a witness to the unacceptable treatment of another person, including a sibling or parent, which is not directly targeted at the child.

One common form of indirect unacceptable treatment is witnessing **domestic violence**, including, most frequently, violence used by men in the family home towards women in the family home (it is important to note here that men could also be victims of domestic violence). Exposure to domestic violence is when a child sees or hears, or even just knows about, violence within the family home.

Multiple studies have shown that exposure to domestic violence, even over short periods of time, can have negative consequences that are very similar to those for other forms of child maltreatment.

Exposure to domestic violence is child abuse, and all CPSs must take it as seriously as all other forms for child maltreatment - regardless of who the perpetrator of the violence is, and regardless of the views of the victim of domestic violence. When domestic violence is identified or reported in a family with children, the case should be reported as child maltreatment irrespective of whether unacceptable treatment is immediately apparent or not.

3.3. Mandated Reporters

Everyone[2] in the society is responsible to identify and report suspected cases of child maltreatment. Practitioners who encounter children are in a unique position to identify and detect signs of unacceptable treatment in children. These practitioners can be grouped into three categories based on the intensity of their interaction with children:

- **General contact practitioners** who as part of their job are likely to meet children
- **Specific contact practitioners** who carry out direct work with children, and/or form more in-depth relationships with them, and/or provide specific services to them

[2] Non mandated reporters refer to any person not officially mandated by the law (e.g., persons delivering services and/or caring and/or in direct contact with child). Non mandated reporters (e.g., residents and visitors of UAE) can and should also report any suspected case of abuse and/or unacceptable treatment of a child to the police and/or hotline and/or to any agency they believe can protect the child.

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- **Specialist contact practitioners** who have expertise in child protection services and are involved in undertaking assessment/investigations on child maltreatment cases (members of the child protection system)

Article 42 of Federal Law no. 3 of 2016 Concerning Children's Rights (the Wadeema Law) states that "*Every person shall notify the child protection specialist or child protection units in case of anything that threatens the child's physical, psychological, moral, or mental integrity or health. The notification shall be mandatory for the educators, physicians, social specialists, or others entrusted with the protection, care, or education of the child*".

The Wadeema Law also makes it mandatory to report unacceptable treatment in case the child asks for someone's assistance. Article 43 states that "*Every person who reaches the age of majority shall assist any child who asks him/her to notify the competent authorities or concerned entities about his/her suffering, the suffering of any of his/her siblings or any other child in one of the cases set forth in Article 33 hereof*".

As a result, the following non-exhaustive categories of professions often working directly with children are considered mandated reporters:

- Teaching staff, non-teaching staff, admin staff, contractors/auxiliary staff, and other employees in public and private schools, chartered schools, and nurseries
- Administrators or employees of licensed community care or child daycare facilities
- Administrators or employees of day camps, child and youth centers, or child and youth recreation programs
- Social workers and social service workers within social institutions
- Employees at social assistance, social protection, and family and marital counseling programs (incl. family and marriage therapists)
- Domestic workers with a caregiving responsibility
- Foster parents, alternative family members, and personnel of residential care facilities for children
- Police officers, and other employees in police departments
- Probation officers and parole officers
- Prosecutors and judges
- Forensic doctors
- Physicians, surgeons, psychiatrists, psychologists, dentists, residents, interns, licensed nurses, dental hygienists, or social workers and other employees within health facilities
- Alcohol and drug counselors
- Child visitation monitors (sheltering facilities, courts)
- Religious service providers and employees of religious centers and/or services
- Athletic coaches and administrators, or other employees of out of school programs and sports clubs
- Commercial film and photographic print or image processors, computer technicians

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- Security employees
- Volunteers/interns tasked with assisting the above-mentioned professions
- Any other persons who are directly affiliated in providing children with direct services, programs, and/or activities

Telecommunication companies and internet service providers have a responsibility to report child maltreatment content. Article 29 of the Wadeema law states that "*The telecommunications companies and internet service providers shall notify the competent authorities, or the concerned entities of any child pornography materials being circulated through the social media sites and on the Internet and shall provide necessary information and data on the persons, entities or sites that circulate such material or intend to mislead the children*".

As such, the following categories of professions are also considered mandated reporters:

- Telecommunications
- Internet services
- Photography/filmography

A report is required by mandated reporters when the following circumstances apply:

- A mandated reporter, in his/her professional capacity or within the scope of his/her employment, has knowledge of or observes a child whom the reporter knows, or reasonably suspects is the victim of abuse or neglect
- A person is called upon to provide aid to any child who is suffering from an injury that reasonably appears to have been caused by unacceptable treatment
- Individuals who have knowledge of or observe any film, photograph, videotape, negative, or slide depicting a child under age 18 engaged in an act of sexual conduct
- Technicians/telecommunications employees have knowledge of or observe, within the scope of their professional capacity or employment, any representation of information, data, or an image, including, but not limited to, any computer hardware, software, file, floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image, that is retrievable in perceivable form and that is intentionally saved, transmitted, or organized on an electronic medium, depicting a child under age 18 engaged in an act of violation of children's rights

Mandated reporters are required to report the facts and circumstances that led them to suspect that a child has been abused or neglected, to the best of their knowledge. They do not have the burden of providing proof that abuse has occurred but may be required to provide statements at the FCA and/or testify in courts at a later stage.

All entities involved in responding to child maltreatment concerns are required to ensure the protection of the identity of the reporter. This is extremely important to ensure that those reporting do not feel threatened or fear for their lives or livelihood. Article 44 of the Wadeema Law states that *"the identity of the reporter shall only be disclosed with his consent, and it shall be forbidden to disclose the identity of all the*

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parties of the incident and the witnesses in the cases of child assault or abuse, upon using the information in the analyses or media reports or upon publishing all that may reveal his identity". In case a reporter is required to testify, the Article 45 also outlines that "*the concerned and competent entities shall provide protection to the witnesses at all stages of the criminal proceedings."*

Therefore, all mandated reporters should:

- **Be alert** to disclosures from a child or other people, allegations, and/or suspicion of child maltreatment
- **Ask questions** to clarify concerns and/or develop reasonable ground to suspect that a child has been maltreated, or is at risk of being maltreated
- **Report or refer** all identified cases of child maltreatment through official channels for assessment, investigation, and/or immediate intervention, where required



Figure 7 - Identifying Child Maltreatment

While asking clarifying questions to the child, it is important to take into consideration the age and developmental capacities of the child. The clarifying questions should be open-ended, non-leading, and asked in simple language. Any question asked by a mandated reporter should be to develop a reasonable suspicion of unacceptable treatment, and not to take on an investigative role. Attention should be paid to non-verbal cues, such as the child's behavior and body language, to understand the situation. Guidelines on communicating with the child are further detailed in section 6.

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4. Case Management Steps

Case management is the collaborative process of structuring, planning, and assisting in addressing an individual child's (and their family's) needs through direct support and referral to other needed services, in an appropriate, systematic, and timely manner. Case management allows to halt all forms of unacceptable treatment and threats against a child's physical, social, and mental wellbeing.

4.1. Lead Case Management Agency

Case management requires extensive inter-agency collaboration and coordination across the various steps of the child's journey in the system; therefore, a centralized case management entity is essential to ensure a coordinated chain of command and accountability, and deliver a standardized, high-quality response to the child and family.

In Abu Dhabi, the FCA would be the lead case management entity in child protection and would coordinate and collaborate with all agencies involved in working with children.

Other agencies (e.g., Ewa'a) might lead the case management process in accordance with the internal child protection procedures developed in coordination with the ECA.

FCA should follow the case management steps and guidelines related to these steps, for all concerns of child maltreatment reported to them.

4.2. Overview and Summary of Case Management

Effective case management ensures wellbeing, recovery, self-efficacy of maltreated and at-risk children as well as their families, allows them enjoyment of their rights, and provides opportunities for them to achieve full human potential.

It is important to note here that the case management framework is an inter-agency framework. Although the process is managed by the FCA, several entities in various sectors have a role to play depending on the specific needs of the child and types of services they are mandated to provide.

Examples of situations where there is a need to initiate the case management procedures include:

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- When children are harmed or at risk of being harmed and need individual attention/specific planned interventions to meet their needs and ensuring they are protected

- When there is an expectation that support needed is likely to be ongoing and comprehensive – with short, medium, and long-term actions – to protect a child from experiencing harm or unacceptable treatment

Once a child protection concern has been identified, the case management process to be followed includes the following steps, as illustrated in the figure below:

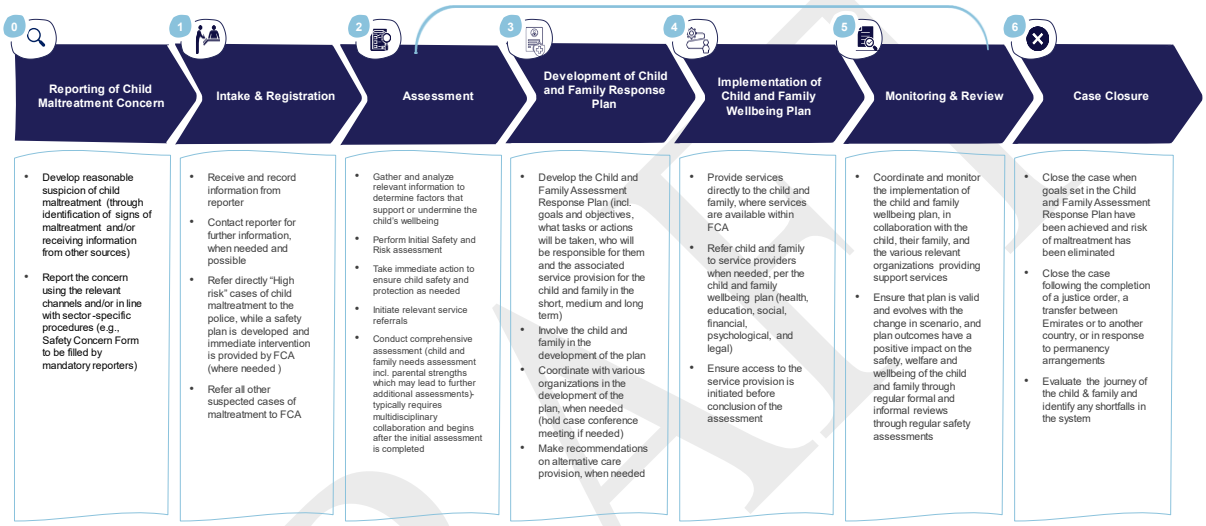


Figure 8 - Case Management Steps

Case management is an iterative/feedback loop process (see figure below). Each of the steps of case management are interlinked and may at some stage require a return to an earlier stage depending upon outcome of ongoing monitoring of the child's safety. Therefore, caseworkers should constantly analyze the specific situation of the child and the family and be flexible in the use the case management steps as a guide to organize their work.

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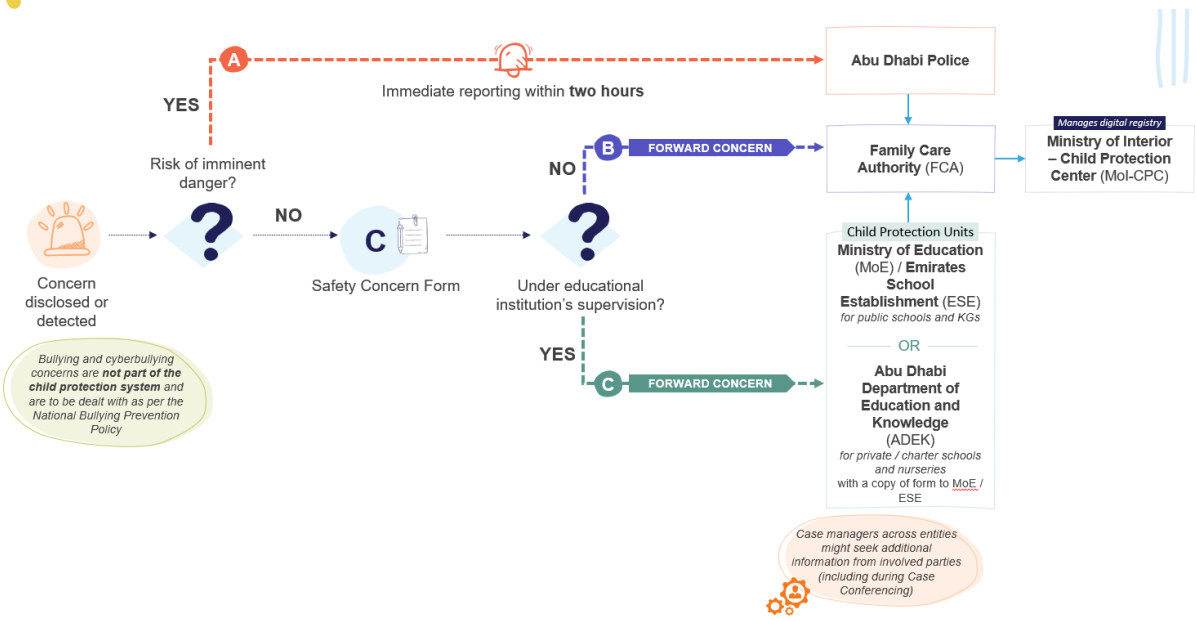


Figure 9 - Safety Concern Educational Institutions Referral Process

It is also important to note that the objective of case management is to ensure the child's safety and reduce or remove the risk of harm to a child, and not to 'close' a case – accordingly, some cases may stay open for many years, or be closed and re-opened on multiple occasions.

4.3. Reporting Child Maltreatment Concerns

Everyone plays a role in protecting children - from a stranger to the family to mandated reporters. A reasonable belief is sufficient to report child maltreatment concerns. Reasonable belief entails more than suspicion and includes some objective basis for the belief that unacceptable treatment has occurred; This requires being able to notice certain conditions or signs of unacceptable treatment from the child and/or circumstances around the child. This includes: the child reporting that something has occurred, observing signs and symptoms that are compatible with unacceptable treatment, and receiving information from other sources that unacceptable treatment has occurred.

Some agencies that have direct contact with children will have in place protection measures, protocols and mechanisms, including specific CPUs and/or CPS in the sectors/agencies for internal early identification and detection and processing of child maltreatment suspicions (see section 5 for roles and responsibilities of different agencies).

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Non-mandated reporters and practitioners from sectors that do not have any CPU can report any concern of child maltreatment via the following channels in Abu Dhabi:

- Calls to MoI CPC hotline (116111)
- Disclosure on MoI CPC Hemayati mobile application
- Disclosures on MoI CPC website (http://www.moi-cpc.ae/en/Report.Abuse.aspx)
- Calls to FCA
- E-mails to FCA
- Direct calls or written messages to mandated authorities
- In-person reporting or direct disclosures to practitioners

For mandated practitioners, the mechanisms for reporting child maltreatment concern will depend on the agency/sector they are working at.

All mandated reporters and CPS should fill in a Safety Concern Form that flags that there is a suspected case of abuse. These Safety Concern Forms should be sent to FCA. In some cases, the reporting agency such as MoE/ESE or other education entities, may be assigned the responsibility of case management for school-based cases and informing FCA of the outcome.

All cases of child maltreatment identified in Abu Dhabi, which meet the threshold for referral defined within the sector in which the unacceptable treatment was identified, should be channeled to the FCA. Some cases with remain within the agencies of relevant sectors (e.g., education), depending on the thresholds defined.

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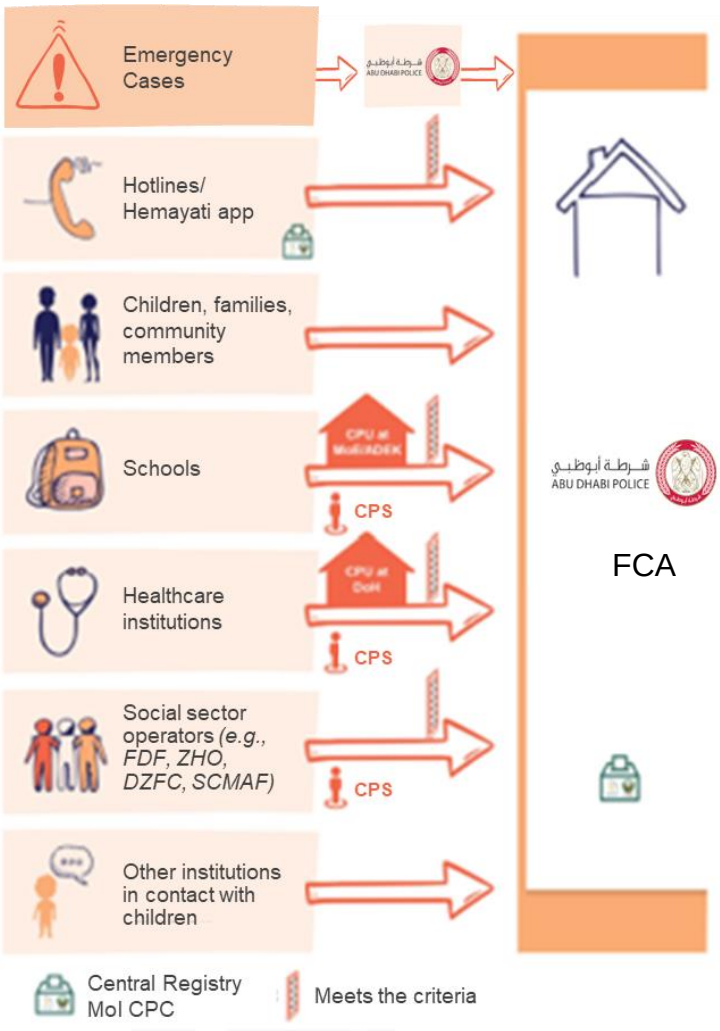


Figure 10 - Referral of Identified Cases of Child Maltreatment in Abu Dhabi

Ensuring the Safety and Immediate Protection of the Child when Needed

Any person who is faced with an emergency* where a child has been seriously hurt or needs immediate protection should call the Police's emergency hotline number (999)[3] to ensure a swift police dispatch and/or emergency health care. Mandated reporters are required by law to immediately make such notifications.

*: Additional details on emergency cases identification, reporting and response in addendum 1

[3] Calls could also be made to the Police's anonymous hotline number 8002626

In cases where the child needs medical attention, an ambulance should also be called (998).

Emergency notifications can be made by any mandated and non-mandated reporter who has concerns of the child suffering from harm or being at serious risk of harm. Security officers available at the site (e.g., in schools, clinics, hospitals, parks, centers) would also be called in immediately for assistance if a child is at risk.

Whenever an emergency-related notification is received, the Police should immediately dispatch a unit and reach the venue. The Police should also notify the FCA of the incident.

Child should be removed from home if there is reasonable cause to believe that there is imminent danger to the child's life or health. This applies to the following situations:

- Sexual abuse of the child
- Sexual activity or suspicion of sexual abuse of a child, coercion, exploitation or where there are questions about the capacity of the child to consent
- Serious physical abuse of a child, either recent or historical, that appears to have been caused by non-accidental means leading/at-risk of leading to physical harm to the child
- Serious neglect of the child, leading/potentially leading to physical health concerns to the child (excluding emotional abuse)

The consequences of removing a child must evaluated with the need to ensure their safety before removing a child. If the child needs to be removed from home to ensure his/her safety, the FCA should coordinate with the Police when protection is needed to immediately remove with child to a safe location. All procedures undertaken at this stage should be in line with the Federal Law No. (35) of 1992 Concerning the Criminal Procedural Law.

While providing support to the child (e.g., first aid by school nurse), it is important to ensure that any relevant evidence is well-preserved, as it may be required at later stages while investigating the case. The best practices around evidence collection and preservation are core components of the Judicial Officer (JO) training provided to the CPS.

4.3.1. Tools and Forms Needed

Safety Concern Form

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4.4. Intake and Registration

When a child maltreatment case is reported to the FCA, FCA should open a case file and gather additional information relevant to the case from multiple sources. The Safety Concern form, in cases where it is received, should be reviewed before a case file is opened to ensure all information is correct and sufficient, and if additional information is required.

The primary purpose of the intake process is to determine nature of unacceptable treatment, safety, risk and harm factors of unacceptable treatment and likelihood of the unacceptable treatment to recur; and if the case should be referred for investigation. The intake process should identify the name, age, location, and circumstance of the child in need of protection as well as the alleged perpetrator, if known.

The intake processes should allow for identification of all suspected cases of unacceptable treatment based on reasonable and/or professional experience or information provided that indicates the child may be at risk of harm or has been harmed. It is not the goal of the data or information collection processes to assess or attempt to determine whether it is an actual case of unacceptable treatment. Any concern that confirms suspicion of unacceptable treatment, including direct disclosures from children, should be taken in for consideration. It is important to note here that it is not the responsibility of the Case Manager and/or CPS to determine the legal outcome of the case. This latter requires referral to investigative and prosecutorial services in subsequent stages of the case management process.

It is important at this stage to note the name and contact details of the reporter, as well as any relevant sources suggested by the reporter, for possible follow-up questions or coordination. However, the identity of the reporter should not be shared with the child(ren) or the alleged perpetrator to maintain the privacy of the referral source and to encourage others to make referrals.

4.4.1. Procedures

The intake and registration process includes 3 steps as illustrated in the figure below:

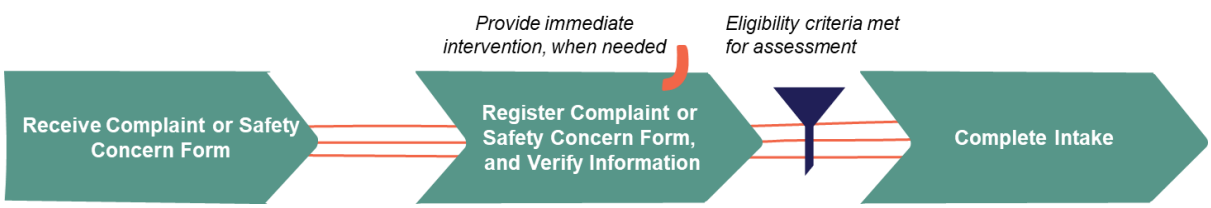


Figure 91 - Case Intake and Registration

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Receive the Safety Concern Form

- Receive child protection concerns (at FCA) from:
  - Community members/maltreated children/families of maltreated and at-risk children
  - Referred from other organizations
- In cases where a Safety Concern Form has been received from another organization (e.g., via CPU or from the organization directly), acknowledge the receipt of information based on internal protocols at FCA, and identify the agency submitting the Safety Concern Form and state the FCA focal point for continued cooperation/coordination on the case. The Safety Concern Form should be reviewed to ensure that the information has been correctly filled; If there is a problem with the form, FCA can reach out to source and clarify or dismiss the form as an error (but keep it for record keeping purposes)
- Explain FCA's role and confidentiality protection protocols to the reporter if persons reporting have expressed that they want confidentiality measures taken
- Ensure Case Registration form is filled by dedicated personnel at FCA

Gather Information and Register Concern

- Collect basic information (where available) on the child from the reporter
  - Child name, age, and sex
  - Who the child is living/staying with (if any)
  - Where the child is currently staying and contact details
  - Date (if known) and location where unacceptable treatment took place
  - Initial protection concerns/needs
  - Additional documents to support report on unacceptable treatment, such as the child's school records, clothing, medical records, any

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evidence, or information they believe provides information to support allegation of unacceptable treatment

- Check if there is previous record of contact with the child and family; if yes, transfer the case to the relevant team who worked/is currently working on the case
- Open a new case file (if no previous records exist) and fill the required details

At this stage, **some cases might be filtered out** if they do not fulfil several eligibility criteria. Examples include:

- There is no substance to the report
- The information discloses no harm to the child
- Same case or the child is already reported, and a case file exists
- Suspicion is not related to child maltreatment
- Report does not contain enough information to identify or locate the child and family (where there is no serious concern)
- Alleged victim is not a child
- The support needed is not related to a child protection concern or is within the jurisdiction of another agency, hence the concern should be referred accordingly

Complete Intake

The intake process can be completed for cases that meet the following **eligibility criteria**:

- The child is clearly identified and/or can be located and is a person under 18 years of age ("child")
- The incident can be categorized as one or more types of unacceptable treatment and falls within the operational definition
- Source of information is available
- Falls within the jurisdiction of AD and/or UAE

For cases that meet the eligibility criteria:

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- Provide updates to mandated reporters (where appropriate)
- Allocate a Case Manager for the case (CPS at FCA) immediately (based on caseload, or whether the Case Manager has previously worked with the same child and family)
- Share information/handover to the CPS immediately to conduct the initial assessment (if the initial assessment has not been done already prior to referral to the FCA)

For cases that do not meet the eligibility criteria:

- Contact the family if required to provide advice or referral to appropriate services
- Update the reporter (where appropriate)
- Initiate case closure procedure

4.4.2. Tools and Forms Needed

Case Registration Form

4.5. Initial Safety and Risk Assessment

4.5.1. Framework for the Initial Assessment

The Case Manager/CPS should conduct an Initial Safety and Risk Assessment upon receiving the notification/suspicion of unacceptable treatment.

This assessment is a mandatory process for all suspicions of unacceptable treatment. The safety and risk assessment allows the Case Manager/CPS to:

- Determine if there is reasonable cause to believe that a child was abused or neglected (past harm)
- Determine the current danger for the child (assessment of the child's safety, current harm)
- Determine the future risk to the child (likelihood of harm occurring to the child in the future)

For concerns first reported to FCA, the Case Manager should conduct the Initial Safety and Risk Assessment.

For agencies with dedicated CPUs, the Initial Safety and Risk Assessment should be conducted by the CPS at the CPUs. It is important to highlight that this should be in line with the procedures defined within the various sectors.

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At any time, if it identified that the child has been abused at an institution (e.g., sheltering facility), the matter should be immediately reported to the prosecution for further action.

Note: Should the case be referred to the FCA after the CPS in other agencies completed the Initial Safety and Risk Assessment, the Case Manager at FCA would adopt the results of that Initial Safety and Risk Assessment, instead of conducting another one.

In outstandingly difficult cases, the Case Manager/CPS may consult and coordinate further necessary activities and actions with the supervisor and other concerned professionals.

A risk level must be assigned based on the considerations detailed in the table below using the Initial Safety and Risk Assessment Form. Risks can be labelled as High, Medium, or Low.

The safety and risk assessment should be completed by the CPS immediately for emergency and high-risk concerns, and within 72 hours to 1 week for Medium and Low risk concerns respectively.

In addition, there might be instances of "No risk" where there would be no apparent concerns (in cases of concerns mistakenly reported for example), or where the child's basic needs were met throughout the case management process, and hence the case should be closed (see section 4.10 on case closure).

As a result of the safety and risk assessment, a determination should be typically made by the CPS as to whether the report is:

- **Unsupported** – there is no reasonable cause to believe that the child was maltreated, or that the child's safety or wellbeing was compromised
- **Substantiated Concern** – there is reasonable cause to believe that the child was neglected and the actions or inactions by the parents/caregivers create the potential for abuse and/or neglect, but there is no immediate danger to the child's safety or wellbeing; would also include cases where there is reasonable cause to believe that the child is facing harm or risk, however there is no substantiation that the parents or caregivers are the perpetrators
- **Supported** – there is reasonable cause to believe the child was maltreated and the child is at risk; the actions or inactions by the parents/caregivers place the child in danger or pose substantial risk to the child's safety or wellbeing, or the person was responsible for the child being a victim of sexual exploitation or human trafficking

It should be noted that the risk assessment should be periodically completed, and depending on how a child's situation evolves, the risk level may move up or down and the Case Manager/CPS is required then to adapt the procedures accordingly.

Three levels of risk defined, in addition to the "no risk" level are as follows:

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Table 1
- Initial Safety and Risk Assessment – Levels of Risk

Initial Safety and Risk Assessment – Levels of Risk			
Level of Risk	Low Risk	Medium Risk	High Risk
Overview of Risk	• The home is still safe for the child • The current evidence does not indicate likelihood of serious harm • The child is potentially at risk if services are not provided to prevent further unacceptable treatment	• The child is likely to suffer some degree of harm without an effective protective intervention plan • There is limited evidence that the child is at risk of immediate serious injury or death • The child is currently in hospital with a suspected or confirmed unacceptable treatment concern • The child has been the subject of notifications of concerns in the past 2 weeks (within or outside the educational setting) • The child has previously been removed from the care of their family • The child has siblings that have already been removed from the care of their family • The child is currently living in a family environment with a known history of drug and alcohol abuse, mental illness, or domestic violence	• There are identifiable indicators of the potential risk of serious harm. The event could happen at any time and the impact would be serious • The child needs urgent medical attention, is likely to be seriously harmed or injured (incl. self-harm), or subjected to immediate and ongoing sexual abuse, or be permanently disabled, trafficked, or die if left in his/her present circumstances without protective intervention • The child's physical and health safety are endangered, requiring immediate intervention

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Recommended intervention timeline	• 1 week	• Within 72 hours	• Immediate

The framework for the safety and risk assessment includes 7 dimensions:

1. Child's vulnerability
2. Type, severity, and frequency of harm
3. History of unacceptable treatment
4. Risk of further harm
5. Extent of emotional harm
6. Source of harm
7. Parenting/caregiving skills

The description of the dimensions as well as the criteria to map them to the risk levels are detailed below.

It is important to note that these tables are indicative, are by no means comprehensive, and should not serve as a checklist for the CPS. The dimensions listed here are all interrelated and can influence and interact with each other. Therefore, it is extremely important that professional judgement be exercised while assessing the level of risk for the child.

It is also important to note that the safety and risk assessment is a dynamic process. The situation of the child and family continue to change, and any new information that becomes available should be considered in the re-assessment of the safety and risk of the child.

1. **Child's vulnerability** refers to the child's ability to protect themselves. Factors such as the age of the child (e.g., young children), gender (e.g., girls), and special needs (e.g., disability, developmental issues, mental health issues, chronic illness) can increase the risk of a child to be maltreated. These risk factors also tend to be cumulative, for example, young girls with special needs are at a higher risk of unacceptable treatment.

No Risk	Low Risk	Medium Risk	High Risk
• 18+ years old	• Can take care of and protect themselves • No special needs • Children ages usually range between 12-17 years	• Requires the support of adult(s) for care and protection • Mild to moderate special needs • Typical age range 6-11 years	• Completely dependent on adult(s) for care and protection • Severe special needs

2. **Type, severity, and frequency of harm** refers to the number of different types of unacceptable treatment that were identified. For example, for a case of reported neglect, additional types of unacceptable treatment such as

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emotional or physical unacceptable treatment could also be identified, resulting in increased risk for the child.
Severity relates to the extent of the harm caused (e.g., bodily injury) due to unacceptable treatment. Frequency is a measure of the number of times the child has been maltreated over a given period. As the frequency increases, the risk of harm also increases.

No Risk	Low Risk	Medium Risk	High Risk
• No injury or signs of unacceptable treatment	• Some injury or signs of unacceptable treatment that does not require medical attention • Occasionally left unsupervised or with unsuitable caregivers (for children above 11 years)	• Significant injury or signs of unacceptable treatment, possibly requiring medical attention • Pattern of ongoing, infrequent unacceptable treatment • Occasionally left unsupervised or with unsuitable caregivers (for children between 6-11 years)	• Severe injury or sexual abuse, most likely requiring urgent medical attention • Pattern of ongoing, frequent unacceptable treatment • Occasionally left unsupervised or with unsuitable caregivers (for children below 6 years)

3. **History of unacceptable treatment** measures the number of times any concern of unacceptable treatment was reported earlier as well as additional unreported incidents that come to light because of the assessment. It is important to note here that lack of previous notifications does not necessarily mean a low level of risk for the child.

No Risk	Low Risk	Medium Risk	High Risk
• No past reports or credible statements to suggest a history of unacceptable treatment	• Isolated incidents of past unacceptable treatment (unreported) • Unsubstantiated past reports of unacceptable treatment	• Previous substantiated reports of unacceptable treatment (identified as low risk) • Credible statements of past	• Previous substantiated reports of unacceptable treatment (identified as a medium or high risk) • Credible statements or documentation

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		unacceptable treatment	of past unacceptable treatment

4. **Risk of further harm:** Evaluates the likelihood that the child will be harmed again in the future.

No Risk	Low Risk	Medium Risk	High Risk
• There is unlikely risk of future harm for the child in the future	• There is some risk for the child to be harmed again in the future • The alleged perpetrator may have caused serious harm in the past, but a repeat of such behavior is not probable	• Considerable risk of future harm • The alleged perpetrator can cause serious harm if protective factors diminish or fail	• Ongoing harm being cause to the child that will continue in the future

5. **Extent of emotional harm** refers to emotional/psychological harm caused due to lack of protection and wellbeing of the child. As a result, the abused child will often demonstrate behavioral concerns and developmental delays, as well as fear of their parent(s)/caregiver(s).
While emotional harm may seem like an obvious consequence of all types of unacceptable treatment, this is not always true. Some children may develop resilience and coping mechanisms to deal with the unacceptable treatment that they have been subjected to. On the other hand, emotional harm may not necessarily be caused due to unacceptable treatment.

No Risk	Low Risk	Medium Risk	High Risk
• No emotional/behavioral concerns • Comfortable living with parent(s)/caregiver(s)	• Minor emotional/behavioral concerns • Child expresses minor concerns about living with parent(s)/caregiver(s)	• Emotional/behavioral problems, often leading to developmental delays and impairing social functioning • Child expresses concern or minor fear about living with parent(s)/caregiver(s)	• Extreme emotional/behavioral problems, with serious developmental delays or impaired social functioning • Child is extremely fearful about living with parent(s)/caregiver(s)

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6. **Source of harm** measures the ease of access as well as ability of the alleged perpetrator to harm the child. Perpetrators who are related to the child (e.g., parents, siblings, grandparents, uncle), or have relationship with any member of the child's family (e.g., family friend) have high access to the child and can therefore can easily harm them.

No Risk	Low Risk	Medium Risk	High Risk
• The alleged perpetrator has no access to the child	• The alleged perpetrator has access but only when the child is under the supervision of a capable caregiver	• The alleged perpetrator has some unsupervised access of the child • The alleged perpetrator is a member of the extended family, a family friend, a stranger to the family with some access to the child, etc.	• The alleged perpetrator has unlimited access of the child • The alleged perpetrator lives in the same household as the child (parent/caregiver/sibling/domestic worker/driver/etc.)

7. **Parenting/caregiving skills** evaluates the skills of parents/caregivers that are necessary to take care of children and ensure their protection. It measures the parents' overall willingness and ability to protect their children. Lack of knowledge and awareness, as well as mental health issues and history of substance/alcohol abuse are some common factors that impair the ability of parents/caregivers to protect children. In fact, these risk factors are highly correlated to child maltreatment and should therefore constitute high risk during assessment.

No Risk	Low Risk	Medium Risk	High Risk
• Appropriate parenting skills (in line with the child's developmental needs) • No mental health issues impairing	• Some gaps in parenting skills • History of mental health issues with no current problem	• Inconsistency in taking care of the child or moderate gaps in parenting skills • Some mental health issues,	• Unwillingness or inability to take care of the child • Serious mental health issues impairing parenting capabilities

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parental capabilities • No past/present alcohol and/or substance abuse	• History of alcohol and/or substance abuse with no current problem	potentially impairing parenting capabilities at times • Moderate alcohol and/or substance abuse	• Severe alcohol and/or substance abuse

For example, despite assigning medium risk level to both the type, severity, and frequency of harm, as well as the history of unacceptable treatment, the overall initial and safety assessment may identify it as a high-risk case. In another example, a high risk of child's vulnerability can be offset by the presence of strong parental protective factors and the child's resilience, resulting in an overall medium-risk level for the case.

Therefore, all the dimensions should be evaluated for all cases while undertaking the initial safety and risk assessment as the interplay of different factors will influence the determination of the final risk level. Professional judgment should be critically applied to conduct the initial safety and risk assessment, keeping the individual circumstances of the child at the core of the process.

4.5.2. Procedures

When the case is referred to the FCA, the Case Manager should conduct the Initial Safety and Risk Assessment after the child's intake and registration, and within 24 hours or sooner if the child is in urgent need (e.g., in a life-threatening situation).

It should be noted that in certain situations, the CPS would carry out initial assessments as part of the registration process especially for urgent cases.

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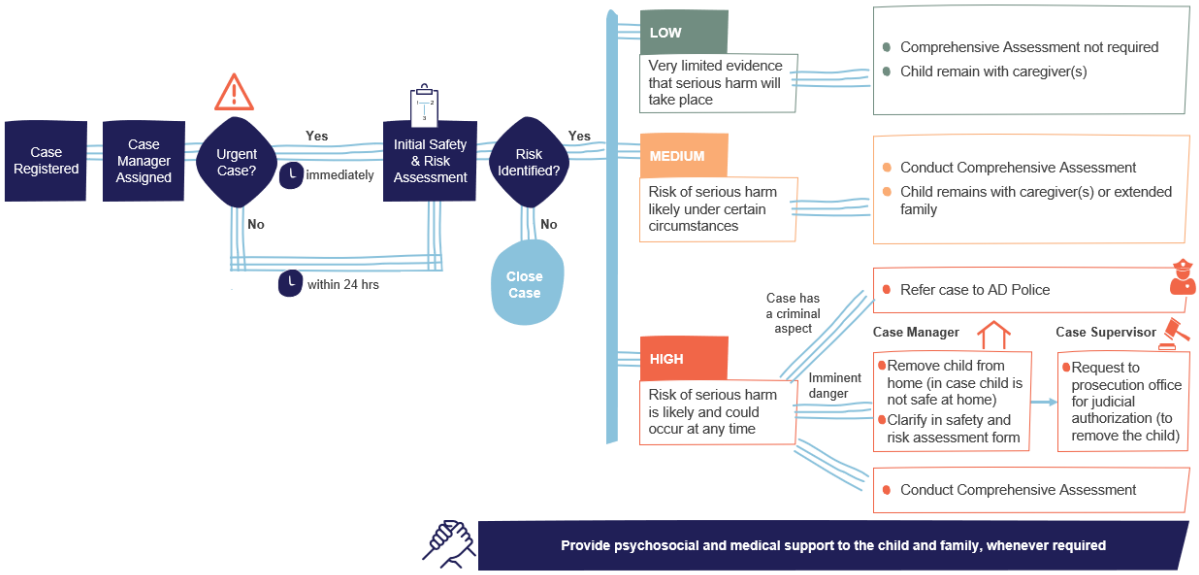


Figure 102 - Initial Safety and Risk Assessment

This is an opportunity for the Case Manager/CPS to start developing a positive relation with the child and their family. Therefore, before conducting the assessment, the Case Manager/CPS should establish rapport with the child and caregiver (see section 6) and obtain their consent to initiate the case management process.

During the initial assessment, if the child is present on premise, the child should be viewed and spoken to according to their developmental level. The Case Manager/CPS should never consider meeting the caregiver or custodian instead of meeting the child, regardless of the child's physical or mental situation, age, or communication capabilities. Therefore, if the child is not present, another meeting should be set with them. Consideration should be given to the child's preferred method of communication, and in case of special needs appropriate support should be made available

The Case Manager/CPS must assess the risk and harm using the Initial Safety and Risk Assessment Form. Accordingly, they would propose the required actions, document, and file the same as per data protocols within their agency (FCA for Case Managers) described in section 5.4 and stipulated by Wadeema Law.

Actions to be taken based on the Risk Level	
Low (very limited evidence that serious harm will take place)	• There is typically no need for the comprehensive assessment to be completed • Child remains with caregiver(s) • Develop plan to ensure the protection of the child, and minimization of risks materializing in the future • Ensure the provision of psychosocial support to the child and family

	• Inform the child about the risks they may face when visiting some places or practicing some activities • Integrate the child into programs and activities that support their development to face the challenges they encounter • Provide the family with the skills necessary for tackling problems, through courses and workshops
Medium (risk of serious harm likely under certain circumstances)	• Child typically remains with caregiver(s) and/or extended family/social support • Ensure the immediate provision of psychosocial support to the child and family • Follow-up in depth through the comprehensive child and family assessment (refer to section 4.4) • Develop a Child and Family Response Plan, if required (refer to section 4.5) • Continue with the case management process described in this document • Initial assessments conducted in CPUs other than FCA should be typically shared with FCA in these cases
High (risk of serious harm is likely and could occur at any time)	• Immediately refer the case to the Abu Dhabi Police and to the FCA (if the case is not already being handled at the FCA) • Activate immediate protective action (in collaboration with the police and ADJD, where needed) • If the place of residence of the child represents an imminent danger, the Case Manager should take the child out from the place and move them to a safe place under his/her personal liability, make sure to clarify this in the Initial Safety and Risk Assessment form and notify the supervisor at FCA about the conditions and circumstances surrounding the child • The supervisor should then address the Prosecution Office and obtain a judicial authorization, no later than 24 hours from the date on which the report was received • The Prosecutor should provide their decision within 24 hours of submittal of the request in line with Article 51, Clause 3 of Wadeema Law. During this period, the Case Manager can temporarily place the child in a safe shelter (at Ewa'a or FCA) • If the child is placed in a shelter, this should only be for short-term stays until the response plan is developed, and alternative care is arranged for the child where needed (e.g., kinship care or foster care or residential care); or the child is returned home because it is not necessary anymore for the child to be removed from home • Ensure the immediate provision of psychosocial support to the child and family • Should the child need medical treatment, the Case Manager/CPS should refer the child to a medical facility, and receive a medical report inclusive of a statement showing the child's condition, and

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	identify the effects resulting from the unacceptable treatment incident, if necessary • Follow-up in depth through the comprehensive child and family assessment (refer to section 4.4) • Develop a Child and Family Response Plan, if required (refer to section 4.5)

For all risk levels, the Case Manager should determine whether the needed support and solutions can be provided at FCA or whether a referral is needed to rehabilitation programs and/or to medical, educational, and social services at other agencies. In cases that require referral, the Case Manager/CPS should coordinate with the concerned agencies to access these services using Case Referral Form.

If no apparent risks or concerns are identified, or in situations where primary concerns do not exist anymore, the Case Manager should close the case as described in section 4.8.

4.5.3. Tools and Forms Needed

Initial Safety and Risk Assessment Form
Case Referral Form
Case Referral Response Form
Confidentiality Agreement

4.6. Comprehensive Child and Family Assessment (CCFA)

4.6.1. Framework for Comprehensive Assessment

The Comprehensive Child and Family Assessment (CCFA), or the comprehensive social research as referred to in Wadeema Law) should be conducted after the Initial Safety and Risk Assessment and does not replace it.

It should be performed by the Case Manager within 1 week of the case being registered.

The CCFA is an integrative process that provides a holistic view on the child's socio-ecological picture. It focuses on the medical, psychological, developmental, social, familial, educational, and cultural factors of the family.

It is conducted to gain a deeper understanding on the various risk factors and the problems experienced by the child and the family, and their needs, and to simultaneously provide a clearer basis for the preparation of the response plan if needed. The CCFA equally investigates the protective factors and strengths of the child and the family that may be harnessed to overcome these problems.

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Although the CCFA is an open-ended type of questionnaire for the child and family, it also relies on the observations of the Case Manager and hence should ideally be performed at the place of residence of the family, or a place where the child feels safe and comfortable (e.g., the child may feel traumatized by an event that has taken place at his/her residence), where possible. The Case Manager could enter the place of residence alone or accompanied by a police officer after taking the permission of the residence owner and showing proof that they have the Judicial Officer capability (which allows the CPS to enter the home per the Wadeema Law).

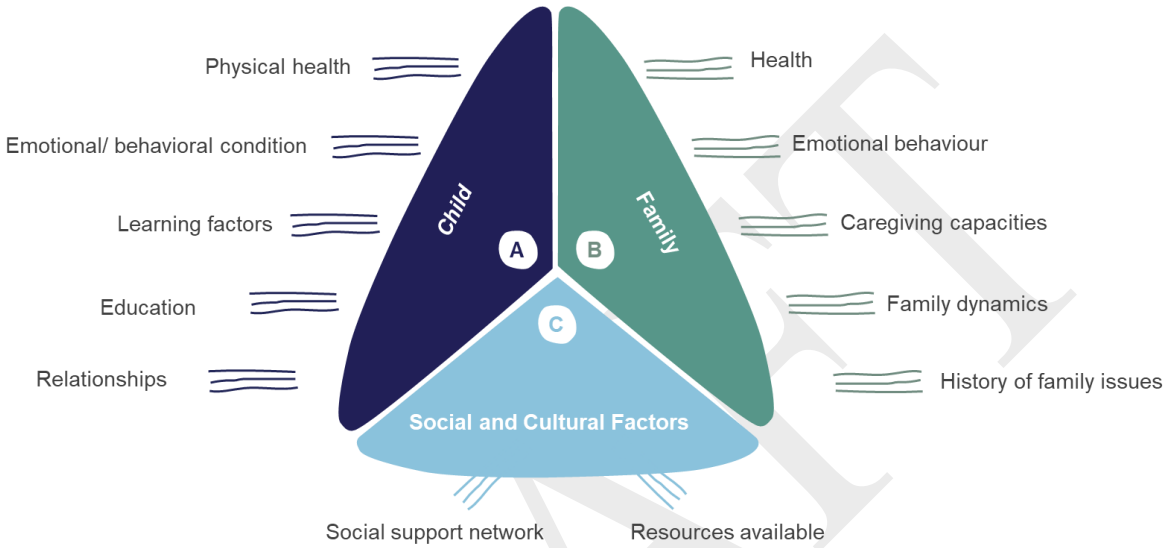


Figure 113 - Framework for Comprehensive Child and Family Assessment

The Child

The child's developmental needs and overall wellbeing are assessed as the following:

- Physical health: Growth and physical and psychological health condition, and medical care
- Emotional/behavioral condition: Signs of extreme behavior, age/developmental appropriateness of behavior, signs of anxiety/stress/fear, appropriateness of communication style
- Education: Enrolment and attendance, behavior, and performance in school
- Learning factors: Cognitive development, signs of developmental delays, social circles, recreational activities
- Relationships: With caregivers, siblings, other members of the household (relatives as well as staff such as drivers, gardeners), peers, and social relationships

The Family

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The ability of caregivers or custodians to ensure adequate development of the child and respond to their needs are assessed as the following:

- Health: Mental and physical health condition, history of substance abuse and chronic illness of parents and siblings at home
- Emotional behavior: Affection, response to the unacceptable treatment, signs of stress and aggressive behavior
- Caregiving capacities: Abilities to ensure child's safety, caregiving style, personal relationship with the child and attachment; it is important to determine the primary caregiver(s) and their relationship with the child. In cases where the mother or the father are not the actual primary caregiver, thorough interviews should be conducted with the person(s) entrusted with the responsibility of taking care of the child. This may be particularly relevant for children with special needs, such as children of determination, children with chronic illness or mental health problems, who may spend most of the time with non-parent caregivers
- Family dynamics: Structure and function of the family
- History of family issues: Such as criminal records, divorce cases, multiple marriages, social assistance programs, social support programs, educational background, job related issues with FCA or another agency

The Social and Cultural Factors

This section examines how the family is influenced by the wider family and the community as follows:

- Social support network: Degree of family's integration or isolation, relation with extended family, friends and neighbors, religious institution
- Resources available: Family's housing, financial and employment situation

The CCAF report would provide insights on the case, summarize risk and protective factors of the child and the family, determine whether the child is safe or is at risk of unacceptable treatment, in addition to the child's medical, psychological, education and social service requirements.

It will also draw on the type of support and services needed for the caregivers or custodians to be able to properly care for the child.

4.6.2. Procedures

After completing the initial assessment, the Case Manager should discuss with the Case supervisor the need to conduct the CCFA.

The Case Manager should attempt to fill in as much information as possible from the Initial Safety and Risk Assessment phase before meeting with the child and family for

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the comprehensive assessment. The Case Manager should also verify the information captured during the initial assessment with the child and the family while meeting with the child and family.

The Case Manager should obtain the child's and family consent (if appropriate) to conduct the CCFA. In addition, the Case Manager should explain the purpose and objectives of the CCFA to the child and family. Effort should be made to ensure consent of family and child when requesting a CCFA. This may require discussing with parents the purpose of the CCFA and the goal of maintaining the child within a safe family environment and identifying support opportunities for the child and family.

If parents don't provide consent, the Case Manager in collaboration with other CPS (in other CPUs) should discuss with the parents and persuade them to change their mind. If they still don't accept, the case should then be referred to prosecution (with the parent's knowledge) to ensure that sufficient information is obtained to determine safety of child within the home environment, in line with Article 50 of the Wadeema law that stipulates the case management entity to "*take necessary action to refer the matter to the Public Prosecution*". (See details on Providing Consent.)

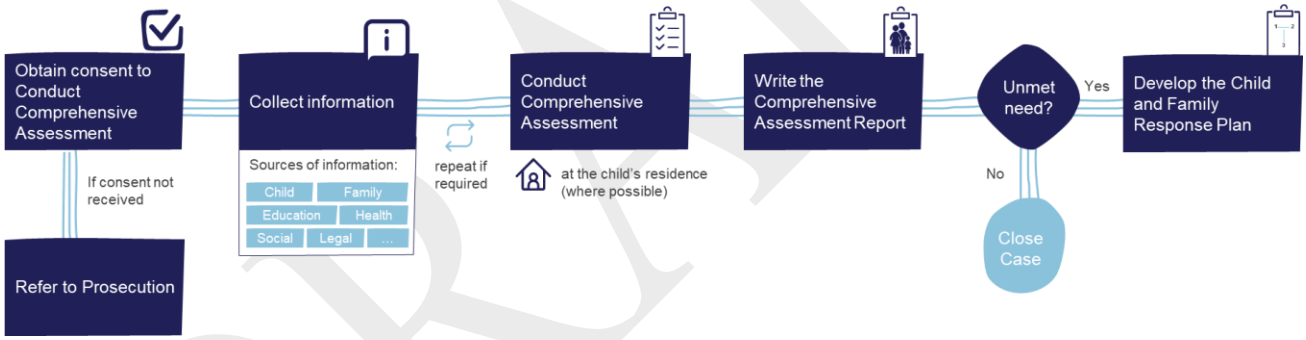


Figure 124 - Comprehensive Child and Family Assessment (CCFA) Process

During the comprehensive assessment, the Case Manager should collect information from various sources. In addition to interviewing the child and family and documenting the information using the Comprehensive Child and Family Assessment Form, other information needs to be obtained from discussions with people close to the child and family.

The Case Manager would also contact other agencies (such as educational/medical/recreational/sports) to obtain medical and education records, or legal and court documents for example.

It should be noted that to obtain the sufficient information and depending on the individual needs of the child, the Case Manager may require to conduct several meetings with the family. The CCFA process is continuous, and the Case Manager should regularly update the information while working with the family. The end goal

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of the CCFA is to establish a strong working relationship based on trust between the Case Manager and the child and family. The child and family should realize that the Case Manager is a source of support for the family and that they will always be available to support the family if and when a crisis or problem arises.
The Case Manager should involve the child in the process and take their wishes and opinions into consideration when taking decisions.

After completion of the CCFA, the Case Manager should write the Child and Family Response Planning report and submit it to the supervisor for approval. This report is part of the CCFA and is a summary of findings that provide indications on what are key family and child strengths and opportunities or obstacles and challenges that need to be addressed as part of a response intervention.

Based on the assessment report, the Case Manager would develop the Child and Family Response Plan (see section 4.6).

If the Case Manager finds that there is no unmet need or a child protection concern, then they should close the case (see section 4.9). The CPS/CM may also refer the case to another support or specialized service not offered using the Case Referral Form.

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4.6.3. Tools and Forms Needed

Comprehensive Child and Family Assessment Form
Child and Family Response Planning Report
Case Referral Form
Case Referral Response Form
Confidentiality Agreement

4.7. Development of Child and Family Response Plan

4.7.1. Procedures

The development of a robust response plan informed by the Initial Safety and Risk Assessment and the CCFA is critical to ensure positive outcomes for the child.

The guiding principle of accountability can only be upheld if the planning of the response is done well and in time, including capturing the views of the child and their caregiver(s).

The Child and Family Response Plan can include a range of interventions depending on the child protection concerns. For every child or family need identified during the assessment, there should be a tailored plan to address it. The plan should include immediate, short term and long-term goals to respond to the child's needs and wishes. Under each goal, the Case Manager should add timebound services and

tasks. The plan should be developed with the child and family. Typically, the response plan should be developed by the Case Manager within 2 weeks from the development of the comprehensive assessment.

To develop the response plan, the Case Manager should:

- Establish the overall goal of the case (e.g., ensure child's safety and wellbeing within a well-supported and functioning family environment)
- Determine what should happen to meet the needs identified during the assessment, who should do it, and when the actions should take place (for example, parents should be held accountable and empowered, and the Case Manager should therefore work with parents on reinforcing healthy and positive behaviors and reducing/eliminating negative and harmful behaviors and practices that result in putting the child at risk)
- Identify resources that the family can draw on, such as services or support in the community, to achieve the objectives
- Include a plan for regular monitoring of the child's situation, with frequency of monitoring, depending on the risk level and the needs of the child
- Create an emergency plan that the child and/or non-offending caregiver would be able to execute if a crisis occurs and/or when they feel that they are at risk and need to take immediate action to ensure their safety
- Develop a contingency plan/information about who children and family members should contact if the plan goes wrong and relationships breakdown

Having a clearly articulated plan is crucial for managing expectations. For example, children may have high hopes of returning to a normal life or, conversely, a belief that nothing really can change. On the other hand, parents/caregivers may expect material or financial assistance, and become reliant on agencies if appropriate steps are not taken. Engagement of the child and the family to develop the plan and take more ownership of their future is, therefore, extremely important.

Case planning should include a consideration of the legal guardianship of the child and the point at which this will need to be handed back to the family (and to whom within the family).

Case Managers are encouraged to use a team approach in developing the response plan, as it enhances creativity and high-quality decision making - this requires openness and honesty amongst team members. The team can be composed of family members, social workers, residential homes staff, teachers, etc. Where possible, the child should be encouraged to choose some of the support team. It is

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important to ensure participation of the child and family in all decisions being made about them.

The development of the response plan for complex cases will likely involve conducting a multi-disciplinary and inter-agency case conference/meeting (detailed in section 5.3).

Case Supervisors are responsible for reviewing the plan, ensuring it is in the best interest of the child, and verifying that it is realistic and achievable within the timeframe given.

It is important to note that for criminal cases, such as cases causing major harm to the child, the planning should be done jointly with the Police. FCA should refer cases for criminal investigation to the CID and provide information needed to support the police in gathering evidence for the abused children. ADJD should provide guidance to FCA and CID on nature of the crime and evidence required. For cases that are under investigation and prosecution, constant coordination with the Police and prosecutors is important to update family members on status of the case, any legal orders or decisions being taken that may impact the child and/or other family members safety (e.g., release of alleged offender on bail, custody hearing, lifting no contact, restraining, and/or protective orders).

Once developed, a written copy of the response plan should be reviewed with the child and his/her family members. The Case Manager/CPS must ensure that children and their families fully understand the intended plan to reach the goals and the next steps that will take place, including:

- Services and options available
- Potential risks and benefits to receiving services
- Information that will be collected and how it will be used
- Confidentiality and its limits on the information (including situations when information would be shared without consent, such as in situations related to the child's protection and safety)

Providing Consent

Following the review, the response plan should be signed by the child and/or his/her family members. The Article 48 of the Wadeema law outlines: "*In case the child protection specialist reaches the appropriate measures in an agreement form, such agreement shall be written, read and signed by the various parties including the child who reached thirteen years old*".

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Depending on the age of the child, one of the following situations would arise:

- For children aged 13 years and above, the child must provide informed consent and sign the response plan if they accept the measures outlined in it. Article 49 of the Wadeema law further states that "*The child protection specialist shall notify the parents or custodian of the child who reached thirteen years old, of their right to reject the measure suggested to them.*"

- For children under 13 years, the parents/caregivers should provide informed consent and sign the response plan if they accept the measures outlined in it. It is important to engage with the child in an age-appropriate manner and seek their verbal approval while signing on the plan.

  - Children between 6 and 13 years could provide informed assent, wherein, they understand and agree to participate in the services

  - For very young children (under 5 years old), efforts should be made to share and explain information in an age-appropriate language

- If parents don't accept the agreement, the Case Manager in collaboration with other CPS (in other CPUs) should discuss with the parents and persuade them to change their mind. If they still don't accept, the case should then be referred to prosecution in line with Article 50 of the Wadeema law that stipulates the case management agency to "*take necessary action to refer the matter to the Public Prosecution*"

Informed consent is required to proceed with the provision of services, including referrals and sharing information with service providers and other stakeholders. While seeking informed consent, the following should be kept in mind:

- Need for parent/caregiver consent is not applicable when he/she is an alleged perpetrator, when the case involves unaccompanied children, or when the child could be at-risk by seeking consent

- The consent of another 'trusted adult' (identified as being significant in the child's life) should always be sought for children under 13

- Children above 6 should participate in identifying the 'trusted adult' and when such person is not available, the Case Manager may have to provide consent

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Age Group	Child	Caregiver	If no caregiver or not in child's best interest	Means
0 – 5	–	Informed consent	Other trusted adult or case worker informed consent	Written consent
6 – 12	Informed assent	Informed consent	Other trusted adult or case worker informed consent	Oral assent Written consent
13 – 18	Informed consent	Informed consent (with child's permission)	Other trusted adult or child's informed assent and sufficient level of maturity could take due weight	Written consent

Figure 135 - Informed Consent

According to the Wadeema Law (Article 50), should the Case Manager at the case management agency fail to reach an agreement on the plan with the child and the family, the matter should be escalated within the case management agency, and then to Prosecution. This can happen in one of the following cases:

- Failure to reach an agreement within 15 days from the date of knowledge of the case
- Rejection of the agreement by the child's parents or custodian or by the child who reached thirteen years old

To monitor children's circumstances or changes taking place because of case management interventions, the Case Manager should be in regular contact with the child and the child's family. The response plan should be revised if a child's situation or needs changes. As outlined in the Article 48 of the Wadeema law, "*The specialist shall periodically follow the results of the agreed measures taken and shall decide to amend them, when necessary, in a way guaranteeing, as much as possible, that the child is kept in his/her family surroundings*".

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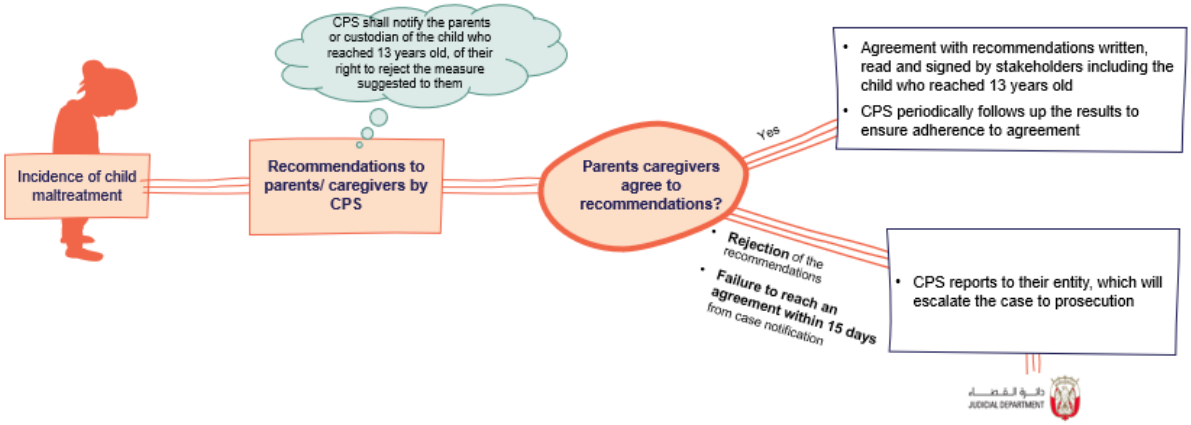


Figure 146 - Seeking Consent for the Child and Family Response Plan

4.7.2. Components of the Child and Family Response Plan

The Child and Family Response Plan consists of the following components:

1. Safety
2. Education Support
3. Physical and Mental Health Support
4. Social and Cultural Support
5. Legal Support
6. Contingency Response

Safety

This section captures the safety and protection needs of the child.

An assessment should be conducted to identify whether the child is safe or not. If the child is not safe, the Case Manager would need to prioritize the development and implementation of the plan to ensure the child's safety. In case the child is not safe at home, the Case Manager needs to take a decision on removal of the child and evaluate different sheltering and alternative care options in line with the best interest of the child. This can include supported accommodation for the child along with the non-offending caregiver, or kinship care/foster care/residential care, depending on the specific situation of the child.

In case the child's safety is at risk, the case management agency should coordinate with the prosecution to obtain warrant from ADJD to remove the child from home and secure safe shelter when needed.

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Placement at shelters may be required when there is an immediate need to remove the child from home. The Abu Dhabi Center for Sheltering and Humanitarian Care (Ewa'a) should be considered in such cases. The FCA shelter can be considered for very brief stays (not more than 24 hours) before the child is transferred to Ewa'a or to alternative care (when necessary).

Abu Dhabi Center for Sheltering and Humanitarian Care (Ewa'a) is a DCD affiliated agency that provides temporary shelter for children with/or without the non-offending parent in cases where immediate removal of the child is required, and temporary shelter is necessary to protect the child from all risks of harm

Alternative care options can also be evaluated, depending on the specific circumstances of the child. Before the child is placed into alternative care, the Case Manager should develop a tailored care plan for him/her and secure the court order to execute it. **Kinship care**, where the child is placed with his/her extended family or with close friends of the family known to the child, is the preferred option of alternative care. **Foster care** and **residential care** options can be considered after exhausting/excluding all the above options – the residential care should be considered as the last resort for out-of-home placements, as it is least aligned with the best interest of the child.

In summary, when facing imminent risks, the child should be removed from home and placed in a shelter temporarily before returning home or should be placed in alternative care. The Case Manager should coordinate with relevant agencies to fill the Alternative Care Form for the child. ADJD would issue all decisions related to placing the child in shelters or in alternative care.

In all cases, irrespective of whether the child returns home or is placed in out-of-home care, the Case Manager should develop and execute a plan for regular monitoring of the child in the care setting. FCA should also coordinate with sheltering agencies (e.g., Ewa'a) on the exit of children from shelters and placement in alternative care or return to home if the child is no longer in danger at home. The Case Manager remains responsible for monitoring the child's situation and contacting the child on a regular basis, at all times, to verify status of child and ensure their safety, wellbeing and address any concerns facing the child and/or family.

Education Support

The plan to support the education of a child should be developed in partnership with the relevant stakeholders (e.g., CPS at ESE/ADEK, Child Protection Coordinator/Teams at schools), as and when required. An individual education blueprint to support educational achievement and engagement of the child should be developed through collaboration between the education and support service partners.

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The individual education blueprint should describe strategies to address specific educational needs of the child, based on a holistic understanding of their strengths, needs, and circumstances. The development of the blueprint should consider components such as education needs, personal qualities of the child, factors affecting education progress, availability of resources, achievements in academic and social capabilities, as well as the child's view.

FCA should coordinate with MoE/ESE and ADEK (and with Ewa'a in cases where the child is placed at their shelter) to plan and implement the required education support for the child. Whenever possible, the FCA Case Manager will take steps to ensure that the child continues their education at the school they were attending. School staff and the ESE/ADEK CPS should be briefed on all relevant details and conditions that should be upheld upon return of the child to his/her school.

Physical Health and Mental Health Support

When identified in the assessment, required medical treatment (both urgent and non-urgent) should be planned and provided to the child. Mental health and psychosocial care may also be required for the child and the family members (including offending family members who are not detained).

Mental health and psychosocial support required will depend on the specific circumstances of the child (e.g., age, developmental stage) and the family (e.g., history of mental health issues, resilience) and should be carefully assessed by qualified professional(s) (e.g., child psychologists). Psychosocial support in the form of emotional support can help abused children and families cope with trauma; this can be provided at the FCA, CPUs, or at specialized medical centers.

FCA should refer children and families affected by child maltreatment to healthcare institutions (DoH/SEHA/PHC) for treatment and develop the detailed treatment plan with them. Depending on the case, the CPS may need to accompany the children and/or the family to the treatment service provider. FCA should establish and execute the monitoring mechanism for effective provision of the treatment plan (incl. frequency and mode of following-up with the child/family/service providers).

Perpetrators who are detained may also require mental health and psychosocial care – ADJD would be responsible for devising the plan.

Social and Cultural Support

The objectives of this section are:

- Nurture and support the child while strengthening their **cultural identity and connections** including language, cultural values, religion, beliefs, practices, etc.

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- **Preserve the child's identity** by facilitating and maintaining their connection to family, community, and culture
- **Increase the child's knowledge** and understanding of their place in their family, kinship, and community structure

The planning of relevant tasks should be discussed and developed with the child as well as the family, where appropriate. The CPS must recognize how the child is connected to his/her ecology and available resources in the community (e.g., religious, cultural, leisure), and incorporate the relevant aspects in the response plan (e.g., visiting the mosque, joining the neighborhood football team).

FCA should coordinate with FDF to plan and provide reintegration support to children and families (services currently limited to nationals only). FCA should also coordinate with ZHO to provide support to abused children of determination and abused orphans respectively. Any additional support (e.g., financial) should also be provided by FCA in coordination with the relevant agencies.

Legal Support

Children and families should be provided with legal guidance and assisted in participating in legal proceedings. For cases that moves to the investigation and prosecution stage, the CPS should provide all relevant information help prepare the children and their families. This includes:

- Providing legal booklets (with age-appropriate content and multiple languages) to children and families with information on legal services that can be availed
- Providing legal aid for children through lawyers who provide 'best interest instruction' for children, which includes:
  - Providing information and advice to help the child and family understand legal proceedings (to the extent possible)
  - Eliciting responses and wishes from the child (where possible)
  - Liaising with relevant parties to understand child's needs and interest
  - Forming a position based on independent assessment of relevant information
  - Conveying to the court the child's views, wishes and preferred direction

The Case Manager should coordinate with ADJD to prepare children and families for court and provide legal support, where needed.

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Emergency and Contingency Response Section

A robust contingency response section should be developed to respond if the child is at risk during the implementation of the response plan.

The section should consider:

- What needs to happen if the response plan faces obstacles to achieve desired results, or an action cannot be carried out or the child is at risk due to unexpected turn of events
- What actions are to be pursued in those circumstances to ensure safety and wellbeing of the child
- Information about who the children and family members (if in the best interest of the child) should contact

The Case Manager shall ensure that all children and families are instructed on:

- Key contact numbers for FCA, Police, and/or shelter
- How to store their important documents, identification cards, money, valuables in a place that the perpetrator cannot access
- How to make and store copies of important personal documents (ID, passport, birth records, health insurance card, vaccination records) in a safe location (could be outside the home environment depending on the child's situation)
- Identifying at least one person, at places frequented by the child, who is aware of the problem and can notify others if an "abnormal" or emergency situation arises (e.g., Child Protection Coordinator at the school)

These guidelines should be thoroughly explained to the child and his/her caregiver(s).

The contingency planning should be specific to the individual circumstance of the child. Examples of risks to consider in contingency planning are as follows:

- Vulnerable single parent who manages the family affairs on their own, but is prone to marry a new partner, who may abuse the children in the family
- Parent with mental health issues who, when stable, can look after themselves, but when unstable can deteriorate rapidly and become a danger to themselves and their children

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- Families who disguise compliance in children and family members to keep authorities away (due to cultural stigma/shame)

4.7.3. Tools and Forms Needed

Child and Family Response Plan Form

Consent Form

Alternative Care Form

4.8. Implementation of the Child and Family Response Plan

4.8.1. Procedures

The Case Manager should coordinate with relevant entities to oversee the implementation of the response plan. This involves the provision of direct services and/or referral to other agencies/service providers, as required.

Direct services, such as psychosocial interventions, advice, guidance towards services and programs should be provided by the case management agency, where required. These services should, however, not replace specialized support (e.g., counselling) that the children and/or their families may require.

Successful implementation of the response plan required the Case Managers to:

1. **Engage service providers**
    - Complete referral to the service provider detailing services to be provided in line with response plan
    - Provide information to the child and parents/caregivers, about how and when to access the service
    - Develop a communication plan between the case management agency and service providers
    - Accompany the child and/or the family to the service provider, where needed
    - In the event of a particular service not needing to be made available to a child, the Case Manager must place a formal request which may require

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additional funding to meet the child's needs

2. **Coordinate service provision**

    - Coordinate and maintain regular communication with all service providers (incl. making appointments, where required)
    - Ensure regular communication between the service providers, the child (independently without family members) and family/caregivers (wherever needed)
    - Monitor the services provided to ensure that they meet the needs of the child and parents/caregivers, and are in line with the response plan

A service map of the currently available services is detailed in the Appendix.

Key responsibilities of the Case Manager for successful implementation of the response plan:

- Ensure the child and family actively participate in the development of the plan
- Build positive relationships through engagements with children, families, and service providers
- Ensure the services recommended in the response plan are coordinated
- Monitor whether the parents are undertaking their agreed responsibilities as recorded in the response plan, to meet the child's needs
- Undertake regular goal-directed visits (to family home and child room) with the child and parents in accordance with the minimum contact requirements
- Support the children in alternative care placement (where needed) and conduct visits
- Use professional judgement and all information gathered during the assessment to facilitate implementation
- Interact in a culturally appropriate way with non-national communities
- Record information about all activities with the child and family/caregiver
- Advocate on behalf of the child all the time to ensure that service providers are taking their best interests into consideration, and that the child is not subject to any further harm

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- Maintain contact and coordination with other agency-based CPS involved in the case to update and exchange information and support on the case
- Update Case Supervisor on status of case and identify any potential obstacles or difficulties in successfully managing the case

The list of services available and relevant providers should be available at the case management entity. A hard copy of this information should be provided to each Case Manager for day-to-day quick reference. The child/family friendly version of this information (child/family service guide) should be provided to the child/family to help them make an informed decision.

This list of available services and relevant providers should be regularly updated – ideally, every 6 months by FCA.

Effective implementation of case plans is dependent on well supervised, experienced, trained, and qualified social workers who have the time and resources to carry out their work, as well as the ability to recognize and respond to the diverse cultural needs of the families in their care. Human resource capacity is therefore a core issue for agencies offering child protection services.

4.8.2. Tools and Forms Needed

Case Referral Form
Case Referral Response Form
Alternative Care Review Form

4.9. Monitoring and Review

4.9.1. Procedure

Monitoring

Regular monitoring and review of case management is performed by the Case Manager and Case Supervisor at FCA in coordination with the CPS in other agencies (e.g., MoE/ESE CPU, Ewa'a), where applicable. It is required to supervise the provision of services and support to the child and family in accordance with the response plan, as well as to maintain an oversight of the stability and positive progression of the child and family. It is important to note here that the follow-up mechanism should have already been agreed with the child and the family during the development of the response plan.

Monitoring is essential to:

- Record and identify goals for the child

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- Enable early detection of potential problems that may be arising to allow for early intervention actions
- Identify if the plan's objectives or tasks are not achieving the goals
- Identify if practitioners are not completing the tasks for which they are responsible
- Ensure good communication and collaboration between the FCA, the service providers, and the child and family
- Provide consistency and reliability for child and family to know when and who is available to support them

Accordingly, the Case Manager at FCA must conduct follow-ups and periodic review of the progress of the case management procedures with a focus on:

- Checking whether the child and his/her family are receiving appropriate services
- Monitoring the child's situation and identifying any changes in a child's or family circumstances that might require a review and change of the case plan
- Keeping a record of the changes observed along the implementation path to guide decision making on the next course of action
- Including follow-up actions in the Child and Family Response Plan

Monitoring can be done through multiple channels, such as, meetings with the child and/or family, scheduled home visits, phone calls, information shared by relevant service provider(s), informal community-based sources (e.g., teacher, doctor).

The relevant channel(s) as well as the frequency of follow-up actions will depend on the individual circumstances of the child, his/her specific needs, and the risk level. The Case Manager should generate a case follow-up plan and document observations on each follow up visit to track the progress being made in reference to the case plan.

Review

The review process is completed at specific intervals between the Case Manager, Social Workers involved in the case, and the Case Supervisor (and in some cases the child and his/her family) to see if progress is being made towards the response plan developed, if the response plan remains appropriate, and whether the child and

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family require additional/different services. The Case File Checklist should also be used to monitor completeness of the different forms used in the case.

The nature of the case would determine the frequency of the case review, but at a minimum, a formal review and follow-up should be conducted at intervals of not more than 3 months. The Case Manager must update the plan according to the review and in cases where the child's needs are not being met, reassess the child's situation to set new goals and amend tasks/services. Any adjustments that need to be made to the response plan should be discussed with the child and family and implemented accordingly. Additional informed consent/assent might be needed if new referrals are required at this stage.

For children placed in shelter and/or alternative care, the Alternative Care Plan developed for them should be reviewed using the Alternative Care Review form.

4.9.2. Tools and Forms

Case Follow-up Form
Alternative Care Review Form
Case File Checklist

4.10. Case Closure

4.10.1.Procedure

Closure of cases is the last but a very important step in case management as it determines how casework efforts over a given period are eventually concluded. Case closure refers to the point at which case management ends. Case closure should be well planned within the case plan and communicated to the child and/or the family well in advance.

It is important to note here that case closure is not an end by itself, and the Case Manager should not be rushed or directed towards closing the case. Case closure requires careful thinking and thorough discussion and should not be done until the last review is satisfactory.

Case closure can happen in the following situations:

- The Initial Safety and Risk Assessment did not find any child protection concern (i.e., no risk was identified)
- The Child and Family Response Plan goals have been achieved and the child is safe from harm (e.g., the family has sufficiently addressed the risks to the point that the child is no longer in need of protection)
- The child has turned 18 whilst in alternative care and has received services for a minimum of 12 months to support his/her independent living

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- The family/child moved out of the country (confirmed by contact with the family and social support service entities in the country they've moved to)
- The child has died, and all necessary investigations in to cause of death have been conducted and concluded – *serious case reviews should be conducted in this case in a systemic manner*

The following considerations should be considered while closing a case:

- The decision to close the case should be discussed with the child and family to ensure that the child's needs are met, and the plan implementation is complete, and goals are achieved
- The decision to close a case should be made by the Case Manager only after reviewing the case with the Case Supervisor
- Once the goals outlined in the response plan have been achieved, cases should be closed only after a set period during which several monitoring visits take place to ensure the child's sustained wellbeing

When a child is reunified with his/her family or caregiver, the Case Manager is responsible for issuing the Reunification Certificate to the person to whom the child is being handed over. In case of reunification, the Case Manager should continue to follow up on the case, until the risks are diminished, and the reviews are satisfactory.

It is important to note that case closure does not mean that all documentation should be erased as cases can be re-opened at any time whenever new information becomes available or the child's situation changes. For example, a case will be reopened if any report is received that indicates potential risks to the wellbeing of the child.

Case Transfer

The transfer of a case indicates that the full responsibility for coordination of the case plan, follow-up, and monitoring of the child is being handed over to another agency.

This is often appropriate when a child moves to a new location (e.g., another Emirate) but still requires support to ensure his/her protection.

When transferring a case, the Case Manager and Case Supervisor should put in place a clear plan for handover to the receiving agency, and clearly communicate this to the child and the family. The process should also include a review of all case files with the new agency as well as meetings between the new agency and the child and his/her family facilitated by FCA.

4.10.2.Tools and Forms

Case Closure Form

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Case Transfer Form

Reunification Certificate

4.11. Roles in Case Management

In Abu Dhabi's child protection system, the central role of case management would primarily lie with FCA (unless stated otherwise in the internal child protection procedures developed for the various sectors in coordination with the ECA). The key roles at FCA involved in case management are detailed in this section.

Case Supervisor

Case Supervisors at FCA should provide strategic and operational guidance to the case managers while engaging with other stakeholders to ensure rapid service provision. The Head of the FCA could potentially be the Case Supervisor for all Case Managers. The key responsibilities of the Case Supervisor are as follows:

- Maintain oversight over all cases
- Coordinate the workload and distribution of cases to appropriate case workers
- Manage multiple Case Managers and team of experts
- Leverage technical expertise in child protection by recommending solutions to enhance case management activities
- Provide strategic and technical leadership across case management, service provision in the best interest of the child, stakeholder briefings and engagement
- Support Case Managers in case evaluation
- Hold responsibility for operational management, including workforce monitoring and development, operational decision making and review, quality assurance and audit, performance monitoring, policymaking
- Support in service provision by proactively clearing obstacles
- Coordinate social services and support networks and contacts, as well as availability and updates on services
- Support Case Managers in preparing for meetings with the Family and Child Protection Committee
- Support Case Managers in ensuring their mental health and wellbeing

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Case Manager

Case Managers at FCA should be Child Protection Specialists with qualifications mandated by Wadeema Law. The key responsibilities of the Case Manager are as follows:

- Manages multiple social workers and reports to the Case Supervisor
- Holds end-to-end ownership and responsibility for case management of assigned cases
- Coordinates with CPS in other entities to collect information and reports
- Acts as a focal point of contact with the child and family and builds trust with them
- Performs several case management activities, such as:
  - Initiation of cases by opening case file, logging information in data management system as it becomes available and liaising with MoI to update the central case registry
  - Initial and comprehensive assessment of the children and their families towards development of a Child and Family Response Plan
  - Implementation of Child and Family Assessment Plan and continuous assessment of the ongoing risk to the child and family, based on the best interests of the child
  - Coordination with partners and service providing entities to arrange practical and emotional support to children and families in line with the plan
  - Coordination with law enforcement entities in investigation and prosecution of child maltreatment
  - Coordination with judicial entities to obtain warrants and permits to ensure safety of children, who are in risk of serious harm
  - Development of reunification plans and supervision of access
  - Assistance provision (wherever required) to ensure that the child has a stable out-of-home care placement

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- Meets court requirements, which may include writing reports, participating in the children's court proceedings, and providing evidence
- Collaborates with the Family and Child Protection Committee to obtain support in resolving complex cases

Social Workers

The key responsibilities of the social workers are as follows:

- Reports to the Case Manager
- Performs administrative and logistical related tasks such as facilitating contact visits, transporting children to service provision centers, etc.
- Supports the Case Manager in conducting case management, wherever required

Case Screener

The key responsibilities of the case screener are as follows:

- Receive calls and walk-in notifications, and direct them appropriately
- Receive cases and organize them to share with the Case Supervisor (for subsequent allocation to relevant Case Manager)
- Perform ad-hoc administrative duties

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5. Summary of the Investigation and Prosecution Journey

5.1. Investigation Journey

The Penal Code and the Criminal Procedure Law outline the procedures that should be followed during the investigation phase. This section of the manual provides an overview of this journey.

Police officers carry out investigation and manage the criminal investigations with the support of the child protection specialist (CPS).

In summary, the investigation journey involves the following:

- Collecting information by gathering evidence from the location where child maltreatment incident took place (physical location or online), and by interviewing suspects, caregivers, educators, healthcare practitioners (if need be), and witnesses

- Interviewing children (who were subject to or witness of abuse) by a CPS in the Family Care Authority (using the single interview form)

- Determining whether the case is substantiated and refer the same to prosecution

5.2. Prosecution Journey

Prosecution is carried out by the Family and Child Prosecution in Abu Dhabi and courts. The journey involves holding offenders accountable in accordance with the legislations in force and the justice system; and determining whether the case should be brought to trial.

5.3. CPS Role in Supporting Children and Families Throughout These Two Journeys

- Providing information on available legal services

- Organizing legal aid for children through lawyers who have the child's best interest above any other consideration, including:

    - Providing information and advice to help children and families to understand the legal proceedings (to the greatest extent possible)
    - Capturing the child's opinions and views
    - Coordinating with the relevant parties to understand the child's needs and interests
    - Relaying to the court the child's opinions, views, and preferences

- Ensuring that the lawyers appointed by the children's families are acting in the best interest of the child

The CPS supports the police officers and the Criminal Investigation Department, the prosecution, and the courts throughout the two journeys, especially during the information gathering and inference phase. The CPS also plays a crucial role particularly in:

- Keeping the child and his/her family informed of every step and details, thereof preparing, and supporting them by providing adequate information and advice

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- Ensuring the child is not exposed to any harm, and mitigate the emotional impact on him/her throughout the two journeys

- Accompanying the child, if need be, to the court or representing absent children

The CPS role with the child and his/her family does not end when the case is referred to investigation and prosecution, but rather when the risk to the child is eliminated and the case is closed according to pre-determined criteria *(see Case Management Steps).*

The Police

When Abu Dhabi Police receives an emergency call to report an incident or a case involving one or more children present in the incident location, it is preferable to dispatch a patrol of officers trained to deal with children and families. The officers should be specialized in dealing with cases of child maltreatment and domestic violence and should not wear the police uniform or look like policemen.

The Abu Dhabi Police should inform the Family Care Authority immediately to request that a CPS accompanies the dispatched patrol officers to the incident location if possible.

When informed by the police, the Family Care Authority appoints a CPS to liaise with and accompany the police to the incident location, whenever possible. In situations where the CPS cannot accompany the police to the incident location, he/she should communicate with the dispatched patrol or the police station even after receiving the concern from the police station, to gather relevant information about the child/children and the incident.

When the CPS arrives to the incident location, he/she should conduct the initial safety and risk assessment and fulfill any urgent basic or safety needs to the child in a way that serves their best interest.

Criminal Investigation Department

The Criminal Investigation Department investigates child maltreatment cases with a criminal aspect, analyze whether any of such cases were substantiated, and communicates with the Judicial Department to prosecute alleged offenders.

The Criminal Investigation Department receives incident reports from various parties (hospitals, schools, walk-in, etc.). It should then refer any received case to the Family Care Authority to conduct a risk assessment; if the Family Care Authority is the first party to receive the child, it should send back a child referral form including any information needed to help with the investigation.

The Criminal Investigation Department communicates with the Family Care Authority to conduct the risk assessment and set out the risk management plan, providing support when needed. It also communicated with the Prosecution regarding cases that involve serious damage; the department should submit the completed investigation to the Judicial Department and stay at their disposal to support with any further investigation.

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5.4. The Criminal Investigation Department's Role in Investigation Cases Involving Children

- Providing immediate support and conducting investigation concurrently with the CPS assessment for urgent cases

- Investigating cases referred by the Family Care Authority:

  - Gathering relevant evidence from the crime scene; performing medical and forensic exams; interviewing witnesses; interviewing the perpetrator; conducting interrogations (a CPS interviews the child using the single interview form); and maintaining evidence integrity to be admitted in court.
  - Obtaining a warrant from the Judicial Department to enter the child's house with the child protection specialist (when needed)
  - Following the Prosecution's instructions and the provisions of the Criminal Procedure Law in stating charges; gathering evidence; submitting requests; performing forensic and medical exams; hearing, interviewing, and interrogating witnesses, and offenders; pursuing procedures to obtain arrest warrant; and making arrest and detention.
  - Checking the offender's criminal record

- Presenting the evidence to the Family and Child Prosecution

- Registering all received cases and keeping a record of all recurring cases and sharing it with the Judicial Department when needed

- Drafting a report on the incident, including the main elements and relevant information

5.5. The CPS Role in Criminal Matters

The CPS Role in Criminal Matters:

1. Conducting inquiries about the reported incident
2. Entering alone or accompanied by whomever he/she deems convenient to any place where the child is present, with the permission of the place's owner and after showing documents proving his/her professional capacity
3. Taking appropriate preventive measures concerning the child as determined by the implementing regulation of Wadeema Law
4. Conducting social research to assess the child's situation

The judicial officer's powers:

1. Receiving incident reports and complaints and documenting the same using ad-hoc forms and records
2. Gathering information and obtaining clarifications
3. Hearing witness and suspect statements
4. Conducting examinations
5. Using experts
6. Developing the report

<u>1- Receiving Reports and Complaints</u>

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- The judicial officer should receive complaints and incident reports about a crime, document the same in report to be sent immediately to the Prosecution so that the latter monitors and guides the judicial officer through the inference phase. If it deems fit, the Prosecution can initiate investigation at the time it deems appropriate.

Procedures to be followed after receiving the incident report:

1. Immediately head to the crime scene
2. Comply with the rules and procedures in place to preserve the crime scene
3. Incident Report Recipient Obligations
4. Verify and document the incident report (regular record keeping)
5. Act immediately by taking preventive measures

2- Gathering Information and obtaining clarifications

The judicial officer (CPS) should leverage all legitimate means to gather information if they do not violate individuals' freedom or home privacy.

3- Hearing witness and suspect statements

During the gathering of evidence, judicial officers may take the statement of any person that has information about the crime facts and offenders and may question the suspect about it.

4- Conducting examinations

Conducting examinations means to verify the situation of the location, individuals and anything that may help uncover the truth.
Examination may be conducted in all types of crime where physical trace can be found in the incident location, which may be a public or a private place. If the incident location is a public place, examination is considered an inference procedure; if it is a private place, it is considered an investigation procedure and may not be initiated by the judicial officer unless if instructed by the Prosecution or upon the place's owner consent.

5- Using experts

Judicial officers may resort to experts to ask for their verbal or written views or a croquis drawing of the inquiry subject matter.

6- Developing the report

- Reports must be signed by the judicial officers
- Reports must indicate the time and place of such procedures
- In addition to the above, those reports may include the signatures of any accused person who have been questioned about the crime
- Witnesses and experts questioned about the crime; in case an interpreter is used, his/her signature should appear on the report
- The reports are submitted to the Prosecution alongside any seized documents or objects

The law does not require judicial officers to be accompanied by a clerk at the time of initiating this procedure, except in situations where the judicial officer initiates the procedure in their investigative and not inferential capacity.

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In the event where the judicial officer uses a clerk in the inference phase, the inference procedure remains valid and may not be annulled if it was conducted and signed-off by the judicial officer.

The judicial officer (CPS) should make sure not to commit any criminal mistake, such as violating home privacy, or compromising the physical safety of individuals, or any of the other numerous crimes that fall outside the scope of his/her duties.

5.6. Family and Child Court

The Family & Child Court investigates whether to act in all crimes relating to family and child affairs in Abu Dhabi. It has jurisdiction over:

1. Criminal offenses committed by a juvenile
2. Criminal offenses committed against children
3. Criminal offences committed within a single family (first-degree relatives only)
4. Express opinion regarding family-related cases and custody of minors before various courts

The judicial officer (CPS) reports to the Prosecution which supervises the legal aspects of his/her duties (not the administrative aspects) relating to the inference phase, search warrant, and requests to inquire about the incident.
The officer should notify the Prosecution of any serious crime that may come to his/her knowledge.

5.7. Family & Child Court's Work with Judicial Officer (CPS)

Report of Evidence Procedures

1. Developing the Report of Evidence by Judicial Officers

The judicial officer (CPS) submits the report of evidence to the police station, to be assigned a judicial number (administrative, criminal, incidental); the police presents the report to the Prosecution to take due action, i.e., keeping the report or present it in court hearing session. Prior to this, the Prosecution may conduct the necessary investigation for the case to be actionable, i.e., to be able to take a decision either to dismiss the criminal charges for lack of merit, or to bring the case to trial.

2. Submissions by Law Enforcement Agency Directly to Prosecution

The reports of evidence may be directly sent to the Prosecution and the latter forwards the same to the police stations to be assigned an administrative or criminal number (aka judicial number); in this case, the Prosecution may impose some requirements.

Judicial officer's (CPS) obligations towards the Prosecution:

1. Notify the Prosecution immediately of any serious crime that may come to his/her knowledge and comply with the instructions issued by the Prosecution regarding any criminal procedure (e.g., if the child is taken out of his/her house and placed temporarily in a shelter), or other procedures.
2. Submit the incident reports and reports of evidence they are authorized to prepare, alongside any other papers to the Prosecution.

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3. Enforce decisions and legal and judicial orders issued by the Prosecution with regards to the criminal case

The judicial officer's (CPS) work does not end when the Prosecution starts its own investigation. The investigation initiated by the Prosecution itself does not cause the judicial officer to stop performing his/her duties. It only means that the reports required from the judicial officer and containing the outcome of his/her inquiries are submitted to the Prosecution to present the elements of the case. The Prosecution investigates the elements of the case that it deems worth investigating.

5.8. Forensic Sciences Division in Abu Dhabi Judicial Department

This division specializes in examining cases, injuries, crimes against children, domestic violence, sexual violence, and injury-related disability.

The coroner is formally delegated by the police station, the Prosecution, or the court to examine subjects in their clinic (or at the morgue in case of death). The coroner takes swabs and medical samples and writes and submits his/her report to the Prosecution.
The judge may ask the coroner to appear before court to provide his/her general opinion or his/her opinion regarding the report he/she prepared.

If the CPS was the first person to interview the child, he/she should notify the police immediately to delegate the Forensic Sciences division on the case. The CPS submits his/her initial assessment report, determines the type of assault, and presents the information concluded from the interviews he/she conducts, which helps the coroner to perform the necessary tests.
The coroner should diagnose and identify injuries, perform a complete physical examination, preserve forensic medical evidence, and document samples.

Taking and Documenting Samples (especially in cases of sexual assault)

The coroner takes swabs and samples from the child and the child's clothes; and ensures the evidence is not contaminated to run a DNA test on it.
The coroner should take samples immediately to ensure evidence is not lost. He/she then documents and protects the evidence, signs off the chain of the custody, and sends the same to the competent laboratories.
Therefore, if the CPS interviews the child before they are seen by the coroner, the CPS should make sure not to touch the evidence.

Report Preparation

The coroner's report should include the child's previous health conditions (if any), highlight any marks of injury or assault found on the child, and recommend the appropriate medical treatment.

The coroner submits his/her report to the Prosecution which notifies the CPS in the Family Care Authority to follow up on the child and set out the required intervention and treatment plan: treating injuries, sexually transmitted diseases and cases of pregnancy caused by the

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sexual assault; and make referrals to competent agencies to provide the child with treatment and psychological support.

6. Roles and Responsibilities of Agencies

6.1. Summary of Roles and Responsibilities of Agencies

All agencies that work with children have a shared responsibility for keeping them safe and ensuring their protection. It is important that practitioners from different sectors work together to gain a full overview of the child's situation and have a coordinated approach to support the child.

In Abu Dhabi, although FCA is the centralized case management, all other agencies also have a role to play in the case management process, depending on their mandate. All agencies should therefore have internal working procedures, policies, and tools on how to manage identification and referral of suspected cases of child maltreatment that are in line with the child protection system.

The roles and responsibilities of the key agencies in the Abu Dhabi's child protection system are outlined in this section. The general mandate is highlighted below, in addition to an overview of the roles of agencies in the child protection system.

Ministry of Community Development (MoCD)

MoCD programs and initiatives are focused on activation of children rights, enabling of the entrepreneurial family, and merging the people of determination in the society. They are also focused on the development of social security policy, enabling the weak categories to be merged in the society, strengthening the stability of Emirati families, and reinforcing the relations among the members of society by the permanent innovation for the purpose of providing the services in accordance with the highest world standards of quality, efficiency, and transparency.

- Ensure the enforcement of the Wadeema Law in all Emirates
- Develop child protection policy at the national level
- Develop shelter and alternative care policy at the national level
- Approve the establishment of child protection units in agencies in Abu Dhabi (incl. the ToRs and roles and responsibilities of the CPUs)
- Oversee and monitor the work of the child protection specialists in the Ministry

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- Provide Child Protection Specialist training and licensing (along with the Ministry of Justice)
- Support in coordinating training of child protection specialists and approve training programs in Abu Dhabi (in collaboration with local agencies such as ECA, DCD, and ADJD)
- Provide support to entities leading prevention programs in Abu Dhabi
- Ensure effective performance management and understanding of child maltreatment data in the UAE (incl. Abu Dhabi)
- Receive reports from MoI CPC related to child maltreatment cases registry and offenders' registry
- Notify FCA/Abu Dhabi Police (for emergency cases) of identified cases of child maltreatment in Abu Dhabi that come to MoCD's attention
- Cooperate and facilitate information sharing for child maltreatment comprehensive assessments and/or investigations (in the best interests of the child and in line with the legal framework)
- Coordinate with DCD and other stakeholders (e.g., Ewa'a) to ensure the implementation of effective sheltering and alternative care programs for abused children in Abu Dhabi
- Coordinate with DCD to ensure the implementation of effective social support programs for abused children and at-risk families in Abu Dhabi
- Participate in Family and Child Protection Committee meetings to provide support in complex cases, when needed
-

Abu Dhabi Department of Community Development (DCD)

As the custodian of Abu Dhabi's social sector agenda, DCD strives to raise the quality of services in the sector, create an inclusive and cohesive society in the Emirate, provide opportunities and services for all individuals in Abu Dhabi to grow economically and socially, build integrated communities, and ensure a decent standard of living for all members of the community. DCD plays a central role in organizing and coordinating the contribution made by individuals, governmental entities, NGOs, and private corporations across the social sector.

- Act as the regulator and oversight agency for protection of all vulnerable persons, including children, PoDs, women, families in dispute, in Abu Dhabi
- Act as a custodian of the child protection system in Abu Dhabi (responsible for regular monitoring and evaluation of the system effectiveness, and implementing recommendations for improving the system)

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- Develop policies for the social sector in Abu Dhabi (incl. CP policies) in coordination with ECA
- Hold agencies accountable for enforcing relevant legislations and policies
- Ensure that agencies are held accountable to the families they have in their care and have a duty to ensure cases are handled effectively
- Issue licenses to social sector facilities and professionals
- Lead the development and implementation of child protection advocacy/awareness-raising efforts
- Notify FCA/Abu Dhabi Police (for emergency cases) of identified cases of child maltreatment in Abu Dhabi that come to DCD's attention
- Cooperate and facilitate information sharing for child maltreatment comprehensive assessments and/or investigations (where available, in the best interests of the child and in line with the legal framework)
- Develop, coordinate, and monitor the implementation of sheltering and alternative care programs for abused children in Abu Dhabi
- Develop, coordinate, and monitor the implementation of social support programs for abused children and at-risk families in Abu Dhabi
- Integrate and expand services (incl. social, health, education services) to cover the vulnerable population in Abu Dhabi
- Chair the Family and Child Protection Committee
- Prepare for the Family and Child Protection Committee meetings
- Set local indicators on child maltreatment, policy development, monitoring and performance management
- Monitor and evaluate the overall effectiveness of the child protection system and recommend changes in policies and legislations when required
- Prepare an Abu Dhabi report about children and their protection
- Co-lead the development of the child protection research agenda for Abu Dhabi (along with ECA) and the execution plan, along with evaluation and implementation

Early Childhood Authority (ECA)

ECA is a government entity that supports holistic early childhood development. They do this by developing policies and laws, informing decision-making through research, and transforming behavior. ECA aims at promoting optimal child development and well-being through four sectors: Health and Nutrition, Child

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Protection, Family Support, and Education and Early Care, from the early stages of pregnancy to the age of eight.

- Develop and facilitate the implementation of the child protection strategy and the child protection system in Abu Dhabi
- Coordinate with DCD on child protection policymaking for Abu Dhabi
- Recommend national policies and legal changes
- Provide support to ensure accountability of agencies in enforcing relevant legislations and policies
- Lead and coordinate the implementation of the child protection system in Abu Dhabi
- Monitor the provision of the child protection specialist training in Abu Dhabi, and ensure the development/availability of continuous professional development programs for the workforce
- Lead the development and implementation of child protection advocacy/awareness-raising efforts
- Notify FCA/Abu Dhabi Police (for emergency cases) of identified cases of child maltreatment in Abu Dhabi that come to ECA's attention
- Cooperate and facilitate information sharing for child maltreatment comprehensive assessments and/or investigations (where available, in the best interests of the child and in line with the legal framework)
- Participate in Family and Child Protection Committee meetings to provide support in complex cases
- Monitor and report on child protection indicators identified in the child protection strategy
- Co-lead the development of the research agenda for Abu Dhabi (along with DCD) and the execution plan, along with evaluation and implementation
- Conduct research and analysis on underlying causes and system issues contributing to child maltreatment

Ministry of Interior Child Protection Center (MoI CPC)

MOI CPC is a regulatory federal authority and part of their function is to undertake the role of developing, implementing, and customizing the initiatives, processes aiming at providing safety, security and protection for all children living at UAE or even those coming as visitors

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- Support the development of policies for child protection at a national level (including for online protection)
- Support in the delivery of community outreach initiatives
- Receive child abuse (physical, sexual, emotional and neglect) and Child Abuse Material referrals through the national hotline, Hemayati app, email, and rerouting from other hotlines and entities.
- Conduct initial assessment and refer to FCA (or equivalent) or CID in all Emirates.
- Cooperate and facilitate information sharing for child abuse and neglect comprehensive assessments and/or investigations (in the best interests of the child and in line with the legal framework)
- Follow-up with the FCA and CID on the status for cases referred in all Emirates
- Develop and manage the central registry for abused children and offenders in the UAE and share reports with concerned authorities.
- Share relevant reports and KPIs with relevant entities to ensure effective performance management and understanding of child abuse and neglect data in all Emirates
- Participate in Family and Child Protection Committee meetings to provide support in complex cases

Ministry of Education (MoE)

MoE aims to develop an innovative Education System for a knowledge and global competitive society, that includes all age groups to meet future labor market demand, by ensuring quality of the ministry of education outputs, and provision of best services for internal and external customers.

- Develop child protection policies and measures for public schools in the UAE, and ensure harmonization of policies with ADEK
- Develop child protection indicators in school settings

MoE/Emirates Schools Establishment (ESE) CPU Function

- Receive notifications of student unacceptable treatment concerns via the ESE hotline and from public schools
- Allocate cases to the relevant student protection specialist for initial assessment
- Refer cases that meet the threshold to the FCA/AD Police (for emergency cases) and share relevant information using the approved forms
- Cooperate with and facilitate education-related information sharing for student unacceptable treatment comprehensive assessments and/or investigations (in the best interests of the student and in line with the legal framework)

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- Follow up with the child Protection Specialists on the cases that are being handled within public schools and KGs
- Follow up with the FCA on the case management status for cases referred into the FCA
- Document all notifications and/or reports received in confidential records that can be accessed only by Child Protection Specialists or any other concerned agency, where needed, based on information sharing protocols
- Participate in Family and Child Protection Committee meetings to provide support in complex cases
- Ensure the adoption of child protection practices and measures in schools (incl. school transportations such as buses and travel for extracurricular activities)
- Oversee and monitor the case management of the child protection specialists in the agency

Abu Dhabi Family Care Authority (FCA)

Family Care Authority will be established by the Department of Community Development, with the aim to support child protection through multiple fronts, such as:

- Supporting police stations in the city and contributing to resolving disputes and cases that do not require legal intervention
- Supporting orphaned children and children whose upbringing was compromised for various reasons and prevented them from living among natural families
- Becoming a leading regional institution that enjoys the confidence of the community through the adoption of social welfare and sustainable development of the beneficiaries' methodology

FCA will also deliver community outreach programs, participate in conferences, organize workshops and educational seminars targeting the public, and contribute to promoting legal and community-based awareness.

- Support in the delivery of community outreach initiatives
- Oversee and monitor the work of the child protection specialists in the agency
- Ensure the professional development of the child protection specialists in the agency (including wellbeing programs to support the practitioners) receive child protection concern referrals from various entities along with relevant information, or through walk-ins/telephone

- Perform end-to-end case management activities (including child and family assessment, development of intervention plans, and referral to other agencies when needed)
- Provide psychosocial support (incl. making referrals to relevant therapeutic treatment services) to the child and family, where needed
- Be the central point of contact with the child and family
- Conduct home visits (as part of the child and family assessment) and follow-ups
- Operate the child protection information management system (CPIMS) – for electronic management of cases (shared among entities)
- Refer eligible cases for criminal investigation and prosecution to CID and ADJD respectively
- Provide information needed to support the police in gathering evidence for abused children (incl. child interviews, in the best interests of the child and in line with the legal framework)
- Provide temporary support to children and families affected by unacceptable treatment to the FCA shelter
- Refer children and families affected by child maltreatment to Ewa'a for sheltering and alternative care
- Refer children and families affected by child maltreatment to health and social support entities for treatment and support
- Prepare briefs about complex cases for resolution and support during Family and Child Protection Committee meetings
- Cooperate and facilitate information sharing for child maltreatment comprehensive assessments and/or investigations (in the best interests of the child and in line with the legal framework)
- Document all notifications and/or reports received in confidential records that can be accessed only by child protection specialists or any other concerned agency, where needed, based on information sharing protocols
- Ensure the provision of the needed services in shelters (in line with the alternative care plan)
- Ensure the delivery of training to all staff on detecting and reporting unacceptable treatment
- Operate alternative care programs in cooperation with MoCD and DCD, and ensure the availability services in their facilities
- Develop child protection procedures for the agency

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- Receive child protection concerns notifications from their network, premises, and other channels, and identify potential concerns from interacting with children and foster families
- Coordinate family visitations for children in residential care, and accompany them outside the facility
- Provide counselling, and reintegration support to children
- Routinely provide updates on the status of child referrals
- Participate in Family and Child Protection Committee meetings to provide support in complex cases, when needed

Abu Dhabi Judicial Department (ADJD)

ADJD is responsible to safeguard the rule of law by ensuring justice, freedom, and peace in the Abu Dhabi society

Role of the Court:

- Ensure the execution of local and federal laws and regulations relevant to child protection
- Recommend legal changes to ensure the protection of children
- Develop policies for the judicial system in Abu Dhabi
- Support in the delivery of community outreach initiatives
- Receive child protection concerns notifications through walk-ins and other channels, and identify potential concerns from interacting with children and extended families
- Refer eligible cases to FCA/AD Police (for emergency cases) and share relevant information
- Provide guidance to FCA and CID on crime scene management, execution of criminal procedures law, and types of evidence required
- Conduct forensic medical examination to collect evidence at the Forensic Sciences Center of ADJD (the forensic doctor should immediately communicate the results of the examination to the Prosecutor via phone call, followed by writing of a detailed record)
- Provide legal aid and support for children and families
- Participate in Family and Child Protection Committee meetings to provide support in complex cases

Role of Prosecution:

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- Coordinate with the police on immediate intervention efforts required for high-risk cases
- Issue warrants/orders for removal of child from home for immediate sheltering needs
- Interfere in resolving non-compliance with alternative care orders issued by the personal affairs judge
- Prepare children and families for court
- Lead the investigative interview procedures in collaboration with FCA
- Prosecute cases that have a criminal aspect
- Apprehend perpetrators
- Refer perpetrators to treatment and develop the reintegration support program

Abu Dhabi Police – Criminal Investigation Department (CID)

AD Police is responsible to ensure that Abu Dhabi remains a safe and secure society by providing high quality policing services to the citizens, residents, and visitors.

- Support in the delivery of community outreach initiatives
- Receive child maltreatment concern calls through emergency hotlines or walk-ins to police stations
- Receive referrals from other agencies on emergency cases
- Provide immediate intervention support needed for high-risk cases
- Ensure the safety of the child and other family members when needed
- Coordinate with FCA and ADJD to remove the child from home and secure safe shelter when needed
- Refer cases to FCA for assessment and share relevant information
- Collect all relevant evidence from crime scene, forensic and medical examinations, witness interviews, child and perpetrator interviews and interrogations through single interview model for all cases, including online unacceptable treatment cases (note: interviews with the child should be led by trainer investigative interviewer at ADJD; CID should attend/observe these sessions)
- Assign a dedicated police officer to interact with the family during investigation, preferably the officer who first contacted the child (in cases where the identification was made by the Police first; in all other cases, the CPS should be the link between the child and the Police)

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- Obtain warrant from ADJD to access the home of the child (when needed)
- Interrogate alleged perpetrator and detain them when needed
- Build the case and present evidence to prosecution (family and child court)
- Record all cases received and maintain all recurring case records, and share them with ADJD when necessary
- Make an informed hypothesis on whether the case is substantiated
- Carry out criminal proceedings against perpetrators
- Participate in Family and Child Protection Committee meetings to provide support in complex cases

Abu Dhabi Center for Sheltering and Humanitarian Care (Ewa'a)

Ewa'a shelters are non-profitable establishments working in co-operation with the UAE National Committee to Combat Human Trafficking (NCCHT) which considers human trafficking as a crime subject to legal penalties. From 2021, Ewa'a has an additional mandate to protect abused children in addition to victims of human trafficking through providing temporary safe shelters.

- Support in the delivery of community outreach initiatives
- Oversee and monitor the work of the child protection specialists in the agency
- Ensure the professional development of the child protection specialists in the agency (including wellbeing programs to support the practitioners)
- Ensure the availability of sheltering guidelines and tools related to child maltreatment
- Obtain referrals from FCA on children needing sheltering
- Receive walk-in cases of maltreated children
- Ensure immediate access to care for walk-in cases categorized as emergency
- Conduct the initial safety and risk assessment for walk-in cases
- Conduct the adapted comprehensive child and family assessment and develop the response plan for walk-in cases considered as high risk (based on the initial safety and risk assessment)
- Conduct the adapted comprehensive child and family assessment and develop the response plan for cases referred by FCA, and for which the comprehensive assessment was not conducted by FCA

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- Schedule an inter-agency meeting with FCA to discuss the comprehensive assessment and response plan for cases where the comprehensive assessment was developed by Ewa'a
- Determine the eligibility for an independent living arrangement (where the child is accompanied by a non-abusive parent)
- Develop, detail, and implement the shelter plan for the child (building on the alternative care plan developed by the FCA) – as part of the response plan
- Monitor the progress against the response plan
- Ensure the provision of the needed services in shelters (in line with the alternative care plan)
- Facilitate family visitations, and accompany children outside shelters (in coordination with FCA, where required; for example, Ewa'a staff would accompany children on leisurely visits to places such as shops, whereas the CPS staff should be present/accompany children for medical examination, court hearing, etc.)
- Coordinate with FCA to secure a long-term placement for the child
- Determine the child's readiness to exit the shelter
- Document all notifications and/or reports received in confidential records that can be accessed only by child protection specialists or any other concerned agency, where needed, based on information sharing protocols
- Participate in Family and child Protection Committee meetings to provide support in complex cases

Family Development Foundation (FDF)

FDF aims to enable the sustainable social development of a conscious family and a cohesive society.

- Conduct community outreach initiatives
- Develop child protection procedures for the agency
- Oversee and monitor the work of the child protection specialists in the agency
- Ensure the professional development of the child protection specialists in the agency (including wellbeing programs to support the practitioners)
- Ensure the availability of family support services that address any risk factors related to family issues

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- Ensure the delivery of training to all staff on detecting and reporting unacceptable treatment
- Receive child protection concerns notifications through walk-ins and other channels, and identify potential concerns from interacting with children and families
- Refer eligible cases to FCA/AD Police (for emergency cases) and share relevant information (e.g., by filling in the Safety Concern Form)
- Obtain referrals from FCA on children and families needing family support services
- Provide counselling, and reintegration support to abused children (including people of determination) and their families (services currently limited to nationals only) in line with plan developed by FCA
- Cooperate and facilitate information sharing for child maltreatment comprehensive assessments and/or investigations (in the best interests of the child and in line with the legal framework)
- Document all notifications and/or reports received in confidential records that can be accessed only by child protection specialists or any other concerned agency, where needed, based on information sharing protocols
- Participate in Family and Child Protection Committee meetings to provide support in complex cases, when needed

Zayed Higher Organization (ZHO)

ZHO aims to provide advanced services for people of determination and invest resources and energies in a positive environment to enable them educationally, functionally, culturally, and socially in line with their abilities and aspirations towards effectiveness of community roles and to achieve a social development.

- Support in the delivery of community outreach initiatives
- Develop child protection procedures for the agency
- Oversee and monitor the work of the child protection specialists in the agency
- Ensure the professional development of the child protection specialists in the agency (including wellbeing programs to support the practitioners)
- Ensure the delivery of training to all staff on detecting and reporting child maltreatment of determination

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- Receive child protection concerns notifications detected within their centers and other channels, and identify potential concerns from interacting with children and families
- Refer eligible cases to FCA/AD Police (for emergency cases) and share relevant information (e.g., by filling in the Safety Concern Form)
- Follow-up with the FCA on the case management status for cases referred to the FCA
- Provide reintegration support to abused children of determination in line with plan developed by FCA
- Cooperate and facilitate information sharing for child maltreatment comprehensive assessments and/or investigations (in the best interests of the child and in line with the legal framework)
- Support other agencies in communicating with children of determination in suspected cases of unacceptable treatment
- Document all notifications and/or reports received in confidential records that can be accessed only by child protection specialists or any other concerned agency, where needed, based on information sharing protocols
- Participate in Family and Child Protection Committee meetings to provide support in cases related to children of determination, when needed

Abu Dhabi Department of Education and Knowledge (ADEK)

ADEK aims to develop the education system in Abu Dhabi, and promote a culture of creativity, sustainability, and excellence, with a focus on developing human, social and economic capabilities.

- Develop and enforce child protection policies and measures for private schools and nurseries in Abu Dhabi
- Introduce a broad range of child protection indicators to the inspection framework, monitoring and working with schools falling below expectations by providing the necessary resources
- Develop programs for education provision for non-enrolled children in private schools
- Support private schools in developing their child protection policies where needed
- Lead the design and implementation of child maltreatment prevention programs in education settings

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- Ensure the adoption of child protection practices and measures in private schools and nurseries
- Deliver training to school and nursery staff on how to detect and report unacceptable treatment
- Oversee and monitor the work of the child protection specialists in the agency
- Receive reports of concern (Safety Concern Form) of child maltreatment from private schools and nurseries, and review the information
- Refer all sexual abuse and serious physical abuse and neglect cases, as well as concerns where the suspected unacceptable treatment is taking place outside the educational settings to the FCA, and share the relevant available information
- Refer school-related concerns involving a suspicion of unacceptable treatment by a staff member towards a child to the FCA, and activate the internal investigation processes and committees to confirm administrative actions
- Receive reports of concern related to serious bullying from schools (where the school was not able to resolve the situation), and activate procedures per the MoE bullying prevention policy and procedures (and determine whether these concerns should be referred to the FCA)
- Cooperate and facilitate education-related information sharing for child maltreatment comprehensive assessments and/or investigations being conducted by the FCA and law enforcement agencies (in the best interests of the child and in line with the legal framework)
- Follow-up with the FCA on the case management status for cases referred to the FCA
- Document all notifications and/or reports received in confidential records that can be accessed only by child protection specialists or any other concerned agency, where needed, based on information sharing protocols
- Participate in Family and Child Protection Committee meetings to provide support in complex cases

Abu Dhabi Department of Health (DoH)/ADPHC/SEHA

Abu Dhabi Department of Health (DoH) is the regulative body of the healthcare sector in Abu Dhabi and ensures excellence in healthcare for the community. It defines the strategy for the health system, monitors and analyses the health status of the population and performance of the system.

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Abu Dhabi Public Health Center (ADPHC) is a newly established government entity - as per the law No. 14 for the year 2019. It is an independent entity with full legal capacity to practice its activities and follows DoH Abu Dhabi. The center aims to preserve the health of Abu Dhabi's residents and to guarantee the safety of all workers within the Emirate, by promoting excellence in the principles of public and preventative health.

Abu Dhabi Healthcare Company (SEHA) is the largest and most comprehensive healthcare network in the UAE. The company owns and operates all the public hospitals and clinics of Abu Dhabi and was set-up to provide UAE residents and citizens with integrated and outstanding healthcare services following the highest international quality and safety standards.

- Develop child protection policies for health institutions in Abu Dhabi based on the Wadeema Law
- Support hospitals and clinics in developing their child protection policies, where needed
- Enforce policies for mandatory reporting of unacceptable treatment in healthcare settings in Abu Dhabi
- Ensure delivery of training to hospital staff on how to detect and report unacceptable treatment
- Ensure accountability of physicians in reporting cases detected in hospitals and upgrade services to ensure identification of potential unacceptable treatment
- Run a training course for private school nurses twice a year and collaborate with the school health team in SEHA to train public school nurses
- Lead the design and implementation of child maltreatment prevention programs in healthcare settings
- Regulate the provision of counselling and treatment services in Abu Dhabi
- Oversee and monitor the work of the child protection specialists in the agency
- Receive reports of concern of child maltreatment from health institutions
- Refer eligible cases to FCA/AD Police (for emergency cases) and share relevant information
- Cooperate and facilitate health-related information sharing for child maltreatment comprehensive assessments and/or investigations (in the best interests of the child and in line with the legal framework)
- Follow-up with the FCA on the case management status for cases referred to the FCA

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- Coordinate with FCA and Ewa'a (for children in shelters and alternative care) to provide medical and therapy services to abused children
- Follow-up with hospitals to ensure the delivery of medical treatment and psychological support to children and families, where needed
- Ensure the availability of medical examination in hospitals to provide preliminary evidence to support the need for forensic examination at ADJD
- Testify in court to support medical evidence of unacceptable treatment (incl. medical records) when needed as a witness
- Document all notifications and/or reports received in confidential records that can be accessed only by child protection specialists or any other concerned agency, where needed, based on information sharing protocols
- Participate in Family and Child Protection Committee meetings to provide support in complex cases

Other *(e.g., ADHA, SSA, Ma'an, AD Sports Council, General Authority of Islamic Affairs & Endowments, Zayed House for Islamic Culture)*

Additional entities will also have a role to play, mainly in the provision of targeted services. Some of the roles are as follows:

- Support in the delivery of awareness raising and community outreach initiatives
- Receive child protection concerns notifications through walk-ins and other channels, and identify potential concerns from interacting with children and extended families
- Refer eligible cases to FCA/AD Police (for emergency cases) and share relevant information
- Cooperate and facilitate information sharing for child maltreatment comprehensive assessments and/or investigations (in the best interests of the child and in line with the legal framework)
- Document all notifications and/or reports received in confidential records that can be accessed only by child protection specialists or any other concerned agency, where needed, based on information sharing protocols
- Provide specialized services as outlined in the plan developed by FCA, where required (e.g., religious support for reintegration of abused children and their families, provision of subsidized housing for supported accommodation, provision of financial support)

Memorandums of Understanding (MoU)

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Effective collaboration between key agencies is essential to maximize the outcomes of the child protection system and provide services that are in the best interest of the child. It is therefore important to have interagency protocols and Memorandums of Understanding between all key agencies involved in the child protection system in Abu Dhabi. These MoUs would outline the referral and response procedures as well as the roles and responsibilities of the involved agencies. MoUs should also specify what, when, and how data and information should be exchanges between the agencies.

6.2. Roles and Responsibilities of the Family and Child Protection Committee

The Family and Child Protection Committee is a group of specialized family and child representatives from key agencies in the child protection system in Abu Dhabi, who work collaboratively on overseeing the child protection case management system as well as family-related cases and provide support in resolving exceptional cases. The committee is under the auspices of DCD as the lead agency responsible for protection of vulnerable persons. Following its activation, the Committee would focus at the beginning on the oversight of the child protection system to assess its effectiveness in the initial phase and would expand to cater to all exceptional family-related cases in the future.

Purpose: The main functions of the Family and Child Protection Committee are:

- Provide oversight on policy level decision making of case management procedures and deliverables to determine if sufficient and appropriate measures are taking place to support child and family protection, and access to services
- Highlight trends or situations that require community public awareness or rapid media response
- Highlight key action points required by relevant entities to better protect children and families
- Recommend the need for completing serious case reviews, and coordinate the establishment of an independent panel for conducting the reviews
- Prepare an annual report of recommendations/decisions to enhance the case management system, based on the cases overview
- Conduct emergency meetings to review sensitive, complex, highly charged, or urgent cases that require higher level decision-making and/or allocation of resources to manage cases appropriately

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Complex cases requiring the support of the Family and Child Protection Committee would be identified by the Case Manager and vetted by the Case Supervisor.

Potential outcomes of the Committee meetings include the decision to provide exceptional or additional services to the child and family for example.

Examples of complex cases include:

- Cases involving multiple abusers/repeated unacceptable treatment (at same or different locations)
- Cases where a child was seriously harmed and/or a fatality has occurred
- Cases involving unacceptable treatment of a child in alternative care
- Cases requiring specialized services (currently not available within Abu Dhabi/UAE)
- Cases that are complicated/requiring substantial multi-agency coordination

Difference between Complex Cases and Serious Case Reviews

A complex case is related to an ongoing intervention. In this scenario, where required, the Family and Child Protection Committee would provide support during an ongoing case, resulting in identification and implementation of the actions to the specific case.

A serious case review is aimed at identifying systemic improvements to the child protection system and would typically be conducted after a case concludes with undesirable outcomes.

Participants:

The Committee would be chaired by DCD, and include members from the following agencies:

- Ministry of Community Development
- Early Childhood Authority
- Ministry of Interior – Child Protection Center
- Family Care Authority
- Abu Dhabi Police – Criminal Investigations Department

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- Ministry of Education
- Emirates Schools Establishment
- Abu Dhabi Department of Education and Knowledge
- Abu Dhabi Judicial Department
- Abu Dhabi Department of Health/AD Public Health Center
- Ewa'a
- Family Development Foundation

The Chairperson and the Committee members should be at an Executive Director level or Director level, in relevant departments to child protection, and should be empowered by their organizations to make decisions during the Committee meetings.

Family and Child Protection Committee Meetings

The Family and Child Protection Committee was introduced in section 5.2. The objectives, roles and responsibilities, and members of the Committee were defined.

In this section, the focus is on the meetings of the Committee.

All meetings should be requested by the Committee Chairperson (at DCD), and meeting requests should be accompanied by an agenda.

Meetings can be held in-person (in a location specified by the Chairperson and accessible to all members of the Committee), or virtually.

Frequency: This inter-agency committee should meet as per the following schedule:

- **Monthly:** to discuss the cases being handled by the system at an aggregate level, highlight key action points to improve the system effectiveness, and highlight key areas that require raising awareness among the public
- **Annually:** to prepare the annual report of the Committee, including the key trends and situations requiring the public and policy makers' awareness, effectiveness of the overall case management system, systemic challenges to be addressed, and the achievements and steps taken to improve the protection of children in Abu Dhabi
- **On-a-need basis:** as a large function of the Committee is to provide support in resolving complex cases, the Committee should meet whenever the need

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arises due to the emergence of a complex case or a serious case requiring a serious case review

- **Complex case reviews:**
  - A meeting should be held within 24 hours of the case being highlighted to the Committee. This purpose of this meeting is to develop an immediate intervention plan with the Case Manager (a Case Manager should have been assigned already within FCA)
  - A follow-up meeting should be held within the following 2 weeks with the Case Manager to review the status of the case and provide inputs/support
  - Subsequently, a meeting should be held every 12 weeks to evaluate the progress of the case until the case is closed

- **Serious case reviews:**
  - A meeting should be held within 2 weeks of the serious case becoming known to the Committee with a purpose to decide whether a serious case review needs to be conducted
  - If a serious case review is the way forward, then another meeting should be held within 4-12 weeks depending on the progress of the review. If the case involves the death of the child, then the child death review should ideally be completed within 24-72 hours. This allows the Committee to discuss the findings of the review
  - Another Committee is then needed within 2 weeks to align on the action plan going forward (to address the key issues/learnings from the review)

Guideline on Conducting Serious Case Reviews was developed and should be referenced for further details on the Serious Case Reviews.

6.3. Case Management Meetings

Throughout the case management procedures, many meetings would take place between practitioners. These meetings could be internal to agencies (e.g., within FCA, within MoE/ESE, within the Police, within ADJD, etc.), or could be between multiple agencies (e.g., agency-based CPUs, CPS, and practitioners)

Routine coordination meetings should take place at regular times/at specific stages of the case management procedures. These will be highlighted in this section.

It is important to note that other meetings can take place within agencies or between multiple agencies, without the need to pre-schedule them. These are not covered in this section.

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Different inter-agency meetings should take place throughout the case management process. These include case planning meetings, case conferences, as well as Family and Child Protection Committee meetings (detailed in section 5.2).

6.3.1. Case Planning Meetings

Purpose: Case planning meetings are interagency meetings held upon completion of the comprehensive assessment, with the objective to develop the response plan.

Participants: Typically, the Case Manager, other social workers working on the case, services providers (if needed), and the child and family, where possible, should participate in the case planning meeting.

Outcomes: The main outcomes of case planning meetings are the following:

- Develop the Child and Family Assessment Response Plan
- Record and identify key indicators for child
- Discuss and review the implementation of the plan

6.3.2. Case Conferences

Purpose: A case conference is a planned meeting, typically involving multiple agencies that are involved in the service provision for abused children and their families. The objective of a case conference is to review the services available, and to discuss the most suitable services for the child and family to uphold the best interest of the child.

It is important to note that not all cases require case conferences, these are typically held for cases presenting challenges in terms of service availability.

Participants: Case conferences should be attended by the Case Manager, the Case Supervisor, other social workers working on the case, representatives from agencies providing services to the child and family, and the child and family where possible.

Case conferences should be organized by Case Managers.

Frequency: Case conferences are held at the time of the development of response plan, after the initiation of the response plan implementation, and 2 months after.

Outcomes: The main outcomes of case conferences are the following:

- Approve the Child and Family Assessment Response plan developed by the Case Manager at FCA and contributors from other agencies
- Ensure that the case plan is being implemented properly, and re-adjust the plan where needed (checks & balances)

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- Make decisions in the best interest of the child through multi-sectoral/inter-agency cooperation and service provision
- Obtain input from the child and family (wherever possible)

6.3.3. Internal Case Management Meetings

Purpose: While managing a case, multiple meetings should take place within FCA continuously. These would be rarely scheduled and would be held on-a-need basis.

Participants: Staff at FCA

Frequency: However, some meetings should be held regularly and scheduled. These meetings are progress update meetings. They should be organized by the Case Manager on a weekly basis. They should include the Case Supervisor, the Case Manager, and other social workers supporting on the case.

Outcomes: The main outcomes of the progress update meetings are the following:

- Review all active cases and caseload
- Evaluate the progress, discuss response options, and share key learnings
- Prioritize certain cases for immediate response
- Make joint decisions for complex cases
- Obtain approvals from Case Supervisor where needed
- Prepare for the Family and Child Protection Committee and case conference meetings
- Document the outcomes of all the meetings held internally at FCA or with other agencies in the child's file

6.4. Data and Information Handling

Effective handling of data and information is essential for effective protection of children and ensuring that the achievement of best outcomes for them. All practitioners should be aware of the principles and procedures of handling data and information in line with the requirements of their agency.

All data and information management protocols should be in line with the following laws:

- Wadeema bylaws (Article 7, clause 13)
- Federal Law No. 5 of 2012 on Combatting Cybercrimes
- Federal Law No. 1 of 2006 on Electronic Commerce and Transactions
- UAE Penal Code (Article 378 on privacy protection)
- UAE Constitution (Article 31 on confidentiality during communication)

6.4.1. Data and Information Documentation and Record-keeping

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A child protection information management system for collecting, storing, and sharing information, and for guiding case management is needed to ensure structured and clear case management processes.

The common information management processes include:

- Documentation
- Record keeping
- Information systems management
- Sharing of information with external stakeholders.

Documentation

Documentation is the process of collecting and storing information specific to the child and his/her family. Proper documentation enables effective and accountable case management services. In Abu Dhabi, the centralized Child Protection Information Management System (CPIMS) should be used to collect and store all information related to child protection (see section on CPIMS below for details).

Information collected both directly and indirectly from children and their families should be maintained centrally by the FCA, but also by other agencies depending on the sources of information (e.g., CPUs in schools and hospitals, police, social sector operators).

While following the case management steps, Case Managers should write the case notes and fill-in all the relevant case management forms (e.g., assessment forms) accurately, and with as much details as possible.

CPS in other agencies should fill the Safety Concern form where there is a need to report the case to the FCA. A copy of the form should be maintained within the agency, and a copy should be sent to the FCA.

Case notes should be based on facts and professional judgment and should not contain language that is dismissive, judgmental, or offensive.

All entities engaging in case management should have a written and fully implemented data protection policy detailing the protocols for information collection with due consideration to the following:

- Children and families providing consent/assent in sharing information should be aware about confidentiality but should also be informed that there is information that could be shared with other agencies on a need-to-know basis
- Children should be given the opportunity to correct an information and highlight any information that they do not want disclosed to any particular person or agency
- Children should be given the opportunity to deal with the agency on an anonymous basis
- Agencies collecting and holding information on children should have a written and fully implemented data protection policy, based on confidentiality

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- Agencies should not collect personal information unless the information is needed for delivering on their mandate/providing services
- Agencies should destroy or de-identify any illegally collected information (i.e., received without soliciting it or intending to collect it)
- Information collected should be accurate, up-to-date, complete, and relevant to the purpose of the use or disclosure

Record-keeping

All records should be kept within agencies in line with the UAE information management legislations, including confidentiality and access to information. Case records should be retained for the duration as specified by UAE's legislation.

The following guidelines must be developed to ensure systematic record-keeping within all agencies and particularly the FCA:

- How to create a separate file for each case, including standardized information to be included
- How to create a separate file with codes linking files with children's names
- How to create a separate section marked 'strictly confidential' created for highly sensitive information
- Instructions to destroy files in cases of emergency
- How to ensure a secure storage location with restricted access (e.g., a locked filing cabinet)
- How periodic audits should be completed by the supervisor to check breach of record management protocols

6.4.2. Data and Information Sharing

Sharing data and information is an intrinsic part of the job of any practitioner working with children. A clear understanding of what information to share, with whom and when, can have a profound impact on the safety and wellbeing of the children that they work with. Information sharing helps to ensure that needs of the children and their families are appropriately met and that they receive the required services at the right time. Missing to share critical information in a timely manner can result in severe consequences for the child. In some situations, sharing information can be the difference between life and death.

All practitioners working with children and/or in child protection agencies should be proactive in sharing information and should also abide by the timelines for information sharing (e.g., reporting, risk assessment, etc.). Practitioners should not dismiss information sharing based on the assumption that others will share the required information – if they have the slightest concern that a child is or might be

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at serious risk of harm, they should report through relevant channels (detailed in section 3.4). Consent should be obtained from the child/caregiver/other trusted adult, where needed, before sharing information (see section on Providing Consent for details)

Given the inter-agency coordination required for successful case management, it is essential to develop information sharing protocols inter and intra agencies. The MoUs detailing the inter-agency interactions should include clauses on data and information sharing between agencies.

Such protocols should outline:

- What information should be shared
- How this information should be shared (e.g., verbally, electronically)
- Timeframe
- Roles of those who have access to information

Data and information sharing should consider the following:

- Information sharing with other agencies for the purpose of referral should be strictly on a need-to-know basis
- Agencies should have protocols, policies and procedures for information management, and all staff should be aware of these documents
- Information gathered on children should be allocated a code based on a standard coding format which guarantees anonymity of the child, and which is used to refer to the child's case either verbally, on paper, or electronically
- Information disclosed by children could be shared against their wishes in exceptional circumstances if it is considered that – after careful evaluation – it is in their best interest to do so, but the reasons for doing so must be clearly explained to them
- Paper files should be kept in a secure place, accessible only to the person responsible for the information and should be transferred by hand between responsible people
- Paper files and/or filing cabinets should be marked with a color-coding system according to sensitivity of data they contain
- Electronic information on children should be password protected, the password changed on a regular basis, and be transferred by encrypted or password protected files

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When asked to share information, practitioners are advised to use the following flowchart to help decide if, and when, to share.

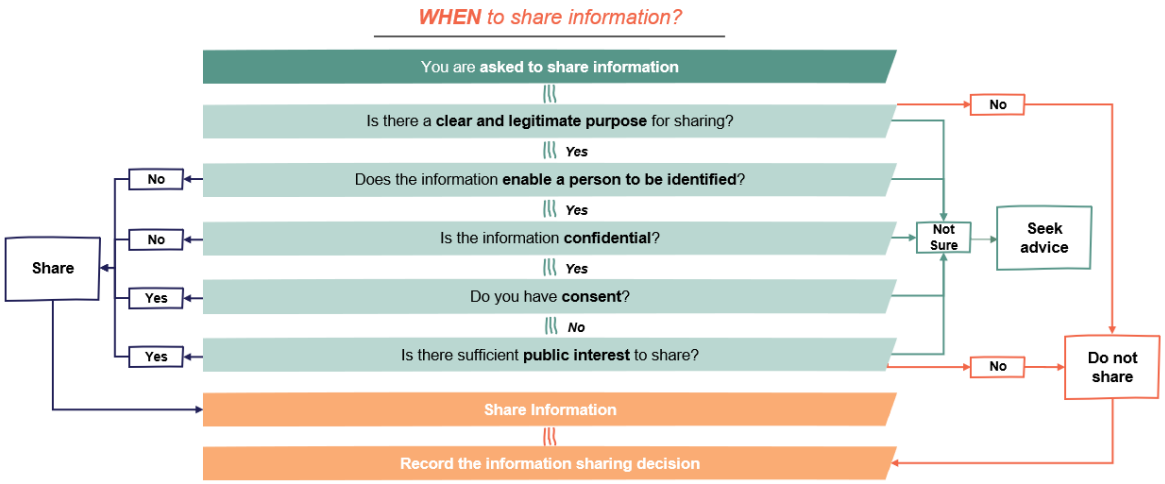


Figure 17 - Data sharing decision making process based on the child confidentiality principle

The diagram below shows the decision tree to be considered for information and data sharing for cases when the child/family is facing any risk or danger:

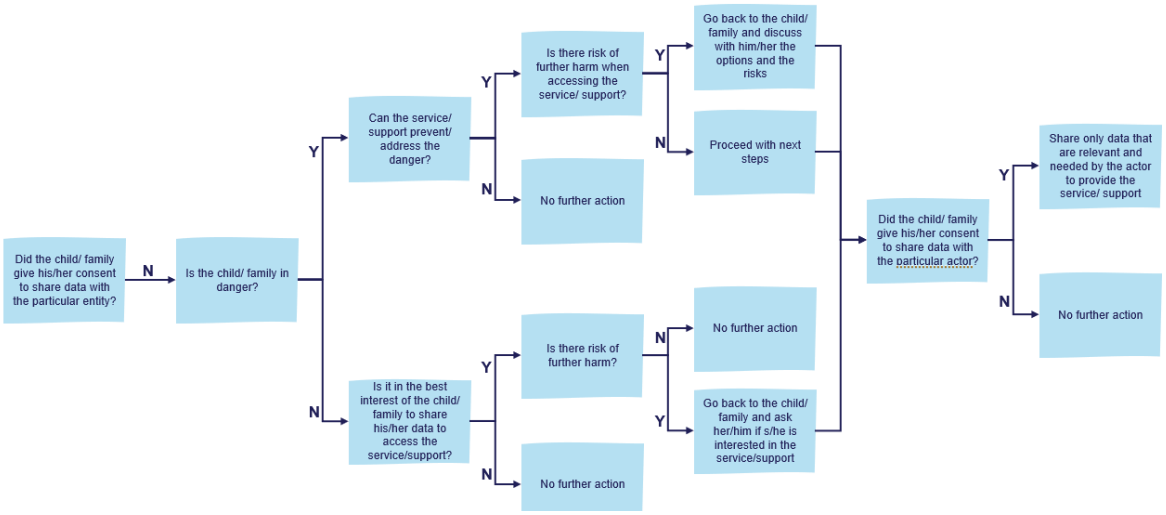


Figure 18 - Data sharing decision making process when the child/ family is facing any risk/ danger

Once the decision has been taken to share data and information, the practitioner should consider the best way to effectively share the information, in line with the procedures of his/her agency. All information sharing decisions and rationale must also be documented in line with the agency's procedures.

6.4.3. Child Protection Information Management System (CPIMS)

Child Protection Information Management System (CPIMS) is an electronic database of the child protection system. It records all relevant information related to the children and serves as a core integrated platform to enable the case management process.

Being an inter-agency platform, access permissions for each agency should be defined on the CPIMS system. The access should be restricted, and password protected.

The objectives of the CPIMS include:

- Lead the Case Manager throughout the case management process
- Support data collection online and offline while ensuring transparency and accountability
- Capture diverse information needs and provide a comprehensive view about vulnerable children and their families (through integration with other data systems)
- Provide real-time analysis of aggregate data trends across the emirate
- Help Case Managers run a more efficient and effective case management service for child protection
- Support immediate and effective interventions to children and families, who are at-risk
- Enhance data collection, quality, and security to promote the principles of confidentiality, informed consent and need-to-know
- Facilitate service provision for optimal care of children and families

The various components of case management system should be built-in as part of the CPIMS to facilitate the process management, such as:

- Standard documentation forms (e.g., registration form, initial and comprehensive assessment forms, foster care form, case closure form and reunification form). This means that all forms found in the appendix of this document would be made available in the system, and would be filled based on prompts from the system
- Electronic database in which children's information is recorded
- Data protection protocols
- Information sharing protocols

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7. Communicating with Children and their Families

7.1. Child and Family Participation

Respectful communication with children and their families and participation are an essential component of effective case management. Case Managers should engage with children and families and build a relationship with them from the very first interaction.

While communicating with the child, it is important to:

- Prepare in advance, considering the age and developmental capacities of the child
- Provide necessary communication aids to support the child, if needed
- Pay attention to what the child is saying and doing, and do not do anything else at the same time; avoid all kinds of distractions (e.g., watches, phones)
- Use simple, age-appropriate language (e.g., avoid long sentences)
- Be aware of verbal and non-verbal cues (e.g., body language)
- Maintain a friendly and approachable demeanor, and take genuine interest in the child's story (i.e., do not look bored, angry, or worried while a child is talking, maintain eye contact)
- Actively listen and respond to the child; maintain honesty while answering his/her questions
- Sit at the same level as the child
- Provide adequate time to talk to the child
- Choose a setting that is safe and child-friendly
- Assure the child about confidentiality (while keeping them aware that some information will may be shared on a need-to-know basis)
- Repeat and summarize what the child said to ensure that everyone has the same understanding of the situation
- Document the child's disclosure by capturing the exact words of the child as he/she described the event

Children of all ages should be able to express informed views and opinions on most issues if they are asked in a respectful and age-appropriate manner. Children also have the right to not express their views and should not be forced to speak but be encouraged to provide a rationale for such decisions (e.g., they may feel uncomfortable talking about what happened). It is important to not touch the child, or offer gifts (e.g., candies) to encourage communication.

A CPS may need to meet the child several times before the child opens up and provides the necessary information.

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When a child discloses that he or she has been abused, it is the responsibility of the practitioner to provide support, keep them safe, and facilitate the child's recovery. Any concern or disclosure of unacceptable treatment must be handled with utmost care and professionalism.

Some **dos** on handling child maltreatment concerns are as follows:

- **Contain initial reactions** by:
  - Showing care and concern to the child
  - Listening and giving undivided attention to the child
  - Being patient and taking the child's story seriously
  - Controlling reactions of panic or shock
  - Using the child's own words to record the incident
  - Reassuring the child that they have done nothing wrong and what has happened to them is wrong; tell them this has happened to others and that they have done the right thing by disclosing
- **Recognize the impact of culture and understand culture,** including not being judgmental and seeking out information to understand an event or reaction
- **Ensure the child's privacy** by:
  - Sharing relevant information only with people involved in resolving the case per the guidelines for information sharing
  - Talking to the child in a place where he/she is comfortable
- **Ask clarifying questions** by:
  - Asking open-ended questions to gather more information and clarify the situation (examples of open-ended questions: How did it happen?/What happened? Who was there?/How does it make you feel? How often does it happen? How does the other person react?)
  - Refraining from asking further questions if the child starts feeling distressed
- **Decide the next steps** by:

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- Informing the child that another person will be informed and may need to talk to them to provide them with help
- Checking whether the child is comfortable going home (in case he/she is not, the situation should be treated an emergency)

It is also important to be mindful of the **don'ts'** on handling child maltreatment concerns:

- **Do not overreact** by:
  - Showing signs of alarm or shock
  - Questioning the story's validity in front of the child
  - Interrupting the child while talking and sharing information
  - Pressuring the child to respond or to provide details and information against their will
  - Compromising any evidence that would be used during investigation (best practices of handling evidence should be followed here, in line with the training received for the JO certification)
- **Do not confront the alleged perpetrator**
- **Do not ask suggestive or leading questions** (examples: Did your mom or dad leave you by yourself again? I bet that made you cry?)
- **Do not make assumptions** or share opinions/assumptions with the family
- **Do not make false promises**, such as:
  - The incident will be kept secret *(reporting is mandatory for professionals listed in section 3.3)*
  - Things will get better or that everything is going to be alright *(in some cases it may get worse before getting better)*
- **Do not involve/interview other individuals** involved in the case *(this is done by relevant authorities as part of the investigation)* or inform the parents before making a report *(parents' involvement can have adverse effects, especially in cases where the parent is the perpetrator)*

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Article 12 of the United Nations *Convention on the Rights of the Child* notes that:

1. *State Parties shall assure children who can form their own views the right to express those views freely in all matters affecting them, where their views are given due weight in accordance with their age and maturity.*
2. *For this purpose, the child shall be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.*

The Wadeema law also highlights children's participation in the development of their response plan and on providing consent (see Providing Consent for details).

This means that caseworkers (e.g., Case Managers at FCA, CPS at CPUs) should develop individual communication plans for all children, based on their age and developmental capacity, and their families while considering their cultural specificities.

The purpose of these plans is to ensure that:

- The views and wishes of children and their families are routinely sought and given consideration
- Children and their families are provided with regular updates regarding their case management
- Children and families can ask questions or raise concerns regarding their case management

When communicating with children and their families, agencies must recognize that 'children' and 'their families' should be considered separately, and may have different views, wishes, questions, and concerns.

Accordingly, the caseworker must routinely speak with all children and/or their families alone and independently of each other, and in environments where they are comfortable and safe, and be able to express their views without pressure or interference from anyone. Any communication or interviews with children that happen at the FCA premise should be conducted in specially design child-friendly conference rooms (e.g., equipped with private entrance, comfortable sitting, away from the main entrance to the building or areas accessible to other visitors).

Children should be provided with the opportunity to decide where they would like to meet with and talk with their Case Manager. To preserve the anonymity and privacy of children involved, Case Managers should not wear corporate uniforms, or any other identifying symbols, when meeting publicly with children. Children should therefore have the contact information of the Case Manager.

If a Case Manager is to meet a child at school, that meeting must take place discreetly and in private, with only the relevant in-school staff (e.g., Child Protection

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Coordinator, members of the Child Protection Team, Principal) being aware about the meeting.

The decision to speak with children individually and alone is the responsibility of the Case Manager, not the child's parents (or other family members). The Case Manager must routinely speak with children alone.

In cases where the parents of a child have strong objections to their child being spoken with independently, Case Managers should explain to the parents that their child has a right to freely express their own views and wishes, and that it is their child's best interests to be able to do so.

If a child is in alternative or out-of-home care (including shelter, residential care, or placement with their extended family), they should be actively encouraged to express their views and wishes about general aspects of their case management, they must also be specifically encouraged to express their views and wishes about:

- Where they want to live
- Who they want to live with
- Who they want to see, and how often they see them
- What school they want to go to

Under no circumstances should Case Managers make any significant case management decisions about the children and/or their families without seeking their views and wishes, or without informing them about the decision, and the rationale for the decision.

It is important to note that asking a child their views on their case management does not mean that Case Managers must agree to everything the child says or asks for. Case Managers must always act in the best interest of the child, and sometimes it is not in the best interest of a child to follow their views and wishes. If, however, a Case Manager does not think that what a child is saying or asking for is in their best interests, they must explain to the child why it is not possible to follow their views and wishes and document these reasons in the child's case file.

All staff involved in working with children must receive training on the UN Convention of the Rights of the Child and the Wadeema law, including the right of children to have a say on issues that impact on their life. They should also receive training on tips and techniques for effective and respectful communication with children.

7.2. Home Visits

Home visits are an essential component of effective case management, and an effective mechanism to facilitate communication between Case Managers, children, and their families. Home visits would be conducted during the comprehensive assessment process, and later for the monitoring of the implementation of the

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response plan. Home visits should be planned by the Case Manager, in consultation with the Case Supervisor.

Home visits should consider cultural considerations. A translator or a social worker from FCA should accompany the Case Manager (and police officer if needed) to avoid any language barriers. It is also important for the Case Manager to be well informed of the cultural considerations of the family that they are visiting.

The purpose of home visits includes:

- To undertake Child Safety and Risk Assessment of a child's safety and risks
- To check on the child's family environment and living conditions
- To observe the interaction between family members
- To undertake an assessment of any support or supervision a child or family may need or want
- To discuss with a child or family the availability of support services, and to assist with referrals to those services
- To develop a response plan for the child and family, and to seek the views and wishes of the child and family about those plans
- To update the child or family about their case management, and to provide the child and family the opportunity to ask questions or complain about their case management

In cases requiring criminal investigation, FCA would coordinate a police escort (plain clothed officer, if needed) to conduct home visits. Each situation should be assessed on a case-by-case basis, and the police and the Case Manager should agree that a joint visit is necessary for the particular case. The police and FCA should meet prior to the joint home visit and develop a strategy to effectively conduct the visit. The police personnel should take an observational role while the Case Manager conducts the interview with the child and family.

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<u>Prior to the Home Visit</u>

- The family should be informed of the visit in advance and should provide consent to the visit
- Times of the home visit should be during the day, within the working hours of the Case Manager
- When informing the family of the visit, the Case Manager should ensure that the relevant members are available within the home during the visit
- Confirmation of the visit with the family should be made the same day
- Details regarding the address, contact details of the family, etc. should be obtained
- The Police should be informed of the visit, in case their intervention is required during or after the visit

During the Home Visit

- If a family member refuses to admit the Case Manager into the home, the Case Manager must use his/her professional judgement to determine whether to insist on being allowed inside the family home and/or whether the assistance of the police is required
- Case Managers should not wear formal uniforms, or any other identifying symbols, nor drive marked vehicles, when undertaking a visit. This is to preserve the anonymity and privacy of the children and the families in contact with the case management agency
- The Case Manager should have their professional employment card to identify themselves to the family
- Case Managers should ensure that they have network connection during the home visit, for their safety assurance
- Case Managers should not get into heated discussions with the family, and should maintain professional boundaries
- Case Managers should not accept any gifts from the family

For example, if there is any risk that a child may have been maltreated, or is being maltreated, within a home, and the Case Manager needs to assess the safety or wellbeing of a child, they should negotiate entry into the home, and/or contact the police for assistance. If there is an urgent or emergency situation requiring entry, the prosecutor should be contacted to initiate a home entry order through the courts.

Similarly, if there are broader safety concerns when undertaking a home visit (for example: weapons in the home, significant mental health issues, history of violence), Case Managers should consider seeking assistance from the police.

7.3. Child Investigative Interviews

The investigative interview of children in Abu Dhabi should be conducted by specialized professionals within ADJD. The CPS at FCA or CPUs are not required to and should not conduct investigative interviews of children. However, the FCA Case Manager should be involved in this process and accompany the child as his/her advocate.

The evidence provided by children is a critical component of effective child protection. Without knowing what happened to a child, it can be very difficult to proceed with a successful criminal prosecution of a perpetrator of child maltreatment. More importantly, without knowing what happened to a child, it can also be very difficult to know how to best respond to the individual needs of that child.

In Abu Dhabi, investigative interviews of children should be conducted in the child-friendly investigative interview rooms at ADJD. Interviewing children is a skill, and anyone who intends to undertake investigative interviews with children must have specialized training in the area. The interviews should be video-recorded, and transcript of the interview should be made in line with the national legislations.

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Detailed procedures, guidelines, and protocols for investigative interviews should be developed.

The section below highlights some of the specialized skills that are required to undertake an investigative interview of children:

- **Planning for the interview** – understanding how old the child is; what is their first language; are there any cultural or religious considerations; does the child have any communication needs; does the child have any mental health issues or physical disabilities
- **Choosing a location for the interview** – confirming if the location of the interview age appropriate and child friendly; will the child feel safe and comfortable, and be able to express their views without pressure or interference from anyone; is the location distraction free; does the location have appropriate toilet and break-out facilities
- **Building rapport with the child** - striving to build a genuine and child-focused relationship with the child so that the child is as relaxed and comfortable as possible, and is fully informed of the purpose and structure of the interview
- **Using appropriate interview techniques** - asking age-appropriate questions that are not leading, inappropriate, or irrelevant, and which elicit accurate and reliable information
- **Responding to difficult or unpredictable situations** - knowing what to do if a child becomes distressed or stressed, or begins to display symptoms of re-trauma or unacceptable treatment
- **Concluding interviews** - knowing when to cease an interview, and how to wind-down and conclude an interview in a sensitive, child-focused, and age-appropriate manner

To undertake an investigative interview of a child without possessing the pre-requisite specialized skills is counter-productive, in that the evidence gathered from the child may be unreliable.

It is unprofessional and unethical to interview a child without the necessary competencies and training, as this can be abusive and traumatic for the child. Accordingly, the investigative interview of any child should not be conducted without first completing appropriate training.

7.4. Cultural Considerations

The cultural background of all children and their families must always be acknowledged, respected, and considered when determining what is in their best interest.

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The United Nations *International Covenant on Economic, Social and Cultural Rights* notes that:

> *"... the ideal of free human beings enjoying freedom from fear and want can only be achieved if conditions are created whereby everyone may enjoy his economic, social and cultural rights, as well as his civil and political rights…"*

This means that all children, and their families, must, at a minimum, be individually asked about their cultural beliefs and preferences, and be actively encouraged and allowed to:

- Speak their language of choice whenever and wherever they want (based on availability of capabilities within the system)
- Be communicated with, and receive written information, in their language of choice
- Freely practice their religion

Cultural consideration is extremely important in UAE as it houses residents and visitors of a wider range of cultural, religious, socio-economic backgrounds. All practitioners working with children should be mindful of the inherent bias; agencies involved in child protection should ensure that the staff are properly trained and counseled on how to avoid preconceived notions, stereotyping, bias, inequitable and unequal treatment of children/families based on nationality, religion, socioeconomic status, race, etc.

It is important to note that this diversity adds to the complexity of the child protection system, as there is a need to accommodate for different cultures, languages, residency status, length of time within the country, family awareness on laws and violations, etc. For example, if a child is in alternative or out-of-home care (including shelter, residential care, or placement with extended family), they have a right to be placed with other people who share their cultural backgrounds, beliefs, and preferences; or, at a minimum, actively encourage and allow the child to freely practice their own cultural beliefs or preferences.

A description of the individual cultural beliefs and practices of all children and their families must be documented on the relevant case file and be accompanied by a detailed plan outlining how those cultural beliefs and practices are to be respected and facilitated.

7.5. Disability Considerations

Children with determination (CoDs) are more vulnerable to unacceptable treatment, and often requires special attention to ensure that they are protected.

The Word Health Organization estimates that approximately 15% of the world's population lives with some form of disability. In Abu Dhabi, there are approximately 20,000 people, both nationals and residents, living with some form of disability.

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Living with a disability can impact a person's life in many ways, including:

- Physical health - mobility, pain, impairment
- Mental health - depression, anxiety, anger
- Accessibility - unable to access buildings, public spaces, transport
- Prejudice - negative attitudes, stereotypes, discrimination

The United Nation's *Convention on the Rights of Persons with Disabilities* notes that all countries must:

1. *Take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs, and practices that constitute discrimination against persons with disabilities.*
2. *Consider the protection and promotion of the human rights of persons with disabilities in all policies and programs.*
3. *Take all appropriate measures to eliminate discrimination based on disability by any person, organization, or private enterprise*

The UAE Government has a *National Policy to Empower People of Determination (PoD)*. that aims to create an inclusive society for all PoDs and their families, through services and facilities that accommodate their needs. In Abu Dhabi, DCD launched the Strategy for People of Determination (2020-2024) to provide an integrated system for high-quality services that enable effective participation of PoD in society.

This means that when making any case management decision, Case Managers must consider the capacity and competence of all the children and their families and take all reasonable steps to ensure that they do not experience any disadvantage or discrimination because of their disability.

It also means that Case Managers must take extra steps to ensure that they communicate with any person with a disability in a way that preserves and respects the dignity of the person and maximizes the person's opportunity to freely express his/her views and wishes.

This may mean that Case Managers may need to adopt tailored communication strategies or techniques to ensure that all people with a disability are able to express their views and wishes to the maximum extent possible. Additional support may also be required to ensure effective communication with children of determination. For example, for children with special needs related to speech, support from the child's speech therapist may be required; if the child does not have a speech therapist, the interviewer can contact a speech therapist who can provide advice and support. Similarly, for children with special needs related to sight and hearing impairments, support from a sign language interpreter may be required.

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When communicating with people of determination, it is important that Case Managers do not overestimate or underestimate the capacity or competence of the person. It is inappropriate for a Case Manager to simply assume that a person with a disability can, or cannot, undertake a certain task, or understand a concept, or express a view or opinion. Case Managers should always interview and listen to CoDs, and never interview their caregivers or siblings as a proxy instead.

It is also important for Case Managers to recognize that not all disabilities are obvious or visible to an observer. People can live with disabilities, which have significant consequences on them, yet which are invisible to a third party. Accordingly, it is important for Case Managers to not assume that person has, or does not have, a disability, or that a disability has, or does not have, an impact on a person's life.

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8. Competencies, Training Needs, and Ethical Considerations in Case Management

8.1. Key Competencies and Training Needs of the Workforce

To ensure the continuous professional development of the child protection workforce, the competency framework should be available, with a clear career path, and training programs for different roles.

Competency Framework

A competency framework refers to a group of competencies that collectively identify the experience, skills, knowledge, and behaviors needed for the effective performance of the child protection workforce. The competency framework is needed for the assessment and continuous professional development of the workforce.

The competency framework includes the technical capabilities and the behavioral capabilities that should be demonstrated by the child protection workforce, including all staff at FCA and CPS.

Figure 19 shows the key domains for the competency framework for the child protection workforce in Abu Dhabi.

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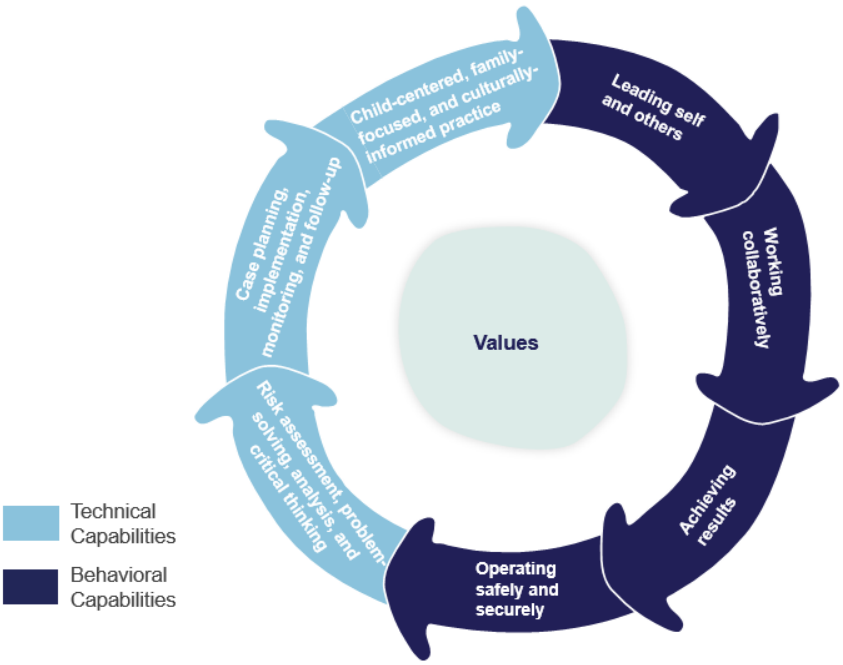


Figure 159 - Competency Framework

The different dimensions of the competency framework should also embed the core values that the workforce should embody. These values, as outlined in the DCD Social Care Professionals Code of Conduct & Ethics in the Emirate of Abu Dhabi and other global examples, include the following:

- Care, compassion, and empathy
- Accountability
- Integrity and honesty
- Competence and professionalism
- Individual, social, and cultural sensitivity
- Dignity, worthiness, and respect
- Justice and rights
- Transparency

Technical capabilities are the core know-how of the practitioners, to ensure that case management skills are in line with the expected standards. It includes the following dimensions of the competency framework:

Risk assessment, problem-solving, analysis, and critical thinking

- Identify children and families at risk of abuse and neglect
- Assess the risks that children and families face, and whether immediate intervention to prevent further harm is required
- Complete a comprehensive and thorough assessment of the situation of the child and family, to properly identify their needs
- Participate in assessment analysis to identify child protection concerns, gaps, and decide on the required solutions

Case planning, implementation, monitoring, and follow-up

- Develop the response plan for the child and family to ensure that their needs are addressed
- Coordinate with the relevant agencies consistently to make sure that the child and family have access to the services needed
- Review the situation of the child and family regularly, and make sure there is improvement in accordance with the plan

Child-centered, family-focused, and culturally informed practice

- Identify, understand, and assess early childhood development needs and rights and those for older children
- Develop rapport with the child and family
- Seek the views and wishes of children throughout the process
- Focus on the best interest of the child in all decisions
- Understand the specificities of various cultures, and apply culturally informed practice

Behavioral competencies of the competency framework include the key behavioral aspects that the workforce should showcase, such as:

Leading self and others

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- Demonstrate high self-awareness by acknowledging personal limitations and gaps in knowledge or skill
- Seek to develop skills through continuous feedback
- Motivate and influence others
- Represent model behaviors such as being open to working with all cultures equally and not discriminating against any child or family, not being judgmental or have any biases within their practice

Working collaboratively

- Coordinate regularly with other staff within the agency, and with staff in partner agencies
- Seek the views and wishes of children and families

Achieving results

- Aim to realize impact
- Demonstrate flexibility in unstable/changing environments
- Effectively use technology tools to enable working effectively
- Demonstrate ability to handle stress effectively

Ensuring safety and security

- Identify and minimize risk factors
- Manage own and others' safety and security

Child protection workers at FCA may require different competencies depending on their position, the timing, and the context.

Training Needs

Training helps the child protection workforce prepare themselves for the wide range of tasks that await them in the work environment.

Training programs for can be developed along the following four core modules:

Understanding the Child

- Child age characteristics
- Domains of development

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- Impact of trauma and early deprivation on the developing brain and later development and growth
- The child ecosystem
- Communication and interaction with children
- Consideration of cultural diversity
- Children of determination

Protecting the Child and the Family

- The legal framework (incl. the rights of the child, focusing on the right to protection)
- Definitions of unacceptable treatment
- Acknowledgment of children as vulnerable human beings requiring support to be resilient and thrive
- Vulnerable children
- Impact of unacceptable treatment on children
- Interviewing strategies and techniques
- Self-reporting assessment tool
- Code of ethics for social workers in child protection
- The best interest of the child
- Child participation

Case Management

- Importance of prevention
- Overview of the case management/response journey
- Capabilities and core competencies of case managers and social workers
- Identification, detection, and reporting (incl. signs of unacceptable treatment)
- Investigation and prosecution
- Shelter and alternative care
- Treatment and support
- Case management

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Leadership Skills

- Leadership principles
- Leadership skills
- Workforce issues and the importance of leadership in the work environment
- Development of the leadership competencies needed to create partnerships with children and families
- Role of leader in creating a culture of knowledge sharing

Additional and/or optional training modules could be added along the way, depending on specific requirements of the role.

The training programs can be delivered through institutional trainings and on-the-job training and supervision/coaching.

Institutional training can be delivered within FCA or CPUs in other agencies, including short training courses delivered by subject matter experts (typically between a day and a week) or include courses delivered by local or international universities in partnership with local agencies (e.g., CPS certification course delivered by Georgetown University in collaboration with ECA to enable professional development of CPS to practice their new role in child protection).

On-the-job training and supervision/coaching includes continued coaching of the specialists, one-to-one knowledge sharing from a supervisor to more junior staff members, mentoring programs (one-to-one knowledge sharing from a mentor to a more junior staff members), peer-to-peer coaching (one-to-one knowledge sharing among people from the same level), and communities of practice (group support and knowledge-sharing).

Online delivery of training should be considered for both institutional and on-the-job training.

8.2. Ethics and Risks in Case Management

Ethics in Case Management

All practitioners working in the child protection system should adhere to work ethics and professional standards.

What are Ethics?

Ethics are moral principles that govern a person's behavior, and which are drawn from a range of sources, including:

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- The law (national and international legislation)
- Professional Codes of Ethics and/or Conduct (as a registered Social Worker, Psychologist, or other professional, e.g., DCD Social Care Professionals Code of Conduct & Ethics in the Emirate of Abu Dhabi)
- Standard Operating Procedures (e.g., policies and procedures)
- Religious obligations (e.g., the teachings of the Quran)
- Cultural expectations (societal norms)
- Personal values and beliefs (individual values and beliefs)

Ethical Practice

All practitioners are required to ensure that their practice is always ethical.

This means that they must always act consistently with:

- All UAE laws
- All applicable Professional Codes of Ethics and/or Conduct
- All Standard Operating Procedures
- All other ethical standards (according to licensing and oath of the CPS)

All practitioners must read, understand, and keep updated on the following to meet this requirement:

- All UAE laws
- All applicable Professional Codes of Ethics
- All Standard Operating Procedures
- All other ethical standards

They must also:

- Read and keep updated on developments in their area of professional practice
- Reflect on their own practice
- Seek support and advice from colleagues and supervisors
- Receive professional supervision

Ethical practice is not simply 'following the rules', it is understanding the rules and constantly reflecting on professional practice to deliver the best possible outcome. A code of ethics should be developed by all agencies working with children and signed by the practitioners.

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Why is Ethical Practice Important

Ethical practice will allow practitioners to act with integrity and protect the vulnerability of children that they work with. It also ensures that all practitioners maintain professional boundaries while working with children and their families.

All practitioners should also be aware of any conflicts of interest that may arise while discharging their duties (e.g., when the Case Manager and the alleged perpetrators are relatives). Whenever any staff becomes aware of any conflict of interest, they should immediately inform their supervisor and take actions to resolve such conflicts appropriately.

Adopting the guiding principles defined in the introduction (section 1.3) is also a core component of all practitioners' ethical practice.

Steps in Making Ethical Decisions

There are numerous decision-making frameworks to guide ethical decision making, with most of them encouraging practitioners to:

- Identify the ethical dilemma
- Identify issues of concern arising from the dilemma
- Consider the implication of all relevant standards and guidelines (UAE law; all applicable Professional Codes of Ethics; all Standard Operating Procedures; and all other ethical standards)
- Seek support and advice from colleagues and supervisors
- Brainstorm various possible courses of action
- List the consequences of each of those courses of action, including the consequences on individual clients
- Decide on the best course of action, and take it
- Evaluate the outcomes of the course of action, and take further action if needed

Duty of Care

Duty of care is a legal (and ethical) obligation to ensure the safety and well-being of other people.

Practitioners have a duty of care to all children and their families, co-workers, and members of the general community.

This means that practitioners must not ***do something*** that causes harm to another person (for example, hitting a child). This is called an **act of commission**.

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It also means that practitioners must not ***fail to do something*** that prevents harm to another person (for example, stopping someone else hitting a child). This is called an **act of omission**.

What is Risk Management

Child protection practitioners face multiple risks while performing their duties to protect children and should develop strategies to manage them.

Since home visits constitute a key responsibility of Case Managers and Social Workers, they may find themselves in volatile situations or neighborhoods and encounter high-risk families with mental health and substance abuse issues, where their own safety is compromised. Child protection practitioners can also be targets of verbal and physical assaults while working with non-cooperative families of children.

In addition to the risks of physical harm, the constant exposure to traumatic events can take a significant toll on the emotional wellbeing of the child protection practitioners. This may lead to increased risk for depression and anxiety, burnout, and "compassion fatigue", resulting in increased absenteeism and employee turnover rates, and reduced quality of service delivery.

Safety during Home Visits

Ensuring safety is particularly important while child protection practitioners such as case managers and social workers are conducting home visits. The following can help practitioners reduce the risk associated with home visits:

- Risk assessment of the family (e.g., history of mental illness, violence) should be conducted before undertaking any home visits; a plan of action should be formulated before visiting a high-risk home
- Before conducting the first home visit, the practitioners should drive by the property and scan the neighbor to assess any risk and plan the logistics of the visit (e.g., identify safe parking spots)
- Practitioners should share their schedule with their co-workers/supervisors to help them stay aware of their whereabouts
- Home visits should be conducted as a team of two, especially when conducting initial visits to unknown homes (Article 41 of the Wadeema law allows a CPS to be "*accompanied by whomever he deems convenient to any place where the child is present, with the permission of the place's owner and the necessity to show a card proving his title*")

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- Practitioners should refrain from going in to isolated, unlit rooms and always stay mindful of the everyone who's at the home

To ensure that child protection practitioners feel safe and supported, effective well-being policies and self-care techniques should be implemented at the agencies. Regular training should be provided to help practitioners develop resilience and cultivate qualities such as, self-efficacy and hardiness.

Assessing Threats to the CPS

Threat on the job is an inevitable consequence for practitioners in child protection case management.
While it is impossible to predict and prevent all threats, there are numerous decision-making frameworks to guide managing threat, with most of them encouraging practitioners to:

- **Identify** the threat - write down all actual or potential threats
- **Analyze** the threat - assess how likely it is that the threats will happen, and, if it does happen, what the consequences will be
- **Treat** the threat - take action to remove or reduce the threat
- **Review** the threat - assess whether the threat has gone away or been reduced

Many frameworks also include a **threat analysis matrix** (figure 20), which can be helpful to assess the severity or importance of a particular threat.

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Medium	Medium	High	Extreme	Extreme
Likely	Low	Medium	Medium	High	Extreme
Possible	Low	Low	Medium	High	High
Unlikely	Low	Low	Low	Medium	High
Rare	Low	Low	Low	Low	Medium

Figure 20 - Threat Assessment Matrix

Individual Responsibilities

In managing threat, all practitioners must:

- Always be vigilant to existing and potential threats to children, families, co-workers, and members of the general community

- Conduct formal and informal threat assessments for all actions involving children, families, co-workers, and members of the general community
- Discuss threats with colleagues and supervisors
- Listen to, and assist, colleagues who raise concerns or questions about threats

Liabilities

The Wadeema law protects all those who report and manage child protection cases from being held liable for submitting a report or providing assistance to a child who is likely to have experienced abuse. This includes fear of retaliation from the victim's family, job or career interference, or denial or work permits. The article 44 of the Wadeema law states that "*The identity of the reporter shall only be disclosed with his consent, and it shall be forbidden to disclose the identity of all the parties of the incident and the witnesses in the cases of child assault or abuse, upon using the information in the analyses or media reports or upon publishing all that may reveal his identity*." Moreover, the article 45 of the Wadeema law outlines that "*The concerned and competent entities shall provide protection to the witnesses at all stages of the criminal proceedings."*

Threat Avoidance vs. Threat Awareness

There is a difference between avoiding all threats (which is impossible) and being aware of the threats.

Some threat is unavoidable, and practitioners will need to assess and manage these threats, rather than trying to eradicate them.

Some threat is also necessary for the healthy development of individuals, including children. It is only through to exposure to threat that people can learn to accurately identify and assess threat and learn to manage their own threats.

People, including children, are also entitled to make their own choices, even if those choices place themselves at risk of harm, and practitioners must respect the legal and moral autonomy of people to make their own choices.

In being aware of threats, practitioners need to have the skill to assess when a threat becomes unacceptable, and that threat needs to be managed or avoided.

8.3. Complaints Resolution from Children and Family Members on Child Protection Service Delivery

All agencies involved in child protection should welcome feedback regarding any aspect of their performance. The feedback would help measure satisfaction towards

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the services provides and help identify improvement areas. Feedback can clarify the capacities and skills of the Case Managers as well.

All agencies should actively support any person, including any child or family member of a child, who wants to raise a **concern** or formally **complain** about any action, or lack of action, by any employee at their agency.

Difference between 'Concerns' and 'Complaints' regarding Service Delivery

Concerns

A **concern** is when a person expresses dissatisfaction about a service provision and wants, for example: an explanation; something to be done, or done differently; or, simply, to tell the agency how they are feeling.

The agency can receive a concern over the phone, in person, via email, or in many other, informal, ways.

Most concerns should be able to be resolved through informal discussions between the agency and the person with the concern.

Complaints

A **complaint** is when a person complains about something that an FCA employee did or didn't do and wants their allegations to be formally and impartially investigated, and to be provided with a written response.

A complaint will take anywhere up to 1 month to be resolved, whereas a concern can frequently be resolved after a one or two discussions.

8.3.1. Procedure

Resolving Concerns about Child Protection Services

If someone contacts an agency with a concern about their child protection services:

- The staff receiving the concern should thank them for raising their concern and offer to meet with them as soon as possible. The person with the concern may wish to bring a person to support with them to the meeting, and it is good practice for the agency to also have a second person in any discussions to provide support, be a witness etc.
- During the meeting (face-to-face or virtual in case in-person meeting is not possible) the staff should listen to the person and clarify what they are

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concerned about, and, importantly, what they want to happen to resolve their concerns.

- It is important for the staff to not be defensive, avoid making promises that they cannot keep, and try to work with the person to find a solution that everyone is happy with

Resolving a concern may take few meetings, and may need the involvement of other people, or looking at case notes or documents.

Notes of all meetings and discussions should be kept, and, once a solution has been found, the outcomes should be documented in writing (and a copy of the outcomes placed on the relevant file; retained for the period described under UAE statute of limitations).

If a solution can't be found, and the person wants to escalate their concerns to a formal complaint, the agency should explain the complaints handling process to them and offer to assist them to make a complaint.

Receiving Complaints about Child Protection Services

Any person can complain about any action, or lack of action, by any employee.

All complaints must be in writing, on the Complaint Form, and signed by the person making the complaint.

If the person making the complaint is under 18 years of age or has difficulty communicating (including because of a disability), the agency must assist the person to fill in the Complaint Form.

In limited circumstances, the agency may transcribe a verbal complaint on behalf of a complainant, and then have the complainant sign the Complaint Form.

Internal Investigation about Complaints on Child Protection Services

Because complaints are formal, and potentially serious, allegations about the conduct of an agency, all complaints must be forwarded for internal investigation.

To do this, as soon as a completed and signed Complaint Form has been received, a copy of the complaint should be emailed to the Internal Complaints Officer.

If the complaint suggests an employee has breached the Code of Conduct, this must be clearly marked on the Complaint Form.

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Once the complaint has been forwarded to the Internal Complaints Officer, the Internal Complaints Officer must call the person making the complaint and tell them that: their complaint has been received, will be formally investigated, and they will receive a written response within 1 month.

8.3.2. Tools and Forms

Complaint Form

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Appendix

1. Signs of Child Maltreatment

A. Signs of Physical Abuse

Typically observed in the abused child

Victim Physical Behaviors	Victim Emotional Behaviors	Victim Social Behaviors
• Bruises, scratches, and unexplained injuries with relation to age • • Speech delay • Shrinking at the approach of adults • Bedwetting & soiling beyond the usual age • Delay or failure to meet developmental milestones • Vomiting • Refusal to allow medical tests • Limited reaction to pain •	• Stress, anxiety, & depression • Crying and tantrums • Drop in confidence • Ease of being frightened • Lack of curiosity, uninterested to explore surroundings • Unresponsive • Decreased appetite • Body rocking	• Isolated & withdrawn/anti-social behavior • Avoidance of physical contact • Timidness • Aggressiveness towards others, animals, and/or objects • Lack of bond with parents or caregivers

Typically observed in the perpetrator

Alleged Perpetrator Physical Behaviors	Alleged Perpetrator Emotional Behaviors	Alleged Perpetrator Social Behaviors
• Mothers shaking infants to discipline and/or soothe them • Hitting with hand or a hard object • Slapping & pinching in hidden areas of the body • Drowning • Poisoning • Kicking • Harsh discipline such as hitting with a belt or rod	• Mental health issues • Explosive temper or easily angered • Humiliation of the victim • Overwhelmed with stress or strain such as financial burdens • Justification of abuse due to their own harsh punishment as a child • Temperamental with regular moods swings • Low self-esteem	• Excessive alcohol or substance abuse • Lack of ability to maintain a stable relationship • Stepmother/father family issues • Acceptance of harsh punishment & lack of empathy • Disguised compliance with frontline workers • Display of cruelty to animals • Apologies with gifts, and begging for sympathy

B. Signs of Sexual Abuse

Typically observed in the abused child		
Victim Physical Behaviors	**Victim Emotional Behaviors**	**Victim Social Behaviors**
• Post-traumatic stress symptoms • Sexually transmitted diseases • Trauma to the genital areas • Delayed development • Bedwetting & soiling beyond the usual age • Pain during urination/blood/discharge on underwear • Unexpected pregnancy • Self-harm/suicide	• Low self-esteem • Traumatized & broken • Eating disorder • Depression • Suicidal thoughts • Unusual fears • Sudden drop in confidence • Body rocking	• Distrust • Anti-social behavior • Overly affectionate • Inappropriate sexualized behaviors • Distant from friends & family • Yelling at others, displaying anger
Typically observed in the perpetrator		
Alleged Perpetrator Physical Behaviors	**Alleged Perpetrator Emotional Behaviors**	**Alleged Perpetrator Social Behaviors**
• Masturbation • Rape • Rubbing & touching • Indecent exposure • Kissing inappropriately with tongue • Use of body weight to force an act	• Favoring a specific child • Emotional attachment issues • Vulnerability towards their own masculinity • Low self-esteem • Seduction • Creation of a state of dependence	• Manipulating family members to gain unsupervised access • Overly affectionate • Offering to help with duties such as bathing a child • Creation of a trusting environment • Poor social skills • Unsatisfactory relationships with adults • Grooming

C. Signs of Emotional/Psychological Abuse

Typically observed in the abused child		
Victim Physical Behaviors	**Victim Emotional Behaviors**	**Victim Social Behaviors**
• Stress & trauma • Aggressive to other children • Cruel to animals • Not meeting developmental milestones • Recurring nightmares • Lack of facial expression • Weight loss	• Lack of confidence • Struggle to regulate feelings • Extreme outbursts • Distressed • Suicidal thoughts • Refusal to eat • Mannerisms inappropriate with age	• Difficulty maintaining friendships • Anti-social behavior • Overly affectionate to strangers • Lack of bond with parents or caregivers • Isolated & withdrawn • Lack of social skills • Overly compliant or attention-seeking
Typically observed in the perpetrator		
Alleged Perpetrator Physical Behaviors	**Alleged Perpetrator Emotional Behaviors**	**Alleged Perpetrator Social Behaviors**

• Forcing a child to witness domestic violence • Forcing a child to perform degrading acts • Frightening the child with a dog, a cat, or other things • Locking a child in a small space • Gagging a child's mouth	• Humiliating and constantly criticizing • Blaming & scapegoating • Name calling, shouting • Making a child feel worthless • Displaying no emotion or affection • Exposing a child to chaotic situations to create fear	• Isolation from friends • Alcohol, substance misuse • Engaging in anti-social behaviors

D. Signs of Neglect

Typically observed in the abused child

Victim Physical Behaviors	Victim Emotional Behaviors	Victim Social Behaviors
• Poor growth patterns • Unwashed clothing & body, smelling unpleasant • Poor dental health • Inactive with brain development issues • Frequent untreated nappy rash, skin conditions such as flea bites, ringworm • Inappropriate clothing such as wrong size or not relevant to the weather • Repeated unexplained injuries	• Anxiety • Lack of empathy • Mental health issues • Lack of curiosity, uninterested to explore surroundings • Unresponsive • Refusal to eat • Mannerisms inappropriate with age	• Stealing or begging for food • Poor school attendance • Attachment issues to primary caregiver • Poor language or social skills • Missed medical appointments • Running away • Engaging in criminal activities

Typically observed in the perpetrator

Alleged Perpetrator Physical Behaviors	Alleged Perpetrator Emotional Behaviors	Alleged Perpetrator Social Behaviors
• Holding-back food as a form of punishment • Lashing out maybe due to being overwhelmed as a single parent or financial stress • Leaving a child home unattended	• Lack of emotional intelligence • Humiliation of the child • Blaming the child • Anxiety and stress • Low self-esteem	• Keeping child away from school, or healthcare • Avoiding interaction with child • Dependency on child's nanny • Leaving child unsupervised and in harm's way • Isolating child from friends • Not allowing the child to explore surroundings to promote their development

E. Signs of Exploitation

Signs of Sexual Exploitation

Typically observed in the abused child

Victim Physical Behaviors	Victim Emotional Behaviors	Victim Social Behaviors
• Appearing tired, unwell • Physical signs of abuse such as bruising, bleeding • Sexually transmitted disease • Unexplained pregnancies • Attempted suicide • Substance or alcohol misuse • New tattoos possibly reflecting the alleged perpetrator's control	• Mood swings & anger outbursts • Broken, lack of spirit • Secretive behavior • Trauma bonding towards abuser • Frightened and/or confused • Unaware of their location • Withdrawn and allowing someone else to speak on his/her behalf • Internalizing the grief (especially boys)	• Stopping socializing with usual friends • Associated with or developing a relationship with an older man/woman • Sending/receiving sexually explicit materials • In possession of new expensive items such as watches, mobile, clothes or money • Missing from home, staying out late, alienated from families • Sudden changes in music taste or new clothing style • Engaging in anti-social or criminal behavior

Typically observed in the perpetrator

Alleged Perpetrator Physical Behaviors	Alleged Perpetrator Emotional Behaviors	Alleged Perpetrator Social Behaviors
• Sexual images, videos taken • Severe physical violence to break the child's will such as gang rape • Sexual violence to maintain control • Forcing to engage in sexual activities with others in person or online • Lengthy time spent in online chatrooms • Access to the dark web for uploading or purchasing sexual abuse material • Moving locations regularly	• Exchange of favors, making the child feel like they owe them for what they have received in gifts or attention • Manipulation by use of drugs and alcohol to suppress the child's resistance • Bribery used with ownership of sexualized materials • Coercion and deception to lure the child • Need for power, control, sadistic tendencies • Regular use of emotional abuse • Intimidating behavior to install fear	• (Online or in person) Befriending initially from a boy/girl of a similar age recognized as their equal such as classmate, neighbor, friend • Impressing the victim with gifts and attention or items they want such as cigarettes, alcohol, money accommodation • Normalizing sexual violence by introducing the child to a party culture fueled with sex, drugs, alcohol • Member of an organized criminal network • Perceived as an older boyfriend • Goal in gaining status among gang members • Attitude that condones sexual violence

Signs of Economic Exploitation

Typically observed in the abused child

Victim Physical Behaviors	Victim Emotional Behaviors	Victim Social Behaviors
• Feeling exhausted • Possible injuries due to perpetrator physical violence • Weight loss, self-harm • Sexually transmitted disease	• Fear of perpetrator & those around him/her • Depression, anxiety, fearful • Internalizing the grief (especially boys) • Thoughts of self-harm	• Isolated from friends & family • Forced to engage in criminal behavior

Typically observed in the perpetrator

Alleged Perpetrator Physical Behaviors	Alleged Perpetrator Emotional Behaviors	Alleged Perpetrator Social Behaviors
• Financial exploitation (underpayment) • Exposing child to long labor hours • Physical violence to control the child worker • Neglectful towards the child's basic needs • Sexual abuse • Criminal Exploitation	• Lying to the child, turning them against their family • Installing fear in the child with threats • Narcissistic behaviors	• Engaging in criminal behavior • Maintenance of close circles of allies who enable the exploitation • Moving around rather than staying on one location for a long period • Debt Bondage

F. Signs of Bullying/Cyberbullying

Typically observed in the abused child

Victim Physical Behaviors	Victim Emotional Behaviors	Victim Social Behaviors
• Injuries from physical violence • Self-harm or attempted suicide • Eating disorder • Stealing to meet perpetrator demands	• Anxious & fearful from going to school • Crying • Anger outbursts • Sense of helplessness	• Diminishing or no contact with usual friends • Hiding away from family discussions, or going to school • Self-isolation, or engaging in anti-social behavior

Typically observed in the perpetrator

Alleged Perpetrator Physical Behaviors	Alleged Perpetrator Emotional Behaviors	Alleged Perpetrator Social Behaviors
• Physical violence • Physical threats • Damaging property of the victim • Posting indecent images • Texting or posting lies about the victim	• Name calling • Mocking & teasing • Threatening stares or stalking the victim • Lack of self-confidence	• Pretending to be someone else online to trick the victim • Few friends • Controlling of those around him/her • Enjoyment in having control of victims

2. List of Services available in Abu Dhabi

No.	Name of Agency	Service Category	Service Description	Contact Details
1.	Ministry of Community Development (MoCD)	• Training	• Training of child protection specialists (CPS) in UAE	• 800 623
2.	Early Childhood Authority (ECA)	• Training	• Training of child protection specialists (CPS) in Abu Dhabi	• +9712 668 8686
3.	Ministry of Interior Child Protection Center (MOI – CPC)	• Identification, detection, and reporting	• Regulation/follow up on investigations/protocols/procedures, awareness and guidance, report intakes and referral, social support coordination, support legal processes and police functions	• 116111 • http://www.moi-cpc.ae/en/Report.Abuse.aspx
4.	Ministry of Education (MoE)/Emirates Schools Establishment (ESE)/Abu Dhabi Department of Education and Knowledge (ADEK)	• Reporting and case management within educational settings • Support services	• Reintegration support for cases of child maltreatment handled by CPUs at MoE/ESE and ADEK (in coordination with relevant agencies) • Educational support for abused children	• 80055 • cpu@moe.gov.ae
5.	Abu Dhabi Police Emergency Unit	• Identification, detection, and reporting	• Reporting of emergency cases	• 999 •
6.	Abu Dhabi Police – Criminal Investigati	• Investigation and prosecution	• Investigation of criminal cases related to child maltreatment, including online child exploitation	• 02 12 7777

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	on Department		cases (Child Abuse Combatting Section)	
7.	Abu Dhabi Judicial Department (ADJD)	• Investigation and prosecution • Support services	• Judicial order for removal of child from place of residence (if the child is facing imminent danger) • Prosecution of criminal cases • Child-friendly investigative interviews of children, where required • Forensic medical examination of abused children, where required (e.g., in sexual abuse cases) • Legal support and advice to abused children and their families	• 02 651 2222
8.	Ewa'a	• Shelter and alternative care • Support services	• Sheltering services for victims of human trafficking as well as abused children • Healthcare, psychological, and legal services for residents in the shelters • Repatriation of victims of human trafficking in coordination with embassies	• 800-SAVE
9.	Family Care Authority (FCA)	• Case management • Temporary shelter • Shelter and alternative care • Support services	• End-to-end case management (incl. assessment, home visitation, referral to services) • Temporary shelter to abused children and their families (children and women only) • Psychosocial support and family counselling	• 02 402 8263 • +971 13716 0000 • 02 699 1200 • icm@adfca.gov.ae

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			• Sheltering services for orphans without alternative care options • Residential temporary refuge for abused/neglected orphans (with known parents) • Financial management for the wealth of orphans with known parents (until they are 18) • Fostering for orphans • Reintegration support of abused children that are within the organization • *Services available for nationals only*	
10	Zayed Higher Organization (ZHO)	• Shelter and alternative care • Support	• Reintegration support of abused CoDs that are within the organization	• 02 305 6666
11	Family Development Foundation (FDF)	• Support services	• Counselling, treatment, and therapeutic services for abused children and their families, such as play therapy in the Abu Dhabi Gate Center • Family support services such as programs on effective parenting skills, child and youth development, family stability • *Services available for nationals only*	• 800 555
12	Abu Dhabi Department of Health/SEHA/PHC	• Treatment and support	• Medical services for abused children • Psychological support for abused children and their families	• 02 449 3333

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13	Social Support Authority (SSA)	• Support services	• Financial assistance of national families with income below the line of dignified living	• TBC
14	Abu Dhabi Housing Authority (ADHA)	• Support services	• Housing and land grants for nationals	• TBC
15	National Rehabilitation Center (NRC)	• Treatment and support	• Therapeutic and rehabilitation for nationals with alcohol and substance abuse addiction	• 800 2252 • 02 306 0000

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3. Tools and Forms

No.	Tool Name	Description
1.	Safety Concern Form	• Information about the child protection concern – to be filled by mandated reporters on identifying cases of abuses and submitted to the FCA or to the CPU of their specific sector (e.g., MoE/ESE and ADEK CPUs for all cases identified in educational settings) • Details about the child, the family, the alleged perpetrator, the reporter, the incident
2.	Consent form	• Ensure that the child (if he/she is over 13 years old and developmentally capable) or a trusted adult (in remaining cases) can provide consent to receiving case management services • Acknowledge that the child or adult providing consent have received all the information required about case management
3.	Case registration form	• Receive and register a concern about child abuse from various channels • Issue a case number • Include summary information about the reporter, child and family, description of concern, and follow-up actions to be taken
4.	Initial safety and risk assessment form	• Details of the child, family and caregiver, nature of abuse • Include conditions needed to refer the case for investigations and the actions to be taken if the case is referred for investigations
5.	Comprehensive assessment form	• Help to identify the needs of the family and child and to support the family in applying solutions • Divided into two sections: child and family assessment form and child and family assessment report • Includes background information about the child, the parents and the family; in addition to a description of the child and parents' behaviors and family dynamics;family details (health, emotional behaviour, parenting capacities, family dynamics, history of family issues); social and cultural factors

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6.	Case referral form	• Refer the child and family for services provision • Include referral details (reasons for referring the child and the services needed), in addition to information about the agencies currently working with the family, and information about previous referrals made
7.	Case referral response form	• Used by the agency to which a child was referred to in order to acknowledge the reception of the referral form and indicate whether the agency will be able to provide the required services for the child and family
8.	Confidentiality agreement form	• Signed by every person that will have access to the personal data related to the child and family • Maintain anonymity of the child and family and do not disclose confidential data
9.	Child and family response planning form	• Define the exact steps that need to be taken to protect the child, who should take them, and the timelines to support the actions • Include case plan details, services needed, actions taken already by agencies, risks that may influence the outcome of the case plan, and risk mitigation actions • Include information about the participants involved in the development of the case plan
10.	Alternative care form	• Define plan to ensure the safety of the child in the short-term and in the long-term • Include care plan objectives, services to be provided to ensure safety, and participants in the decision • Include recommendation related to placement in alternative care and decision/orders from ADJD on the matter
11.	Case conference form/report	• Completed after the case conference by the case manager • Include reasons for holding the conference and the attendees • Include decisions made and actions taken
12.	Case file checklist form	• Ensure that all items needed for the case file have been covered

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13.	Alternative care review form	• Monitor the progress of the child and family compared to the care plan • Include services received by the child in shelters or alternative care • Include updated status of the child in care • Include any re-adjustments needed to the plan
14.	Case follow-up form	• Monitor the progress of the child and family compared to the case plan • Include services received by the child and family • Include updated status of the child and family • Document follow-up visits to the child and family • Include issues resolved since the last meeting and pending actions; in addition to information about the next follow-up meeting • Include any re-adjustments needed to the plan
15.	Case closure form	• Use to close the case after meeting the case closure criteria • Include reasons for closing the case, participants in the decision to close the case, and the current protective status of the child
16.	Case transfer form	• Use to transfer the case from an agency to another • Includes reasons for the transfer in addition to the transfer details (referring agency and receiving agency, details of transfer arrangements and case documents transferred)
17.	Reunification certificate	• Use when a decision has been made to reunite the child with their family • Includes reunification reasons, details of reunification, follow-up actions required
18.	Complaint form	• Use to make complaint to an agency

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		• Includes details of the complaintant, complainee, and complaint

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Form 1 - Safety Concern Form

Child Details							
Full Name	First	second	Third	Surname	Nickname		
Nationality	*Drop down menu with common nationalities in UAE + Other specify……*				Sex	*Drop down menu* ❒ Male ❒ Female	
Religion	*Drop down menu* ❒ Muslim ❒ Christian ❒ Hindu ❒ Buddhist ❒ Sikh ❒ Jew ❒ Other, please specify ……				Age	*Drop down menu from 0 to 18* ❒ Is the age estimated?	
					Date of Birth	*Drop down menu* Day\Month\year	
Spoken languages	Drop down menu *(you can choose more than one)* ❒ Arabic ❒ English ❒ French ❒ Hindi ❒ Urdu ❒ Bengali ❒ Tamil ❒ Tagalog ❒ Persian ❒ Chinese ❒ Malayalam ❒ Other, please specify ……				Emirates ID number		
					UID number		
					If the child has communicative challenges, what is the best means of communication?	Drop down Menu ❒ Through parents ❒ Through siblings ❒ Through family member ❒ Through teacher ❒ Through aid ❒ Through Specialized Center ❒ Other, please specify……	
Address (please mention nearest landmarks to address)							
Incident details							
Date of Incident	*Drop down menu* Day\Month\year				Time of incident	*Drop down menu* ❒ Morning ❒ Noon ❒ Evening ❒ Night	

Place of the Incident?		Where was the child at the time of the incident?	*Drop down menu* ❒ At home ❒ At Nursery *(drop down menu with name of all nurseries)* ❒ At School (*drop down menu with name of all schools)* ❒ At Extended Family ❒ At Neighbors home ❒ At family friend's home ❒ Other, please specify .....
If in Educational institution what is academic level:	*drop down menu* ❒ Nursery ❒ Grade 1 ❒ Grade 2 ❒ Grade 3 *Grades drop down to 12*	Suspected type of abuse	*drop down menu, can select more than one option* ❒ Physical Abuse ❒ Sexual Abuse ❒ Emotional/Psychological Abuse ❒ Neglect ❒ Exploitation ❒ Bullying/Cyberbullying
If physical or sexual abuse, have the police been contacted?	*drop down menu* ❒ Yes ❒ No	If yes, have they initiated any contact yet?	*This question should be skipped if they mark "No"* *(Drop down menu)* ❒ Yes ❒ No

Primary Caregiver Details

Name	First	Second	Third	Surname	Sex:	*Drop down menu* ❒ Female ❒ Male
Nationality	*Drop down menu with common nationalities in UAE + Other specify.....*				Age	*Drop down menu from 18+* ❒ Is the age estimated?
Religion	*Drop down menu* ❒ Muslim ❒ Christian ❒ Hindu ❒ Buddhist ❒ Sikh ❒ Jew ❒ Other, please specify				Date of Birth	*Drop down menu* Day\Month\year
					Emirates ID number	
					UID number	
Relationship to child	*Drop down menu* ❒ Mother ❒ Father ❒ Grandmother ❒ Grandfather				Does this person live with the child	*Drop down menu* ❒ Yes ❒ No
					Is this person alive?	*Drop down menu* ❒ Yes ❒ No

	❒ Aunt ❒ Uncle ❒ Brother ❒ Sister ❒ Other, please specify……	Is this person the primary caregiver	*Drop down menu* ❒ Yes ❒ No
		Is this person the offender in this incident?	*Drop down menu* ❒ Yes ❒ No
Spoken Languages	Drop down menu *(you can choose more than one)* ❒ Arabic ❒ English ❒ French ❒ Hindi ❒ Urdu ❒ Bengali ❒ Tamil ❒ Tagalog ❒ Persian ❒ Chinese ❒ Malayalam ❒ Other, please specify ……	Does this person have special needs?	*Drop down menu* ❒ Yes ❒ No
		If yes, please specify	❒ Physical ❒ Developmental ❒ Emotional\Behavioral ❒ Sensory Impairment
Address if different than above child address *(please mention nearest landmarks to address)*		Contact Details *(phone number, email, etc.)*	

Alleged Perpetrator *(if known)*
If the alleged perpetrator is the primary care giver no need to repeat this info)

Name	First	Second	Third	Surname	Sex	*Drop down menu* ❒ Female ❒ Male
Nationality	*Drop down menu with common nationalities in UAE + Other specify……*				Age	*Drop down menu* ❒ Is the age estimated?
Relationship to child	Drop down menu ❒ Mother ❒ Father				Occupation	

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	❒ Stepmother ❒ Stepfather ❒ Grandmother ❒ Grandfather ❒ Aunt ❒ Uncle ❒ Brother ❒ Sister ❒ Other, please specify…….	Contact Details if known *(Address, phone number, email, etc.)*	
Concern Details			
Reporting Details Disclosure (*please use exact words as relayed by child).*			
Suspected signs of unacceptable treatment			
Observations (if any, incl. date and time)	*Drop down menu* ❒ Physical signs/appearance ❒Behavioral and Emotional signs/actions ❒ Verbal/communication responses ❒Other, please specify…….	Please narrate in more detail your observations:	
Discussions *(if any, incl. date, time, sources)*			
Does the child have any siblings that may be at risk?	*Drop down menu* ❒ Yes ❒ No	List any other siblings of the child that may be at risk	*Drop down menu* 1. Age: Sex: ❒ Male ❒ Female 2. Age: Sex: ❒ Male ❒ Female 3. Age: Sex: ❒ Male ❒ Female

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Actions taken by mandated Reporter (if any)	*Drop down menu| More than one option can be chosen* ❒ Police have been contacted ❒ Child has been informed that the concern is being reported ❒ Non-offending parent has been informed that the concern is being reported ❒ Offending parent has been informed that the concern is being reported ❒ Other members of my child protection team have been consulted and aware the concern is being reported ❒ Other, please specify……					
Complainant Details						
Name	First	Second	Third	Surname	Occupation	
Spoken Languages	Drop down menu *(you can choose more than one)* ❒ Arabic ❒ English ❒ French ❒ Hindi ❒ Urdu ❒ Bengali ❒ Tamil ❒ Tagalog ❒ Persian ❒ Chinese ❒ Malayalam ❒ Other, please specify ……				Relationship to child	Drop down menu ❒ caregiver ❒ A family member that is not the primary care giver ❒ friend ❒ colleague ❒ neighbor ❒ No relationship ❒ unknown ❒ Other, please specify…….
Work Address					Contact Details *(phone number, email, etc.)*	
Mandated Reporter Details						
Name	First	Second	Third	Surname	Emirates ID number	
Occupation					Work Address	
Spoken Languages	Drop down menu *(you can choose more than one)* ❒ Arabic ❒ English ❒ French ❒ Hindi ❒ Urdu ❒ Bengali ❒ Tamil ❒ Tagalog ❒ Persian ❒ Chinese ❒ Malayalam				Relationship to child	Drop down menu ❒ Teacher ❒ Educational institution staff ❒ Doctor ❒ Psychiatrist ❒ Psychologist ❒Others, please specify…….

	❒ Other, please specify …….		
Contact details *(phone number, email, etc.)*		Who submitted the concern?	*Drop down menu* ❒ CPS from health care ❒ CPS from Educational Institution ❒ CPS from Family Care Authority ❒ CPS from other entity ❒ Mandated Reporter
Which channel was used to submit the concern?	*Drop down menu* ❒ FCA Portal ❒ FCA Email ❒ FCA call center ❒ MOI\CPC – Hemayti app. ❒ MOI\CPC – Portal ❒ MOI\CPC - Email ❒ MOI\CPC - Hotline ❒ MOE Hotline ❒ Police emergency phone line 999	Permission to use of your information outside the case management system.	*Drop down menu* ❒ Yes ❒ No
Signature		Date	*Drop down menu* Day\Month\year

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Form 2 - Consent Form (Trusted Adult and/or Child)

Background Information	
Case Number	
Child's Name	
Child's Primary Caregiver	☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Sibling ☐ Grandparents ☐ Aunt (specify) ☐ Uncle ☐ Foster care giver ☐ Other *(please specify)*
Child's Primary Caregiver Details	Full Name: Date of Birth: Nationality: Gender: Emirates ID Number: Address: Contact Details *(phone number, email, etc.)*:

If the child is below 13 years of age, or above 13 years of age with developmental problems, one of the parents, or caregiver, or another trusted adult should provide informed consent, and the child should provide informed assent:		
Trusted Adult Informed Consent (Parent/Caregiver/Other): Child protection case management services are being offered to you (or your child) by [NAME OF AGENCY]. After discussing these services with a staff member or with the case manager, please read the below statements and tick the relevant response (yes or no).		
I understand that case management services are being offered to my family or my child by [NAME OF AGENCY].	☐ YES	☐ NO Reason:
I have been provided with information about these services and about [NAME OF AGENCY]. A brochure was handed over to me with the key information needed.	☐ YES	☐ NO Reason:
I have had the opportunity to ask questions and discuss the services to be provided.	☐ YES	☐ NO Reason:
I understand that my child (and/or other members of my family) will participate in case management services provided by [NAME OF AGENCY] and that this may involve referrals to other agencies and visits to my home, and that prior to visit contact will be made to get permission.	☐ YES	☐ NO Reason:

I understand that information will be collected about my child (and/or my family), stored in the agency's files/databases, and that information without our identity details may be shared with other agencies to inform programs, and that confidentiality and privacy will be maintained.	☐ YES	☐ NO Reason:
I have been informed that in cases where my child or other members of the community are in immediate harm, action will be taken without providing prior notice.	☐ YES	☐ NO Reason:
I understand that information identifying my child (and my family) will not be shared with anyone other than the case manager and their direct supervisor without my (and/or my child's) explicit permission.	☐ YES	☐ NO Reason:
My child and I have received enough information about the services to be provided, the agency providing them, and the potential risks.	☐ YES	☐ NO Reason:
I understand that my child and/or my other family members have the option to withdraw from services: • At any time • Without giving a reason for withdrawing • Without affecting our relationship with [NAME OF AGENCY] or other services we might receive. I also acknowledge that in cases where a criminal offense has been identified, proper authorities will take action to protect the victim and apprehend the alleged perpetrator.	☐ YES	☐ NO Reason:
I have read this information (or had the information read to me). I/we have had my/our questions answered and know that I/we can ask further questions at a later stage if I/we have any concerns/clarifications to make.	☐ YES	☐ NO Reason:
I agree to take part in case management services provided by [NAME OF AGENCY].	☐ YES	☐ NO Reason:
Signature of the Trusted Adult (Parent/Caregiver/Other):		
Full name of the trusted adult providing informed consent: Relationship of the trusted adult with the child: Contact Number: Address: Signature of the trusted adult: Date: [DD/MM/YY]		

If the child is above 13 years of age, and developmentally capable to provide informed consent, they should read and sign the informed consent (in addition to the above informed consent duly signed by the trusted adult)		
Child Informed Consent: Child protection case management services are being offered to you [NAME OF AGENCY]. After discussing these services with a staff member or with the case manager, please read the below statements and tick the relevant response (yes or no).		
I understand that case management services are being offered to myself and my family by [NAME OF AGENCY].	☐ YES	☐ NO Reason: ☐
I have been assigned a focal point of contact to deal with during the service provision period.	☐ YES	☐ NO Reason: ☐
I have been provided with information about these services and about [NAME OF AGENCY]. A brochure was handed over to me with the key information needed.	☐ YES	☐ NO Reason: ☐
I have had the opportunity to ask questions and discuss the services to be provided.	☐ YES	☐ NO Reason:
I understand that I (and/or other members of my family) will participate in case management services provided by [NAME OF AGENCY] and that this may involve referrals to other agencies and visits to my home, and that prior to visit contact will be made to get permission.	☐ YES	☐ NO Reason:
I understand that information will be collected about myself (and/or my family), stored in the agency's files/databases, and that information without our identity details may be shared with other agencies to inform programs, and that confidentiality and privacy will be maintained.	☐ YES	☐ NO Reason: ☐
I have been informed that in cases where myself or other members of the community are in immediate harm, action will be taken without providing prior notice.	☐ YES	☐ NO Reason:
I understand that information identifying myself (and my family) will not be shared with anyone other than the case manager and their direct supervisor without my (and/or my family's) explicit permission.	☐ YES	☐ NO Reason:
I have received enough information about the services to be provided, the agency providing them, and the potential risks.	☐ YES	☐ NO Reason:
I understand that I or my other family members have the option to withdraw from services: • At any time	☐ YES	☐ NO Reason:

• Without giving a reason for withdrawing • Without affecting our relationship with [NAME OF AGENCY] or other services we might receive I also acknowledge that in cases where a criminal offense has been identified, proper authorities will take action to protect the victim and apprehend the alleged perpetrator.		
I have read this information (or had the information read to me). I have had my questions answered and know that I can ask further questions at a later stage if I have any concerns/clarifications to make.	☐ YES	☐ NO Reason:
I agree to take part in case management services provided by [NAME OF AGENCY].	☐ YES	☐ NO Reason:
Signature of the Child:		
Full name of the child: Signature of the child: Contact Details: Address: School Name and address: Date: [DD/MM/YY]		

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If the trusted adult and or the child cannot read, this form must be read to them, and the trusted adult and/or child's consent should be obtained verbally, in the presence of a witness. The witness will sign the below statement. If audio recording made (in case audio recording is allowed), this should be uploaded to the system
I have witnessed the accurate reading of the consent form to the trusted adult and/or the child, and they had the opportunity to ask questions. I confirm that they have given assent/consent freely. Name of witness: Relationship of witness to the child and trusted adult: Contact details of witness: Address of witness: Signature of witness: Date: [DD/MM/YY]

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The case manager should also sign the consent form to validate that they have obtained the informed consent/assent from the child and/or trusted adult.
I have accurately read or witnessed the accurate reading of the consent form to the child and/or trusted adult and confirm that they had the opportunity to ask questions. I confirm that they have given consent freely. Name of case manager: Signature of case manager: Date: [DD/MM/YY]

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Form 3 - Case Registration Form

Registration Details	
Date & Time	
Date of Referral	
Case Number	
How the Concern was Received *(please add description)*	
☐ Via the Child Hotline/App /Child Protection Center Email Description: MOI/CPC: - Hotline call - Email - Portal - Hemayati App -	☐ Through the Child Protection Specialist in Healthcare Institutions Description: Step 2, is where did the source submit the safety concern form to: Not related to above: - MOI/CPC ▪ Portal ▪ Hotline ▪ Email ▪ Hemayati App - Police emergency 999 ▪ Phone call ▪ Police station - FCA ▪ Portal ▪ Call center ▪ Email - MOE Hotline ▪ Call ▪ Email • Step 1 is to identify where the source of the safety concern was generated • Who would submit the safety concern form to the above contacts: - CPS from Healthcare (drop down list of who is submitting) - CPS from Education - CPS from Social Sector - CPS from other entity
☐ Via the Police Emergency Hotline Description:	☐ Through the Child Protection Specialist in Education Institutions Description:

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☐ Through the Police Stations Description:	☐ Through Social Sector Operators Description:
☐ Self-reported to the Family Care Authority Description:	☐ Through Referral from Other Agencies Description:
☐ Through the School Description:	☐ Through the Hospital Description:
☐ Other Description:	

Details of Complainant	
Name	
Gender	☐ Female ☐ Male
Emirates ID Number	
Date of Birth	
Nationality	
Employment	
Emirate/Area	
Contact Details *(phone number, email, etc.)*	
Address	
Relationship to the Child	
Details of Mandated Reporter *(if complaint made to an official authority before being referred to the Family Care Authority)*	
Name	☐ ☐
Gender	☐ **Female**

	☐ **Male**				
Emirates ID Number					
Employment					
Emirate/Area					
Contact Details *(phone number, email, etc.)*					
Address					
Family Details *(to the best of the reporter's/complainant knowledge)*					
Mother's Name				Status	☐ Alive ☐ Deceased ☐ Unknown
Mother's Address		Mother's Contact Details			
Mother's Nationality		Mother's Spoken Language(s)		Need for an Arabic Translator	☐ Yes ☐ No
Non- Suspected Parent?	☐ Yes ☐ No				
Father's Name				Status	☐ Alive ☐ Deceased ☐ Unknown
Father's Address		Father's Contact Details			
Father's Nationality		Father's Spoken Language(s)		Need for an Arabic Translator	☐ Yes ☐ No
Non- Suspected Parent?	☐ Yes ☐ No				
Child's Primary Caregiver	☐ Mother ☐ Father ☐ Other <u>If other, please specify:</u> Name: Date of Birth Relationship to the Child: Contact Details: Nationality: Languages Spoken:				

Details of the Child's and Family Economic Status					
Details of the Child's Siblings/Other Relatives Living Under the Same Roof	Name	Gender	Date of Birth	Relationship to the Child	
		☐ Female ☐ Male			
		☐ Female ☐ Male			
		☐ Female ☐ Male			
		☐ Female ☐ Male			
Details of Other Household Members *(e.g., nanny, housemaid, driver)*	Name	Gender	Date of Birth	Nationality	Relationship to the Child
		☐ Female ☐ Male			
		☐ Female ☐ Male			
		☐ Female ☐ Male			
		☐ Female ☐ Male			
Protection Concern *(Described during reporting/referral)*					
Concern Details					
Verbal Statement *(please write down what the person reporting the concern says)*					
Type of Concern *(more than one option can be selected)*	☐ Physical Abuse ☐ Sexual Abuse ☐ Emotional Abuse ☐ Neglect ☐ Exploitation ☐ Abandonment ☐ Attempted Suicide by Vulnerable Family Members *(particularly women and children)* ☐ Any Suspicious Family Members of Child Death ☐ Other *(please specify)*				

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Description of Concern *(more details on reasons for referring the case to the Family Care Authority)*	
Alleged Suspect Details *(to the best of the reporter's/complainant knowledge)*	
Name	
Gender	☐ Female ☐ Male
Date of Birth	
Nationality	
Relationship to the Child	☐ Mother ☐ Father ☐ Sibling ☐ Other Relative *(please specify)* ☐ Friend ☐ Stranger ☐ Other *(please specify)*
Address	
Contact Details	
Follow-up Action to be Taken	
☐ Assignment of Case-to-Case Manager for Assessment *(please include name of case manager)* ☐ Referral of Case to Another Agency *(please specify)* ☐ Other *(please specify)*	
Description of Follow-up Action	
Details of Person Who Received the Referral and Registered the Case	
Name	
Profession	
Branch Details	
Signature	

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Form 4 - Initial Safety and Risk Assessment

Referring Agency		**FCA Location**	
Referral Date			

Primary Caregiver Details *(if different from mother and/or father)*			
Full Name		Date of Birth	
Nationality		Gender	☐ Female ☐ Male
Emirates ID Number		Preferred Languages	
Address			
Current Location			
Place of Employment			
Contact Details (phone number, email, etc.)			
Special Needs? (If yes, please provide details)			

Safety Interventions Taken Already *Interventions taken already to remove threat to the child (e.g., sending the child to the hospital).*

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Initial Safety and Risk Assessment					
Dimension	**Risk level**				**Please explain your assessment of the risk level**
	No Risk	**Low**	**Medium**	**High**	
Child's vulnerabilities (e.g., age, gender, special needs)					
Type, severity, and frequency of harm					
History of unacceptable treatment					
Risk of further harm					
Extent of emotional harm					
Source of harm					
Parenting/caregiving skills					

Summary of the Risk Factors

Circumstances, conditions, or events that increase the probability of a child experiencing unacceptable treatment

Summary of the Protective Factors

Protective factor are conditions or attributes in the child and his/her family as well as the community and the larger society that the child belongs to that mitigate or eliminate risks of child maltreatment, such as, high capacity of parents to meet the needs of the child, healthy relationship between the child and the parent(s).

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Overall Risk Level

Based on the above assessment, identify the overall risk level. The decision should be based on the professional judgement of the practitioners and based on the analysis of all risk and protective factors, safety interventions undertaken, as well as any other information known about the case.

	▪ **Low**	▪ **Medium**	▪ **High**
	Briefly explain your observations and reason for selecting the risk level:		

Did the child participate in the Initial Safety and Risk Assessment? (If no, state why)?	▪ Yes ▪ No; Reason(s): _____

Recommended Safety Interventions

☐ Emergency removal of the child from the home

☐ Child and Family Comprehensive Assessment required *(mandatory for all medium and high-risk cases)*

☐ Case closure, referral of the child and/or family to support services

☐ Case closure, no further action required (notify the child and the family that no action will be taken)

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☐ Other, please specify:

_____

Safety Plan

Safety Intervention	Actions Required	Responsibility	Timeframe

Please provide additional information on the safety intervention and/or safety plan:

Additional notes from the Case Supervisor and/or the Case Manager (if any):

Name of Case Manager	Signature	Date
Name of Case Supervisor	Signature	Date

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Form 5 - Comprehensive Assessment Form

Case Details	
Case Number	
Case Manager's Name	
Case Supervisor's	
Review Date	
Child's Name	

SECTION 1: CHILD AND FAMILY ASSESSMENT FORM

Background Information	
Has the family been briefed on the purpose of the CFAF? (If not please explain why)	☐ Yes ☐ No
Have the informed parties been provided with a brochure explaining purpose, process, and use of the CFAF? (If not please explain why)	☐ Yes ☐ No
Have the parents/primary caregivers provided consent?	☐ Both parents/caregiver's consent ☐ One parent/caregiver does not consent ☐ None of the parents/caregiver's consent
If the family opted not to participate in the CFAF, were they informed that the case would be transferred to investigation? (If not please explain why)	☐ Yes ☐ No
Was a review of existing FCA, Police and other investigative forms conducted? (If yes, please list all reference documents recovered)	☐ Yes ☐ No

Scheduling of the First Parent Meeting *- if no meeting was held because contact was not possible during a 24-hour period and there is plausible cause to believe the child may be at risk, the FCA CPS can proceed to the home unannounced*	
Was a call made to the parent (if yes please include date and time)	☐ Yes ☐ No

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Was a date set for a face-to-face meeting (if yes please include the date and time)	☐ Yes ☐ No
Will meeting be at child's home? (If yes please include the location)	☐ Yes ☐ No
Who will attend the family meeting (please list all attendees expected to be present)	
Is the child at home?	☐ Yes ☐ No
Does the child appear to be safe?	☐ Yes ☐ No *If the child is safe at home, then a follow up meeting should be arranged*
Was a CFAF meeting arranged? If yes, please include date and time; if no, please explain why)	☐ Yes ☐ No

Child's Family or Caregiver's Domestic Workers (if any) Information		
Name	Employment Position/Role	Relationship to the Child

Person/Reporter Submitting Concern/Complaint Information			
Name		Address	
Contact Number		Email	
Relationship to the child/family		Does the reporter want to remain confidential?	☐ Yes ☐ No
Details of alleged unacceptable treatment			

Summary Statement of Case as Provided in the Initial Assessment

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Sources of information	☐ School records ☐ Medical records ☐ Dental records ☐ Special needs and special services records ☐ Psychological records ☐ Court and/or legal documents ☐ Others (please specify)
Brief description of family situation and characteristics as noted in the initial rapid assessment (cultural factors, social characteristics, events impacting current situation, parenting situation)	
Details of alleged unacceptable treatment (provided by the child's family/care giver and members of their social environment)	
Details of alleged unacceptable treatment provided by the child	

Child Details *(based on observation and parental information provided)*		
Physical condition (for all children in household and/or	Signs of abuse – new and/or old injuries	
	Signs of neglect	
	Overall physical condition and appearance	

present at CFAF visit)	Abnormal behaviors	
	Signs of emotional condition	
	Signs of trauma	
Emotional/behavioral condition (for all children in the household and/or present during the visit)	Extreme behaviors (aggressive, withdrawn, abnormal behaviors)	
	Age/developmental appropriateness of behavior	
	Signs of anxiety, stress, fear	
	Communication style (appropriate, non-communicative, inappropriate)	
Education	Participation in school (enrolment status, attendance)	
	Behavior and performance	
	Academic challenges (if any)	
Learning factors	Child's ability to communicate	
	Signs of developmental delay, disabilities, impairments	
	Social circles and recreational activities	
	Goals and aspiration	
Relationships	With caregivers, siblings	
	Social relationships	

Family Details *(observation and child information provided)*		
Health	Chronic illness	
	Mental health illness	
	Current and/or past use of drugs, alcohol, illegal substances	
Emotional behavior	Ability to express feelings in positive/healthy/appropriate manner	

	Emotional state when describing alleged abuse incident	
	Impulse control	
	Aware of causes of anger	
	Means of handling anger/anger management	
	Violent, aggressive, or bizarre behaviors	
Parenting capacities	Personal relationship with child	☐ Emotional attachment evident ☐ Knowledgeable about child development and appropriate behaviors ☐ Empathizes with child (shows concern for child's feelings) ☐ Blames child for current and/or other bad things happening to the family ☐ Perceives child as bad, evil, incompetent, worthless
	Parenting style	☐ Realistic and acceptable expectations/demands of child based on age/development ☐ Disciplinary techniques are appropriate/inappropriate and non-violent ☐ Practices appropriate/inappropriate parenting responsibilities ☐ Demonstrates acceptable/unacceptable parenting stress or frustration
	Are weapons available in the home (if ye please mention the type, location, and purpose)	☐ Yes ☐ No
Family dynamics	Type of household	☐ Single parent ☐ Two parents ☐ Multiple wives in same household ☐ Multiple wives in different households (number) ☐ Other/describe
	Marital status	☐ Married ☐ Divorced
	Presence of each parent in the child's physical environment	
	Marital relationship	☐ Marital conflict/dysfunction ☐ Domestic violence ☐ Disorganization/chaos/dysfunction in meeting basic needs of children

	Other persons entering/sharing/using house	☐ Relatives ☐ Shared space usage ☐ Strangers ☐ Other
History of family issues	Previous family issues with FCA or other agencies	
	Criminal activities within home	☐ Drugs ☐ Prostitution ☐ Illegal goods

Social and Cultural Factors		
Social support network	☐ Has appropriate/inappropriate social networks ☐ Peaceful/conflictual relationships with neighbors ☐ Functioning/non-functioning relationship with extended family ☐ Functioning/non-functioning relationships with friends/colleagues ☐ Presence/lack of relationship with community/religious/social groups	
Resources available	Housing situation	
	Employment status (place, position, number of years, contact information)	

Questions to/about Family Members	
What was the nature of the unacceptable treatment (type, severity, chronicity)?	
What was the family's understanding of and response to the unacceptable treatment?	
Which risk factors, identified during the initial assessment are most concerning?	

What is the child's current living situation? Is the child safe there? Is it a stable situation?	
What is currently known about the parents' history? Are there clues that suggest that further information about the past will help to explain the parents' current functioning (e.g., trauma)?	
What is the current financial situation of the family?	☐ Financially independent ☐ Financially dependent ☐ Other (please specify)
Was the family previously involved with the child welfare/social/legal system, and is there information available? What was the family's understanding of the child welfare involvement?	
Does the family have any criminal background information? If so, what was the family's explanation for it?	
Is the family currently receiving any services or accessing resources? Has the family sought out services in the past, and what was the outcome?	

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What is the current residency and visa situation of the family?	
What is known about the family's social support network (i.e., who is supporting the family, in what ways, and are they reliable and available on an ongoing basis)?	
Are there any behavioral symptoms observed in the child? How has the child performed in school and in social relationships? Who else may have information about any behavioral or emotional concerns?	
What individual strengths do each of the family members have?	
Have problems been identified that may need further examination or evaluation of the children or parents (e.g., drug or alcohol problems, psychiatric or psychological problems, and health needs)?	

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What further information about the family will help provide an understanding of the risks and protective factors related to the potential of continued unacceptable treatment?	

Questions to Child's Non-family Members (e.g., Teachers, Doctors)	
Are there any behavioral or physical symptoms observed in the child? How has the child behaving in his/her observed social environment? Who else may have information about any behavioral or emotional concerns?	

SECTION 2: CHILD AND FAMILY ASSESSMENT REPORT

Child and Family Assessment Report		
Child health file number		
Child academic file number		
Summarize risk and protective factors of the child(ren)	Child's physical health	
	Child's mental health	
	Child's disabilities/special needs	
	Child's communicative abilities	
	Child's school achievement	
	Child's peer and social relationships	
Is the child safe?		☐ Yes ☐ No
Is the child at risk of unacceptable treatment?		☐ Yes ☐ No
Is the child in need of medical/health attention?		☐ Yes

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		☐ No
Is the child in need of special services?		☐ Yes ☐ No
Is the child in need of psychological/mental health services?		☐ Yes ☐ No
Does the child require educational/school support?		☐ Yes ☐ No
Summarize risk and protective factors of parents	Use of alcohol or substance abuse	
	Presence of chronic illness, mental health, and/or disabilities	
	Emotional state and control	
	Parenting abilities and attitudes	
	Problem solving abilities	
	Marital relationship	
Are one or more parents at risk of abusing child(ren)		☐ Yes ☐ No
Are one or more parents capable of providing for child(ren) safety		☐ Yes ☐ No
Are one or more parents in need of treatment for substance abuse, emotional/mental health disorders/incapacitated by medical or chronic illness or disability		☐ Yes ☐ No
Do parents require support on positive parenting skills		☐ Yes ☐ No
Do parents require social support		☐ Yes ☐ No
Do parents require marital counseling		☐ Yes ☐ No

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Summarize risk and protective factors of the household	Appropriate, safe, and livable physical home environment	
	Safety of neighborhood and housing region	
	Accessibility and contact with extended family, friends, colleagues	
	Positive relationship with community groups	
Is the family in need of appropriate shelter/home/rent		☐ Yes ☐ No
Is the family in need of relocation to safer area		☐ Yes ☐ No
Is the extended family support required		☐ Yes ☐ No
Is the family in need of social support		☐ Yes ☐ No
Is the family in need of financial support		☐ Yes ☐ No
Is the family in need of repatriation		☐ Yes ☐ No
Is there a recommendation for investigation?		☐ Yes ☐ No
Will a Child and Family Response Plan be developed		☐ Yes ☐ No
Additional findings and/or recommendations?		

Case Manager Signature	Case Manager Supervisor Signature
Full Name:	Full Name:
Date:	Date:

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Referred Agency			
Referring Agency		**FCA Location**	
Case Manager		**Case Manager Supervisor**	
Referral Date			

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Form 6 - Case Referral Form

Child Details			
Full Name		Date of Birth	
Nationality		Gender	☐ Female ☐ Male
Emirates ID Number			
Address			
Contact Number			
Spoken Languages			
Special Needs? (If yes, please provide details)	☐ Yes ☐ No		
Current residing address (if different from home address):		Is the Child Aware of the Referral *(if no, state reason)*	☐ Yes ☐ No

Reasons for Referring the Child

Services Requested			
Type of Service	Beneficiary	Emergency Level	Referral Date
Dental Services	☐ Adult ☐ Child	☐ Emergency ☐ Standard	
Mental Health Services	☐ Adult ☐ Child	☐ Emergency ☐ Standard	
Physical Health Services	☐ Adult ☐ Child	☐ Emergency ☐ Standard	
Family Advocacy		☐ Emergency ☐ Standard	
Legal Services	☐ Adult ☐ Child	☐ Emergency ☐ Standard	
Housing Services		☐ Emergency ☐ Standard	

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Social Services		☐ Emergency ☐ Standard	
Educational Services		☐ Emergency ☐ Standard	
Alternative Care	**Click for alternative care link**		

Primary Caregiver Details ***(if different from mother and/or father)***			
Full Name		Date of Birth	
Nationality		Gender	☐ Female ☐ Male
Emirates ID Number		Spoken Languages	
Address			
Contact Details *(phone number, email, etc.)*			
Special Needs? (If yes, please provide details)	▪ Yes ▪ No		

Other Household Members Residing with the Child *(mention any unborn children and due date/list other children or family members involved in the referral system with open or past cases)*

Full Name	Relationship to the Child	Date of Birth

Agencies Currently Working with the Family	
Type of Agency	☐ Social support ☐ Physical health support ☐ Mental health support ☐ Educational support ☐ Alternative care
Address:	

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Lead Professional:	
Contact Number:	
Services Provided	

Information on Previous Referrals Made *(provide details of previous concerns and agencies the child has been referred to)*	
Agency Referred to Including Name of Lead Professional	Service Provided (Dates):

Consent	
Has consent from parents or primary caregivers been given to release information?	☐ Yes ☐ No

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Form 7 - Case Referral Response Form

Date: _____

To,

_____ (Case Manager)

We have received the referral to provide service to
_____ (Name of the person being referred)

_____ (Emirates ID Number)

We understand that you would like us to provide the following service(s)

_____

_____

_____

_____

_____

Currently, we are (please choose one):

- ☐ Able to provide the service(s)
- ☐ Unable to provide the service(s). Reason(s)_____

We understand that you will follow-up on the progress of the services (if provided)

Name: _____

Designation: _____

Contact Details (phone number, email id): _____

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Form 8 - Confidentiality Agreement Form

1. I understand that I will have access to confidential personal data relating to maltreated children
2. I understand that I am bound by a duty of confidentiality in relation to the personal data I receive from data subjects. The personal data shall always remain confidential, and shall not be disclosed to third parties without the prior consent of the data subject
3. I shall comply with the established data protection principles in the event of the collection, receipt, use, transfer, or storage or destruction of any personal data in the performance of this confidentiality agreement
4. I hereby agree to treat all personal data to which I have access with the utmost care and confidentiality
5. Under this agreement:
    a. I understand and agree to maintain the anonymity of children and the confidentiality of the personal data disclosed to me.
    b. I understand and agree that I shall not disclose any confidential data relating to children, other than for the specific purpose required by my duties, without the express permission.
    c. I understand and agree that during or after my current employment I shall not disclose any confidential personal data relating to children to any person or entity.
    d. I understand and agree that I cannot discuss case-specific details with the media unless I request and receive permission regarding the nature, purpose, and limits of any communication with the media.
    e. I agree to notify the appropriate authority of any breach of my obligations or conflict of interest under this confidentiality agreement.
    f. I understand that a willful violation of this confidentiality agreement will result in appropriate action being taken against me by appropriate authorities.
    g. I understand and agree that my obligation to comply with this confidentiality agreement shall survive the termination of my current employment.
6. By signing and returning a copy of this confidentiality agreement, I confirm my understanding and acceptance of the above-mentioned clauses and declare that I will comply with the contents of the agreement.

Name: _____

Signature: _____

Location: _____

Date: _____

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Form 9 - Child and Family Response Planning Form

Case Manager		Case Number	
Case Manager Supervisor		Review Date	

Alternative Care Arrangements *(if applicable)*	
Address	
Contact Information	
Relationship to the Child	

Case Plan Development	
Start Date of Case Plan	
Was the Case Plan Explained to the Child (If no state why)?	☐ Yes ☐ No
Did the Child Participate in the Development of the Case Plan (If no state why)?	☐ Yes ☐ No

Provide names and relationship to child of those involved in development of the case plan *(family members)*		
Family Members	Contact Number	Relationship to Child

Provide names and relationship to child of those involved in development of the case plan *(non-family members)*		
	Contact Number	Position

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Education		
Health		
Police		
Social Support		
Other		

Case Plan Details
Describe the visits to the child and location (office/home/unannounced or announced/other). State dates/times (date/time/location/announced or unannounced/case notes)

Education	
Reintegration Date	
School Name	
Contact Lead at the School	
When Does the Case Manager need to be Contacted (e.g., missing from education)	

Physical Health	
Health Provider	
Dental Provider	
Contact Lead	
Date of Referral	
Acknowledgment Status	

Mental Health

Mental Health provider	
Contact Lead	
Date of Referral	
Acknowledgment Status	

Social Support	
Counselling	
Financial Advice	
Legal Advice	
Home/Shelter Requests	
Parenting Support	
Food & Nutrition Advice	
Special Needs/Interpreter/Communication Aids	
Advocacy	
Embassy	
Immigration	
Marital	

Contact Lead	
Date of Referral	
Acknowledgment Status	

Judicial	
Investigative Interview	
Court Hearing	
Court Advocate for Family	
Special Measures (vulnerable witnesses)	
Intended Outcome to Protect the Child Achieved? (If yes include the date)	☐ Yes ☐ No
Additional Comments	
Contact Lead	
Date of Referral	
Acknowledgment Status	

Case Manager Disruptions *(list any changes to the case manager)*	
Name of Case Manager	
Date Appointed	
Reason for Change	
Have the Child and Family been Briefed on the Change in Case Manager	☐ Yes ☐ No

Summary of Response Plan						
Objectives	Required Action	Next Steps to be Taken *(where applicable)*	Responsible Entity	Timeframe	Referral Requirement (Y/N)	Key Performance Indicators

Risk Mitigation
Describe any risks you are aware of that may influence the outcome of the case plan and the risk mitigation

Consent	
Does the Child Understand the Case Plan and has Agreed to it? *(If not explain why)*	☐ Yes ☐ No
Does the Parent/Primary Caregiver Understand the Case plan and has Agreed to it? *(If not explain why)*	☐ Yes ☐ No

Name of Case Manager	Signature	Date
Name of Case Manager Supervisor	Signature	Date

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Form 10 - Alternative Care Form

Background Information			
Case Manager		**Case Reference**	
Case Manager Supervisor		**FCA Location**	
Review Date			

Care Plan Objectives			
Care Plan Date		Target Review Date	
Did the Child Participate in Developing their Care Plan *(provide details and if no reason, why?)*			
Click for Case Conference Report/Initial Assessment/Comprehensive Assessment			

Provide Details of those Involved in the Development of the Care Plan:		
Name	Nature of Relationship to the Child	Relationship to the Child
	☐ Professionals ☐ Family Members	
	☐ Professionals ☐ Family Members	
	☐ Professionals ☐ Family Members	
	☐ Professionals ☐ Family Members	

Alternative Care Option Placement	
State Preferred Alternative Care Option	

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Has the Alternative Care Option been Contacted	☐ Yes ☐ No	Has a Place Been Offered	☐ Yes ☐ No
Address			
Contact Number			

Transfer letter from FCA Inspection of Alternative Care Facility Letter to Prosecutor for Court Order

Lead Professional		Contact Number	
Likely Duration Before Placement		Likely Duration of Placement	
Goals *(how will progress be reviewed and the nature and frequency of contact with the child and family members)*			
State Concerns about the Child		State Strengths of the Child	

Actions Agreed	Responsibility	Timeframe

Adults Significant in the Child's Life: State wider family members and friends who can provide emotional support and long-term trusting relationships during the child's stages of transition into care

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Name	Contact Number	Relationship to Child

Health			
General Practitioner Name		Contact Number	
Address			
Goals *(how will progress be reviewed and the nature and frequency of contact with the child and family members)*			
State Concerns about the Child		State Strengths of the Child	

Actions Agreed	Responsibility	Timeframe

Education and Extra-curricular Activities			
Education/Daycare Facility:		Contact Number:	
Address			
Child Protection Lead			

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Goals *(how will progress be reviewed and the nature and frequency of contact with the child and family members)*	

State Concerns about the Child	State Strengths of the Child

Actions Agreed	Responsibility	Timeframe

Additional Services Provided to the Child			
Service Provided	Frequency	Lead Professional	Contact Number
Physical Health			
Mental Health			
Educational			
Social Support			
Other			
Contingency Plan if the Child's Placement is not Successful or not Available			
Does the Child Understand the Case Plan and has Agreed to it? *(If not Explain Why)*			
Does the Parent/Primary Care Giver Understand the Case Plan and has Agreed to it? If not Explain Why			

Name of FCA Case Manager	Signature	Date

Name of FCA Case Manager Supervisor	Signature	Date
Date of next Review		

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Form 11 - Alternative Care Review and Follow-Up Form

Background Information	
Case Number	
Child's Name	
Date of Birth	
Case Manager's Name	
Case Supervisor's Name	
Date of Follow-up	[DD/MM/YY]
Current Care Arrangement	☐ Shelter ☐ Kinship care (with relative) ☐ Foster care ☐ Residential care ☐ Other *(please specify)*
Cause of Separation from Parents *(case summary)*	
Reunification Status	

Care Plan Review

List any significant changes/developments in the child and family circumstances since the assessment or previous care plan review (if applicable). Have any of these changes impacted the child negatively? Please explain.

Review of the Progress Against the Care Plan

Objectives	Required Action	Next Steps to be Taken *(where applicable)*	Responsible Entity	Timeframe	Referral Requirement (Y/N)	Key Performance Indicators

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Participants Involved in the Care Plan Review		
Was the Child Involved in the Care Plan Review?	☐ Yes If yes, what was the outcome of the discussion?	☐ No If no, explain why not
Persons Involved in the Care Plan Review	Name	Relationship with the Child
Next Target Review Date	DD/MM/YY	

Form Completion Details			
Completed by:			
Name			
Signature		Date and Time	
Authorized by:			
Name			
Signature		Date and Time	

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Follow-up Summary				
Type of Follow-up	☐ Scheduled	☐ Unplanned		
Location of Follow-up	☐ Child's home	☐ FCA premises	☐ Other *(please specify)*	
Purpose of Follow-up	☐ Assessment	☐ Monitoring	☐ Support	☐ Other *(please specify)*

Participants Involved in the Follow-up			
Family Members Participation			
Details of Participants	Name	Relationship with the Child	Contact Info
Key Discussion Points			
Other Agencies Participation			
Details of Participants	Name	Occupation	Agency	Contact Info
Key Discussion Points				

Action Items for the Case					
Issues Resolved Since Last Meeting	Date	Issue	Agency Handling the Issue	Outcome	Follow-up Required

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Issues Requiring Further Case Management	Date	Issue	Agency Handling the Issue	Outcome	Follow-up Required
Recommendations/Additional Remarks					
Next Follow-up Meeting					
Date	[DD/MM/YY]				
Location					
Agenda					
Follow-up Completion					
Name					
Signature					

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Form 12 - Case Conference Form

Background Information	
Case Number	
Child's Name	
Case Manager's Name	
Case Supervisor's Name	
Conference Report Author Information	
Author's Name	
Author's Title	
Author's Organization	
Case Conference Date	

A child protection conference is being held on {insert date/time} because concerns are substantiated relating to {insert child's name/nationality/passport number} and the child is judged as being at risk from significant harm

Child Information		
Previous Assessments	☐ Initial Safety and Risk Assessment ☐ Comprehensive Assessment	
Out of Home Placement Details *(if applicable)*	☐ Foster care ☐ Residential shelter ☐ Kinship ☐ Other (state)	
Alleged Suspect *(if known)*	Name	
	Contact Number	
	Address	
	Relationship to the Child	

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Father Information		
Questions *(for non-Suspected Parents)*	What concerns do you have about your child currently?	
	What actions do you feel should be taken to keep your child safe?	
	What support do you feel will help?	

Mother Information		
Questions *(for non-offending parents)*	What concerns do you have about your child currently?	
	What actions do you feel should be taken to keep your child safe?	
	What support do you feel will help?	

Primary Caregiver Information *(if different from mother and/or father)*		
Questions *(for non-suspected caregivers)*	What concerns do you have about your child currently?	
	What actions do you feel should be taken to keep your child safe?	
	What support do you feel will help?	

Details of Children/Other Relatives Living Under the Same Roof			
Name	Gender	Date of Birth	Relationship to the Child
	☐ Female ☐ Male		
	☐ Female		

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	☐ Male		
	☐ Female ☐ Male		
	☐ Female ☐ Male		
	☐ Female ☐ Male		
	☐ Female ☐ Male		

Details of Other Household Members			
Name	Gender	Date of Birth	Relationship to the Child
	☐ Female ☐ Male		
	☐ Female ☐ Male		
	☐ Female ☐ Male		
	☐ Female ☐ Male		
	☐ Female ☐ Male		
	☐ Female ☐ Male		

Reason(s) for Case Conference	
Provide Details of Why a Case Conference has Been Called	

Case Conference Attendees			
Name	Organization	Position	Contact Details

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Main Report		
Chronology of the Steps that have Taken Place to Date and Interventions *(drop down menu of agencies and interventions for child and family)*	Family support	
	Social services	
	Physical Health support	
	Mental Health support	
	Educational support	
	Judicial support	
	Legal support	
	Housing support	

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What is Identified as the Child's Development Needs at the time of this Report *(and highlight past needs and any documented progress)*	
Parenting Capacity (*detail here the capacity of parents, primary care givers or other family members to responding to the child's developmental needs and keeping them safe from harm)*	
Family & Community *(detail here any observations on how the family functions, the involvement of the wider family or community members, parenting style, cultural observations and diversity, factors which assist or prohibit parents/primary caregivers from fulfilling their role)*	
Has a Protection Order been Issued?	☐ Yes ☐ No

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Child/Family Interventions		
Interventions that Have Been Introduced	Child/Family Response to these Interventions	Timeframe and Frequency
Physical Health Entities		
Mental Health Entities		
Social Support Services		
Educational Entities		
Other		

Author Name and Title	Signature	Date	Next Review Date

Participating Members	Organization	Title	Signature

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Form 13 - Case Transfer Form

Background Information					
Child's Full Name			Date of Birth		
Gender	☐ Female ☐ Male		Nationality		
Emirates ID Number			Special Needs (if yes, please provide details)		▪ Yes ▪ No
Name of Primary Caregiver		Relationship to Child:		Contact Details	

Transfer Details	
Referring Agency	**Receiving Agency**
Agency name:	Agency name:
Address and contact information:	Address and contact information:
Contact person:	Contact person (if known):
Date of transfer: [DD/MM/YY]	

Transfer Form Completion			
Head of Center's Name			
Head of Center's Signature		Date and Time	

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Form 14 - Case Closure Form

Background Information	
Case Number	
Child's Name	
Date of Birth	
Case Manager's Name	
Case Supervisor's Name	

Summary of Case Current Status

Reasons for Closing the Case

- ☐ Case goal achieved
- ☐ Complaint withdrawn from the family or support center (when applicable)
- ☐ Case closed by the prosecution
- ☐ Case closed by the court
- ☐ Child/family moved out of the country
- ☐ Death of the child
- ☐ Child turned 18 and no longer needs/wants child protection services
- ☐ Other *(please specify)*

Provide more details on the reasons:

Participation in the Decision to Close the Case

Was the child involved in the decision to close case?	☐ Yes	☐ No If no, explain why not
Other participants	Name	Relationship with the Child

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Current Protective Status of the Child			
☐ At home ☐ In alternative care, please specify ☐ In shelter, please specify ☐ Other, please specify			
Current Physical and Mental Health Status of the Child			
Child and Accompanying Family Members Have a Safety Plan			
Child and Accompanying Family Members Have the Contact Information of Authorities	☐ Yes	☐ No If no, explain why not	

Case Closure Completion			
Case Manager's Name			
Case Manager's Signature		Date and Time	
Supervisor's Name			
Supervisor's Signature		Date and Time	

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Form 13 - Reunification Certificate

Child Details			
Full Name		Date of Birth	
Nationality		Gender	☐ Female ☐ Male
Spoken Languages		Emirates ID Number	
Reunification Overview			
Handover by			
Name of Case Manager		Name of Agency	
Name of Social Worker at Shelter/Alternative Care Setting		Name of Agency	
Handover to			
Name			
Date of Birth		Gender	☐ Female ☐ Male
Relationship with Child		Contact Details *(phone number, email, etc.)*	
Emirates ID Number			
Nationality			
Address			
Signature and Date			
Observations from the Case Manager			
Reunification Certificate Completion			
Case Manager's Name		Agency	
Date and Time			
Signature			

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Form 16 - Case File Checklist

Case Manager:	**Case ref:**
Case Manager Supervisor:	**FCA Location:**
Date:	

Fully Compliant - FC	Partial Compliance - PC	No Compliance - NC	Not Applicable - NA

Item	Compliance	Comments
Safety Concern Form		
Case Registration Form		
Consent Form		
Initial Safety and Risk Assessment Form		
Comprehensive Assessment Report		
Case Referral Form		
Case Referral Response Form		
Confidentiality Agreement Form		
Child and Family Response Form		
Alternative Care Plan		
Court Order Document		
Medical Records		
Educational Records		

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Police Reports		
Case Conference Report		
Case Transfer		
Reunification Certificate		
Case Closure		

Name of FCA Case Manager	Signature	Date
Name of FCA Case Manager Supervisor	Signature	Date

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Form 17 - Complaint Form

Details of the person making the complaint			
Name			
Age		Gender	
Address			
Phone			
Email			

If you are not the person who received the service being complained about, you are:

- A parent or guardian of a person under 18 years of age who received the service
- A person with legal authority to act on behalf of the person who received the service
- A person appointed to make the complaint by the person who received the service

If you are not the person who received the service being complained about:

Details of the person who received the service

Name			
Age		Gender	
Address			
Phone			
Email			

Details of the person, or people, being complained about

Name of Organization	
Name of the Person(s)	

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Your complaint

a. Please tell us what you are complaining about. Please include information about what happened, who was involved, and dates and times. Please be as specific as possible.

b. Please tell us how you would like to see this complaint resolved. What do you want to happen?

c. Have you already spoken about your complaint with the person, or people, you are complaining about? If so, what did they say or do?

d. Is there anything else we should know that would help us resolve your complaint?

Consent

I consent to the FCA accessing, using, and disclosing personal information and any other records relevant to this complaint.
I understand that the FCA may release to the person or organization being complained about, and any other people dealing with this complaint: a copy of my complaint; and personal information and any other records relevant to this complaint.

_____
Signature

_____
Date and Location

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1. Emergency Cases Identification, Reporting and Response

1.1 Case Identification

An emergency case is identified when a child has died (including suicide)/been seriously harmed or is at risk of imminent danger from a suspected case of abuse.

Complex cases are a specific subset of emergency cases, whereby joint consultation among relevant case response stakeholders (e.g., police, FCA, prosecutors) is immediately required to solve the case.

1.2 Case Examples

Case study 1

A 13-year-old child arrives at a public hospital accompanied by his friend to report several lethal injuries displayed on his body, such as bruises, burns, a broken arm, and anal bleeding.

The ER doctor and nurse examine the child and raise concerns to the hospital management. Additionally, the physician immediately collects abuse evidence (e.g., blood samples, bruise pictures) to avoid contamination and keeps them as copies for any potential forensic examinations.

The physician consults internally with the hospital's child protection team to decide whether the case should be escalated to enforcement/judicial authorities as an emergency case.

Case study 2

At the end of a school day, all students have left the establishment and joined their families, except for a child who is left out at the school gate waiting for her parents for a long time. On the one hand, the child's father happens to have been arrested

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for substance consumption and is currently in prison. On the other hand, the child's mother has abandoned the family due to numerous disputes and divorce attempts.

A school staff witnesses the neglected child and raises the concern to the school's child protection team. The team then contacts the child's parents, however, does not receive any response.

1.3 Case Reporting and Response Processes

Case Reporting Process

Once the hospital/school's (institution) child protection team flags a case as a potential emergency case, the team conducts the following:

1. In the case of:
    a. Schools or private hospitals, the child protection team contacts the 999 hotline
    b. Public hospitals, the child protection team contacts the hospital's on-call police officer
2. The institution's child protection team contacts FCA (on 026573666) and submits a safety concern form through the portal

Case Response Process

FCA assigns a case manager and sends a notification to MoI CPC stating that a case has been activated.

1. The police officer and FCA case manager both arrive at the institution and coordinate an action plan, whereby:
    a. The police officer's role is to contain the situation through the following actions:
        i. Informing the parents about the child's condition
        ii. Ensuring the protection of the child until the necessary action has been placed by a prosecutor
        iii. Coordinating with the assigned case prosecutor on whether the child should return home, be placed under protective custody at the police station, and/or transferred to alternative care (e.g., EWAA, family kin)
        iv. Escorting the child to the assigned location
    b. The FCA case manager's role is to conduct a risk assessment for the case through the following actions:
        i. Conducting a risk assessment of the case and highlighting relevant information through interviews with the child, parents, and other relevant stakeholders
        ii. Communicating risk assessment outcomes with the assigned case prosecutor and executing the required action plan (e.g., onboarding a

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forensic physician to investigate the abused child's injuries and collect evidence)

iii. Coordinating with the assigned police officer on the plan of action

Both police and FCA members are expected to physically report to the venue (i.e., institution).
Absence of either member should be reported and compensated by phone/online presence.

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